Notice of a public meeting of

Health and Wellbeing Board

To: Councillors Cunningham-Cross (Chair), Looker and Wiseman,

Kersten England (Chief Executive, City of York Council), Tim Madgwick (Deputy Chief Constable, North Yorkshire Police), Jon Stonehouse (Director of Education, Children's Services and Skills), Representative of York Council for Voluntary Service (CVS)), Siân Balsom, (Manager, Healthwatch York), Matt Neligan (Director of Operations, NHS England), Patrick Crowley (Chief Executive, York Teaching Hospital NHS Foundation Trust), 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) and Mike Padgham (Chair, Independent Care Group).

Date: Wednesday, 22 October 2014

Time: 4.30 pm

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

A G E N D A

1. **Introductions**
2. **Declarations of Interest** (Pages 3 - 4)
   At this point in the meeting, Board Members are asked to declare:
   - Any personal interests not included on the Register of Interests
   - Any prejudicial interests or
   - Any disclosable pecuniary interests

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

3. Minutes (Pages 5 - 12)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on 16 July 2014.

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 21 October 2014** at **5.00 pm**.

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

Filming, Recording or Webcasting Meetings

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

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

The Council's protocol on Webcasting, Filming & Recording of Meetings ensures that these practices are carried out in a manner both respectful to the conduct of the meeting and all those present. It can be viewed at: http://www.york.gov.uk/downloads/download/3130/protocol_for_webcasting_filming_and_recording_of_council_meetings

5. Healthwatch Reports (Pages 13 - 148)

During this item, the Board will receive three reports from Healthwatch York. The reports are;

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

6. **Together York** (Pages 149 - 154)
The Board will receive a presentation in relation to the national mental health intervention scheme “Together: for Mental Wellbeing” and the York implementation of this scheme at today’s meeting.

7. **Winterbourne Review Update** (Pages 155 - 162)
This report gives Board Members an update on progress against reviewing the care of people with learning disabilities against the principles of the Winterbourne Concordat.

8. **The Better Care Fund** (Pages 163 - 166)
This report updates the position on York’s submission of the initial plan for the Better Care Fund (BCF).

9. **Health and Wellbeing Strategy Revision** (Pages 167 - 212)
The York Health and Wellbeing Strategy 2013-16, launched in April 2013, has now been in operation for 18 months, and has been updated and amended to reflect the current position and emerging issues. This report asks Board Members to consider the updated elements of the strategy.

10. **Joint Strategic Needs Assessment (JSNA) Update** (Pages 213 - 224)
The attached report gives an update on progress against reviewing the care of people with learning disabilities against the principles of the Winterbourne Concordat.

11. **Overview of the Care Act- status and requirements for implementation** (Pages 225 - 236)
This paper aims to provide a briefing and information provision to the Board to outline the latest developments of the Care Act as it makes its final stages through Parliament heading for regulations and guidance to be signed off by mid October 2014. It also discusses the key elements of the Act and the implications for City of York Council as we currently understand them and how the activity is taken forward.

12. Single Equalities Scheme Update and Refresh
(Pages 237 - 244)
York's Single Equality Scheme 'A Fairer York' was approved December 2012 and is in the process of being refreshed. The current scheme whilst including partnership actions is very much a council document.

At the request of the Fairness and Equalities Board and in recognition that no one agency can tackle inequalities alone it is the intention that the revised scheme will move from being a council document to a partnership document recognising that no one agency can tackle York's inequalities alone. It is hoped that the new equality scheme will gain the support of partners by December 2014.

The scheme through the Health and Wellbeing priority focuses on tackling health inequalities and discussions are underway with officers currently undertaking a refresh of the Health and Wellbeing Strategy to ensure that both documents tie in.

13. Pharmaceutical Needs Assessment Update
(Pages 245 - 248)
The Pharmaceutical Needs Assessment (PNA) is a statutory document that all Health and Wellbeing Boards must produce and publish by March 2015. The York PNA will be ready for public consultation in the next few weeks.

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

a) Changes to Terms of Reference and Membership
(Pages 249 - 256)
This report asks the Health and Wellbeing Board to agree to amend its Terms of Reference to bring it fully into line with Government legislation and to reflect the change in recent Officer positions at City of York Council.

The Chair has agreed to accept this report onto the agenda for this meeting, as a matter of urgency under Section 100 (B) (4) of the Local Government Act 1972, to enable key officers to be formally appointed to the Board as soon as possible.

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 of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

Contact details are set out above.

This information can be provided in your own language.

我們也用您們的語言提供這個信息 **(Cantonese)**

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

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

Bu bilgiyi kendi dilinizde almanız mümkündür. **(Turkish)**

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

☎ **(01904) 551550**

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Agenda Annex

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

Remit

York Health and Wellbeing Board will:

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

York Health and Wellbeing Board will not:

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

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Health & Wellbeing Board
Declarations of Interest

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

Rachel Potts, Chief Operating Officer, Vale of York Clinical Commissioning Group)
None to declare

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

Siân Balsom, Manager Health Watch York

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

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City of York Council	Committee Minutes
Meeting	Health and Wellbeing Board
Date	16 July 2014
Present	Councillors Cunningham-Cross (Chair), Looker, Wiseman, Kersten England (Chief Executive, City of York Council), Dr Paul Edmondson-Jones (Deputy Chief Executive and Director of Health and Wellbeing, City of York Council), Jon Stonehouse (Director of Education, Children's Services and Skills, City of York Council), Garry Jones (Chief Executive, York Council for Voluntary Service (CVS)), Siân Balsom (Manager, Healthwatch York), Matt Neligan(Director of Operations, NHS England), Patrick Crowley (Chief Executive, York Teaching Hospital NHS Foundation Trust), Rachel Potts (Chief Operating Officer, Vale of York Clinical Commissioning Group), Jill Copeland (Deputy Chief Executive and Chief Operating Officer, Leeds and York Partnership NHS Foundation Trust) (substitute for Chris Butler), Chief Inspector John Wilkinson (North Yorkshire Police) (substitute for Tim Madgwick
Apologies	Dr Mark Hayes (Chief Clinical Officer, Vale of York Clinical Commissioning Group), Mike Padgham (Chair, Independent Care Group) Tim Madgwick (Deputy Chief Constable, North Yorkshire Police)
In Attendance	Councillors Doughty and Funnell

1. 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 had in the business on the agenda.

No interests were declared.

2. Minutes

Resolved: That the minutes of the Health and Wellbeing Board held on 2 April 2014 be signed and approved by the Chair.

3. Public Participation

It was reported that there had been no registrations to speak under the Council's Public Participation Scheme.

4. Draft Summary of the Annual Report of the City of York Safeguarding Children Board and Strengthening Safeguarding Arrangements-Joint Working between Boards Report

Board Members received a report which gave them an indication of key areas of progress in implementing actions from the previous annual report and business plan between 1st April 2013 and 31st March 2014.

Draft Summary of the Annual Report of the City of York Safeguarding Children Board 2013/14

The Independent Chair of the City of York Safeguarding Children Board (CYSCB) presented the summary report to the Board. He commented on how he had recently had conversations with the North Yorkshire SCB on having a written compact on safeguarding. He pointed out that a successful conference had been arranged between CYCSCB and NYSCB on Sexual Health and work was being carried out with the Police and Crime Commissioner about Domestic Abuse.

Strengthening Safeguarding Arrangements- Joint Working between Boards

The Director of Children's Skills and Education spoke about how the protocol for joint working would strengthen existing relationships between all partners involved in Safeguarding.

Board Members commented on the importance of transition, particularly as there were joint agendas across both the Children's and Adult Safeguarding Boards. It was also noted that the Police were developing a Partnership Board around safeguarding.

The Chair suggested that information be brought back to the Board about all the aforementioned developments and issues raised through Board Members comments.

Resolved: (i) That the contents of the draft summary report be noted.

(ii) That Board Members provide verbal comments or written comments by 22 July for consideration by the Safeguarding Children Board on 23 July.

(iii) That a future item be added on to the Board's work plan to look at developments in joint working around safeguarding arrangements in the city.

Reason: (i) This provides an opportunity to challenge or contribute to the report before it is finalised and approve the priorities for 2014/15 and agree to provide leadership and support for these; integrating these into the work of the Board or its sub groups where appropriate.

(ii) This will demonstrate the Board's commitment to Safeguarding Children.

(iii) So that the Board are kept up to date with joint working arrangements in York.

5. Alcohol-Presentation from Public Health England and Discussion

Board Members received a presentation on alcohol as a public health challenge from Clive Henn and Corrine Harvey from Public Health England.

Slides from their Powerpoint presentation were added to the agenda, which was subsequently republished. A number of key ways in which alcohol affected public health were;

- That no other substance contributed to a wide variety of medical conditions.
- Alcohol related issues cost the NHS £3.5 billion a year.
- £7 billion was lost nationally a year in productivity due to alcohol.
- There were fewer 15 and 16 year olds who were drinking, but those who already had started drinking consumed a larger amount than before.
- Liver disease was the only medical condition for which mortality was continuing to rise year on year.

The Interim Public Health Consultant spoke to the Board about how the Substance Misuse Budget was spent in York. She explained that a small percentage of the budget had been spent on prevention rather than treatment in previous years by the Primary Care Trust and when the Public Health Grant was transferred to the Local Authority there was no additional funds that could be allocated to prevention.

Discussion took place between Board Members and the presenters on what steps York could take to tackle the challenge from alcohol.

It was noted that a stocktake could help identify what York's level of need was and that a Public Health England regional team could facilitate this and provide a tool kit for the stocktake. The Director of Public Health and Wellbeing suggested a themed workshop for the Board around alcohol.

It was also noted that the Joint Strategic Needs Assessment (JSNA) could contribute to providing evidence and information about the drinking population in the city.

Resolved: (i) That the presentation be noted.

(ii) That a themed workshop around alcohol for the Board be arranged.

Reason: In order to inform future work of the Health and Wellbeing Board.

6. Joint Strategic Needs Assessment (JSNA) Update and Director of Public Health Report

Board Members received a verbal update on the Joint Strategic Needs Assessment (JSNA) and also received an overview of the Annual Director of Public Health's report for 2013.

Questions from Board Members included;

- Why were the levels of girls aged 12-13 taking up the HPV vaccine not as good as hoped?
- How would key issues be prioritised by the Director of Public Health in order to address health inequalities?

It was unclear as to the reasons for the low take up of the HPV vaccine in girls. Some questioned whether the schools in York had the access to the vaccine. It was noted that immunisation was now the responsibility of Public Health England rather than the Local Authority.

In relation to prioritising which issues to tackle to address health inequalities, it was felt that focusing on the life expectancy gap was the most appropriate since this could be best understood at local levels.

It was highlighted that the current gap for life expectancy in York was 4-5 years for women and 8-9 for men. The figure for men was higher in York than we would expect to see in a City like York. However, it was noted that data from the past four years had shown that the life expectancy gap had narrowed for men and widened for women. One view given for why there was a wider gap for female life expectancy was that women had been more significantly affected by the recession than men. Some also questioned whether the larger amount of part time jobs being taken by women rather than by men could have also contributed to this.

One Board Member commented that there had been an historical underinvestment in mental health and that it would be helpful if the Joint Strategic Needs Assessment clearly set out what was needed in the city for mental health. It was reported that the Vale of York Clinical Commissioning Group's 'Discover' programme would identify where help was needed once information had been gathered from their 'deep dive' research.

Resolved: That the verbal update on the JSNA and overview of the Annual Director of Public Health's report for 2013 be noted.

Reason: In order to inform the future work of the Board.

7. Integration Update-Clinical Commissioning Group Planning and Better Care Fund

Board Members received a verbal report on the integration between Health and Social Care and an update on the Better Care Fund (BCF).

The Director of Public Health and Wellbeing informed the Board that he had received communications from the Government regarding the BCF. In response to the bid itself, it had been commented that York should continue to move forward with its existing plans while awaiting further national guidance. It was reported that Government departments involved in the BCF were convinced that integrated social care was vital.

Further information would be received about three new strands of work related to the BCF;

- A performance strand- there will be updated guidance this as the only indicator that will be used to trigger the performance related payments will be in A & E attendances and acute admissions.
- An assurance strand- All areas would have to resubmit their plans this summer with additional data.
- Programme Office strand. Andrew Ridley will be the National Programme Director for BCF.

In relation to the Clinical Commissioning Group Planning, it was reported that the development of Care Hubs was in its early stages.

The Board's representative from NHS England informed the Board that York's BCF plan was good but a number of significant risks still existed. These risks included how to shift resources and the particular impact that this would have on acute hospitals.

The Chief Executive of York Hospital felt that there seemed to be a lack of evidence that integration on its own would lead to a sustainable health system. However, working together with other partners did increase and improve capacity. Well placed investment could also improve this, but it had to be sustainable and able to deal with other demands. He felt that there was a reluctance to act quickly at a national level.
Further discussion between Board Members took place about attendances at hospital and the need to focus on resilience in current systems to deal with demand.

One Board Member commented that in order for this to happen a period of double funding needed to occur to resolve the issues around the BCF.

Resolved: That the verbal report and update be noted.

Reason: In order to inform the future work of the Board.

8. Draft Framework-Working Relationships between Health Overview and Scrutiny Committee, Health and Wellbeing Board and Healthwatch York

Board Members received a report which presented them with the draft of a framework setting out the working relationship between the Health and Wellbeing Board, Health Overview and Scrutiny Committee and Healthwatch York.

Resolved: That the report be noted and the draft framework approved.

Reason: To establish a robust working relationship between key Boards in the City.

9. Annual Review of the Health and Wellbeing Board

Board Members received a report which summarised the work of the Health and Wellbeing Board over the past year. It highlighted the Board's achievements, changes during the year as well as future challenges to the delivery of the Health and Wellbeing Strategy.

Discussion took place around governance arrangements for the partnership boards which sat below the Health and Wellbeing Board and how the topic of health inequalities was examined.

It was noted that discussions were currently underway with the Chair of the Fairness and Equalities Board in regards to how they could include health inequalities within their Terms of Reference and what changes they might have to make to their membership if they did.

Some Board Members felt that it would be pertinent to integrate the issue of health inequalities into the work of all the partnership boards. It might also provide a useful opportunity for the Board to look at refreshing the Health and Wellbeing Strategy. The Chair agreed with this sentiment and suggested that a refresh of the strategy be brought back for consideration by the Board at a later date.

Resolved: (i) That the report be noted.

(ii) That a refresh of the Health and Wellbeing Strategy be brought back to a future meeting of the Board.

Reason: To keep the Board appraised of progress to date.

Councillor L Cunningham Cross, Chair
[The meeting started at 4.35 pm and finished at 6.25 pm].

Access to health and social care services for Deaf people

December 2013

Contents

Access to health and social care services for Deaf people

This report looks at the discrimination Deaf people face in accessing health and social care services in York. It sets out how we identified the problems and what we have done in response. It makes recommendations to tackle inequity and to give Deaf people a stronger voice as patients. In this report we use 'Deaf people' (with a capital 'D') to mean people who have British Sign Language (BSL) as their first or preferred language. Some Deaf people have a foreign sign language as their first language but have learned BSL when they came to live in the UK. In March 2010 250 people in York were registered as deaf and 916 were registered as hard of hearing. (Source: SSDA 910 return, submitted by Councils to the Department of Health)

Why Healthwatch York decided to look at this issue

Healthwatch York had become aware that Deaf people and their families are a group of people who are likely to experience difficulties accessing health and social care services. Online research reveals a number of examples including a son who had to tell his Deaf father that he was going to die:

http://limpingchicken.com/2013/04/23/i-told-dad-his-battle-with-cancer-was-lost-because-the-nhs-didnt-provide-an-interpreter/

In May 2013 a Healthwatch York volunteer Community Champion attended one of the City of York Council Community Facilitators drop in sessions at the library. A group of Deaf people attended the session and reported that they had experienced problems accessing local health services.

We wanted to find out more about what these problems were and whether other Deaf people had also experienced problems. There were some troubling anecdotes, such as;

- A baby was given an injection, but the doctor would not explain what for. The parent was concerned that if their baby had a bad reaction they would not be able to say what they were reacting to.
- A patient had blood taken, but was not told why.

What we did to find out more

We held a public meeting for Deaf people on 10th June at the Priory Street Centre so that we could ask whether people had problems accessing health services such as GPs, hospital or dentist. We publicised the meeting as widely as we could with help from York Independent Living Network, City of York Council's Social Care Worker with Deaf People and Community Facilitators, and the National Deaf Children, Young People and Family Service based at Limetrees.

The meeting was chaired by Marije Davidson from York Independent Living Network, who is deaf. It was attended by:

- Twenty five members of the Deaf community
- Two members of the Healthwatch York staff team
- One Healthwatch York volunteer community champion
- One City of York Council Community Facilitator

We provided two BSL/English interpreters.

The meeting was set up as a safe place for people to share their experiences. Attendees were told that Healthwatch York would be producing a report following the meeting and reassured them that no names would be used and people would not be identified in any way.

People were asked to tell Healthwatch York about their experiences accessing health and social care services during the past twelve months – both good and bad.

Attendees could either do this by sharing their experiences with the whole group, or in private one to one sessions with Healthwatch York staff after the main meeting had finished.

Healthwatch York staff took notes of all the issues raised during the meeting and during the one to one sessions after the meeting.

What we found out

During the main part of the meeting, forty eight separate experiences were recounted. See Appendix 2 for the details of all these. Three longer, more detailed stories were told in confidence to Healthwatch York staff at the end of the main meeting. See Appendix 3 for summaries of these. All of these experiences and stories involve communication issues, many involve access to interpreters.

Common themes

- A number of comments were made, highlighting a lack of understanding that BSL is a Deaf person's first language. Deaf people often receive standard letters in high level English which they may struggle to understand.
- There was a general lack of awareness regarding the difference between profoundly or severely deaf people and those with some degree of hearing loss. There is also a lack of awareness of the different communication methods (people who sign and people who do not).
- There was frustration and anger that these issues have been raised through a range of channels for a number of years with no subsequent action.
- The recent changes to the health service have made things worse, with less access to face-to-face interpreters and greater reliance on technology than before.

Issues with GP practices

Where specific providers of services were mentioned, the majority of the issues (14) were with GP practices. Some of these related directly to accessing GP services. In particular, issues were raised about booking appointments, communication during visits, and alerting Deaf patients when it is their turn to access medical professionals.

The following are examples of the issues with GP practices which Deaf people reported:

- GP surgeries are refusing requests for British Sign Language (BSL) interpreters and telling patients that it is too expensive.
- Some people have been offered the services of an online interpreter, but have found this to be unsatisfactory – both because the technology was not good enough and because they have no choice of interpreter (such as a female patient requesting a female interpreter). One patient also found that the interpreter, who was from another part of the country, did not understand the regional variation of the BSL used. This meant that there were delays in interpretation as the interpreter had to seek clarification of the meaning of different signs.
- One patient was accompanied to the surgery by her young daughter. The GP used the daughter to interpret.
- One person reported that she has to ask for time off work to go to the doctors to interpret for her husband, who is Deaf.
- Patients have reported being left in the waiting room because they were unable to hear their name called when it was their turn to see the doctor. There were no visual indicators.
- One couple, who are both Deaf, reported that a GP was rude and became angry when he realised they were both Deaf.
- Young mothers who are Deaf are worried about accessing GP services when their babies are ill. They worry about waiting times if they need an interpreter (2-3 weeks) and can't get in touch with the GP by text so they have to go to the surgery.
- One person reported difficulties in getting test results following appointments without interpreters because the next steps were not clear.

The old Primary Care Trust, NHS North Yorkshire & York, used to provide funding for GPs to access translators and BSL interpreters. But the Health and Social Care Act 2012 abolished Primary Care Trusts, and established Clinical Commissioning Groups. This put NHS Vale of York Clinical Commissioning Group in charge of buying health services for York. Healthwatch York asked NHS England whose responsibility it is to pay for and provide access to translators and sign language interpreters for Deaf patients seeing their GP.

The Head of Primary Care NHS England Area Team (North Yorkshire and the Humber) confirmed that it is the responsibility of GP practices to ensure that they can communicate with their registered patients. Practices should not place Deaf patients at a disadvantage by refusing to book interpreters.

Healthwatch York decided to contact all the GP practices in York in order to find out how they deal with their Deaf patients. We began by phoning practices and asking them about their procedures for dealing with Deaf patients. Three practices said that they had a hearing loop – which is of benefit to people who have impaired hearing, but not Deaf people.

- Minster Health reported that they have a text number which Deaf people can use to contact the surgery. They use googleweb online translator. Because there is no longer any funding for BSL interpreters, they intend to train their staff in the longer term.
- Unity Health said that they currently have no procedure in place, but they would be prepared to find a BSL interpreter.

It became apparent that phoning practices was not the most effective way of working as we were not always able speak to the person who had the information we needed and we were conscious that we were using practice staff time and phone lines.

We decided to request the information we needed in writing, and wrote to York GP surgeries on 10th September asking them the following questions:

1) Do you know how many Deaf patients you have?

2) How does your system flag up that a patient is Deaf or has other access needs?
3) When a Deaf person requests an appointment do you have an agreed procedure?
4) Would you provide a face to face interpreter if requested?
5) Are any of your staff team trained in basic British Sign Language?
6) Do you have any visual indicators in your waiting areas to alert Deaf people that it is their turn?
7) Do you have procedures for booking interpreters for emergency appointments?
8) What methods do your practice GPs use to check a Deaf patient understands their diagnosis, treatment, medication including dosage and potential side effects, and next steps?

See Appendix 4 for the full text of the letter and Appendix 5 for the list of surgeries we contacted. We asked for responses by September 30th, either by email or in writing. We received one reply, from Front Street Surgery, Acomb. Their response was:

1) We know how many hearing impaired patients we have

2) An alert shows up in the clinical record of the patient

3) No

4) Yes, we do

5) No

6) No - GP will normally come through to the waiting room for the patient.

7) No

8) Allow extra time for the consultation & communicate in writing.

Responses to the draft report

Following the publication of this report in draft form, the following responses were received regarding the issues about GP practices:

Dr Mark Hayes, Chief Clinical Officer NHS Vale of York Clinical Commissioning Group (CCG):

‘The report highlights the importance of providing accessible services and support to Deaf people in the local area; something that the CCG is committed to. To ensure the provision of equal access to the public and patients, the CCG will soon be introducing its Equality, Diversity and Human Rights Strategy and Implementation Plan.

Underpinned by our vision, mission and values; this strategy highlights and supports our guarantee to promote equality throughout the planning and development of service commissioning; whilst appreciating and respecting the diversity of our local community and staff.’

John McEvoy, Managing Partner of Haxby Group Practice and member of the governing body of NHS vale of York Clinical Commissioning Group:

‘The lack of response from GP practices indicates a lack of capacity to respond, not a lack of interest in the report. In order for Healthwatch York to communicate effectively with GP practices, I recommend contacting the Local Medical Committee (LMC) and Practice Managers.’

Issues about hospital services

Where providers of services were mentioned, nine of the issues were specifically about hospital services. Most of these were about the difficulty of getting interpreters, the lack of communication with patients and about whether or not an interpreter had been booked. Other issues which were reported included:

- A young mother has had interpreters when she is receiving treatment herself but has been unable to get interpreters when she takes her baby for checks.
- Two patients were left waiting and missed their outpatients appointments because no one told them it was their turn – they couldn't hear their name called.
- One patient was embarrassed when attending her appointment with someone who could sign but was not qualified and could only sign very slowly.

York Teaching Hospital NHS Foundation Trust confirmed that when GPs make referrals to the hospital, they should also provide information about the patients' needs. This should include any specific requirements, such as access to a BSL. Staff at the hospital should then arrange for these needs to be met and where a BSL interpreter is required, one would be arranged. The hospital does not have BSL interpreters on site and have to make arrangements for a BSL interpreter to attend.

The Hospital Trust is currently scoping the use of email and texting as a method of communicating with patients across all hospital services, but this is still in the scoping phase. Some directorates are using this currently, such as audiology who have an email address. Audiology are also working on developing a text option for patient appointments.

Response to the draft report

Following the publication of this report in draft form, the following response was received from York Teaching Hospital NHS Foundation Trust regarding the issues about hospital services:

‘The report is both timely and welcome. At the Trust’s Equality and Diversity (E&D) group meeting in October 2013, ahead of the Access to services for Deaf people report, the group requested that an Access to Services group be formed to look at access issues and make recommendations to improve inclusiveness of our services which additionally includes those with visual impairments.

The Access to services group met on 7th November and has produced a paper with recommendations which will go to the E&D group on 21st January 2014. I would like to confirm that the recommendations made within the Access to services for Deaf people report will be taken forward through this group and overseen by the E&D group.’

Issues about council services

Seven of the issues reported were about council services.

- One expressed concern about the loneliness and isolation of Deaf older people.
- Three people asked for regular appointments to be available with a hearing social worker and an interpreter. This would give them better access to social workers and give them confidence that immediate action can be taken on some of the issues people face.

Other providers

A number of comments were made about lack of access to interpreters for other health and social care services.

- One person had asked for an interpreter at an optician but was told this was not possible.
- One person was told they could no longer have interpreters for dental appointments.
- One person was told that they could not access a voluntary sector service as there was no funding for interpreters.

Conclusion

This work has revealed that there are a number of problems faced by Deaf people in accessing health and social care services in York. Deaf people are also excluded from a wide range of public meetings and engagement events as no provision is made for their inclusion.

Our findings are consistent with the findings of the Association of Sign Language Interpreters (ASLI) in their report on BSL/English Interpreter provision within the NHS[1].

The Lancet has also recognised the inequalities faced by Deaf people[2].

Access to health and social care services for Deaf people is unsatisfactory and so Deaf people are disadvantaged. This is likely to be in breach of the duties outlined in the Equality Act 2010, which requires service providers to avoid unlawful discrimination and to make reasonable adjustments[3]. Under the Equality Act, it is considered a 'reasonable adjustment' for organisations to book appropriate communication support. Putting Deaf people at a disadvantage when accessing health and social care services could also be seen as a failure to comply with the Human Rights Act 1998 - in particular the right to be free of inhumane or degrading treatment (article 3) and the right to a personal and family life (article 8).

As well as the human cost to the people and their families who have had these experiences, there are potential monetary costs due to missed and delayed appointments caused by the absence of interpreters. There are also potential costs arising from misdiagnosis and inappropriate treatment. There is also a significant litigation risk.

Deaf people are not asking for special treatment, just equal treatment. 'No decision about me without me' requires that patients have full access to information and the options available to them. Issues with communication and interpreters can mean that Deaf people are unable to be fully involved in decisions about their care.

Recommendations

Recommendation	Recommended to
1. Provide Deaf Awareness Training for all staff who have contact with the public, including receptionists and practice managers. The training should be delivered by an accredited trainer. Deaf Awareness Training would enable staff to: • Understand the communication needs of Deaf people • Understand who is responsible for booking interpreters • Know how to book interpreters and the standards required. The Association of Sign Language Interpreters (ASLI) believe that the only way to ensure fair access is through the provision of a professional interpreter who is registered with the National Register of Communication Professionals (NRCPD).	Health and Social Care service providers Key agencies in the city, such as NHS Vale of York Clinical Commissioning Group, City of York Council and York Teaching Hospital NHS Foundation Trust
2. Advertise and promote interpreting provision by: • Displaying posters in surgeries, hospital and council offices to remind staff to book an interpreter. • Making a checklist or leaflet available to all staff as a reminder of their responsibilities to Deaf patients and how to book interpreters.	Health and Social Care service providers
3. Review how providers become aware of the preferred language or preferred method of communication of their patients and carers who are Deaf.	Health and Social Care service providers
4. Review how Deaf patients book appointments and how appointments are confirmed, making sure a range of options are available - email, on-line, text (SMS), Typetalk, fax and face to face.	GP practices
5. Consider how public meetings can be made accessible to the Deaf community. The preferred option is that BSL interpreters are booked in advance of all key public meetings and publicity materials for events indicate that interpreters have been booked.	Key agencies in the city, such as NHS Vale of York Clinical Commissioning Group, City of York Council and York

	Teaching Hospital NHS Foundation Trust
6. Consider holding a regular 'walk in' surgery or clinic for Deaf people at a city centre location, with interpreters provided.	GP practices NHS England Area Team
7. Consider creating a central fund to provide a shared pool of interpreters. A list of interpreters could be held centrally and they could be booked in advance for events, meetings etc or specific events for deaf people.	Key agencies in the city, such as NHS Vale of York Clinical Commissioning Group, City of York Council and York Teaching Hospital NHS Foundation Trust
8. Consider access to services for deaf people when tendering and reviewing contracts.	Commissioners of health and social care services
9. Adopt simple visual indicators in waiting rooms and reception areas. For example, give everyone a number when they arrive and display the number on a screen when it is their turn.	Health and Social Care service providers
10. Review the accessibility of standard letters and consider making video clips of them.	Health and Social Care service providers

References

[1]Association of Sign Language Interpreters (ASLI) Report on BSL/English Interpreter provision within the NHS. June 2012

[2]The Lancet, volume 379, issue 9820, pages 1037-1044 17 March 2012.

[3]Equality and Human Rights Commission. Equality Act 2010 Guidance of your rights Volume 5 of 9. Your rights to equality from healthcare and social care services

Appendices

Appendix 1 Flyer advertising the meeting on 10th June

Appendix 2 Experiences recounted to the meeting on 10th June

Appendix 3 Three stories from the meeting on 10th June

Appendix 4 Letter to GPs

Appendix 5 List of York GP surgeries

Appendix 6 Jargon Buster

Appendix 7 Follow up meeting on October 3rd

Appendix 1

Access to Health Services for British Sign Language Users.

Do you have problems accessing health services (for example GP, hospital or dentist)? Want to improve services in York? Come to this meeting and tell Healthwatch. Healthwatch is a new group set up by government. They tell health and care services about problems and how to improve access.

Meeting

Monday 10th June

10am-12noon

Denham Room, Priory Street Centre

15 Priory Street, York, YO1 6ET

Agenda

- introducing Healthwatch York
- tell us your experiences
- your ideas for solutions

12noon – 1pm

Drop in - opportunity to share your experiences one to one

Two BSL interpreters will be at the meeting.

Please let us know if you want to come, but cannot make a morning meeting. We can run another session at a later date. Tell us what time suits you best.

Appendix 2: Experiences recounted to the Healthwatch York public meeting for Deaf people. 10th June 2013.

Male

There are a few interpreters in York but there need to be more trained and qualified to help Deaf people when they visit York Teaching Hospital NHS Foundation Trust, doctors, dentists. It is embarrassing for a man to interpret for his mother-in-law when she has a tummy problem. Their GP was asked to provide an interpreter but this was refused – they insisted he attend to interpret for her.

Male

I went to the hospital with my partner and had a list of problems written out. We joined the queuing system and got in eventually. Staff said they needed to find an interpreter, so we were sent to the back of the queue. We were there from 2pm until 5.30pm – still no interpreter was found. We had our list with us – the staff could just have read it. Finally at 5.30, still with no interpreter, that's what the doctor did.

Female

I went for a chest x ray at the hospital. I explained that I was Deaf. I sat and waited, and could lip read that my name was called. I went through and showed the nurse my form which said I was Deaf. I went into a cubicle and got changed. I waited and waited. Everyone else was seen but I was left there. Eventually a nurse came over and said "Are you still here? Sorry." When they realised I was still there they said they had called my name.

Female

I have never asked for an interpreter at the hospital – I am very independent. I was in the waiting room and a man came over and said he was an interpreter. He came into my appointment with me. I hadn't booked him, I don't want a man interpreting for me. And I would rather know who had been booked. This has happened twice.

Female

I have children and I go to my GP quite a lot. I have asked them to book a BSL interpreter but they have refused. I can't access the information I need.

Male

When I go to see my GP I used to be able to get an interpreter but now they refuse my request due to cuts. They said it is too expensive, a waste of money. English is not my first language so written information is no good. I spoke to a senior manager who said it was a 'funding issue'.

When I got a letter about a hospital appointment it didn't say whether an interpreter had been booked. I need to know if an interpreter has been booked. It is my right to have access to an interpreter.

I have been at the hospital and waited hours and hours and no one has told me it is my turn and I can't hear my name called. Don't they put a note on the file? One of the interpreters in York will contact the doctor on my behalf to ask if an interpreter has been booked, but this takes up their time and they are not paid to do this for us.

Female

I went with my husband to the GP – we are both Deaf, and he had lots of health problems. We were told to go and wait upstairs. Someone came in and said 'Come on, come on'. It was embarrassing. When we got in to the surgery the GP said 'Oh, Deaf'. The doctor got angry about it. We got sent back downstairs. He called my husband deaf and dumb, and was very rude.

Female

I got a letter from the hospital with a date and time. It didn't say whether an interpreter had been booked. I phoned using typetalk and they said an interpreter was booked. At the time of the appointment, there was no interpreter. I waited and waited. No interpreter came. The person on reception said they had someone who could sign, but they weren't qualified and could only sign very slowly. I had to go with her but it was embarrassing and not good enough.

Male

There have been problems with getting an interpreter at the hospital. So I contacted an interpreter myself to get help. But this is not something I can keep doing.

Male

At the dentist with my mother-in-law, we used to be able to book an interpreter, but recently the answer has been no. We need more interpreters – for the council offices, dentists, doctors etc. There is a lot of pressure on the interpreters in York to push for this on behalf of the Deaf community.

Male

I went to the GP. Instead of an interpreter I had to use a camera and someone online. One time the camera didn't work. Another time the link was not good enough – the picture was pixellated. I didn't know if I'd been understood and I was not confident enough to ask the interpreter. It's much better to use qualified interpreters face to face.

Female

When you are using an online interpreter the picture freezes a lot when you are explaining. I don't know if they really understand and I can't understand English.

Female

The GP dials a number and links to a man in Scotland. I was told it was cheaper. I couldn't really see and was asked if I could speak up. It was no good, there were lots of problems communicating – we need live interpreters.

Male

I waited over 2 hours at the GP for an injection. Other people were going in but there were no visual indicators about whose turn it was. We need visual indicators.

Female

I had an interpreter coming to a GP appointment. Then I got a letter saying that there was no funding for the interpreter. I wrote a letter back to complain and got an apology. So now I can have an interpreter, but if you book an interpreter you have to wait 2 or 3 weeks.

I was in hospital, had to stay several days. I asked if I could get an interpreter. The hospital said they'd asked but got no replies. So I contacted Yorkshire Interpreters (through the website) to ask if the hospital had emailed everyone. I was told no.

At Specsavers, if you ask for an interpreter they say no.

Female

Is there a social worker for Deaf people? What about older Deaf people, living alone with no family. Social workers never visit. People are very isolated and we get nothing. There is a real need for older people to be visited.

Male

Deaf people are victims of cuts. My Deaf father-in-law died in hospital – I was his interpreter for 48 hours with no sleep.

Male

English is not my first language. There are safety issues. I sometimes don't know how many tablets to take so I have to research it on the internet. Maybe there could be a full time interpreter attached to the health and social care organisations in York.

Female

We need a hearing social worker and an interpreter to work with Deaf people. We need to know that issues can be sorted out immediately.

Male

Money is so tight in York. In South Shields social services visit older and disabled people.

Male

English is not my first language. Social Services in York use high level English – I can't understand their letters. We need a hearing social worker with an interpreter.

Male

Social Services in Leeds are fabulous. If there are any problems I go to see a social worker and they deal with issues there and then. York needs Social Services to be geared up to what Deaf people need.

Female

English is not my first language. CAB say 'Who will pay for an interpreter? There's no funding.' That's why so many people go to Social Services. But Social Services are no good. I have a baby – I need to be able to talk to people so I can look after my baby. I am worried for the future. I feel helpless.

Female

I had a baby at home (in London) so there was no neo-natal testing. I had a letter to say the baby must go to hospital for a brain scan (it would need to be sedated). This was a shock – why not do a simple hearing test? The health visitor thought I'd given consent but I hadn't.

Male

My daughter was put under pressure by a health visitor to have her baby's hearing tested due to genetic deafness. Health visitors should explain, not just give orders.

Female

Most barriers are due to budgeting issues. Parents of Deaf children often struggle to interpret for their children. We shouldn't have to rely on families to interpret for each other.

Female

My doctor talks to my child, not me. The child had the issue but the doctor says ‘Please explain to your mother’

Male

A few years ago I booked an interpreter and later I found out that she had been talking about our issues with others in the Deaf community. We need to have interpreters we can trust, who keep our information confidential.

Female

I’ve been to the GP maybe four times. I had some blood tests done – no interpreter was present. I didn’t get the results of the tests, no one told me when I would get them. Six months later I asked about the results and was told I had low folic acid and vitamin d. No one bothered to let me know until I asked.

Female

Sometimes they will phone with your results, but this can be a problem too.

Female

You can’t assume everyone has e mail. Older people often don’t have computers – mustn’t rely on these to communicate with Deaf people.

Male

We should be able to choose interpreters – ones we know, and trust. We need to have a list of possible interpreters that we can choose from.

Female

Going to hospital for hearing aid appointments, I’ve always had interpreters. But now I have a baby, they don’t provide them. I did get an interpreter during the birth, but have not been able to get one since. It means I can’t ask questions about the checks they are doing on my baby. I can see the look on their face when they realise I’m Deaf. They

seem too busy. They ask if I understand English and give me lots of pages. I find written information difficult and really need to have it interpreted into sign language. But I can't understand people just speaking at me.

Female

I was poorly 2-3 years ago. I was on typetalk, which goes to Liverpool and then through to the GP. We had an hour's conversation. But I was too ill, and couldn't keep going, so I dropped the call and went to bed. I woke up to find a man in my bedroom with an NHS badge. He said, "You dropped the call, are you very ill?" I have no idea how he got in.

Another time, I did a typetalk call which involved loads of questions. I said they need to dial 999, but they wouldn't listen. My husband collapsed, and I put him in an ambulance. I put my clothes on and raced to hospital. There was no interpreter. It was 5am. I was getting agitated. We were there for 4 hours and then were sent home. I don't want this to happen again.

Male

Thinking about the council and different languages. The whole system could be very smooth if they set up a good interpreter system.

Male

I came to York 20 years ago. Social Services used to be pretty good. City of York Council has faced a lot of cuts, but services to Deaf people have been cut. We are left out. We are suffering. We need to be campaigning about this. Maybe have an office, five days a week, where people can get help with their problems. So I am asking, set up something for Deaf people. We need a regular daily service, more than one or two days a week.

Female

My husband passed away several years ago. When he was very ill we had no hearing family who could help. I was completely stuck, I got no support. I had to go over to my neighbours and beg them to call the

emergency services. It was awful. How do we do this? We need an emergency response service that we can use independently.

Female

We used to have an emergency method through fax. Can we use typetalk?

Male

There are mobiles, the internet and all sorts of ways of communicating. But I cannot use the phone. So we have to go to doctors to make appointments. But the appointments are always full. The GP said we could text. So I sent a text message. But then they say no.

Female

I can email them, but they won't email me back.

Female

Interpreters are great, but they don't always know all the medical terminology. I worry that something may get lost in interpretation.

I rarely use the phone to communicate, but I do text. I would like to have text access to services.

Female

You can text 999 – but you need to register your telephone number with the service. Then you can text if an emergency happens. You provide specific details, and then they make the arrangements.

Appendix 3: Three stories told to Healthwatch York staff after the main meeting on 10th June

Story 1

Following a traumatic bereavement, this person was advised by their GP that they needed bereavement counselling and was referred to Cruse Bereavement Care. The person e mailed Cruse but they said they could not offer counselling as they had no interpreter. The person sent Cruse a list of interpreters and how to find them but Cruse said they could not afford to use an interpreter as they are a charity. They can only use an interpreter if the patient pays. This person cannot afford to pay as they are not currently able to work.

Story 2

This couple are both Deaf, and English is not their first language. They are both still learning British Sign Language (BSL). The manager at their GP practice refuses to get an interpreter. They either have to use a video link interpreter or the wife has to interpret for her husband. She has to ask her employer for time off to go to the doctors with her husband, and it is not often possible.

On one occasion the video link interpreter was from another region - so the BSL used was not what they understood. They ended up writing notes which wasn't ideal.

When a referral was made to York Teaching Hospital NHS Foundation Trust, the GP practice told the Hospital to book an interpreter. The experience at the hospital was great, the interpreter explained things well and made sure the couple understood. The interpreter knew that English was not the couple's first language and would have some issues with BSL, and made sure they understood.

This couple also have a young baby and they worry about making appointments with their GP in an urgent or serious situation. The GP practice does not have a facility for making appointments by text.

Story 3

This couple have experienced a number of communication issues. One GP has suggested that the wife interpret for her husband. They find it hard to understand video link interpreters. In some situations, they have ended up passing notes. This makes communication very difficult.

In April this year the husband was taken ill in York. They went to Bootham walk in surgery. His GP was fully booked. The doctor didn't ask his name, just said 'Come on'. When they explained they were Deaf, the doctor groaned. They felt that the doctor was rude and offhand. The experience was very troubling and the man experienced considerable emotional distress.

Other examples of communication problems which this couple have experienced include:

- Letters sent to them that are full of jargon. This makes it difficult to know what to do.
- A member of ambulance staff gave an injection, but could not explain what it was for. It would be helpful for ambulance staff to learn some basic BSL.
- A & E want to use family members to interpret, but it's not appropriate. They also may need to sign for hours.

Appendix 4

Healthwatch York
Priory Street Centre
15 Priory Street
York
YO1 6ET
Tel: 01904 621133

9th September 2013

Dear Practice Manager

A number of issues have been brought to the attention of Healthwatch York with regard to access to health services for the deaf community. Some of these related directly to accessing GP services. In particular, issues were raised about booking appointments, communication during visits, and alerting deaf patients when it is their turn to access medical professionals.

We are working to understand these issues in more detail. It would therefore greatly assist us if you could please provide the following information.

1. Do you know how many deaf patients you have?
2. How does your system flag up that a patient is deaf or has other access needs?
3. When a deaf person requests an appointment do you have an agreed procedure?
4. Would you provide a face to face interpreter if requested?
5. Are any of your staff team trained in basic British Sign Language?
6. Do you have any visual indicators in your waiting areas to alert deaf people that it is their turn?
7. Do you have procedures for booking interpreters for emergency appointments?
8. What methods do your practice GPs use to check a deaf patient understands their diagnosis, treatment, medication including dosage and potential side effects, and next steps?

We would be grateful if you could provide these responses to us by Monday 30th September. You can email us at healthwatchyork@yorkcvs.org.uk or post them to

Healthwatch York
FREEPOST RTEG-BLES-RRYJ
Priory Street Centre
15 Priory St
York YO1 6ET

Thank you in advance for your kind assistance in this matter.
Yours sincerely

Siân Balsom
Healthwatch York Manager

Appendix 5: List of York GP surgeries

Practice Group	Surgery	Address
Abbey Medical Group	Parkview	28 Millfield Avenue, Hull Road, York, YO10 3AB
Abbey Medical Group	Tang Hall Lane	190 Tang Hall Lane, York, YO10 3RL
Abbey Medical Group	Victoria Way	2 Victoria Way, Huntington, York, YO32 9GE
Haxby Group Practice	Haxby & Wiggington Surgery	Haxby & Wigginton Health Centre, The Village, Wiggington, York, YO32 2LL
Haxby Group Practice	Huntington Surgery	1 North Lane, Huntington, York, YO32 9RU
Haxby Group Practice	New Earswick Surgery	White Rose Avenue, New Earswick, York, YO32 4AG
Haxby Group Practice	Stockton on the Forest Surgery	36 The Village, Stockton on the Forest, York, YO32 9UQ
Jorvik Medical Group	Jorvik Medical Practice	Woolpack House, The Stonebow, York, YO1 7NP
Jorvik Medical Group	South Bank Medical Centre	175 Bishopthorpe Road, York, YO23 1PD
MyHealth	Strensall Health Care Centre	Southfields Road, Strensall, York, YO32 5UA
MyHealth	Huntington Health Care Centre	Garth Road, Huntington, York, YO32 9QJ
MyHealth	Dunnington Health Care Centre	Petercroft Lane, Dunnington, York, YO19 5NQ
Old School Medical Practice	Old School Medical Practice	Horseman Lane, Copmanthorpe, York, YO23 3UA
Old School Medical Practice	Bishopthorpe Branch	The Surgery, 46 Church Lane, Bishopthorpe, York, YO23 2QG
Petergate & Skelton	Petergate Surgery	Tower Court Health Centre, Oakdale Road, Clifton Moor, York, YO30 4RZ
Petergate & Skelton	Skelton Surgery	St Giles Road, Skelton, York, YO3 1XX
Priory Medical Group	Priory Medical Centre	Cornlands Road, Acomb, York, YO24 3WX
Priory Medical Group	Rawcliffe Surgery	Belcombe Way, Water Lane, Clifton, York, YO30 6ND
Priory Medical Group	Clementhorpe Health Centre	Cherry Street, York, YO23 1AP

Priory Medical Group	Lavender Grove Surgery	Lavender Grove, Boroughbridge Road, York, YO26 5RX
Priory Medical Group	Heworth Green Surgery	45 Heworth Green, Heworth, York, YO31 7SX
Priory Medical Group	Fulford Surgery	2 Fulford Park, Fulford, York, YO10 4QE
Unity Health	Wenlock Terrace Surgery	18 Wenlock Terrace, York, YO10 4DU
Unity Health	Hull Road Surgery	289 Hull Road, York, YO10 3LB
Unity Health	York Campus	University of York, Heslington, York, YO10 5DD
York Medical Group	Acomb Surgery	199 Acomb Road, York, YO24 4HD
York Medical Group	Monkgate Surgery	35 Monkgate, York, YO31 7PB
York Medical Group	Woodthorpe Surgery	40 Moorcroft Road, York, YO24 2RQ
York Medical Group	York St John University	Lord Mayor's Walk, York, YO31 7EX
	Beech Grove Medical Practice	Acomb Health Centre,1 Beech Grove, Acomb, York YO26 5LD
	Clifton Medical Practice	Water Lane, York, YO30 6PS
	Dalton Terrace Surgery	Dalton Terrace, York, YO24 4DB
	East Parade Surgery	89 East Parade, Heworth, York, YO31 7YD
	Elvington Medical Practice	York Road, Elvington, York, YO41 4DY
	Front Street Surgery	14 Front Street, Acomb, York, YO24 3BZ
	Gale Farm Surgery	109-119 Front Street, Acomb, York, YO24 3BU
	Old Forge Surgery	The Green, Upper Poppleton, York, YO26 6EQ
	Gillygate Surgery	28 Gillygate, York, YO31 7WQ
	Minster Health	35 Monkgate, York, YO31 7WE
	The Surgery at 32 Clifton	The Surgery, 32 Clifton, York, YO30 6AE

Appendix 6: Healthwatch York Jargon Buster

ASLI	Association of Sign Language Interpreters
BSL	British Sign Language
CAB	Citizen's Advice Bureau
CCG	Clinical Commissioning Group. Our local group is NHS Vale of York Clinical Commissioning Group
Commissioners	Organisations that buy services
CYC	City of York Council. 'The Council'. They are responsible for buying and providing Social Services in York.
Deaf people (With a capital 'D')	People who have British Sign Language (BSL) as their first or preferred language
GP	General Practitioner (local doctor)
HWB	Health & Wellbeing Board. This is a group of people from different organisations including City of York Council, York Hospital, NHS Vale of York Clinical Commissioning Group, Leeds & York Partnership Trust, the police, the voluntary sector, and HealthWatch York. They work together to make improvements to the health and wellbeing of York residents.
HWE	Healthwatch England. This is the new, independent consumer champion for health and social care in England. Healthwatch England will be the national voice for Local Healthwatch groups.
NRCP	National Register of Communication Professionals
NHS	National Health Service
NHS England Area Team	Organisation which buys health services that the CCGs cannot, such as local GP services and specialist services. They also assess and assure quality and performance. Our local team is North Yorkshire and the Humber.
PALS	Patient Advice and Liaison Service
Service provider	Organisation which provides services to the public
TLA	Three letter acronym – there are far too many of these in health and social care!
Typetalk	Typetalk is a phone service for people who cannot speak or hear on the phone. It allows someone using a textphone to communicate with someone using a

	standard phone. The service also supports textphone to textphone calls.
YILN	York Independent Living Network

Appendix 7

Meeting at Acomb Explore Library October 3rd

A follow up meeting was held at Acomb Library on October 3rd to let the Deaf community know that we had written our report, ask them for feedback and to check to see if anything was missing. The meeting was chaired by Marije Davidson from York Independent Living Network, who is Deaf, and who chaired our first meeting in June. The meeting was attended by:

- 14 adult members of the deaf community
- Two members of the Healthwatch York staff team
- One City of York Council Community Facilitator
- One of the co-directors of York Independent Living Network

Two BSL/English interpreters were provided.

Most of the attendees at this meeting had also attended the original meeting.

The manager of Healthwatch York told the group how this piece of work came about and what we have done so far. Each section of the draft report was read and discussed.

During the course of the meeting some additional issues were raised:

- The role of practice managers at GP surgeries was queried.
- It was reported that there is a lack of flexibility to move appointments (at GPs and hospital) to a time when an interpreter is available
- One lady reported that her GP surgery is not very responsive when she tries to make an appointment by fax. She has waited several hours for a response, and was then told ‘sorry we’re busy’.
- The ‘credibility’ factor – when authorities listen to the hearing person and not the deaf person (this was felt to be the case particularly in social care)

The group suggested that a glossary of jargon and acronyms should be included in the report.

There was some discussion about the right to an interpreter and what it means – the following links provide information about this:

http://www.justcommunication.co.uk/downloads/DRCBSLGuide.pdf (full guide here - http://www.devon.gov.uk/full_guidancernid.pdf)

The group approved the recommendations in the report and there were discussions about where the report would be sent, and how the recommendations would be followed up.

healthwatch York

Discrimination Against Disabled People in York

CANDI children and inclusion

Independent Service User Forum (Mental Health)

The Retreat YORK

York Independent Living Network YILN

Disability

York University Student Union

June 2014

healthwatch York

Contents

Why we use the term disabled people

At Healthwatch York, we follow the social model of disability and therefore use the term disabled people as a political one. People may have physical or sensory impairments, mental health conditions, or learning difficulties, but they face barriers in daily life because of the way society has developed. They are, in essence, disabled by society. For example, a wheelchair user may have a physical impairment, but if buildings are developed with ramps and lifts, they are not 'disabled'. Similarly, if we provide sign language interpreters at meetings, Deaf people who use signing are not disabled, but if we do not, they are. In our focus group notes we have used the term school for young disabled people as opposed to “special” school, as many disabled people find the use of the word “special” problematic. It has become a problematic term because some non-disabled people use the term respectfully whereas others use the term as an insult. Therefore, we have opted not to use the word at all.

We are aware that some people are more comfortable talking about “people with disabilities”. It is not up to us to tell disabled people how they should describe themselves, and we aim to reflect their terminology in our one-to-one conversations with them. But, we feel it is important that as an organisation we use the terminology that reflects our belief in empowering people and removing barriers to their inclusion. We have worked closely with a number of disabled people who are passionate campaigners for a greater understanding of the social model. We hope by using their preferred wording, and explaining why we do this, that we can support their work to change society for the better.

healthwatch York

Discrimination against disabled people in York

This report looks at the discrimination disabled people face in York. It sets out how we identified this as a problem and what we have done in response. It makes recommendations to several organisations to tackle inequality and give disabled people a stronger voice in the community. In this report we look at discrimination predominantly in terms of the attitudes disabled people faced both from service providers (GPs, shop assistants etc.) and the general public. We conclude that disabled people face a variety of discrimination from both service providers and the general public.

Nationally about one in five people live with an impairment or long-term health condition.[1] The population of York is 198,051[2]. According to the 2014 Joint Strategic Needs Assessment for York[3] "6.6% of the population have a long-term health problem or disability which significantly limits day to day activities, this represents 13,018 people. Additionally, 3.1% of those aged 0-24 have a limitation in day-to-day activities. In 2009, 2,304 people in York were diagnosed as having dementia. By 2015, this number is predicted to increase to 2,708. It is estimated that at any one time there are approximately 170 individuals living with a mental health condition[4] for every 1,000 people aged 16 to 74 years in York. This equates to around 25,000 people experiencing various kinds of mental health conditions ranging from anxiety and depression to severe and enduring conditions including dementia and schizophrenia, (data from 2008). Finally, there are 18,224 self-declared unpaid carers in York, 9.2% of the population".

Taken together these statistics represent a significant proportion of the local population who are affected by disability or mental health in some way.

[1] Family Resources Survey 2011/12
[2] http://www.york.gov.uk/info/200630/census/249/census/2
[3] Figures available from: http://www.healthyork.org/
[4] We use the term mental health conditions in this report because in our conversations with mental health service users, they told us this is the terminology that they prefer.

Why Healthwatch York decided to look at this issue

In Healthwatch York's work plan survey in Summer 2013, of the 97 people who responded to the survey 61.9% said living with long-term conditions and mental health conditions were topics that Healthwatch York should look at. There have also been several issues of discrimination against disabled people reported in Healthwatch York's issues log. For example, one man told us about a relative who is a wheelchair user. Theoretically, with support from her carer and her bus pass she should be able to use buses to travel around York. However, a large proportion of her money is being spent on taxis because bus drivers often don't allow her to get on the bus. Online research has also revealed examples of disabled people in York being discriminated against. This included disabled theatre-goers who were forced to pay twice as much for tickets as non-disabled theatre-goers to attend a show at the Barbican in York, simply because they were disabled:

http://disabilitynewsservice.com/2014/02/theatre-discrimination-victory-will-have-wide-reaching-impact/

We wanted to find out more about the issues disabled people in York face and to find out what questions we should focus on. In order to do this in March 2014 we met with representatives from several charitable organisations supporting disabled people and their parents/carers in York. These were: CANDI (Children AND Inclusion), The Retreat, The Independent Service User's Forum (ISUF), York Independent Living Network (YILN) and York University Student Union Disabled Students' Network (YUSU DSN). From these conversations and the anecdotes they shared with us during them, we decided to focus on discrimination against disabled people in terms of the attitudes they face.

What we did to find out more

We produced a survey looking at disabled people's experiences of discrimination in York. The draft of this survey was sent to our contacts at CANDI, The Retreat, ISUF and YILN. From their feedback changes were made to the survey and the final version of the survey can be found in appendix 1. As well as paper copies of the survey there was an online option for people to respond using SurveyMonkey. In total 99 people completed the survey.

We also held focus groups with members of CANDI, ISUF and YUSU DSN. In total we spoke to 23 people through focus groups.

We also supported an event with YILN looking at disability hate crime as well as disabled people's experiences of living in York. The event was attended by 45 people.

We advertised the project through a leaflet (appendix 4) that was distributed around York by Healthwatch York staff and volunteers. We also worked with York Press to publish an article about the project, which can be found here:

www.yorkpress.co.uk/news/11204851.Disabled_people_urged_to_give_their_experience_of_discrimination/

The meetings were set up as safe places for disabled people to share their experiences. Attendees were told that Healthwatch York would be producing a report following the meeting. We reassured them that no names would be used and people would not be identified in any way.

At the CANDI and YUSU DSN focus groups and YILN event people were asked to talk about where in York they do and do not feel safe and why using maps to help them think of places, (see appendix 2 for the maps). At the CANDI, ISUF and YUSU DSN focus groups two other key questions were asked, these were:

- What are your experiences of being a disabled person or parent/carer in York?

- What do you think can be done to improve life for disabled people in York?

People were encouraged to share both good and bad experiences with us. Attendees could do this by sharing their experiences with the whole group, or in private one to one sessions with Healthwatch York staff after the main meeting had finished.

Healthwatch York staff took notes of all the issues raised during the meetings and during the one to one sessions after the meetings. The notes from all the focus groups can be found in appendix 3.

We sent a draft copy of this report to all of the organisations we worked with on the project for comment. All of the organisations responded and their feedback has been incorporated into the final version of the report.

We also sent the draft copy of the report to: City of York Council, North Yorkshire Police, NHS Vale of York Clinical Commissioning Group and York Teaching Hospital NHS Foundation Trust for fact checking.

Copies of the final report have been sent to all the organisations above and also: NHS England NorthYorkshire and the Humber local area team, the Local Medical Committee (LMC), Leeds and York Partnership NHS Foundation Trust.

York Teaching Hospital NHS Foundation Trust asked to clarify some of the points raised by individuals in the focus groups. Firstly, they state that there are translation/interpretation services available at York Hospital, although they acknowledge individuals have faced issues with these. They told us that the Trust has a separate group which has been set up recently to look at access to services which is looking at services for deaf people and other people who have difficulties accessing health services. Secondly, they felt that there are a variety of ways York Hospital will get in touch with individuals depending on the needs of the patient. This is contrary to what individuals at one of the focus groups said.

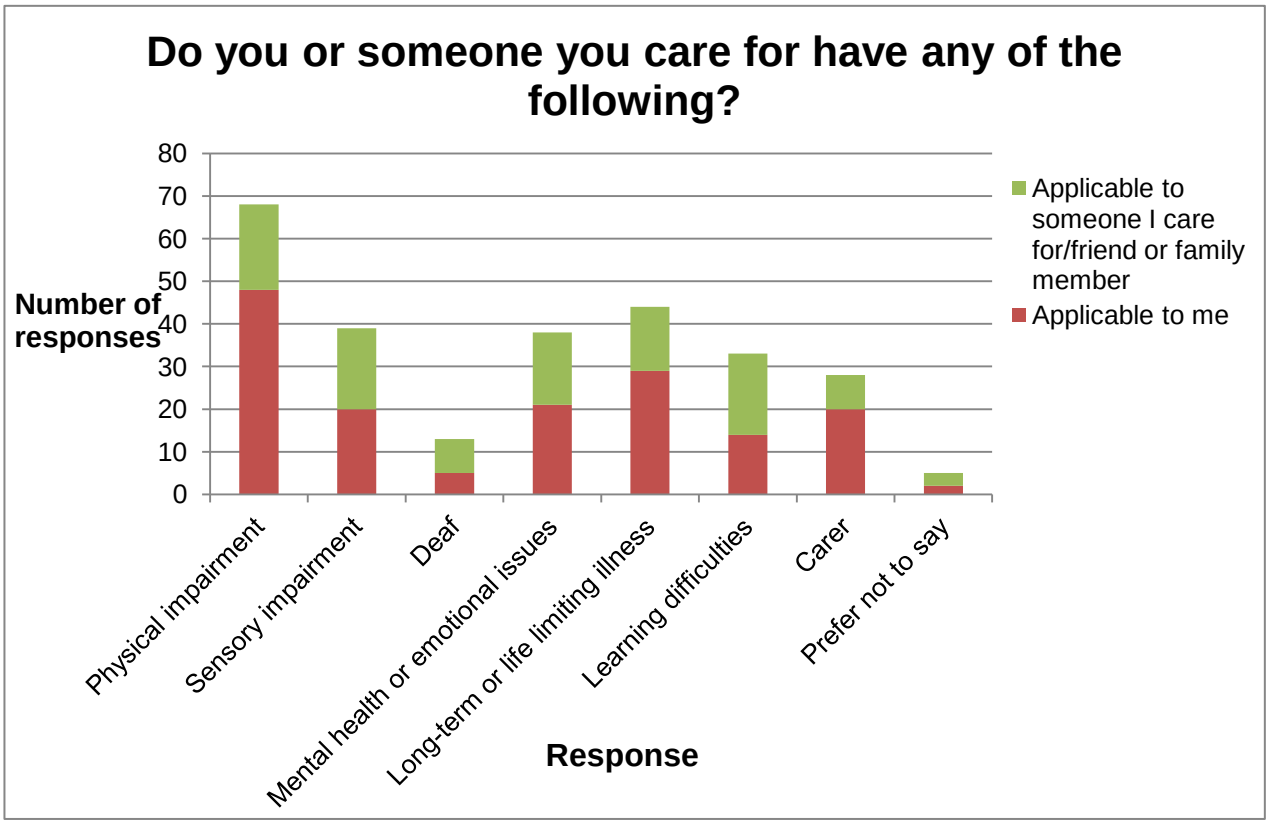
What we found out

Through holding the focus groups and encouraging people to fill in the survey Healthwatch York has heard from 167 people about the issue of discrimination against disabled people in York. From this we have identified several common themes, which will be discussed in detail later.

Survey summary

In total 99 people responded to the survey. This summary shows the overall results for each question in the survey as well as quotes summing up people's opinions on the different areas the survey focused on.

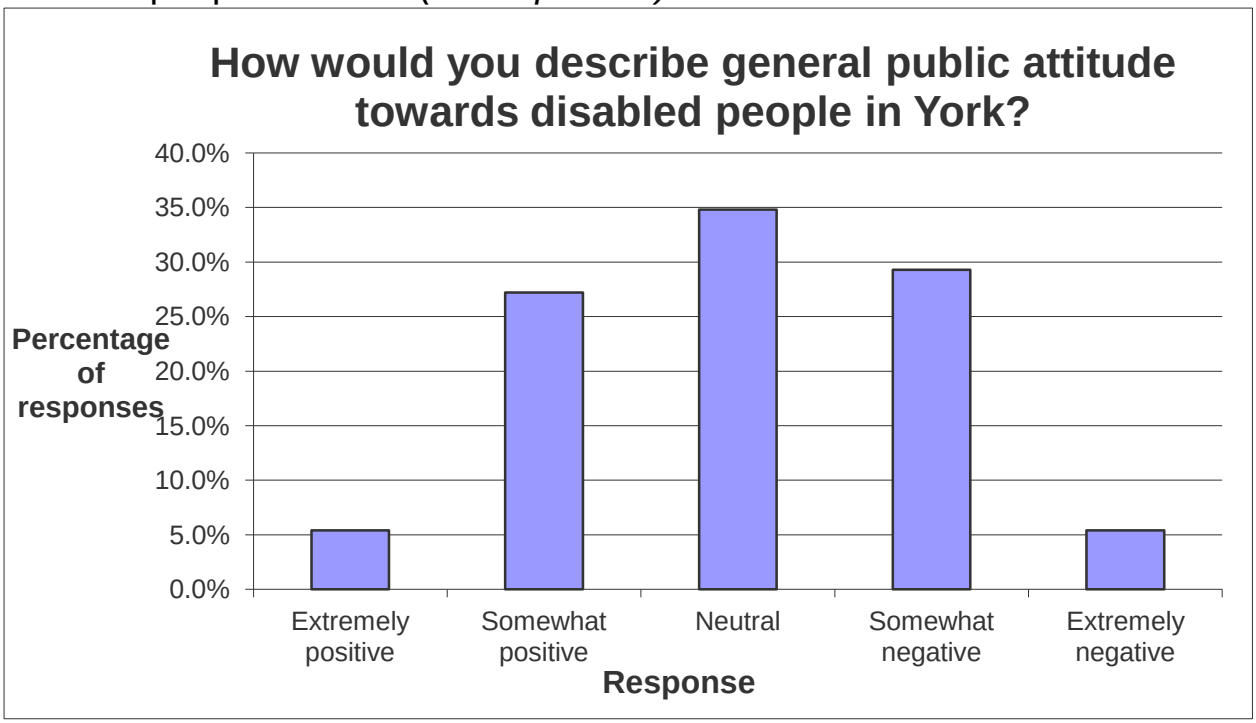
Question 1: Do you or someone you care for have any of the following? Please tick as many as are applicable to you. *(98 responses)*



Question 2: Do you consider yourself to be a disabled person? *(96 responses)*

Answer	Response Percent	Response Count
Yes	75.0%	72
No	25.0%	24

Question 3: How would you describe general public attitudes towards disabled people in York? *(92 responses)*



Question 4: Please explain why you have selected your response to question 3. *(71 responses)*

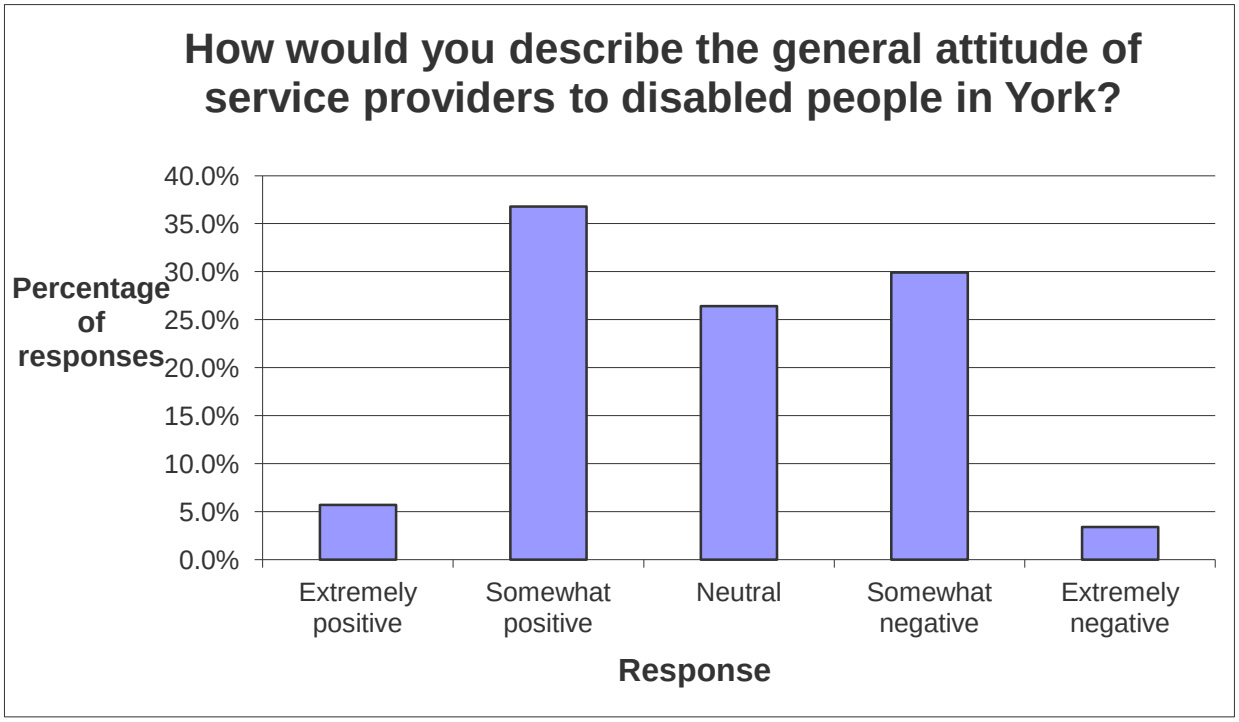
Common responses to this question included:

“Have received comments like, ‘he’s not disabled!’”

"Some people are very positive and helpful, whereas there are a number of people who are overtly negative".

Overall, the general consensus was that members of the public can behave negatively towards disabled people, however, several people pointed out this is not the case for everyone.

Question 5: How would you describe general service provider attitudes (e.g. bus drivers, shop assistants, GPs etc.) towards disabled people in York? *(87 responses)*



Question 6: Please explain why you have selected your response to question 5. *(64 responses)*

Common responses to this question included:

"Rudeness, lack of empathy", "lack of respect".
"Many shop assistants look over the top of me and speak to friends and carers instead".
"Selected somewhat negative…because I have to listen to service providers (whereas I don't need to listen to what the general public are

saying".
"Service providers can sometimes struggle to understand things from a disabled person's point of view. I don't think that this is necessarily malicious".
"Some provide an excellent and accessible service. Some do not. It's always pot luck and this makes life very hard".
"I have had no real issues with service providers and found a good number bend over backwards to make you equal".

Again, there was a feeling that there are issues with the attitudes of some service providers, but this does not apply to them all.

Question 7: Do you think attitudes towards disabled people have worsened in the last 3 years? *(84 responses)*

Answer	Response Percent	Response Count
Yes	35.7%	30
No	27.4%	23
Not sure	40.1%	34

Comments regarding this question included:

"It has always been there".
"As budgets have been cut within local government attitudes have worsened".
"I may have been 'lucky' not have had any bad attitude".
"In general, we feel attitudes have got better".

Several people also commented that they felt that they had either not lived in York long enough, or had an impairment for long enough to be able to answer this question.

Question 8: If you answered yes to question 7, do you think media attention around people claiming benefits and stories of "benefits cheats" have contributed towards this? *(51 responses)*

Answer	Response Percent	Response Count
Yes, a lot	47.1%	24
Yes, somewhat	25.5%	13
Not sure	23.5%	12
No	7.8%	4

Common responses to this question included:

"Yes definitely. From chatting to other disabled people on the internet a lot of disabled people are frightened either to go out at night or face daily abuse and suspicion. This seems to be due to tabloid scare stories".
"Stereotyping disabled people does not help", "everyone is tarred with the same brush".
"There will always be individuals who 'work' the system…unfortunately they do impact on genuine users".

Question 9: Have the welfare reforms (e.g. changes to housing benefits and Employment Support Allowance) and/or changes to social care funding affected you? *(82 responses)*

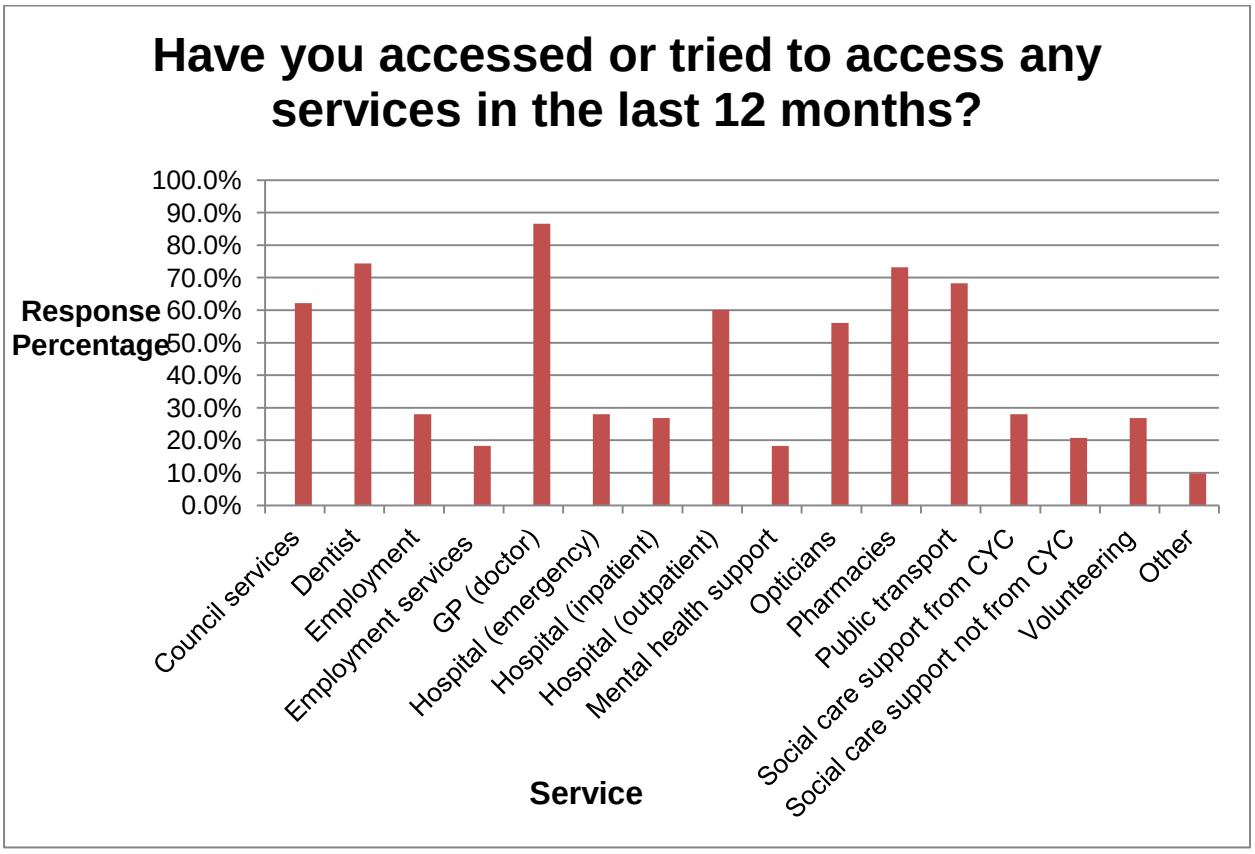
Answer	Response Percent	Response Count
Yes, financially	7.3%	6
Yes, emotionally	15.9%	13
Both financially and emotionally	26.8%	22
No	52.4%	43

Common responses to this question included:

"I constantly worry that my benefits will be changed or reduced, I've been ok so far but each time they need to be renewed I get very stressed about it which impacts on my health".

"Yes, due to cuts I find myself choosing between bills and needed personal items".
"Not yet, but they may do in the future".

Question 10: Have you accessed or tried to access any services in the last 12 months? Please select all the relevant services from the list below. *(82 responses)*



Question 11: Have you experienced discrimination or negative attitudes when accessing or trying to access services in the last 12 months? Please select all the relevant services you have experienced issues with from the list below and when you experienced the discrimination or negative attitudes: *(66 responses)*

Answer	Accessing	Trying to access	Number of individuals providing feedback on service
Council services	13	13	16
Dentist	11	8	13
Employment	12	11	17
Employment services	13	13	17
GP (doctor)	19	10	22
Hospital (emergency)	10	3	12
Hospital (inpatient)	8	5	11
Hospital (outpatient)	10	7	11
Mental health support	4	6	9
Opticians	7	7	8
Pharmacies	9	9	12
Public transport	16	14	20
Social care support from CYC	8	3	9
Social care support not from CYC	3	1	3
Volunteering	6	7	7
No discrimination or negative attitudes experienced	21	16	21
Other			14

Key figures:

- **31.8% of respondents to this question experienced no discrimination of any kind.**
- **This means 68.2% of respondents have experienced discrimination when accessing or trying to access at least one service.**

- **The services the most people experienced negative attitudes when accessing or trying to access were the GP (33.3% of respondents) and public transport (30.3% of respondents).**
- **63.6% of respondents have experienced discrimination when accessing at least one service.**
- **42.4% of respondents have experienced discrimination when trying to access at least one service.**

Question 12: Are there any specific experiences you would like to share with us? *(39 responses)*

There were a number of different experiences shared with us in this question, several related to issues with health services (13 comments) and public transport issues (11 comments).

Question 13: How do you think discrimination against disabled people in York could be reduced? (Please give no more than 3 suggestions). *(62 responses)*

Common responses to this question included:

"Education about people with disabilities should start in pre-school and continue throughout their education and in all employment sectors".
"Better training".
"Awareness. Education."
"People actually being held to account for their blatant discrimination".
"Campaign about the positive contribution people living with disabilities make".
"More awareness around the POSITIVE effect that welfare has in changing disabled peoples' lives".

There were also a number of comments regarding practical ways in which physical access could be improved for disabled people in York.

Common themes from the focus groups and YILN event

From the focus groups a number of common themes arose:

- There were comments in all of the sessions regarding the negative comments disabled people have received from members of the public. Individuals also spoke about the impact these negative comments have had on them.
- In 3 of the 4 focus groups issues surrounding public transport, particularly buses were raised.
- It was highlighted that individuals with mental health conditions[5] often experience poorer quality and availability of services than those with other impairments. Furthermore, those with mental health conditions reported experiencing more overt discrimination than those with other impairments.
- It was also highlighted that disabled people do not face problems everywhere they go. For example, in 2 of the 4 focus groups Caffe Nero was singled out as being particularly disabled-friendly.
- In terms of how life in York could be improved for disabled people common suggestions centred on increased education about living with impairment and mental health conditions, awareness-raising of issues disabled people face and better training for staff in all professions, particularly those in public-facing roles.

In general, the topics discussed at the focus groups reflect the main findings from the survey. In the CANDI focus group important issues were raised that seem to only impact upon the parent/carer group. These will be discussed in more detail shortly.

[5] It should also be noted that not all individuals with mental health conditions were happy with being labelled as "disabled". However, for the purposes of this report we have included mental health conditions under our definition of disability.

Issues regarding health services

Where specific providers were mentioned both in the survey and focus groups a large number of negative experiences involved health services. We include GPs, hospital services, mental health services, pharmacies and dentists in this category. In total issues with health services were mentioned 32 times in the survey and 16 times in the focus groups.

The following are examples of the issues with health services that disabled people and their parents/carers reported:

- The first common experience related to the attitudes disabled people have received from individuals working in health services.
    - There were lots of comments from disabled people who felt that they had been patronised by GPs and other medical staff. They also felt that health professionals can hold dismissive attitudes towards disabled people.
    - One individual told us how when visiting a chemists a member of staff wouldn't give them their prescription because they are a mental health service user (the staff member could tell from the medication). The staff member said to the service user "I don't want you coming in here". Negative attitudes like this are extremely concerning particularly in light of the current push to get the general public to use pharmacies more as an alternative to GP and hospital services.
    - There were also comments regarding York Hospital in particular. Service users with mental health conditions said that A + E staff do not have a good understanding or positive attitude towards individuals with mental health conditions. These problems were often experienced by people visiting A + E for self-injury related medical issues.

- There were also comments regarding the general accessibility of health services. These included:
    - Medical administration staff not looking at patient records to see how individuals need to be contacted. One individual told us that they are blind yet York Hospital continually uses letters as opposed to the phone to contact them, even though the individual has raised this issue on several occasions. At a focus group one individual told us the phone is inaccessible for them but because they are not Deaf[6] this information is ignored and health services contact them by phone to arrange appointments.
    - There were also feedback concerning a perceived lack of Deaf awareness and interpreters in health services. Many of these issues are mirrored in Healthwatch York's report on 'Access to health and social care services for Deaf people' which can be accessed here:

www.healthwatchyork.co.uk/wp-content/uploads/2013/12/Healthwatch-York-report-on-access-to-services-for-deaf-people.pdf

    - There were also issues raised regarding the suitability of York Hospital Accident and Emergency department (A&E) for disabled people. Some disabled people find it particularly difficult to wait or to be in noisy crowded places and waiting to be seen at A&E can be extremely difficult for them. This issue is examined in more detail later in this report.

[6] In this report we use Deaf with a capital 'D' to mean people who have British Sign Language (BSL) as their first or preferred language.

Issues regarding public transport

A number of negative comments were also made regarding public transport. Although this definition includes buses, trains and taxi services, the vast majority of issues raised concerned buses (15 in the survey and 8 in the focus groups).

The following are examples of the issues with bus services that disabled people and their parents/carers reported:

- Individuals with pushchairs are often in the wheelchair spaces on buses. Whilst disabled people recognise that individuals with pushchairs may need to use those spaces on buses, their usage of the space often comes at the expense of disabled people being able to use the bus.
    - There were a number of comments from disabled people saying that there have been occasions where bus drivers have told wheelchair users they cannot get on the bus as there are already pushchairs on the bus.
    - Disabled people feel that this is unfair as theoretically pushchairs should be able to fold down meaning that wheelchair users would then be able to use the space.
    - The issue of whether legally wheelchair or pushchair users should have priority on public transport is currently awaiting a judgement from the Court of Appeal:

http://www.telegraph.co.uk/news/uknews/law-and-order/10494819/Court-to-rule-on-wheelchairs-or-pushchairs-to-have-priority-on-public-transport.html

- Another issue raised was with the attitudes of the bus drivers. The following comment is typical of individuals' experiences of negative attitudes from bus drivers:

"Bus drivers always seem put out if they have to turn the engine off, get out of their seat and lower ramps for me. They never ask people with pushchairs to clear the wheelchair space and I often have to wait for another bus".

- There were also several comments from individuals who felt that bus drivers often do not give disabled people enough time to seat themselves on the bus, often pulling away from bus stop before they are seated. Some individuals reported that they have fallen over as a result of this.
- Individuals also commented on the issue of non-disabled people sitting in the seats set aside for disabled people. They find this difficult because whilst they need to sit down they do not want to get into a confrontation with the general public about this. Some felt that bus drivers could do more to help disabled people with this issue.

Issues regarding the public

One issue we focused on in the survey was individual's experiences of the general public's attitudes towards disabled people. The results for that question can be found in the survey summary above. Negative experiences regarding the attitudes of the general public were also raised in all of the focus groups even though participants were not specifically asked about them. Taken together, this suggests the issue of general public attitudes towards disabled people is something that needs addressing.

Most negative experiences related to verbal comments/abuse received by disabled people from the general public. We were also told about other more serious incidents as well including:

- People experiencing individuals banging on their windows and doors at night, making them feel threatened.
- Individual's neighbours regularly being abusive towards them.
- One individual reported an incident where someone attempted to be violent towards their disabled daughter.

These experiences have left some disabled people scared of going out and about. This means that they cannot take part in community activities like their non-disabled peers. This has a negative effect on both disabled people and the communities they live in as they do not feel safe being an active member of them.

At the YILN event looking at disability hate crime a lot of disabled people reported that they do not know how to report hate crimes or where they can go to do this. They also are not aware of the roles of different local authorities have in reporting and tackling disability hate crime and how they can help, or they cannot access the authorities which leaves them powerless to take action. This is clearly an issue that needs to be worked on in order to help disabled people deal with the issues that they face from the general public.

Other issues

There were also recurring comments regarding bus passes, public-facing jobs, accessible parking and accessible toilets.

- Public-facing jobs. When discussing problems accessing or trying to access services in some cases it was the individual in a public-facing role (e.g. receptionists) as opposed to the service provider themselves that were the cause of the negative experience. Many suggested that a lack of disability and mental health awareness training for individuals in public-facing jobs may be a contributing factor to the negative experiences some disabled people reported to us.
- Bus passes. A few people commented that they have been told that they are ineligible for a bus pass by City of York Council due to being classed as on the lower rate of mobility benefits. One person said they are not allowed to drive or cycle due to their mental health condition, yet they were told they were ineligible for a bus pass. This decision does not appear to be in keeping with the national conditions for the disabled bus pass, as set out here (see section g):

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181507/eligibility-review.pdf

- Accessible parking. The issues raised around accessible parking fell into two categories, the lack of accessible parking in York and the problem of individuals who are not Blue Badge holders parking in accessible parking bays.
    - Lack of accessible parking in York. People commented that they feel that disabled people are being increasingly excluded from the city centre. The following comment illustrates disabled people's feelings on the topic:

“I feel that the closing of Davygate during the day with moveable bollards and limiting access until 5pm to the city centre has made life more difficult. Prior to this there was a green city centre badge scheme for cars and it was easy to gain access to the city centre. I thought that there should have been a concession to blue badge holders to cross Lendal Bridge when it was closed”.

- If in future there are any major changes to the access routes to the city centre (for example, if the decision is taken to close Lendal bridge once again) there should be a full Equality Impact Assessment carried out to ensure that disabled people are not affected by these changes. The original Equality Impact Assessment for the Lendal Bridge closure, whilst recognising that disabled people would be affected by the closure argued that:

“Exclusion of blue badge holders and motorcyclists is based on the overall objective which is to significantly reduce traffic in the city centre. In addition exemptions are based on being able to identify a legal definition for a class or use of vehicle which can then be legally signed. Inclusion of these groups would require the aforementioned criteria to be met as well as the registration plates of every vehicle. Blue badges are attributed to individuals not vehicles and therefore it would not be possible to identify the legitimacy of the vehicle.”[7]

- We disagree with this as we feel that traffic to the city centre would still have been significantly reduced even if blue badge holders had been exempted from the ban. Additionally, it would also have been possible to get signage showing that blue badge holders were exempted from the ban.

[7] http://www.york.gov.uk/downloads/file/10984/lendal_bridge_closure

- Non-blue badge holders using accessible parking bays. This presents difficulties for disabled people who are blue badge holders as they cannot then park. Some people commented that they feel there should be harsher penalties for people without blue badges who park in blue badge spaces.

- Accessible toilets. People mentioned that they feel there are not currently enough public accessible toilets in York and as of May 2014 one individual reported that the accessible toilets in York had been out of order for over a month. One resident of York has summed up her feelings on the current situation in this blog post:

http://yorkpeoplesassembly.wordpress.com/2014/05/27/skip-to-ma-loo-my-darling/#more-615

Issues facing parents/carers of disabled children

Some of the issues reported to us were issues that specifically affected parents/carers of disabled children. These included issues with York Hospital A&E, issues relating to school and education and issues with the general public.

- York Hospital A&E. The environment is often very crowded, which is difficult for children with autism or other conditions who find it difficult to wait. However, there is nowhere else for them and their families to wait. Parents/carers reported that this has led to situations where their child has had a "meltdown", which is a difficult situation for both the parents/carers and for the child themselves.
- School and education issues.
    - There was also a feeling from parents/carers that there need to be better transition plans for disabled children from primary to secondary education. At present, it was felt that the adequacy of transition plans varies across York and this should not be the case.
    - There was also an issue raised around the adequacy of support for disabled children as they get older:

"My daughter is 18 and completing A-levels. We have known she is dyslexic for some time but she was coping well so was not formally diagnosed. However, at AS-level it became clear she had reached the point where personal coping strategies were no longer sufficient, but the school was unable to refer for Ed. Psych. assessment as she is over 16 and would not apply to the exam board for extra time. There appears to be a huge gap in provision at a critical time that could mean pupils being substantially disadvantaged by the system".

- The general public. Problems parents/carers face from the general public are slightly different from the ones mentioned above. Parents/carers are often worried about how the public will perceive their parenting skills. For example, sometimes a parent may have to physically restrain a child and they are concerned people will see them as a “bad parent”. Parents also talked about wanting to protect their child, with one individual stating that they have not experienced much discrimination because they choose not to take their child anywhere where they feel they might experience problems.

Conclusion

This work has revealed that there are a number of problems faced by disabled people in York. These include negative and discriminatory attitudes from the general public and service providers as well as physical access issues. We have made a number of recommendations, based on the feedback we have received, which we feel could make a real difference to the lives of disabled people in York.

Our findings are consistent with the national picture of problems that disabled people face. For example, the Office for Disability Issues[8] report that:

- Disabled people are significantly more likely to experience unfair treatment at work than non-disabled people. In 2008, 19 per cent of disabled people experienced unfair treatment at work compared to 13 per cent of non-disabled people.
- Around a third of disabled people experience difficulties related to their impairment in accessing public, commercial and leisure goods and services.
- Disabled people are significantly more likely to be victims of crime than non-disabled people. This gap is largest amongst 16-34 year-olds where 39 per cent of disabled people reported having been a victim of crime compared to 28 per cent of non-disabled people.
    - In North Yorkshire the British Crime Survey results from December 2013[9] showed that Victims of Household crime within North Yorkshire were 10.6% and victims of personal crime were 4.2%. However, as Julia Mulligan, Police and Crime Commissioner for North Yorkshire said at our event with YILN: “Reported levels of hate crime in York in no way reflect the level of hate crime taking place. We need to increase the level of reporting. I want to know whether hate crime reporting centres are working. Are people aware of them and do people know where they are?”

[8] http://odi.dwp.gov.uk/disability-statistics-and-research/disability-facts-and-figures.p
[9] http://www.crimesurvey.co.uk/previous-research.html

At present in York disabled people face discriminatory attitudes from a wide range of sources. This is not acceptable. Disabled people deserve to be treated equally. We believe it is in service providers and the general public's interest to change their attitudes towards disabled people. Not only because disabled people deserve a better quality of life, but because disability affects everyone. Only 17% of disabled people are born with their impairment[10]. Many disabled children and adults live with non-disabled parents, siblings, children or partners. This means that the issues that they face are highly likely to one day affect many of the people who read this report.

Our work has also revealed that there are examples of improvements and good practice which are already happening. We hope that by highlighting some of these examples we will encourage good practice to spread.

A number of cafes and restaurants were specifically named because people felt they respond positively to the needs of disabled people: Caffe Nero (specifically named as being deaf aware), Frankie and Benny's (named by parents of disabled children), Greggs (named by disabled students).

There was praise for teachers, teaching assistants, special education needs co-ordinators (SENCO), school transport escorts and drivers.

Positive experiences were reported from taking part in leisure activities including ten pin bowling. Cinemas in York have autism friendly screening. The City of York Council have disability sports officers who make sports such as cycling, swimming and trampolining accessible. Libraries were regarded as places where disabled people feel safe and the staff are helpful.

[10] http://www.efds.co.uk/resources/facts_and_statistics

Cameras in the city centre were regarded as helpful and Clifton Moor Shopping Centre was named as a safe space. There was positive feedback for the queuing system and the staff at West Offices.

Some positive experiences of public transport were reported. Some bus drivers are good at responding to the needs of disabled passengers – especially if they get to know a disabled person on a regular route. There was praise for railway staff and passenger assistance at the station.

Recommendations

Recommendation	Recommended to
1. Organise a campaign to challenge stereotypes and tackle prejudice, highlighting the barriers disabled people face and what people can do about them. The same should also be done for mental health conditions. This awareness campaign should be developed with disabled people, including people with mental health conditions and organisations helping them and their families.	Health and Wellbeing Board, engaging with York Press, Radio York and the Joseph Rowntree Foundation. Also consider links to the local business community.
2. Children should be educated about disability and mental health conditions from an early age. This should include topics such as respect, the appropriate language to use regarding disability, disabled people and mental health. Children should be encouraged to participate actively in promoting inclusive communities.	Health and Wellbeing Board and YorOK Board
3a. Provide disability equality and mental health awareness training, as a minimum for all staff that have contact with the public. Ideally, longer term this training should be mandatory for all staff, and embedded in organisational induction processes, but this may be unrealistic in the short term. The training for disability and mental health conditions should be separate as the issues involved are not the same.	All statutory partners, all service providers including GP surgeries led by City of York Council Workforce Development Unit
3b. The training programme must be co-designed with disabled people and people with mental health conditions and organisations helping them and their families to make sure training is credible and reflects the day to day lived experiences of disabled people and people with mental health conditions. Where possible, delivery should be by disabled people; supported by a trainer only where the disabled	City of York Council working with existing groups such as YILN, York Mind and York People First

person(s) is (are) not an accredited trainer themselves.	
4. There should be more support for people to deal with the welfare reforms and changes to health and social care funding. The City of York Council should work with partners to create a hub for information, advocacy and peer-support, working with disabled people's organisations, carers' organisations and advice organisations. This will also help them to meet the requirements for Information, Advice and Support in the Care Act 2014.	City of York Council (including the Rewiring services team)
5. Consider introducing an "Accessible York" card that individuals could use when going about their daily lives to increase awareness amongst service providers. This should also be available to parents/carers for their child/individual they care for. This card should have wide eligibility criteria to ensure as many disabled people as possible are able to access it.	City of York Council
6. Review the accessibility of the A+E department for individuals who find it difficult to wait and consider introducing a separate space for these individuals to wait to reduce the stress of going to A+E both for the individual and their parents/carers.	York Hospital NHS Foundation Trust
7. Consider the distance from bus stops and accessible parking spaces to public offices, places of work and accommodation. Provide plenty of seating both outside and inside these buildings, and publicly accessible cafes.	City of York Council, Universities, employers
8. Review eligibility criteria for disabled bus passes to ensure it is in-line with legal guidance on disabled bus pass provision.	City of York Council
9. Improve hate crime reporting by working with disabled people to develop effective hate crime reporting systems. Additionally, raise awareness of how and where disabled people can report disability hate crimes.	City of York Council and North Yorkshire Police.

10. Improve accessible parking and access to the city centre, including public transport options. This should be done through working with disabled people to identify the problems and explore possible solutions through public meetings etc. that are accessible to all.	City of York Council, all City of York bus providers
11. When designing surveys and holding public meetings etc. work with disabled people to ensure that they are fully accessible.	Health and Wellbeing Board
12. Consider re-introducing the 'hotspots' scheme. This scheme enabled disabled people to report issues such as lack of dropped kerbs, problems with accessible parking etc. Healthwatch York would be happy to have an active role in re-introducing the scheme.	Health and Wellbeing Board
13. Make sure that accessibility is always considered when primary care services are commissioned.	NHS England North Yorkshire and Humber area team

Appendices

Appendix 1	Healthwatch York survey looking at discrimination against disabled people in York
Appendix 2	Copies of the maps from the focus groups and YILN event
Appendix 3	Focus group notes
Appendix 4	Leaflet advertising the project

Appendix 1: Healthwatch York survey

Discrimination Against Disabled People In York

In this project we are looking at discrimination in terms of the attitudes disabled people have experienced from individuals and organisations.

At Healthwatch York we fully comply with data protection procedures, this means that your answers to this survey are all anonymous and confidential. No personal data you give us in this survey will be disclosed without your consent.

Please note: questions marked with ∗ are mandatory.

∗ 1. Do you or someone you care for have any of the following? Please tick as many as are applicable.

	Applicable to me	Applicable to someone I care for/friend or family member
Physical impairment (e.g. which affects mobility or manual dexterity)	☐	☐
Sensory impairment (for example, hearing loss or visual impairment)	☐	☐
Deaf	☐	☐
Mental health or emotional issues	☐	☐
Long term or life-limiting illness	☐	☐
Learning difficulties (for example dyslexia, autistic spectrum condition)	☐	☐
Carer	☐	☐
Prefer not to say	☐	☐
Other (please specify):	☐	☐

✱ 2. Do you consider yourself to be a disabled person?

☐ Yes ☐ No

✱ 3. How would you describe general public attitude towards disabled people in York?

Extremely positive	☐
Somewhat positive	☐
Neutral	☐
Somewhat negative	☐
Extremely negative	☐

4. Please explain why you have selected your response to question 3:

✱ 5. How would you describe the general attitude of service providers (e.g. GPs, shop assistants, bus drivers etc.) towards disabled people in York?

Extremely positive	☐
Somewhat positive	☐
Neutral	☐
Somewhat negative	☐
Extremely negative	☐

6. Please explain why you have selected your response to question 5:

healthwatch York

∗ 7. Do you think public attitudes towards disabled people in York have worsened in the past 3 years?

☐ Yes ☐ No ☐ Not sure

Comments:

8. If you answered yes to question 7, do you think the media attention around people claiming benefits and stories of "benefit cheats" have contributed towards this?

Yes, a lot	☐
Yes, somewhat	☐
Not sure	☐
No	☐

Comments:

∗9. Have the welfare reforms (e.g. changes to housing benefits and Employment Support Allowance) and/or changes to social care funding affected you?

Yes, financially	☐
Yes, emotionally	☐
Both financially and emotionally	☐
No	☐

Comments:

∗ 10. Have you accessed or tried to access any services in the last 12 months? Please select all the relevant services from the list below:

- ☐ Council services (e.g. swimming pools, libraries, community centres etc.)
- ☐ Dentist
- ☐ Employment
- ☐ Employment services (e.g. Jobcentre plus)
- ☐ GP (doctor)
- ☐ Hospital (emergency department)
- ☐ Hospital (inpatient)
- ☐ Hospital (outpatient)
- ☐ Mental health support
- ☐ Opticians
- ☐ Pharmacies
- ☐ Public transport
- ☐ Social care support from the City of York Council
- ☐ Social care support from another provider
- ☐ Volunteering

Other: (please specify)

✱ 11. Have you experienced discrimination or negative attitudes when accessing or trying to access services in the last 12 months? Please select all the relevant services you have experienced issues with from the list below and when you experienced the discrimination or negative attitudes:

Accessing	Trying to access	
☐	☐	Council services (e.g. swimming pools, libraries, community centres etc.)
☐	☐	Dentist
☐	☐	Employment
☐	☐	Employment services (e.g. jobcentre plus)
☐	☐	GP (doctor)
☐	☐	Hospital (emergency department)
☐	☐	Hospital (inpatient)
☐	☐	Hospital (outpatient)
☐	☐	Mental health support
☐	☐	Opticians
☐	☐	Pharmacies
☐	☐	Public transport
☐	☐	Social care support from the City of York Council
☐	☐	Social care support from another provider
☐	☐	Volunteering
☐	☐	No discrimination or negative attitudes experienced

Other: (please specify

12. Are there any specific experiences you would like to tell us about? (Please include the service and where the stigma you experienced came from):

∗ 13. How do you think discrimination against disabled people in York could be reduced? (Please give no more than 3 suggestions):

14. Would you like to be informed about this survey's results? If you would, please provide us with your e-mail address:

15. Would you like to join Healthwatch York's mailing list? If you would, please provide us with your e-mail address or postal address if you would prefer:

16. If you would like to be involved in further work on this issue (for example, working with the press please tick this box): ☐

Thank you for completing our survey - please return it to us by 16/05/2014. We aim to use the responses to help Healthwatch York develop an idea of what life is like for disabled people in York and to make recommendations to services about how to improve the quality of the service they offer to disabled people.

Surveys can be returned free of charge using our FREEPOST address:

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

If you prefer, you can complete the survey online by going to our website: www.healthwatchyork.co.uk.

If you would like a copy of the survey in another format please contact us:

E mail: Healthwatch@yorkcvs.org.uk Phone: 01904 621133

healthwatch York

About You

We'd just like to ask you some details about yourself. Please note that we will treat all information provided as confidential, and you can leave any questions you do not wish to answer blank.

∗ 26. For monitoring purposes please tell us the first part of your postcode: (e.g. YO24)

1. How would you describe your gender?

2. How old are you?

- ☐ Under 18
- ☐ 18-25
- ☐ 26-35
- ☐ 36-45
- ☐ 46-55
- ☐ 56-65
- ☐ Over 65

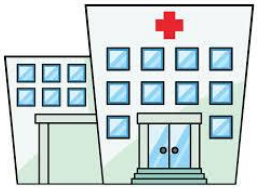
3. How would you describe your ethnic origin?

4. How would you describe your religion or beliefs?

5. How would you describe your sexual orientation?

Appendix 2: Focus group maps

Maps for Healthwatch York focus groups

 home	 the area where i live
 parks	 city centre
  pubs/cafes	  health services

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  taxi ranks/bus stops	 schools/colleges
 library	  shops
 sports facilities	   public transport

healthwatch York

 post offices	 community centres
 council offices	other

healthwatch York

Map from the YILN event

Appendix 3: Focus group notes

CANDI Focus Groups 10am 28/04/2014 and 18:45pm 14/05/2014

Where do you feel safe in York/what are your experiences?

Home:

- Safe generally – child is happy there
- Child can feel unsafe in the home due to items in the home (e.g. the cooker), when there are new people present and due to sibling rivalry.

The area where I live:

- No comments.

Parks:

- No comments.

City centre:

- Girl with Downs syndrome was queuing for the bus, wanted to be at the front of the queue and an elderly gentleman let her.
- City centre is crowded at times and can be a nightmare. Old streets not great for wheelchair users. Poor paving. Lots of buildings not accessible. Asking for ramp to be put out – feel awkward asking. Often asked "can you not just lift him in?"

Pubs/cafes:

- No comments.

Health services:

- A+E →how it's organised. Environment is very crowded, difficult for children with autism or other problems.
    - Children can get upset and leave. In one case the child didn't go further than the car, but they have run across the road before, so parents feel unsafe.

- Limited options in York outside A+E. Not the most suitable place for people with autism.
- GPs → autism awareness is hit and miss. Some receptionists not very aware. Worried what would happen in a meltdown.
- GP out of hours → Some open Sat morning until 10am. Public transport hit and miss. Takes 20-30 minutes for an ambulance to arrive and they normally say go to A+E.
- 111 → Quite good at giving advice and organising a doctor to call.
- Sometimes parents can directly access children's ward, or direct access to children's ward in Leeds. This has been okay, but for minor injury you have to go to A+E, there is nowhere else to go.
- Could they make more use of Children's Development Centre for children's out of hours service?

Taxi ranks/bus stops:

- No comments.

Schools/colleges:

- Parents/carers of disabled children can feel isolated/alienated in the school playground.
- Parents can feel they are seen as "different", e.g. if they have to physically restrain their child – they feel they are judged by others due to a lack of awareness.
- School settings → Really bad incident in the transition to secondary school. Child had made their choice, didn't want to go to school for young disabled people so mainstream at a school with an enhanced resource provision, but the child didn't like it. Went round another school with enhanced provision but found it too bright. Went to another mainstream school, they said there was good pastoral care there as well as a chapel so calm space and a unit where child could go. So parents decided to send their child there in Feb 2012. When their child visited the school for a transition day he became upset and no-one was able to intervene and keep him safe. He had thrown a tissue at a teacher who remonstrated the child and called a meeting with the Head,

pastoral lead and teacher. Staff told the parents that their child was a “horrible child”. This made the parents feel very angry. So better transition plans are needed for children.
    - Ended up having to plead with CYC to find child a space elsewhere resulting in a placement in the satellite unit of a school for disabled young people, but location moved after 1 year across city and new school unable to support him, now in school for young disabled people doing better, but parents wonder what could have happened if things had been better handled from the start.
- Teachers etc. need to understand the child, their triggers and their skills. Secondary school is particularly difficult because there are lots of teachers and lots of classrooms.
- Incident at school → child is on lots of medicines, 1 of them can cause osteo issues. Child said to teacher that they had broken their arm and that their Dad broke it. So teacher reported the incident to front door. Council called and insisted the parents take the child to hospital. There was no break, the child had osteocondritis. Parents are now left with stigma and a record with social services. May say on record, “no action taken” but parents still feel the stigma. Parents can understand why what happened did but are worried about being as open as before, in case they are falsely accused again. Wary child might say something else – often feels has cuts and bruises and wraps sellotape round fingers. Sometimes parents have to restrain him. So need awareness of the issues parents face through all teachers, playgroups etc.
- Replacing statements with “My Support Plans”. Also for people without statements, this is being done in a staged way. SENCOs need to do this with their own heads and teachers – all professionals.
- How good transition from primary to secondary school is varies across York, should not be the case.

Library:

- Libraries are generally good.

Shops:

- When child was very young they had a nasal gastric tube. When the family went into Toys R Us a person came over and said "what's wrong with him then?" Makes parents feel angry, threatened, feel that person is ignorant. Parents feel that there is chance some people will always be like that.

Sports facilities:

- Hope the new Community Stadium will be accessible for disabled people. Would like them to include a breakout space for people with autism.

Public transport:

- Home/school transport. Streamline have been good but the service is not consistent/flexible enough. It has been better since there has been 1 provider (Streamline) who are willing to change escorts if the child is not happy. But some parents are still not happy with the service, e.g. for childcare arrangements may need child dropping at different places. Can these issues be overcome? Can't be done on an individual basis. Must be transparent and reasonable.
- Some bus drivers have negative attitudes towards disabled people.
- Buses → as a parent need support to get child on/off safely. Generally, most drivers are okay. Had a poor experience in Durham but not in York. Good access onto bus.
- Issues over stairs on buses – bit unstable, can be difficult. Getting off buses can be difficult – depends on how fast the bus slows.

Post offices:

- No comments.

Community centres:

- No comments.

Council offices:

- West Offices → when you go through the building staff ask you "are you alright using the stairs?" Not all people will feel comfortable saying no.
- Autism strategy needs reviewing, not sure it reflects all parents concerns, e.g. waiting.
- York local authority is pretty good. Local health too. But, the belief in inclusivity not evident even across new borders.
- Culture has changed here.

Other:

- Children sometimes have no sense of danger, therefore parents feel unsafe leaving them alone.
- Cinemas in York are now doing autism friendly screenings, City Screen in particular is very good and they employ disabled people as well ☺ Access to entertainment facilities is important.
- Theatres in town are not very accessible for disabled people. Seating is not ideal and it is not good for wheelchairs.
- Crowded environments, e.g. supermarkets are often difficult for disabled children.
- Media attitudes → It's okay to mock people who are disabled. Translates into school yard. If parents think it's okay, children think they can do it too. Comedians stereotyping people, invites people to laugh at disabled people. Mockery reinforces stigma.
- Work environment → it is difficult to look after a disabled child within their rules and structures. Employers can make things awkward, which leads to stress and anxiety. Employers can be initially supportive but lack awareness of circumstances, e.g. good about an operation but not about the follow-up consequences.
    - Problems around the idea of "reasonable adjustment". Managers often don't want to do it and try and avoid it.

What are your experiences?

- Members of the public when faced with unconventional behaviour.
- Being ignored by restaurant staff.

- Professionals briefing themselves.
- Positive GP experience.
- Positive hospital experience.
- Inclusive (e.g. SNAPPY) vs. non inclusive clubs.
- Ten pin bowling – positive experiences.
- Disability Sports Officers (swim/cycling/trampolining).

Positive:

- City Screen.
- Some schools – willingness to keep trying.
- CAMHS.
- CDC + Paediatrics.
- Special OCYMD ICC.
- Frankie and Benny's.
- NAS events.
- School transport escort and driver.
- SENCO
- Teachers/TAs.
- Choose 2.
- SNAPPY.

Negative:

- Playground – mainly parents, occasionally children when dropping off/collecting.
- Parent reaction in assemblies, quietness/mutters.
- People's reactions in community.
- Wider family don't understand.
- Pressure on siblings.
- School transition.
- University issues.
- SENCOs/pastoral care.

- Accessible toilets – concerned how will be perceived taking child, public might not understand child is disabled → issue around

gender, e.g. mother and son, father and daughter, parents have been challenged.

- In some places, people will not give the parent the key for the accessible bathroom; tell them “you’re not disabled”.
- Locks can be inaccessible.
- Counters etc. can be too high.
- Lack of accessibility is understandable in old buildings in York but not in other places.
- Lack of information available about services, e.g. the adjustments they can/might make. E.g. Brownies, Cubs etc. Swimming lessons.
- Choose not to do things because don’t want child to have a negative experience.
- Before parent used to explain now “sick of” having to justify themselves/their child to other people.

How could things be improved?

- Could provide disability equality training to health and reception staff, front door to services. Important they are aware.
- Hearing people’s experiences - case studies – for people living with their impairments.
- Transparency. Improve honesty of communication between service users and professionals. How do we go about this? Partially about managing expectations.
- Awareness of disability within the health service, e.g. receptions. What is being done there around this at the moment? There should be mandatory training.
- Disability awareness for all teachers and playgroup staff. Also, staff need to know about each individual’s needs.
- Celebrate disabled people’s achievements (e.g. like Lives Unlimited have done with their videos). These things are not filtering down. School + work environment. It’s about the positives not the negatives.
- Stigma when you are younger carries over to when you are older. Need to be challenging stigma with young people.

- Different place in A+E to go for minor injuries needed. Specifically for children.
- Lack of transition plans primary → secondary. Could be improved. Varies between areas, need consistency.
- Personal experiences are the best way to raise awareness.
- Need the media to promote disabled people more positively (e.g. Look North and York Press). Media stories say disabled people = benefit cheats.
- Raise awareness. Parents/carers should be involved with City of York Council doing disability equality training to explain how things are and how not to do things.
- Inclusive groups → went to DofE awards and there was an inclusion group with the Salvation Army, really heartwarming celebrating what they'd achieved. Got a DofE award can never take that away. Paralympics and The Last Leg – could see change coming. **But**, not filtering down to everything and everyone else.
    - Involve employers. Need true commitment not just lip service. Hassle to be truly inclusive, but has rewards.
- Reasonable Adjustments. People won't go beyond the minimum. So will avoid doing them if they can. Clarity needed about what is reasonable and minimum things that must be tried before people can say "it's too difficult".
- Need government initiatives. Closure of Remploy gives bad message, implies it is too hard and not cost-effective to employ disabled people.
- Using new media, e.g. Biomation (Council has used them) is good for getting things out.
- Role of strategic board and links with disabled people/carers to understand their issues, they are the routes to influence.
- Idea of autism hub.
- Issues around what people will say to health and social care professionals. Gap between what you think and what you are prepared to say. Role for anonymous feedback/mediated discussions.

- Need transparency around budgets and where money goes.
- Training from parents.
- Need to make all clubs inclusive, some childcare, scouts/cubs and clubs in general are not.
- People should make an effort to reassure, this is part of a good experience.
- Seeing the professional is important.
- Understanding, awareness, willingness.
- Improving access and services to places of interest – not having to climb stairs!
- Raising awareness of disability and mental health needs.
- Changing attitudes and eliminating stereotypes.
- Should be an opportunity for disabled children to have free taster sessions for activities.
- About changing attitudes and education.

General Comments:

- Personal budgets for families can work. But many families would struggle to manage it. Still would be good for parents to understand the notional cost associated with the services their child/family uses, e.g. transport, medication, groups, OT etc.
- Disappointed with David Cameron. Why is he not championing rights for disabled people?
    - Need someone in central government championing disabled people.
    - Need to bring parties together rather than just fighting.

healthwatch York

ISUF Focus Group – 5pm 30/04/14

Experiences/thoughts about being a person with a mental health condition in York:

- Employers and service providers don't realise that mental health is covered in the anti-discrimination legislation.
- Benefits – to get them as a mental health service user you have to class yourself as disabled, but that is not how all mental health service user see themselves.
- Chemists – Bishopthorpe Road. Wouldn't give a person their prescription because they are a mental health service user (could tell from the medication). Staff member said to the service user "I don't want you coming in here". Has changed person's approach, doesn't go to local chemists anymore, goes to supermarket one instead. Important considering the current push to get people to use chemists more.
- Lack of acceptance behind closed doors. People get treated differently once they "come out" as having a mental health condition.
- Fears of getting back into the job market, explaining gaps in employment. As soon as you mention mental health employers tend not to be interested. See you as being unpredictable. Perception from mental health service users that they will be discriminated against if they say they have a mental health condition. Lack of understanding as mental health is an "invisible disability/condition".
- Staff in the LYPT often have patronising, negative attitudes, one service user felt that staff see the staff-patient relationship with mental health service users as being a parent-child relationship.
- A and E staff at York Hospital do not have a good understanding of mental health issues, particularly for self-injury.
- GPs – some can be discriminatory, they're only interested in if you're taking medication.
- The medical vs. social model doesn't really seem to take mental health into account.

- People are still stuck in the medical model way of thinking. We need more use of the social model in employment.
- Issues around language (both in the press and general public), has been tackled for physical disability but not for mental health conditions, “psycho” etc.
- “People associate mental health problems with hobos”.
- Employment – people have to drop out of their jobs for treatment, you wouldn’t have to do that if it was cancer. Discriminatory and could make the individual’s mental health condition worse.
- Feeling that you are always being treated differently because you have a mental health problem. For example, there is a lack of services for people with mental health conditions compared to physical disabilities etc.
- Difficult to know how to present themselves to society.

<u>What could be done to improve things for people with mental health conditions in York:</u>

- Employers should be reminded of the laws around anti-discrimination and the fact that they apply to people with mental health conditions too.
- It would help people to make talking about mental health problems more commonplace.
- Raising awareness of how common mental health problems are with employers.
- More publicity about the fact that mental health problems can happen to anyone regardless of “class”, for example, in the York Press.
- Making things more mainstream helps break down barriers and stigma.
- Learning to see people as a person. Gives people an understanding as they grow up.
- Would help if more “celebrities” spoke up about their experiences of mental health problems.
- Work to improve things should be done slowly and steadily.

- Time to Change, education, information → start things at a young age. Education should come from both professionals and service users and be done in an interactive way.
- Need more service users with mental health conditions to join together to campaign about the problems they face. This doesn't happen because people are worried about stigma.
- Ex-service users may be the best advocates for people with mental health conditions.
- There should be mental health specific training, it's not the same as disability awareness training.

YILN Event 9:30am - 12/05/14

Rivers

- Don't go near – dangerous.
- Scared of falling in the deep water.

Health services

- No interpreters at GP surgery or hospital.
- Pass – identified as deaf to help get information.
- Hospital poor booking interpreter, on and off.
- NHS need wake up to provide interpreter.
- Health staff talking down to you as if you don't understand.
- Access to GP appointments to claim ESA, which leaves people feeling vulnerable and withdrawn.
- GPs/psychiatrists safe. I can talk to them in confidence.

City centre

- Problem with my guide dog in town, people play with my guide dog, I say no, people say bad things to me and walk off.
- Don't feel safe talking to strangers.
- Feel unsafe walking around town due to name calling.

Shopping centres

- People with mental health issues/dementia find shopping difficult – need time to sort money out and deal with the transaction.
- Feel safe at Clifton Moor, see friends.

Public transport

- Bus driver training, need pen and paper.
- Cancellation of a service – no-one tells you it's cancelled.
- Announcements need to be accessible – so know what's going on.
- Lack of following procedures, e.g. safety of seats and clamping wheelchairs.
- UNSAFE 24 HOURS A DAY, 7 DAYS A WEEK. There's ramps + space, but it's harassment from passengers. Bus drivers don't want to get involved.
- Assistance getting on and off buses and trains, get put on last.
- On trains not all trains carry ramps. Not all ramps suitable, verbal abuse from passengers, so feel unsafe.
- Felt safe when there were conductors. Feels unsafe having to face passengers when you already feel an inconvenience.
- Experience of disabled area on bus being occupied by pushchairs and drivers sometimes not being prepared to take any action, so disabled person cannot get on bus. Do bus companies try hard enough?
- Some taxis won't pick up disabled people.
- Elderly woman with a stick getting on the bus. Driver was behind schedule. Set off before she could sit down. She said "that's it, I'm not using the bus again".
- Bus leaving before had a chance to sit down but drivers are checked for leaving late so it has time constraints.
- Bus – intimidation, school times.
- Train – no seats, no people to help who are easily identifiable.
- Feel unsafe on public transport/trains.
- Scary taxi drivers who do not understand disabilities.

Pubs/cafes/restaurants

- Ordering – difficult communication and you can see waiters/bar staff getting impatient.
- Pub, deaf people asked to leave – the bouncer punched one of them.
- Caffe Nero are deaf aware – feel safe.
- Owners of cafe asking you to leave (they need educating).
- Issue about refused entry – Chinese restaurant because of 'dog' (owner is blind).
- 'Blind' being refused because of 'dog for blind'.
- I go out in groups to Yates.

Your neighbourhood

- Housing, tenant intercom – needs to be visual, e.g. camera.
- Unsafe when parking. Verbal abuse. Not giving enough room for wheelchair users even with stickers in back window.
- Banging on windows and doors at night makes you feel threatened.
- MATE CRIME.
- People isolated in own home because other places feel dangerous.
- Feel safe at home because people have someone to call if they need help.
- Lots of discrimination by people (neighbours).
- Friend attacked daughter (tried to slap).
- A nasty letter reported to police, police do not do much.
- Neighbours and friends to talk to ☺

Parks/sports fields

- Signing in the park – teased.
- No more interacting with strangers in the park/on sports fields.

Community facilities

- Acomb – social club for deaf people.
- Not able to join local group because deaf.
- Don't have the same opportunities as others due to lack of staff, or trips or activities.
- Safe at community centre.
- Community Buildings – feel safe as people I know.

Other comments

- 101 not aware of the deaf community.
- There is some disability awareness.
- Cameras help in the city centre.
- Where's the information to report crime?
- Cold calling zones.
- Events, e.g. at museum – no BSL interpreters.
- Lack of RESPECT + AWARENESS + COMMUNICATION.
- Vibrating fire alarms should be available.
- Schools – no awareness, bullying and anti-social behaviour.
- Publicise around incidents, not crime.
- Don't know how to report hate crime.
- Hate crime reporting, health and social care directory?
- People not sure about their 'Rights' (Law).
- If you do not know your Rights, where do you turn to?
- Police do not give feedback, they cannot sign. They need to?
- If the police were disabled would they understand more?
- Education re: disabilities. Need more awareness.

YUSU focus group 6:30pm 01/05/14

Where do you feel safe in York

Home:

- Feel safe

The area where I live:

- Feel safe

Parks:

- Parks are not accessible for disabled children.

City centre:

- Lots of negative comments in the city centre. People treat disability as public property.

Pubs/cafes:

- One individual has never taken their cane out with them when on a night out as the reaction of bouncer's can be patronising as they assume you need help because you are drunk not because you might have other needs. People feel they will be judged for being "different".
- Caffe Nero and Gregg's are good ☺

Health services:

- NHS mental health provision is not wheelchair accessible.
- York Hospital will only phone people, information about communication needs is not passed on to receptionists.
- Desk heights are often too high (in GPs and hospital) so people cannot see mobility aids/wheelchair users.
- Receptionists do not know how to handle anything out of the ordinary.

Taxi ranks/bus stops:

- Feel safe in a taxi rank, but don't feel safe alone in a taxi as worried they might not go to the right place/take a circuitous route and because the individual is visually impaired they cannot be aware of this.

Schools/colleges:

- Children get bullied for being disabled.
- "Are you less blind today?" Comments if people do not always use aids etc.
- Other students whisper "does he need that?" "does he even go here?"
- Feeling that disabled people have to "act more disabled than I am" because of people staring.

Library:

- York library is good ☺ Staff are helpful.

Shops:.

- When paying with cash more likely to feel patronised.

Sports facilities:

- Feel will be judged due to dyspraxia.

Public transport:

- Bus drivers rock.
- Never been questioned over bus pass, always help with getting off at right stop.
- Use of disabled seats on bus by non-disabled people, difficult.
- Railway staff also rock.
- Passenger assistance is great ☺
- Taxis need other ways of booking than the phone.
- Concerns over not being taken to right place/being overcharged (taxi).
- People always stick to things once they go well.

Post offices

- Anxious (not necessarily unsafe).

Community centres:

- No comments.

Council offices:

- Cafe should be accessible to the public.
- Like the queuing system and the people there are very good.
- More than 200m away from any bust stops.
- Anxious (not necessarily unsafe).
- West Offices is not where Google says it is.

Other:

- Accessible toilets in York have been out of order for over a month.
- CYC reablement service – staff members told the individual they didn't need the help they were receiving.
- People don't always offer to help, worry about offending but don't need to be.
- Supervisors, receptionists etc. often give advice they are not qualified to.
- Feel patronised/treated younger than you are by members of the public.
- Change in how the public view disabled people from being resilient/inspiring → undeserving over the last 3-4 years.
- Awareness differs between lecturers of dyspraxia. Some excellent, others not.
- Feel better when can be alone and not having to interact with people.
- Crowded/noises areas and new places can make people feel unsafe.

What are your experiences?

- Street harassment, regular experience “every day”.
    - Especially in town after dark.
    - On own street after dark.
    - From students.
    - On buses, particularly from older people.
    - 44 bus drivers are good once you get to know them.
- Student accommodation at the University of York is all more than 200m away from any bus stops and there are facilities issues at the University of York.
- Buildings are not built with access in mind, both at the University and in town in general.
- Touchscreens, for example, at the Council offices, GP surgeries and University of York library are not accessible.
- Lack of understanding that phones are not always accessible.
- Concern that disabled people might not always notice someone discriminating against them as they just expect that things will be harder for them.
- People do not always use microphones even when they are available – people need them!

How could things be improved?

- Should be more willingness to use e-mail, e.g. CYC adult social care system.
- More training for people who do public-facing jobs.
    - Done through service user development, with professional delivery. Or co-delivery if appropriate.
- More regular consultation of problems, because things constantly change.
- More disabled people getting jobs, “you can’t be what you can’t see” → will improve awareness and physical accessibility.
- “Disabled friendly” stickers/places with disability symbols. Places should be more honest about their accessibility.
- People should be more understanding, don’t jump to negative assumptions.
    - More education needed.

    - More understanding of multiple disabilities and the links between them for both members of the public and professionals.
- Subtitling needs to be used more/better.
- When accessing health services individuals often have notes including information about how they would like to be contacted – these are often ignored. They need to be taken notice of.
- There should be consequences of not doing things properly.
    - E.g. bus drivers moving off before everyone is seated.

General Comments:

- City centre → need clarification on pedestrianisation, times and where. Difficult for people with visual impairments.

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Appendix 4: Leaflet advertising the project

Healthwatch York wants to know:

- **Have you experienced** negative attitudes from people because you are a disabled person?
- **Where in society** have these negative attitudes come from?
- **What can be done** to make life better for disabled people in York?

Turn over to find out how to get involved!

How you can get involved:

By filling in the survey here: **www.surveymonkey.com/s/RCXS9XB** (or contact us to receive a paper copy).

Come to a focus group to talk about your experiences.

Get in touch directly with us to share your views.

How to get in touch:

Write to us:
Freepost RTEG-BLES-RRYJ
Healthwatch York
Priory Street Centre
York YO1 6ET

Telephone: 01904 621133
Email: emma.hersey@yorkcvs.org.uk

Contact us:

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

Phone: 01904 621133

Mobile: 07779 597361 – use this if you would like to leave us a text or voicemail message

E mail: healthwatch@yorkcvs.org.uk

Twitter: @healthwatchyork

Facebook: Like us on Facebook

Web: www.healthwatchyork.co.uk

York CVS

Healthwatch York is a project at York CVS. York CVS works with voluntary, community and social enterprise organisations in York. York CVS aims to help these groups do their best for their communities, and people who take part in their activities or use their services.

This report

This report is available to download from the Healthwatch York website: www.healthwatchyork.co.uk

Paper copies are available from the Healthwatch York office

If you would like this report in any other format, please contact the Healthwatch York office

healthwatch York

Loneliness: a modern epidemic and the search for a cure

September 2014

Contents

Loneliness: a modern epidemic and the search for a cure

Introduction

The purpose of this report is to investigate loneliness, now emerging as a modern epidemic across the world. The report begins with an explanation of why the problem of loneliness is a priority for Healthwatch York. It explores who is affected by loneliness and the many factors that contribute to it. The report then summarises the finding of several studies done about loneliness specifically in York. Finally, it lists the activities and initiatives of the many local organisations that are working to alleviate loneliness.

Definitions of loneliness

"a subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want" (Perlman and Peplau, 1981).[i]

'Language... has created the word "loneliness" to express the pain of being alone. And it has created the word "solitude" to express the glory of being alone.' Paul Johannes Tillich, The Eternal Now[ii]

"Feelings of being on your own and missing having friends and relationships with people around you. That no one understands and you can't connect".[iii] ChildLine

The Campaign to End Loneliness defines two types of loneliness which they feel should be treated as separate types of experiences. These two types are;

- Emotional loneliness or the lack of personal companionship (i.e. a spouse, relative or friend).
- Social loneliness or the lack of a wider social network, as a community or group of friends.[iv]

Why is Healthwatch York looking at loneliness?

In a recent survey carried out by Healthwatch York to set priorities for our current work plan, loneliness was one of the main concerns identified. Healthwatch York found that a number of other organisations in York were also concerned with the problem. Loneliness is now becoming recognised as a key public health issue affecting people from all walks of life.

For individuals, loneliness is linked to an increased risk of depression, anxiety, sleeping disorders, cardiovascular disease, high blood pressure, cognitive decline and early onset of dementia. It can take the enjoyment out of many of life's experiences and day-to-day living, creating a downward spiral of negative feelings and behaviour.

Research shows that 59% of adults aged over 52 who reported themselves in poor health said they feel lonely "often or some of the time", compared to only 21% in excellent health. Lonely people have been found to partake more often in self-destructive behaviour such as excessive drinking, unhealthy eating and reduced physical activity.[v] (Beaumont).

There is a stigma attached to loneliness. People may feel ashamed to admit they experience problems, making them less likely to seek support from others. They may feel ashamed to discuss personal matters, resulting in a greater sense of loneliness and social isolation, with a fear they have no one to turn to.

For communities also, loneliness can have a negative impact. In today's mobile society, many people no longer feel a sense of belonging to a neighbourhood. This can lead to a deterioration of community activities and interaction, contributing to a negative spiral of isolation from one's neighbours, thereby increasing loneliness.

Healthwatch York has found that loneliness is a problem recognised across organisations, both statutory and voluntary, concerned with

health and social wellbeing. This report summarises research findings, as well as listing organisations working to address the problem in York. This will ensure that workers know about each others' projects and signpost people in need to sources of help.

Who is lonely?

Loneliness can affect anyone at any age or at any point in life. Feelings of loneliness often occur in response to a change in circumstance, such as a crisis, or as a result of dealing with one of life's many transitions. Loneliness is often a transient emotion, which most people will overcome. However, research is now highlighting that the experience of loneliness can be chronic having a severe impact on the quality of life and wellbeing.

Some of the reasons people may feel lonely include bereavement, relationship breakdown, redundancy, moving house or country, declining health or becoming disabled, retirement or living in isolated and rural areas. Other risk factors include living with addiction such as drug or alcohol abuse, having an eating disorder, or living with mental ill health. Being lesbian, gay, bisexual or trans can be a lonely or isolating experience. Carers of all ages, including single parents, often feel lonely. This is only a small sample of the possible reasons why people feel lonely, showing the complex diversity of the problem.

Loneliness is not synonymous with isolation. It can also affect individuals who have a wide social circle and yet paradoxically may feel very alone, such as when their relationships lack support or intimacy. Feeling unconnected from others can be an excruciatingly lonely experience.

Many people feel they have no one to turn to, or are ashamed to reveal the difficulties they are experiencing. They perceive themselves as a burden on others and so avoid asking for help or seeking out the company of others. Some put up barriers as a way of protecting themselves from the outside world, perpetuating feelings of loneliness and isolation.

Loneliness in older people

In the UK, getting older is often regarded as something to dread. The aging population is felt to be a problem rather than something that should be celebrated and embraced. Despite their financial and social contribution through taxes and volunteering activity, and their role in

wider family life, a growing number of older people report feeling like a burden and exhibit signs of loneliness.[vi]

In the UK, two fifths of older people (about 3.9 million) say that television is their main source of company.[vii] Age UK research recently reported that 1 million older people regularly go an entire month without speaking to anyone at all.[viii] They highlight that 50% of people over the age of 75 live alone; living alone is believed to be a risk factor for people experiencing loneliness later in life. One in 10 people over the age of 65 commented that they felt lonely always or often. Loneliness has been shown to make people more vulnerable to illness as well as leading to the possibility of depression and a loss of confidence and motivation.[ix]

Loneliness in children and young people

Loneliness can lead many young people to feel uncomfortable and unable to talk about personal matters with family or friends. They may not realise that the negative feelings they are experiencing could be linked to loneliness. They may feel embarrassed to discuss it, often as a result of peer pressure or the expectations of others. Between April 2008 and March 2009, **5,525 children** spoke to ChildLine, referring to loneliness, sadness and isolation as a major problem in their lives. In addition, **4,399 children** were counselled about loneliness as a problem in addition to the stated reason they called for help. ChildLine reported that some children were finding their feelings of loneliness and social isolation debilitating, having a major impact on their daily lives and happiness.

Loneliness in children can occur for many reasons such as being bullied, being left alone at home frequently, experiencing abuse, or having issues with peer groups. Young people often feel they do not fit in or conform to how their friends are behaving. Low self-esteem, anxiety in social situations and shyness can be contributing factors, with the break-up or relationships or friendships adding to the risk of loneliness. Even children who appear to have a good social network, surrounded by friends, can feel socially disconnected, and thus, very lonely.

Loneliness in people with drug or alcohol addiction

Feelings of loneliness can arise as a result of an addiction. Trapped in what seems an unbreakable cycle of destructive behaviour, apparently unable, or ashamed, to discuss the situation with anyone can be very lonely. When addiction is seen as a way of escaping difficult feelings such as loneliness, the problem is compounded. In addition, those in the recovery stage can also experience intense feelings of loneliness as they struggle with the challenge of overcoming their addiction.[x]

Loneliness in people with eating disorders

Since 2000, the number of those reporting an eating disorder has increased by 15%, including many more males than in the past. Loneliness and isolation can be crippling for people with eating disorders. This is often the result of individuals feeling unable, or ashamed, to be open about their day-to-day struggles. In a survey carried out by Beat (formerly known as the Eating Disorders Association) only 1% of respondents said they felt able to talk with their parents about the issue and only 17% were willing to discuss it with a GP or nurse. 92% of children with an eating disorder who responded to the survey felt they couldn't tell anyone.[xi]

Loneliness in people with cancer

Macmillan Cancer Support found that cancer patients who are lonely are three times more likely to struggle to follow their cancer treatment plan than those who are not (31% versus 11%). As more than one in five (22%) cancer patients experience loneliness following diagnosis, this becomes a significant number. Indeed, Macmillan estimates loneliness is putting the recovery of 21,000 cancer patients at risk. Using research conducted by Ipsos MORI, they found that more than 20,000 lonely cancer patients in the UK each year are missing appointments, not taking their medicine properly, are unable to pick up prescriptions or are even refusing some types of treatment.

Among cancer patients who are lonely:

• 1 in 30, an estimated 2,100 people skipped treatment appointments

• 1 in 17, an estimated 4,200 people didn't take medicine as they should

• 1 in 8, an estimated 9,000 people, were unable to pick up their prescriptions

• 1 in 11, an estimated 6,200 people, refused some types of treatment

1 in 20 (5%) lonely cancer patients refused treatment all together.

Macmillan believes there are a number of reasons why lonely cancer patients are unable to complete treatment. They may not have the practical support they need to get out of the house to attend appointments, or pick up prescriptions, especially if they can't drive or live in a remote area. They may feel emotionally overwhelmed and too anxious to attend appointments or have treatment. This makes it all the more important that people are aware of the support available to them.[xii]

Loneliness in other populations ...

Loneliness in disabled people
Loneliness in new mums
Loneliness in people from cultural minority groups
Lone carers
Lesbian, Gay, Bisexual and Trans people

These are further groups of people who have been mentioned in research as at risk of loneliness.

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Research into Loneliness in York

Healthwatch York Work Plan

Our first work plan survey, launched in the summer of 2013, received 97 responses. Of these, 96 people felt that loneliness should be a priority.

The following are quotes from the survey;

1. Loneliness, isolation are massive issues.
2. Exercise, no matter how little, is in my experience a key issue; our classes are becoming part of the lives of many of the members who attend; as well as the exercise it relieves stress and the loneliness problem.
3. Loneliness can turn to depression particularly if you are living with a long term condition or life shortening illness. GPs are too busy to sit and talk so possibly organising self help groups with a counsellor may be a way forward to look at three issues in one.
4. Loneliness amongst mothers with small children.
5. How about promoting "talking therapies" tied in with loneliness?
6. Support for those with dementia living alone; isolation of older people.
7. Organise outings on door to door basis.
8. Support voluntary organisations to identify older isolated people
9. Do more for the elderly who are alone.
10. Help beat stress, loneliness & isolation by having regular programme of activities & make access to events easy & cheap.
11. I do not think there is enough support for old people who live alone.

In addition, thirty-three respondents mentioned other groups in York already researching the problem, suggesting we co-ordinate our work with theirs. This section summarises their findings.

The Joseph Rowntree Foundation / Joseph Rowntree Housing Trust (JRF/JRHT), local church groups, and the University of York have undertaken research which shows that the problems caused by loneliness are growing in York and North Yorkshire. These include the detrimental impact loneliness can have both on an individual's physical and mental health as well as the quality of life in communities.

The JRF project – loneliness and place

JRF and JRHT's Neighbourhood approaches to loneliness was a three year action research programme exploring and identifying what makes us all feel lonely where we live and work and what we can do about it – personally and professionally. Based in four neighbourhoods – two in Bradford and two in York, more than 40 people were trained in Participatory Learning and Action (PLA) methods, then supported to investigate what causes loneliness in the areas where they live. The programme wanted to compare local experience in different communities.

In Bradford the neighbourhoods of Bradford Moor and Denholme allowed for an urban and rural comparison. Bradford Moor was the programme's only ethnically diverse neighbourhood, was the most economically deprived and was unique in identifying childhood loneliness and children not feeling safe as key factors. Denholme is a village eight miles outside Bradford . It has lost its industrial base and has a higher than average older population. New build housing has attracted young families and there is something of a generational divide in the village.

In York, New Earswick has a long history of involvement with JRF/JRHT. York's highest level of unpaid carers' hours is provided by people living in the village. The Carr Estate in York has little by way of community focus, social amenities or natural meeting places. There is a high proportion of young families. Carr has little sense of its own identity.

During the programme, JRF

- explored what people who are experiencing loneliness (or at risk of experiencing it) thought they could do to change their situation;
- worked with local communities and providers to identify what people could do personally and professionally to reduce loneliness.

The result is a wealth of information about loneliness, and effective ways to tackle it, including a free resource pack to help individuals, groups, communities and neighbourhoods take a closer look at, and to reduce, loneliness.

In York two projects were born out of the JRF research – the Community café at Lidgett Grove Methodist Church, and New Earswick Less Loneliness Initiative (NELLI) at New Earswick Folk Hall. See the 'Support from Self Help and Voluntary Groups' section of this report – page 17 onwards.

Community Surveys

Recent surveys carried out in the **Copmanthorpe, Lidgett Grove and Acomb** of York, commissioned by church groups in partnership with local organisations and Parish Councils, also highlighted growing issues around loneliness.

The **Lidgett Grove community survey**[xiii] revealed that the main causes of loneliness were: living alone, family issues, and feelings of low confidence. Respondents also mentioned not knowing their neighbours, and not having a sense of community as there were few community facilities and not enough opportunities to participate in community-based activities. 68% said that feelings of loneliness and isolation affected their quality of life. 73% of respondents commented that being unaware of what was going on locally prevented them from getting involved in social activities. Additionally, 55% of respondents mentioned being unable to travel to activities was a reason why they did not partake in them.

The **Copmanthorpe community survey**[xiv] found that loneliness was an issue which affected quality of life for 35% respondents.

Key issues were loneliness in mums with young children, and a lack of facilities for young people such as places to hang out after school. 40% of people also commented that being unaware of what was going on in their community was a reason for not attending local activities.

Data from the **Acomb community survey**[xv] showed that 48% of people reported loneliness and isolation affected their quality of life. 60% of respondents reported being unaware of what was going on in their community, which like respondents to the other surveys, prevented them from participating in activities. They also commented on a lack of activities aimed at people with disabilities.

North Yorkshire Older People's Partnership Board

Research undertaken by the University of York (Bernard, 2013), commissioned by North Yorkshire Older People's Partnership Board (NYOPPB), investigated loneliness and social isolation in people over the age of 65 in York. Bernard comments that lonely and isolated people are more likely to need long-term care, and that loneliness can be detrimental to sustaining 'healthy communities'. The study finds that over a third (37%) of people aged 65 and over in North Yorkshire are living alone with over two fifths (43%) having a limiting long-term illness or a hearing impairment.[xvi]

City of York Council Pupil Survey

The pupil survey 'Someone to Turn to' completed by City of York Council, found 8.4% of pupils in 2011/12, and 5.3% in 2012/13, reported "often" feeling lonely in Primary School.

Age UK York / Healthwatch York: Escorted Transport Service

Healthwatch York recently carried out research into an escorted transport service provided by Age UK York during January to March. This transport service helped people get home in the early evening following discharge from hospital. Patients over the age of 50 were contacted by telephone using a survey which included open-ended questions to allow respondents to describe in detail their experiences. Further to the information sought regarding the hospital discharge service, this survey also revealed themes including people experiencing loneliness and social isolation. People reported missing having regular company and social contact. For some, the experience of going into hospital and then receiving home support following a stay in hospital was a pleasant experience as it meant they had company and conversation with others. We also found that a number of people expressed feelings of loneliness, which was often also linked to feeling like a burden.

Comments received included: *"I have no family or friends, so having a nurse come round who listens to me has been great."*

"*I miss the nurses coming round.... was nice to have company"*

"*The one-to-ones with nurses who came round was great.... it's nice to feel listened to and cared about..."*

"They (my family) are all getting on with their lives... they are busy... I don't want to burden people"

Some were not able to be as socially active as they used to be, due to lack of mobility either through health issues or simply no longer being able to drive;

"*I'm not mentally or physically stable enough to drive anymore*". This was contributing to feeling "*trapped indoors"*.

"I've always been independent, I like to be independent... but I can't drive now… I have problems getting about... I can't cope with the garden anymore... have no motivation to do housework, I'm sleeping a lot.... have lost the will as I'm in a lot of pain"

Other comments from this survey that suggested feelings of loneliness and the negative symptoms associated with loneliness were:

"I have no motivation to socialise or make an effort to get ready"

"I've lost confidence... feel depressed all the time… with lack of mobility"

"*I've lost motivation",*

"I'm deteriorating",

"just a part of getting old".

“I was agoraphobic and get bad anxiety....I joined York Mind... think I’ve benefited from sharing my experiences with others who’ve experienced similar problems...and I’ve started going out again...”

Activities in York that address loneliness

This report has shown how prevalent a problem loneliness has become in today's world. Further to the research noted above, Healthwatch York found a collection of essays published by The Campaign to End Loneliness which emphasises the diversity of the profile of the lonely person. Called “Alone in the Crowd: Loneliness and Diversity”, it sheds light on the individuals behind the statistics. They also highlight the need for interventions tailored to the needs and situations of those experiencing loneliness in order for them to be effective.

York is fortunate to have a wealth of information about those suffering loneliness. We also benefit from a wide range of organisations working to alleviate the difficulties people experience as a result. In this section, these groups are listed along with a short description of the projects they are carrying out;

Volunteering York

Volunteering within the community can offer a multitude of benefits for everyone involved! The volunteers themselves can feel more of a sense of community spirit and social connectedness which can consequently lead to increase wellbeing, self-esteem, confidence, sense of purpose, reduced loneliness, increased motivation, expansion of social networks, and these are just a few of the benefits volunteers report.

http://www.yorkcvs.org.uk/how-we-help/volunteering-york/

http://www.do-it.org.uk/search/vc/899847

Support from Self Help and Voluntary Groups

Acomb Timebank

A twist on traditional volunteering, the Timebank is a community scheme which currently has a hub in the Acomb area of York, although the aim is to make the project citywide. The Timebank is based on the premise that people give their time and utilise their own knowledge and skills to help and support others within the community. Each time a volunteer gives an hour of their own time, this hour is 'banked' as a 'time credit'. People who sign up to the initiative can then exchange this 'time credit' when they need help themselves. Or perhaps they just fancy learning a new skill such as playing an instrument, learning a language, receiving some job coaching or trying out meditation. Other useful skills and areas which current members offer include DIY, computer skills, hairdressing, plant watering, companionship, housework and cooking! These are just a few of the many skills people in the Timebank collectively offer. Additionally, Timebank credits can even be used at the Energise leisure centre!

Many of the volunteers in the Timebank have reported positive changes not only in themselves but in the community. For example one volunteer commented "As a society we've grown apart and it's time we came back together again. Timebank gives you a sense of pride in what you can do. I think it's brilliant."[xvii]

People get to know each other by using their skills and knowledge to help others from within the community. A stronger sense of community can create a sense of belonging and purpose, which can in turn help to reduce feelings of loneliness and social isolation. The scheme so far has allowed many people to form friendships and bonds with others in their local area, widening their social networks and feel more supported.

http://www.yorktimebank.org.uk/

Age UK York provides a range of services which can help to alleviate some of the symptoms commonly faced by older people such as loneliness or social isolation. Their Befriending Service can help to provide companionship, reassurance and can also provide a gateway to

other services and support. The befriending scheme can include things such as home visits and regular telephone calls for people who feel lonely or cut off from society. Age UK York can also offer other ways of helping to overcome feelings of loneliness and isolation. For instance, they provide some social clubs, outings, coffee mornings, exercise classes, as well as some opportunities to volunteer which can also make a big difference in increasing physical and mental wellbeing. By increasing the hours of contact people have with others, this has been found to increase confidence and decrease negative emotions such as loneliness.

Age UK also run First Call 50+. This is a signposting scheme for anyone aged 50 or over, to help them find the right help, support, advice and information. Telephone (01904) 634061 or visit **www.firstcall50plus.org.uk/**

You can contact Age UK York by phone, email or post. The office is open from Monday to Friday 09:30am to 3:30pm.
http://www.ageuk.org.uk/york
Tel: 01904 627995
Email: **ageukyork@ageukyork.org.uk**

Belfrey Neighbours
Everybody goes through times when a bit of extra support or advice is needed, due to changes in circumstances such as illness, injury or periods of transition. This can lead to feelings of loneliness, social isolation or simply not knowing who to turn to. The Belfrey Neighbours is a church led group which seeks to lend a hand to people aged 65+. The support provided by them can help to retain independence living at home but who are in need of help or companionship. People can contact the Belfrey Neighbours to receive help and support with a range of different things which may be either short-term or long-term. This might be odd jobs around the house that people can no longer manage by themselves, helping out with meals or shopping, or a regular phone call from someone which can provide support, company and reassurance. People can also contact the Belfrey Neighbours to become helpers. Helpers themselves can also really benefit from this, by

generating a greater sense of community, purpose in the local community and well-being.
http://www.belfrey.org/neighbours
Phone 01904 891627
Contact - **neighbours@belfrey.org**

Carr Connectors
Carr connectors are a small group of volunteers who came together to help the JRF with their loneliness and place project

After 18 months of research into the local community, getting out and about, talking to local people from all over the Carr Estate, we were supplied with a detailed understanding of what it is that causes loneliness; who suffers from it and opinions and ideas on how to go about changing it.

We hope to continue to organise different events and activities for the people of Carr and enable others to do the same.
http://www.carrconnectors.org.uk/

Changing Lives (addiction)
Changing Lives in York can offer support and treatment programmes to help individuals experiencing addiction. Peer support is offered and regular drop-ins every Thursday are available at St Bede's Pastoral Centre on Blossom Street, York. People need to be referred to Changing Lives York by a Drug and Alcohol Treatment Agency such as the Lifeline Project (01904 464680).
http://www.york.gov.uk/info/200505/alcohol_drugs_and_substance_abuse/230/alcohol_drugs_and_substance_abuse/2

Community Cafe at Lidgett Grove Methodist Church
The cafe takes place every Wednesday morning from 9.30am to 11.30am. All ages are welcome to pop in – activities include craft and knitting tables. There is a baby area and song time.
http://lidgettgrovemethodistchurch.org.uk/groups/community-cafe/

Fighting Eating Disorders (FED)

Fighting Eating Disorders (FED) is a recently established charity in York which can help provide people who are suffering from an eating disorder with a safe, caring and confidential place to find support. Alleviating issues of loneliness and knowing there are other people who understand what you are going through and can discuss things with, can be helpful to moving forward in the road to recovery or finding the strength to seek help. Peer support groups are available at FED which can help with some of the mental and physical challenges faced by those with eating disorders, such as loneliness and isolation. Information about where to go for help in overcoming eating disorders is also provided by this supportive group.

http://fightingeatingdisorders.org.uk/

Macmillan Cancer Support

If you need information, or just someone to talk to, the Macmillan Support Line team is here for you on 0808 808 00 00 (Monday to Friday, 9am–8pm).

The Macmillan Online Community is open 24/7 and is full of supportive people who understand how it feels to live with cancer.

http://community.macmillan.org.uk

Tel: 0808 808 0000

New Earswick Less Loneliness Initiative (NELLI)

Café NELLI is open every Wednesday from 10am -12 noon at New Earswick Folk Hall. As well as crafts and games there is a book, dvd and jigsaw exchange. All ages are welcome – there are toys and activities for pre-school children. To find out more e mail: newearswicklli@gmail.com

http://www.nelli.org.uk/

Oaken Grove Surfers

Oaken Grove is recognised as an "UK On Line" Centre. A team of volunteers offer one to one mentoring on computer skills. Each person is offered 30 minutes per week dedicated time to concentrate on improving their skills. Beginners can follow three taster lessons using material from the BBC "First Click" scheme. People can follow and complete the "Go ON" course, or simply improve their skills, usually over a period of 8 – 10 weeks.

Every Monday morning 10.00 -12 noon, Thursday afternoon 2.00 –

4.00pm.
£2.00 per session, open to all adults
Call 01904 769176 to book a place and leave a message for Joan or Jeannette.

Royal Voluntary Service – this befriending service is offered to older people as part of their "Good Neighbours" service. This can provide company and friendly social contact to people. Many people can experience feelings of loneliness and social isolation for a host of different reasons, and this befriending service can help to overcome some of these often debilitating negative emotions. Whether it be face-to-face contact, or a telephone call, having regular contact with others and retaining a link to the community, has been shown to have a huge positive impact on mental and physical health and wellbeing. The Royal Voluntary Service also offers other ways to help keep older people socially active and increase social interaction. For instance, social activities within the community, such as lunches and bingo, have guest speakers, or provide community transport for people where mobility may be an issue. They also run a lunch club in York for partially sighted people.

www.royalvoluntaryservice.org.uk/service/1420-leeds-and-york
Tel: 0845 600 5885
Email: **leedsyorkhunb@royalvoluntaryservice.org.uk**

Sycamore House
There is a reading café at Sycamore House, the mental health centre at 30 Clarence Street in York. The centre offers a book lending service, information point, free wi-fi and a café. The book collection contains a range of popular fiction and non-fiction, particularly books about health and wellbeing.

York Carers Centre is an independent body that helps unpaid carers in York find the support they need. All help is free for carers and includes information and advice, a Carers Emergency Card, services for Young Carers (8-18) and Young Adult Carers (18-25), and a wide range of social activities and support groups.
www.yorkcarerscentre.co.uk

Tel: 01904 715490
Email: **enquiries@yorkcarerscentre.co.uk**

York Carers Forum is a user-led group of unpaid carers and former carers (over the age of 18) who live, work or care for someone who lives in the York area. We are a UK Registered Charity and so we rely on fundraising, donations and freely given time in order to provide support to unpaid carers living in the York area.

www.yorkcarersforum.org
Tel: 01904 422437

York Libraries
Libraries are a good place to find out more about what is happening locally. Many have free wi-fi, and hold regular events and interest groups.
https://www.exploreyork.org.uk/

York Mind provides a befriending service to adults of all ages which offer emotional support for people who are experiencing mental health issues or who may be feeling socially isolated or lonely. The befrienders will provide company and support as well as help to build confidence and self-esteem in social relationships. This can in turn lead to individuals feeling increasingly able to become more involved in the community, or involved in more social activities, and therefore reduce social isolation and feelings of loneliness. Befrienders can go along to social activities with individuals, or spend time one-to-one. Befriending one of York Mind's trained volunteers can not only help reduce feelings of loneliness and social isolation but can also increase mental wellbeing and promote recovery.

www.yorkmind.org.uk/what-we-do/befriending/
Tel: 01904 643 364
Email: **office@yorkmind.org.uk**

York Older People's Assembly (YOPA)

YOPA members are all over 50. Member organisations represent the main groups working with older people in York.
Our aim is to raise awareness of policy issues affecting our lives, to be well represented on the boards of the Council, Hospital Trust and Primary Care Trust through our Champions, to sit on policy-making committees, and to speak out in the press and media on local and national issues of concern to older people. We debate issues at public meetings, communicate through our quarterly newsletter, organise information fairs, and co-ordinate the York 50+ Festival in which over 7,000 people participate annually.

We are part of a national initiative which created older people's forums where the voice of older people could be heard and taken into account by local and national government. We are aiming for a sea-change in the public image of older people - from dependency to resourcefulness - which will benefit the entire community over the years to come.

You are invited to join YOPA if you are over 50 and live within the City of York Council boundary. Membership is £5 p.a. Click on the 'Membership' link to the left for more information about the Assembly and a membership form.

http://www.yorkassembly.org.uk/

York Scarlet Ladies (The Red Hat Society)
This is a social organisation which was originally established for ladies over 50 (although women younger are also welcome to join too) which aims to connect women of all backgrounds and ages. The group aims to provide nurturing, social interaction and bonding through group get-togethers. These ladies partake in a number of social outings which include things such as arts and crafts, cinema trips, walks along the walls of York, coffee meetings, theatre trips, meeting for lunches and many more fun activities. As well as providing fun and companionship, these ladies also aim to re-shape the way society and today's culture view women of a certain age group by increasing their "visibility" and aim to achieve this through "good humour and laughter" (YorkScarletLadies.co.uk). They comment that "Little girls grow up, but they're never too old to play dress-up and have tea parties". Strong

emphasis is placed on ageing as being something to relish and enjoy, rather than something that creates a sense of dread.

The York Scarlet Ladies is a great way of trying to re-connect women, re-create a sense of community, and reduce social isolation in women of all ages. As a group, they pride themselves as being a “dis-organisation” with a distinct lack of rules and regulations. However, there is one rule they stipulate – that when attending social get-togethers women over 50 wear a red hat and purple outfits, and ladies under 50, wear a pink hat and lavender coloured outfit.

http://www.yorkscarletladies.co.uk/home

York Unifying Multicultural Initiative - YUMI

Social isolation and loneliness can be an issue for many people who move to a new place and don’t know many people, or are perhaps struggling to create a sense of belonging in a community, or a connectedness with others. YUMI aims to celebrate and integrate all the different cultural links we have in York (statistics – how many languages spoken/different cultures in York?) by bringing local people from within the community together with people who have come to live in York from around the world. YUMI is a voluntary, community led organisation, which welcomes all people with different cultural roots, backgrounds and beliefs. By sharing the wide range of skills, traditions and interests that people can bring, and by creating a safe, friendly and supportive environment in which to do so, this can help to create a stronger sense of belonging and purpose within the community. Furthermore, becoming involved and feeling part of a community can really help to increase well-being, confidence and self-esteem in individuals and in the community more widely. There are many activities people can get involved with, such as helping out at the tranquil community gardens and allotments which provide a friendly and peaceful space to enjoy nature, good company and lunch outdoors!

Additionally, there are many opportunities to learn lots of new skills through mentoring, training and becoming involved with the many

fantastic projects YUMI are involved in. YUMI places a strong focus on empowering people and communities by encouraging ideas, nurturing creativity, and sharing of skills, knowledge and experiences, as well as companionship and support.
www.yumiyork.org/
Be involved! – email **contact@yumiyork.org**

Walking Groups
'If a medication existed which had a similar effect to physical activity, it would be regarded as a "wonder drug" or a "miracle cure"' (Donaldson 2010). Walking is a great way of improving people's sense of community, has proven benefits to both physical and mental health, and can reduce feelings of loneliness through spending time outdoors and meeting with others as well as increasing wellbeing. Even taking a stroll around urban areas can improve a sense of connectedness within a community which can help to reduce feelings of loneliness and social isolation. It can also help residents take ownership of the streets around where they live which can have a positive impact on wellbeing. Walking in groups can improve social interaction, reduce loneliness and social isolation, help relaxation, and promote discovery and general enjoyment of life! **http://www.ramblers.org.uk/what-we-do/making-the-case-for-walking/the-benefits-of-walking/social-and-community-benefits-of-walking.aspx.**

A study by Dawson et al. (2006) explored the effects people experienced through participating in led walks. Recurring themes emerged from their feedback: people who were prone to social isolation reported feeling healthier, more 'alive', and increasingly socially connected.

Yorkshire walking groups:
http://www.walkinginyorkshire.co.uk/groups.php

York ramblers - **http://www.communigate.co.uk/york/yorkramblers2/**
Tom Halstead 01904-448380
Vera Silberberg 01904-628134
www.ramblers.org.uk

York Hoboes Rambling Club – **http://www.yorkhoboes.blogspot.com**

Welcomes new members to join a long established walking club. Membership is open to over 16s and over, and children over 11 when accompanied by an adult. Coach rambles are on the second Sunday of every month, with walks to suit all abilities.
A walks are between 10 and 12 miles, depending on terrain
B walks are 6 to 10 miles (maximum)
Coach leaves York between 8 and 9am, with time at the end of the walk for refreshments. Usually back in York between 6 and 7pm.
Paul Milliner 07939 143846 (Chair)
Ian Welburn 07738 201732 (Rambles secretary)
Rose Raynor 07960 797591 (Secretary)

Campaign to End Loneliness – follow this campaign on Twitter, or tweet about things you have found interesting related to loneliness - **@EndLonelinessUK.**
Below are some useful links taking you to **lists of groups and societies within the community of York** that aim to bring people together with shared interests...

Ableweb York

Ableweb York is an information website created by and for people with learning difficulties living in and around York. It includes information about activities people can get involved in.

http://www.ablewebyork.org/

Family Information Service

York Family Information Service is a free and impartial information service for mums, dads and carers of children and young people aged 0-19 (or up to 25 for disabled children).

The Family Information Service can help with anything and everything around family life.

http://www.yor-ok.org.uk/families/FIS/family-information-service.html

The York Directory

The York Directory is a searchable directory listing voluntary, community and social enterprise organisations in York.

http://www.yorkcvs.org.uk/york-life/the-york-directory/

This is York - CommuniGate _

http://www.communigate.co.uk/york/viewgroup.phtml?group=2
(list of clubs and societies including volunteers groups)
http://www.communigate.co.uk/york/viewgroup.phtml?group=2&subgroup=215 (list of shared interest groups)

Yortime
This site has been created to help you find events, festivals, community groups and learning opportunities in and around York.
https://www.yortime.org.uk/

Recommendations

Recommendation	Recommended to
1. Set up a working group to look at how we can pro-actively address loneliness in the City of York	Health and Wellbeing Board, the Joseph Rowntree Foundation, Yor OK Board
2. Consider whether the Campaign to End Loneliness Toolkit, and the JRF Resource pack are useful tools to help further work locally to address loneliness	Health and Wellbeing Board / Working group
3. Make sure the Rewiring work looking at information and advice helps us respond to tackling loneliness	CYC Rewiring team
4. Develop social prescribing options and pathways into volunteering for people able to make the most of these routes	NHS Vale of York CCG, NHS England
5. Consider support to make sure key workers are confident signposting to services that address loneliness where people are more isolated or vulnerable	Collaborative Transformation Board / Care Hub development leads

References

[i] Taken from http://www.campaigntoendloneliness.org/about-loneliness/ (accessed 8.7.14)

[ii] Taken from http://www.jrf.org.uk/sites/files/jrf/loneliness-neighbourhoods-engagement-full.pdf

[iii] Taken from http://www.nspcc.org.uk/Inform/publications/casenotes/clcasenotes_loneliness_wdf74260.pdf

[iv] http://www.campaigntoendloneliness.org/about-loneliness/

[v] http://www.campaigntoendloneliness.org/loneliness-research/

[vi] http://www.royalvoluntaryservice.org.uk/Uploads/Documents/gold_age_report_2011.pdf

[vii] (Age UK, 2014 –taken from http://www.campaigntoendloneliness.org/loneliness-research/ - accessed 3.6.14).

[viii] http://www.ageuk.org.uk/latest-news/1-million-older-people-feel-lonely/

[ix] http://www.mentalhealth.org.uk/content/assets/PDF/publications/the_lonely_society_report.pdf

[x] http://www.york.gov.uk/info/200505/alcohol_drugs_and_substance_abuse/230/alcohol_drugs_and_substance_abuse/2

[xi] http://www.b-eat.co.uk/

[xii] http://www.macmillan.org.uk/Aboutus/News/Latest_News/Lonelycancerpatientsthreetimesmorelikelytostrugglewithtreatment.aspx

[xiii] http://www.lifewherewelive.co.uk/survey/Lidgett_Grove_FullReport_Web.pdf

[xiv] http://www.copmanthorpecs.co.uk/

[xv] http://www.acombchurchessurvey.co.uk/

[xvi] Bernard, S. and Perry, H. (2013) *Loneliness and Social Isolation Among Older People in North Yorkshire: Stage 2*, Working Paper, WP 2599, Social Policy Research Unit, University of York, York

[xvii] Taken from http://www.yorkpress.co.uk/features/features/10332780.Investing_in_the_Timebank/ (accessed 22.7.14)

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Twitter:	@healthwatchyork
Facebook:	Like us on Facebook
Web:	www.healthwatchyork.co.uk

York CVS

Healthwatch York is a project at York CVS. York CVS works with voluntary, community and social enterprise organisations in York. York CVS aims to help these groups do their best for their communities, and people who take part in their activities or use their services.

This report

This report is available to download from the Healthwatch York website: www.healthwatchyork.co.uk

Paper copies are available from the Healthwatch York office

If you would like this report in any other format, please contact the Healthwatch York office

Health and Wellbeing Board **22 October 2014**

Report of Tim Madgwick, Deputy Chief Constable, North Yorkshire Police

Together York

Summary

1. The Board will receive a presentation in relation to the national mental health intervention scheme "Together: for Mental Wellbeing" and the York implementation of this scheme at today's meeting.

Background

2. In common with practically every area in the UK, the emergency services and partner agencies in York regularly encounter a core group of people, who often present in crisis and with a variety of vulnerabilities. Whilst each agency endeavours to support the individual and resolve the matter in hand, responses are often poorly coordinated and deal with symptoms, rather than causes. Many individuals experiencing mental distress do not meet service thresholds for ongoing support and intervention, resulting in repeat presentations to emergency services, increased costs, and worsening distress.

3. Together: for Mental Wellbeing has developed a model of intervention called the Pathways Approach with the aim to provide *early, targeted assessment and intervention for those experiencing mental distress and complex needs,* Working in partnership with emergency services, and with key voluntary and statutory agencies in York, the approach seeks to achieve key objectives of the Crisis Care Concordat, delivering:

- Psychologically informed practical support around individuals' key concerns, using a therapeutic intervention tool.
- Better use of mental health services, both acute and emergency, through reducing inappropriate and costly demand on services

- Prevention of crises through timely identification, pathway facilitation and support
- Facilitation of increased interagency liaison, collaboration, planning and delivery to improve wellbeing, prevent crises, and manage and learn from crises together.

Main/Key Issues to be Considered

4. The target cohorts will be those experiencing mental distress:

   - at first contact with emergency services, or at risk of contact with emergency services
   - frequently in contact with emergency services who may have longstanding difficulties, referred by Police, Ambulance, Fire, Psychiatric Liaison teams, and the Street Triage Team.

5. The project will be supported by a high level Strategic Board, bringing together local commissioners and senior decision-makers to provide the robust governance required to ensure services and systems meet the needs of the most vulnerable.

Consultation

6. During the formulation of the pilot model, there has been extensive and continuous consultations with a full range of stakeholders, including:

   - City of York Council
   - Vale of York CCG
   - Leeds and York Partnership NHS Foundation Trust
   - Yorkshire Ambulance Service
   - York Healthwatch
   - North Yorkshire Fire and Rescue Service
   - York Teaching Hospital
   - Arclight Centre
   - North Yorkshire Police
   - Service users

- York CVS
- York Family Focus Programme
- York MIND

Feedback from these discussions has been used to construct a model that integrates with and augments existing care and support systems in the area.

Options

7. Not applicable.

Analysis

8. Not applicable.

Strategic/Operational Plans

9. This presentation is linked to the priority in the Health and Wellbeing Strategy on “Improving Mental Health and Intervening Early”.

Implications

10. Consideration has been given to each of the below areas as follows:

- **Financial**

  The funding arrangements for this pilot are complex, and as yet not wholly resolved. To ensure there is an opportunity to begin to evaluate results, the minimum duration of the pilot must be at least twelve months (although two years would provide a more comprehensive overview of outcomes).

  To provide a twelve month pilot, initially operating during office hours before extending to coverage over seven days, would require a minimum funding commitment of £137K.

  Currently, there is a funding commitment of £50K p.a. from Vale of York CCG covering the 2014/15 and 2015/16 financial years for, but currently no commitment to fund beyond that.

There is an active bid to a major national charitable foundation, which has generated a significant amount of positive feedback. In November 2014, the foundation is due to confirm whether they will support the pilot and if so, the scale and duration of the contribution they will commit.

North Yorkshire Police made a bid to the Home Office Police Innovation Fund in April 2014, which was unsuccessful on this occasion, but which received encouragement to reapply at the next opportunity.

Therefore, at this stage there remains a projected deficit in funding of £37K over the twelve months of the pilot.

- **Human Resources (HR)**

  There is a limited requirement for staff engagement from each agency in identifying the cohort of people to be referred into the project, although this is minimal.

- **Equalities**

  The pilot supports the needs of mentally vulnerable people, and is open to all adults. There are no equalities implications.

- **Legal**

  Referrals will be made with the consent of the individual, enabling effective engagement and information sharing.

- **Crime and Disorder**

  The project focuses on mental distress, drugs and alcohol abuse issues in people who are in contact (or at risk of contact) with emergency services. By addressing the underlying reasons behind the person's presentation, the project may have a consequential impact on alcohol / drugs-related behaviours.

- **Information Technology (IT)**

  Co-location of the Pathways Team with other services will maximise opportunities for information-sharing, and minimise the requirements for IT interoperability.

- **Property**

  As above, by co-locating the team with other services, there will be greater opportunities to support collaboration and negate the requirement for new estate provision.

- **Other**

  Evaluation of the pilot will identify its efficacy, and options for cost-effective assessment are being progressed. A related Criminal Justice Liaison and Diversion scheme with Together in collaboration with the Probation Service in London has been evaluated by Sheffield Hallam University. It was found to "*enhance services and add(s) value and… this represents a cost-effective solution".*

  If similar successes are achieved through this pilot, the Board may wish to consider how a service may be commissioned and procured in future.

Risk Management

11. Risks, issues and options for resolution will be reported to the Strategic Board.

Recommendations

12. The Health and Wellbeing Board are asked to note the content of the presentation and to consider the implications for the Board and its respective members.

Contact Details

Author:
Tim Madgwick
Deputy Chief Constable
North Yorkshire Police
Tel: 01609 789145

Wards Affected: **All** √

For further information please contact the author of the report

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Health and Wellbeing Board **22 October 2014**

Report of Janet Probert, Director of Partnership Commissioning, Partnership Commissioning Unit

Winterbourne Review Update

Summary

1. The attached report gives an update on progress against reviewing the care of people with learning disabilities against the principles of the Winterbourne Concordat.

Background

2. Under the Winterbourne View Joint Improvement Programme, local authorities and the health services are working together in order to achieve a reduction in the number of people with learning disabilities and autism in secure hospitals or assessment and treatment units.

3. A Strategic Commissioning Plan has been developed following an extensive review of the individuals concerned, and the main points are presented in the attached report, Annex A.

Main/Key Issues to be Considered

4. The update from the Director of Partnership Commissioning is attached as Annex A.

Consultation

5. Not applicable.

Options

6. Not applicable.

Analysis

7. Contained in the report at Annex A.

Strategic/Operational Plans

8. The Winterbourne Concordat activity is linked to the priority of the Health and Wellbeing Strategy concerning Mental Health and Learning Disability. In addition it is linked to a number of operational plans including those for adult safeguarding.

Implications

9. Any implications arising from the issues raised in this information report will be addressed within any associated decision making reports required in the future.

Risk Management

10. Not applicable.

Recommendations

11. The Health and Wellbeing Board are asked to:

- Note the contents of this report;
- Continue to promote integrated multi-agency working on the Winterbourne Agenda and to support the Joint Commissioning Plan;
- Agree to receive an update in three months' time.

Reason: To keep the Board appraised of current progress locally against the Winterbourne Concordat.

Contact Details

Author:
Janet Probert
Director of Partnership Commissioning
Partnership Commissioning Unit
Tel: 01904 694717

Wards Affected: **All** √

For further information please contact the author of the report

Background Papers:
The Government's Winterbourne review papers can be obtained from:
https://www.gov.uk/government/publications/winterbourne-view-hospital-department-of-health-review-and-response `

ANNEX A

"Care through partnership"

Partnership Commissioning Unit
Commissioning services on behalf of:
NHS Hambleton, Richmondshire and Whitby CCG
NHS Harrogate and Rural District CCG
NHS Scarborough and Ryedale CCG
NHS Vale of York CCG

Report To:	Health and Wellbeing Board – City of York Council
Report Title:	Winterbourne Update
Report For:	Update and Assurance
Date:	8th October 2014
Prepared by:	Janet Probert – Director of Partnership Commissioning

Summary

The Partnership Commissioning Unit and City of York Council have worked closely together to ensure each individual service user has a personalised needs assessment and package of care. Progress has been made against the key objectives so that the Local Authority and the Clinical Commissioning Groups have a clear understanding of their responsibilities. The positive actions are set out below but a further update will be provided in 3 months' time.

- All hospital patients have been reviewed.
- Personal care plans are in place for all patients who have been in hospital for more than 3 months. Those patients who have been in hospital for less than 3 months are still within the assessment period.
- All patients are reviewed every 6 months.
- City of York Council Strategic Plan is completed.
- Care Management reviews have been undertaken on all eligible people.

Joint Winterbourne Update – Partnership Commissioning Unit and City of York Council

In December 2012 the Department of Health published The Winterbourne Concordat 'Programme of Action', following the exposure of abuse of the residents at Winterbourne View Hospital. The action plan sets out key milestones to transform services for people with learning disabilities or autism and mental health conditions or behaviours described as challenging.

Each organisation has committed to take forward the agenda within clear timeframes to address the NHS Commissioning Board's stated objective:

'To ensure that Clinical Commissioning Groups work with Local Authorities to ensure that vulnerable people, particularly those with learning disabilities and autism, receive safe, appropriate, high quality care. The presumption should always be that services are local and that people remain in their communities; we expect to see a substantial reduction in reliance on inpatient care for these groups of people.'

Key Actions

1. Health and Care Commissioners will review all current hospital placements and support everyone inappropriately placed in hospital to move to community facilities.

   All hospital placements have been reviewed. Currently 10 clients are placed within locality. This includes recent short term admissions, but does not include clients who are placed in low, medium and high secure facilities whose care is commissioned by Specialist Commissioners. Personal care plans are in place for all patients with the exception of recent admissions.

   The Partnership Commissioning Unit currently have 96 individuals with live funding streams for individuals with a diagnosis of Learning Disability or Autism that meet the Winterbourne Concordat.

   We have 28 individuals who are currently living outside of the North Yorkshire and York boundary and out of their Clinical Commissioning Group locality. This population has been reviewed in full and decisions have been made with the individuals and those key to their care regarding suitability and need of continued care out of area. Where appropriate care packages are being arranged to move back in to area.

2. Ensure that all Clinical Commissioning Groups develop registers of all people with learning disabilities or autism who have mental health conditions or behaviour that challenges in NHS-funded care as soon as possible and certainly no later than 1 April 2013;

There is a new Team Leader in place at the Partnership Commissioning Unit and as part of their induction they are reviewing the Register. This should be reviewed and updated by the end of October 2014.

3. Every area will put in place a locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviour that accords with the model of good care. These plans should ensure that a new generation of inpatients does not take the place of people currently in hospital.

Plans have started to be developed by City of York Council and Health Commissioners. The Partnership Commissioning Unit will work with the Local Authority to develop joint commissioning where appropriate and should be in a position to provide an update by the end of October 2014.

The CCGs are also assessed against 6 key objectives of which the following have been achieved:-

- % of patients not placed on a register. *100% are on the register.*
- % of patients without a care coordinator. *100% have a care coordinator*.
- % of patients who have not been formally reviewed for more than 26 weeks. *100% have been reviewed.*
- % of patients who have had a care plan review and are without a planned transfer date.
    - *Patients numbers will fluctuate as the PCU currently also include data from the Provider admission unit. This includes short term admission/treatment. There may be no discharge date planned whilst being assessed. However, the PCU review these patients at least monthly*
- % of patients without a planned transfer date.
    - *All patients are reviewed by the PCU at least 6 monthly, local NHS inpatient provider services are reviewed monthly. Planned transfer dates can fluctuate with relapse in patient condition, issues with transition into community.*
- % of patients in a non-secure hospital setting for more than 2 years.
    - *All patients are assessed at reviews to whether they remain appropriately placed or whether there is a less restrictive*

option either within hospital step-down pathways or to the community.
Some patients have other restrictions to their pathways imposed on them from the Ministry of Justice (MoJ). An annual report is submitted for these patients.

Additional Actions

1. City of York Council has produced its local strategic plan. A decision has also been taken to align the plan with the strategic review of local accommodation options for people with disabilities. The resulting strategic plan will enable the Council to build on success in the development of accommodation and support options locally and meet the requirements of customers who will need services over the next five years. It is envisaged that the strategic plan will enable around 80 individuals to access new accommodation and support options. Partnerships and options appraisals have already been developed which should hopefully enable some of the people identified through Winterbourne reviews to return to local settings within the next 9 months. The strategic plan also addresses other key issues associated with the concordat and review including workforce development, Advocacy Services, Quality, partnerships with Health Services and GP's. A positive meeting has been held with Helen Sumner, a National Advisor from the Winterbourne View Improvement Programme who was very supportive of the approach taken by the Council and an "Open" meeting of the Winterbourne Implementation Group was held recently which was attended by a number of local self-advocates.

2. Winterbourne reviews have been undertaken by care management on all 51 individuals who presently fall under the concordat. Of these 17 have been identified as been able to return and live in an appropriate local setting, 9 people have been identified as requiring additional review input including in many instances DOLS assessments, 1 person has unfortunately died and it has been agreed that the remaining individuals are in an existing placement which meets their needs, will enable people to maintain their local connections and where the Council does not have any concerns regarding the quality of the services people are in receipt of. It is noted that 6 people have also returned to live in more appropriate local settings over the past year as the reviews have progressed.

3. City of York Council Care Management and the Partnership Commissioning Unit have worked together to review the 5 people who have been identified by Health having been in hospital accommodation and have contributed to discharge plans and arrangements that have been submitted by Health.

Recommendations

1. Note the Report
2. Members of the Health and Wellbeing Board to continue to promote integrated multi-agency working on the Winterbourne Agenda and to support the Joint Commissioning Plan.
3. The Health and Wellbeing Board is to be updated in 3 months' time.

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Vale of York Clinical Commissioning Group

Health and Wellbeing Board **22 October 2014**

Report of the Chief Clinical Officer of NHS Vale of York Clinical Commissioning Group

The Better Care Fund

Summary

1. This report updates the position on York's submission of the initial plan for the Better Care Fund (BCF).

Background

2. The Better Care Fund (formerly known as the Integrated Care Fund) has been set up to support councils and Clinical Commissioning Groups (CCGs) to deliver their local plans for integrating health and social care. The fund amount is £3.8 billion nationally; this represents a top slice (3%) of CCG budgets to be reinvested in local integration plans (it should be noted that this is not new money).

Key Issues to be Considered

3. York' s refreshed Better Care plan was submitted to NHS England by the deadline of the 19th September in line with the National Assurance process. The plan has now been initially assessed by the reviewing team, who gave feedback via a teleconference to representatives of both the City of York Council and Vale of York Clinical Commissioning Group on the 30th September.

4. The independent assessor advised we had submitted a good plan and that it would now go forward for fuller review and a moderation process. NHS England has advised we will be informed of the outcome of this and receive formal feedback, including any areas we need to continue to work on by the end of

October. We will then have 14 days to decide on a timetable for addressing any actions required.

5. Full national timeline for assurance of the BCF plans and subsequent announcements / re-assurance of plans is as follows:

- Announcement of National Consistent Assurance Review Results – 29-30/10
- Action plans agreed with those areas 'approved subject to conditions' or 'not approved' – 14/11
- Majority of plans 'approved subject to conditions' moved to 'fully approved' or 'approved with support' assurance categories - 31/12
- Areas with plans that are 'not approved' submit plans for a further Nationally Consistent Assurance Review - 02/01/15
- Results of 'not approved' plans further Nationally Consistent Assurance Review - 30/01/15

Further support for planning and delivery

6. Over the coming months, NHS England advice they will continue to offer support to areas to help refine plans where needed. There will also be support to help areas to prepare for implementation of plans.

Consultation

7. The Collaborative Transformation Board has been running since May 2013, to facilitate engagement with providers and commissioners across the statutory and voluntary sector and Health Watch, to ensure engagement with patients.

8. On 16th December 2013, City of York Council and Vale of York CCG co-hosted a Health and Social Care Integration Workshop, attended by many of the representatives above. The event was used as a platform for communication, engagement and co-design, drawing on local experiences to help prioritise and develop support options for whole-system integration.

9. We are committed to continuing engagement and consultation with residents, patients, providers and other stakeholders. However, it would be helpful for Collaborative Transformation Board and Health and Wellbeing Board to consider how they could support future communications and meaningful engagement with all stakeholders on the Better Care Fund as it develops.

Options

10. Not applicable.

Analysis

11. Not applicable.

Strategic/Operational Plans

12. Supporting the integration of health and social care services is a core purpose of Health and Wellbeing Boards. This is a key theme running through York's Health and Wellbeing Strategy 2013-16 and is related to all five priorities, with particular relevance to 'Creating a financially sustainable local health and social care system'. Integration is a fundamental element in the Vale of York CCG Strategic Plan 2014-19 and their Operational Plan 2014-16.

Implications

13. Any implications arising from the issues raised in this information report will be addressed within any associated decision making reports required in the future.

Risk Management

14. As we develop the details of our project fully there are potential areas of risks - these are: HR, financial and reputational. As work continues, these risks will be identified, rated and mitigated. Integration can only be achieved though genuine partnership working across the Vale of York CCG footprint, which includes North Yorkshire and East Riding local authorities.

Recommendation

15. The Health and Wellbeing Board are asked to note the contents of this report.

    Reason: To keep the Board informed of the September 19th submission of the refreshed plan.

Contact Details

Author:	Chief Officer Responsible for the report:
Wynn Spencer Adult Social Care Transformation Lead City of York Council 01904 553235	Dr. Mark Hayes Chief Clinical Officer NHS Vale of York Clinical Commissioning Group 01904 555789

Report Approved ✓ **Date** *10/10/2014*

Wards Affected: **All** x

For further information please contact the author of the report

Health and Wellbeing Board **22 October 2014**

Report of the Acting Director of Public Health, Julie Hotchkiss, City of York Council

Health and Wellbeing Strategy Revision

Summary

1. The York Health and Wellbeing Strategy 2013-16, launched in April 2013, has now been in operation for 18 months, and has been updated and amended to reflect the current position and emerging issues.

Background

2. The Health and Wellbeing Strategy was developed during 2012-13, drawing upon a wide evidence base including national and local research, existing strategies and frameworks and the 2012 Joint Strategic Needs Assessment (JSNA), a comprehensive assessment of the health and wellbeing needs in the City.

3. The JSNA has subsequently been updated and revised, and is identifying areas for further research. The JSNA is now online and continually evolving as new information on the local picture becomes available. At the same time, the national landscape has been changing, with greater pressure on health and social care services to integrate, and the introduction of the Care Act earlier this year.

Main/Key Issues to be Considered

4. The priorities and vision of the 2013 Strategy remain unchanged, as these were widely consulted on across the city, and remain at the forefront of current activity. The key areas for amendment are as follows:

   a. Contextual information, including statistics, commentary on the current financial situation and government initiatives, and the partnerships that participate in and contribute to the work of the Board; and

b. The activities taken to deliver the priorities.

Consultation

5. The members of the Health and Wellbeing Board have been consulted, as have the members of the three partnership boards that report to the Health and Wellbeing Board (the Collaborative Transformation Board, the Mental Health/Learning Disabilities Board, and the YorOK Board). In addition the Chairs of both the Adult and Child Safeguarding Boards have been consulted, as has the voluntary sector, via the CVS, and Healthwatch.

Options

6. Members of the Board are asked to consider the updated elements of the strategy and either:

   a. Agree to the amendments; or

   b. Suggest alternatives for the Board to agree.

Analysis

7. A number of the former actions have been either amended, updated, declared complete, or combined with other activities.

Strategic/Operational Plans

8. The Health and Wellbeing Strategy is a statutory component of the duties of a Health and Wellbeing Board.

Implications

9. The following implications have been noted:

   - **Financial** - None
   - **Human Resources (HR) -** None
   - **Equalities** - None
   - **Legal –** There are legal implications if the Health and Wellbeing Board should fail to comply with its duties under the Health Act 2012 to produce a Health and Wellbeing Strategy
   - **Crime and Disorder** - None

- **Information Technology (IT) -** None
- **Property** - None
- **Other** - None

Risk Management

10. Failure to update the current strategy would present a reputational risk for the Health and Wellbeing Board.

Recommendations

11. The Health and Wellbeing Board are asked to consider the revisions to the Health and Wellbeing Strategy, and agree to accept the updated version.

Reason: To lead the improvement of health and wellbeing outcomes for people in York.

Contact Details

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Report Approved √ **Date** *10 October 2014*

Wards Affected: **All** √

For further information please contact the author of the report

Annexes: Annex A- Health and Wellbeing Strategy

Background Papers:
The previous Health and Wellbeing Strategy is available on the City of York Council website here:
http://www.york.gov.uk/info/200796/health_and_wellbeing_partnerships/341/health_and_wellbeing_partnerships
However, on approval of the revised version the old version will be archived.

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Improving Health & Wellbeing in York

Our strategy 2013-16

Contents

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

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

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

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

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

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

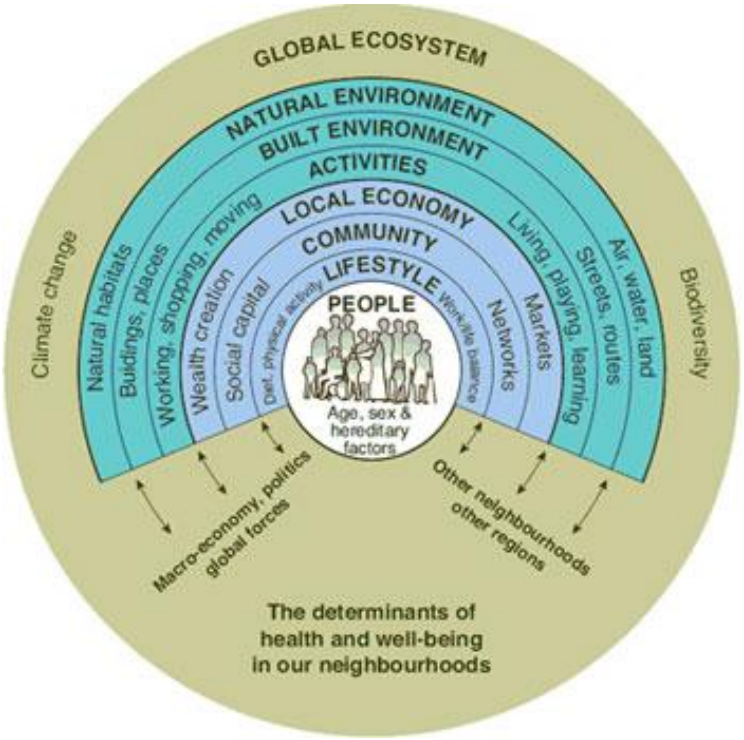
In short, in an environment in which ever-tightening finances are a reality, we are maintaining our drive towards making a real difference to the health, wellbeing and life chances of the people of York.

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

Introduction and context

On the whole, people in York have a good standard of life. As residents, most of us can expect to be well educated, have access to good quality employment and, for the most part, live long, healthy and happy lives. However, this is not true for everyone, and there are still significant health and wellbeing challenges for the city including the differences in life expectancy between some areas of the city and others, the growing needs of our ageing population and particular challenges around mental health and emotional wellbeing. Based on our understanding of the needs in York[1], 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.

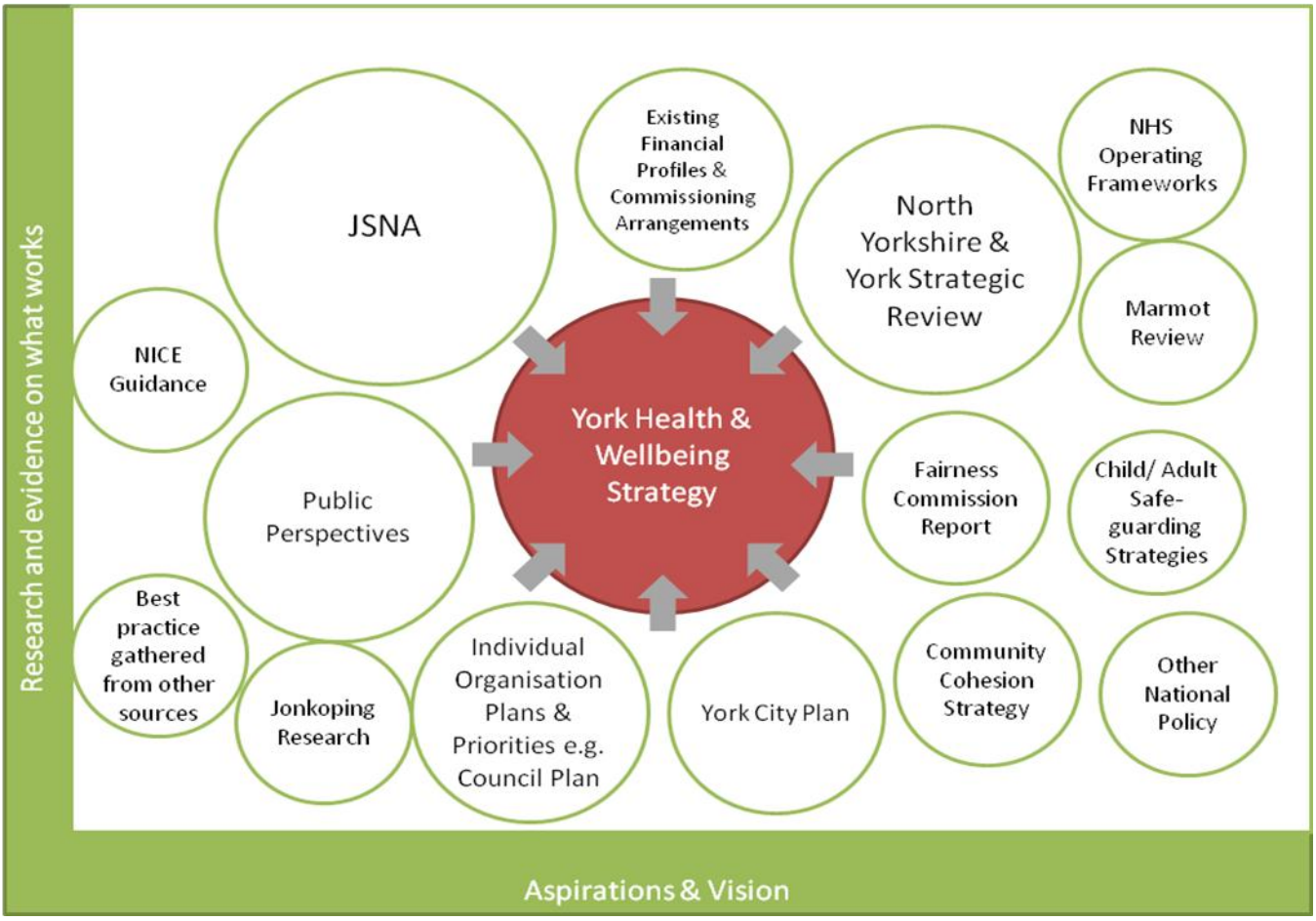
Health and wellbeing is about more than illness and treatment. It is about being well physically, mentally and socially, feeling good and being able to do the things we need to do to live a healthy and fulfilled life[2]. Many factors affect our health and wellbeing, these include: where we live, our housing, the local economy, our income, the environment, our relationship with the local community and the lifestyle choices we make. These determinants of health and wellbeing are shown in the diagram on the right. It is therefore vital that we not only tackle the effects of ill-health but we also address the wider factors and causes. We will champion good health and wellbeing, identify and harness the determinants that contribute to positive health, building on our strength as a successful and ambitious city.



[1] See the Joint Strategic Needs Assessment at http://www.healthyork.org
[2] Based on the World Health Organisation's definition of health

How we have developed our priorities and actions

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



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

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

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

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

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

Finance and resource

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

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

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

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

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

Our long term commitment to engagement

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

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

We want to emphasise that our engagement with staff, residents and people who use our services is not a one-off event. We are committed to involving people in planning and designing health and wellbeing services and provision in the long term. Our aim is to 'co-produce' more health and wellbeing services and pathways to care and support. By co-production we mean we want to work with people as equal partners to improve services and respond to challenges, making decisions together. We believe that the people most affected by a service are best placed to help design it. We also recognise that residents and communities already have a range of resources available, both intellectual and physical, and that bringing our resources together we can deliver services *with* rather than *for* people and their families. Early evidence suggests this approach is a more effective way to delivering better outcomes and more sustainable services, often for less money[4].

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, Sweden[5]. In delivering this strategy we will take every opportunity to co-produce health and wellbeing services, enabling our residents and people who use our services to identify problems and propose solutions, rather than being passive recipients of services. We believe that programmes such as 'Think Local Act Personal' will help us achieve this by focusing on the way communities can help support each other and by increasing the uptake of personalisation, which is central to communities and their health and wellbeing.

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

[4] Based on Nesta Lab and the New Economics Foundation co-production research
[5] See 'Charting the Way to Greater Success: Pursuing Perfection in Sweden'

Our vision

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

What we will do to achieve our vision

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

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

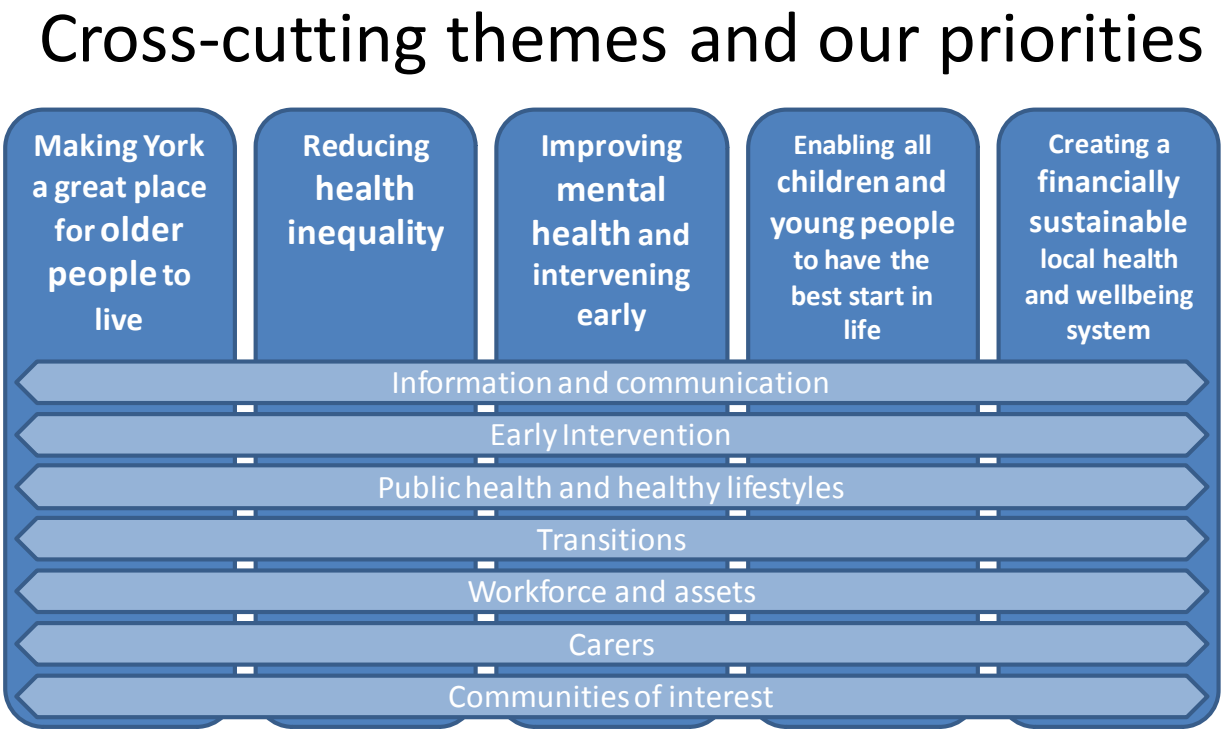
We have therefore agreed the following priorities, which will underpin our work to improve health and wellbeing in York.

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

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

Cross-cutting themes, principles and actions

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



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

We will:

- Put partnership working across organisations, agencies and sectors at the heart of delivering this strategy. We will overcome barriers together, take bold decisions where needed, lead the improvement and integration of York's health and wellbeing system.

- Keep a relentless focus on reducing health inequalities, assessing the impact on health inequalities for every decision we make and every policy we introduce.

- Acknowledge the affect housing has on health and wellbeing. Fuel poverty, overcrowding, noise, fear of crime, can have adverse affects. Housing however can prevent ill-health and protect health, through adaptations, electrical safety, insulation, and by providing privacy and space.

- Trust residents and people who use our services to understand the challenges we face in providing and commissioning services in the current financial climate. We will encourage people to help design, plan and deliver better health and wellbeing services.

- Increase the choice for people who use our services and the control they have over them. For example, how they want their care or support delivered, from where and by whom.

- Recognise and promote the vital role of unpaid carers who contribute so much to health and wellbeing in York.

- Champion the role of the voluntary sector and the value its strength, diversity and knowledge brings in improving the health and wellbeing of our residents.

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

1. **Through our ongoing JSNA undertake further research and share intelligence to get more of an insight into the health and wellbeing of those with the poorest health outcomes, using the analysis to drive delivery to priority areas.**
   The JSNA recommends that we increase our understanding of the following groups and issues: the frail elderly, including those suffering falls, alcohol, early years, self-harm, learning disabilities, and people with autism. Partners will work jointly on the analysis of research to present a coherent picture of needs and priorities. The services we commission and provide will have an increased impact. They will be provided to the right people from the right place and will better meet people's needs.

2. **Work to co-ordinate existing health and wellbeing information, to join up directories for activities, services, or organisations in York, and design appropriate ways of using this which is fit for purpose and user-friendly.**
   The content of the various health and wellbeing websites from a number of health and wellbeing agencies and organisations will be better coordinated and consistent. Information will be easier to understand and easier to access. The Care Act has placed a new duty on local authorities to provide information on social care, and partners will work together to link up available information sources.

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

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

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

5.Ensure that the voice of carers and young carers is heard and listened to by the Health and Wellbeing Board. We want to encourage a better understanding of carers' needs and how organisations across the city can support them, so they are able to continue their vital contribution to improving health and wellbeing.

6. **Create a joint communications and engagement plan, to engage and work together on citywide health and wellbeing campaigns which often occur separately through individual organisations.**
   Individuals and communities will be better informed about how they can improve their own health and wellbeing. Messages will be more coherent and consistent across a number of health and wellbeing organisations.

7. **Encourage health and wellbeing organisations and agencies to explore the adoption of the living wage and encourage commissioners to include this in contract specifications.**
   Families will be lifted out of poverty and staff will be more motivated to deliver higher quality care and support. Organisations will see an improvement in staff recruitment and retention.

8. **Support the city's housing strategy which cuts across a number of principles and actions within this document. The recommendations include:**
   Housing provision –
   - Ensure a ready supply of good quality affordable family homes to meet the needs of overcrowded or inappropriately accommodated families;
   - Provide dedicated housing provision and support for homeless young people providing clear resettlement routes to independent living;
   - Continue to address fuel poverty and financial exclusion through a variety of measures including energy switching and improving council housing ;
   - Develop a supported housing model for those with multiple needs or high risk behaviour (including substance misuse, and high risk offending behaviour);
   - Develop and fully embed a hospital homeless discharge protocol;
   - Widen the housing choices of older people through better provision, information and advice, enabling people to make timely and informed decisions and to plan ahead to avoid a housing crisis.

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

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

Delivering our cross-cutting actions:

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

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

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

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

Making York a great place for older people to live

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

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

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

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

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

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

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

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

We:

- Value the positive contribution that older people make to living in our city and the importance of prevention work to sustain and improve their health and wellbeing. We want to ensure the needs of older people are central to our strategies, plans and commissioning decisions.

- Recognise the contribution of the voluntary sector, older people and carers in 'making York a great place for older people to live', especially for the following key issues:
  - Supporting people with **long term conditions to live independently**
  - **Preventing admissions to hospital**
  - Encouraging **physical activity**
  - Addressing **loneliness** and social isolation
  - Preparing for an increase in **dementia**

- Support a shift towards community-based care, so people can access treatment or support within their own community or at home, rather than having to be admitted to hospital, residential or nursing care.
  We know people prefer to be treated this way, and the health benefits of doing so, however we do not underestimate the challenge of changing the system. A consequence of providing more treatment and care at home will be to reduce the number of beds that are needed in hospitals. We want to reassure and remind people of the benefits of providing care closer to home.

- Support approaches that facilitate communities to develop their capacity, to design and develop their ideas and solutions to reduce the loneliness and isolation of older people. We understand that strong communities can help alleviate the loneliness and isolation experienced by some of our older residents.

- Advocate more choice and control for people over their care and support, particularly at the end of their lives about where they wish to die.

- Value the knowledge, strength and diversity of our voluntary sector and recognise the extent to which their support and services contribute to improving the health and wellbeing of our older residents.

- Will ensure that the needs of older people are considered in our decisions about planning and improving the city's infrastructure so that older people have better access to social support through transport and technology.

- Encourage a creative approach to deal with dementia that challenges standard practice and routine pathways. This will help ensure that assessments and care are based on individual need and tailored appropriately.

- Commit to becoming a Dementia Friendly City and learn from valuable research and evidence, for example, the Joseph Rowntree Foundation projects 'Dementia Without Walls' and 'Neighbourhood Approaches to Addressing Loneliness'. We will ensure that our policies, strategies and decisions are influenced and informed by this learning.

- Embrace the development of new technologies and the benefits that these innovations can bring to responding to a number of health and wellbeing issues, sustaining and improving health and wellbeing, for example creative solutions to addressing loneliness and social isolation.

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

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

Prevent admissions to hospital
Support people with long term conditions to live independently

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

- Care Hubs bring together health and social care practitioners working together from different organisations and disciplines. The Care Hub team could include a nurse, social care worker, GP, occupational therapist, pharmacist, and a Counsellor from a local provider. Care Hubs will be based in a community setting, such as a local GP surgery.

- Care Hubs will work with individuals to identify their health and care needs and work to ensure that people are supported in their own homes to manage their condition. This will help prevent hospital admissions for people with long term conditions and aid the transition back home when discharged from hospital. A multi-disciplinary team will be able to provide more person-centred, coordinated care and support.

2. **Develop an end of life policy across health and wellbeing partners, mapping current processes and re-commissioning.**
   We want to ensure that GPs are supported to offer patients and their families / carers the best end of life pathway, which may mean staying at home to die peacefully and not being admitted to hospital. People will have more control and choice about where they want to die.

3. **Work with partners to ensure the implementation of the new integrated diabetes service model is delivering improved outcomes for residents with diabetes.**
   In particular there will be a focus on prevention of diabetes and early intervention and management in line with NICE guidelines. Partners will work together locally to raise awareness of the risk factors surrounding diabetes, focusing on groups at high risk of diabetes, and will engage with local diabetes groups, in order to ensure better outcomes.

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

5. **Work jointly to implement the Care Act 2014.**
   The Care Act set out a major change in social care legislation, with local authorities providing a cap on the amounts people will have to spend on social care. In addition, there are greater rights for carers, a duty to provide information on how to access social care, and greater safeguarding protections for vulnerable adults. To deliver these, we will in work in partnership to ensure readiness for new ways of working.

Address loneliness and social isolation

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

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

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

7. **Encourage care sectors to adopt the living wage and set timescales to reflect this in how we commission contracts.**
   Recruitment and retention of staff will be improved as well as their quality of work. A number of families will be lifted out of poverty[6].

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

[6] Taken from learning from the London Living Wage.

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

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

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

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

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

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

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

Reducing health inequalities

Why 'reducing health inequalities' is important

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

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

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

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

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

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

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

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

We will:

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

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

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

Target resource where it is needed most

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

Tackle deprivation and address complex issues

2. **Champion a joint approach to addressing complex, interlinked issues that a number of families experience in our city, through our work with troubled families.**
   - This work has been extremely successful in supporting families through complex issues, which no one agency or discipline can resolve. We would like more health professional resource allocated to these programmes to support more families with health specific issues.

3. **Adopt a joint approach to community development in deprived areas of York, where communities define their own issues and how they can address them.**
   - Stronger communities can offer more supportive environments, where more people care for each other. Giving communities more control over their lives and their wellbeing can be improved, for example, confidence and skills.

4. **All organisations on the Health & Wellbeing Board will commit to exploring the implementation of the Living Wage, and encourage others in the city to do so.**
   - The Living Wage could lift a number of families in York out of poverty. Recruitment and retention of staff is improved and quality of work increased.

5. **Organisations on the Health and Wellbeing Board commit to running supported employment programmes within their organisations and if successful, encourage other organisations or businesses to follow.**
   - We will also support volunteering programmes which offer that step up to employment and work which helps sustain people in employment or training. We absolutely recognise the benefits of employment and training on health and wellbeing.

Improve access to services and support community-based initiatives

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

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

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

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

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

Promote healthy lifestyles and behaviours

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

- Behaviours and lifestyles have a significant impact on health. We want to work with people in our communities to encourage healthier lifestyles and make healthier choices.

10. **Establish an effective York model for tobacco control**.

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

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

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

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

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

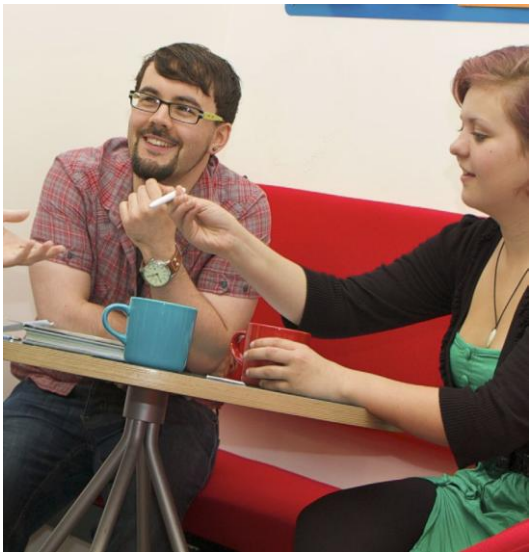
During 2013, City of York Council has signed up to the Local Government Declaration on Tobacco Control; developed a number of healthy eating initiatives within schools; delivered against the government's Troubled Familiies programme; and continued to encourage the adoption of a living wage amongst employers.

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

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

Improving mental health and intervening early

Why 'improving mental health and intervening early' is important



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

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

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

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

[7] See the JSNA for further detail: http://www.healthyork.org/health-ill-health-in-york/mental-health.aspx

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

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

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

- Recognise the work that the workforce, the voluntary sector, communities and carers make to 'improving mental health and intervening early', especially for the following key issues:
  - **Increasing understanding of mental health needs** across the city
  - **Raising awareness** of mental health and **reducing stigma**
  - **Intervening earlier** and supporting **community-based initiatives**
  - Ensuring service planning and provision promotes **choice and control**

- Seek to gain a better understanding of mental health needs in York, and the services that are currently available. We will make sure our services are fit for purpose and if necessary redesign them to better meet mental health needs locally.

- Look to raise the profile of mental health and remove the stigma attached to it, working towards parity of esteem for users of mental health services.

- Ensure that when we plan services, this takes account of the mental health needs of the ageing population, with particular reference to social isolation, loneliness and the growing number of people with dementia.

- Endeavour to create supportive communities which enable good mental health; where people have regular contact with one another, friendships can be developed and people are there to support each other. This will help prevent people from developing mental health conditions or requiring services in the first place.

- Improve coordination between the broad range of mental health support available in York across sectors, and which draw from both medical and social models of health and wellbeing. Since we know that mental health conditions are often complex, long term and related to a range of factors, we will support the development of longer term support programmes and more joined-up working between services.

- Work together to join up children's and adult's mental health agendas to better support early intervention work and the transition between services.

- Support a model of early intervention and prevention where possible, providing and effectively referring to a range of alternative support (instead of medication or intensive interventions) for people with low-level mental health conditions.
  We acknowledge that there are different levels of mental health needs, and that different support and models of care should be used appropriately.

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

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

Increase understanding of mental health needs across the city

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

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

Raise awareness of mental health and reduce stigma

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

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

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

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

Intervene earlier and support community-based initiatives

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

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

5. **Across sectors, we will jointly map the support and pathways available for people with mental health conditions, including thresholds and eligibility criteria for services.**

- This will identify opportunities where we can, across the system, intervene earlier. Following this work we anticipate re-commissioning support to ensure we are providing the right pathways of care and support for mental health services.

6. **Support the commissioning of more community based support and services for individuals, especially early intervention and prevention work[8].**

- This includes: commissioning more counselling services and additional services to support 16-25 year olds. This will enable earlier intervention, and allow us to explore and address specific issues relating to young people moving into adulthood.

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

- Again, this will enable earlier intervention, co-ordination of service delivery and services delivered closer to the service user.

Ensure service planning and provision promotes choice and control

8. **Review our housing policy for people with a mental health condition, to ensure the policy promotes choice and control.**

- Housing has a significant impact on health. It is vital therefore that we promote a range of housing options, appropriate for a range of needs to provide safe and secure living environments to aid recovery.

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

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

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

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

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

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

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

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

Education is essential to improving life chances and opportunities. Around 10% of York pupils are eligible for free school meals each year. Pupils eligible to receive free school meals in York have a higher absence rate than those pupils who are not eligible. Additionally, there is a considerable attainment gap between pupils who are in receipt of free school meals and their peers. The Key Stage 2 and Key Stage 4 pupil premium groups remain a priority, particularly in relation to 'narrowing the gap' between vulnerable pupils and their peers.
(Information relating to Free School Meal Status is obtained from the Pupil Level Annual School Census – PLASC).

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

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

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

- **Creating truly equal opportunities**

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

- **Ensuring children and young people always feel safe**
  Safeguarding lies at the heart of all our work, and we will work closely with the Safeguarding Children Board. We will continue to make our procedures for raising concerns about a child as straightforward and as effective as possible. We will be sensitive to the possibilities of exploitation or extremism, and will continue to adopt a "zero tolerance" policy for bullying in any form.

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

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

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

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

- **Remembering that laughter and happiness are also important**
  It would negate the purpose of this principle to expand upon it further!

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

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

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

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

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

Creating a financially sustainable local health and wellbeing system

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

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

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

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

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

Principles which will guide our work to deliver this priority

We will:

- Through the Collaborative Transformation Board, take ownership of the financial position of the whole health and wellbeing system in York, rather than focus on the performance of individual organisations.
  We will ensure we are investing in services that we know will have the biggest impact on improving health and wellbeing. We need to be aware of both the intended and unintended consequences of funding decisions we make and the impact of any subsequent service change. To help us make these decisions we will take a joint approach to budget consultation with residents and endeavour to communicate consistently about the overall financial position.

- Maximise efficiencies between adult social care and health through jointly planning care pathways across sectors and integrating commissioning decisions more closely.
  Where appropriate, we will explore opportunities for joint commissioning posts, pooled budgets or lead commissioning arrangements between City of York Council and Vale of York Clinical Commissioning Group to support this more integrated approach.

- We will prioritise system change around care pathways for older people which are the most significant cost pressures and opportunities.
  This will address a major strain and will release pressure on services so they are able to function better across the board, benefitting all our residents.

- Support community-based models of care to allow more people to benefit from being supported in their own homes and within their own communities.
  We know people prefer to be supported at home, or near home and the significant health and wellbeing benefits this offers – reduced transitions and increased independence. Providing more support at home may lead to a reduction in the number of beds that are needed in hospitals and a change in staffing and equipment provision. We must sensitively reassure and remind people of the benefits of this approach and the need for change. In order to make this system change, we will need to:
  - Create performance frameworks and contracts which reward this more financially sustainable model of care, and share risk appropriately
  - Commission primary, community and social care so that there is sufficient capacity to effectively support people closer to home who would have traditionally required hospital services. We will commission the best services possible, with openness to the possibility that this may not be from statutory providers.
  - Encourage the reduction of hospital referrals through GPs and nursing homes, highlighting other, more fit for purpose services, to refer on to.
  - Promote and encourage self-care where appropriate.

- Be open with the public about the need for change, educating them in dilemmas we face together and trust them to make decisions which benefit the whole population. We will work closely with local media, encouraging them to act with social responsibility, to avoid publicity which could derail this collaborative approach.

- Urge Central Government to adopt its plans for a financially sustainable model for paying for adult social care without delay.

- Allocate our resources to where they are needed most, particularly those areas or groups of people who suffer poorer health outcomes.

- Have a two-pronged approach to reviewing finance and resources – a whole system view but also assessing the effectiveness of our services on a case by case basis. This will give us more flexibility in allocating resource where it is needed and resolving cases where people are 'stuck in the system'.

- Maximise internal efficiencies through vacancy management and efficiency programmes across the Council and NHS.

- Take a shared approach to assets such as buildings and vehicles, maximising their use between partners, and selling or putting to other use assets we don't need as a result.

- Maximise the use of voluntary sector services where they provide excellent value for money and results.
  We will stimulate a stronger market by supporting voluntary sectors organisations to work together or scale up to bid for larger contracts. We will tender contracts to enable voluntary sector organisations to be competitive against larger statutory or independent providers.

- Trust patients and residents to understand the complex dilemmas we face and allow them to shape solutions, for example, through the increased co-production of services.

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

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

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

Links to city wide plans

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

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

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

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

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

Vale of York CCG Integrated Operational Plan 2014-19 "My Life, My Health, My Way"
This sets out the five-year plan for the way in which health care services are commissioned.

Delivering and monitoring the strategy

The resource to deliver the Health and Wellbeing Strategy

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

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

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

An introduction to the Health and Wellbeing Partnerships

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

1. **Collaborative Transformation Board**
   Chair: [To be confirmed]
2. **Mental Health and Learning Disabilities**
   Chair: Paul Howatson, Vale of York Clinical Commissioning Group
3. **Children and Young People – The YorOK Board**
   Chair: Councillor Janet Looker

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

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

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

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

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

Safeguarding Adults Board

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

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

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

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

Safeguarding Children Board

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

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

The CYSCB has five main priorities for 2014-15:

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

The role of the Health and Wellbeing Partnerships

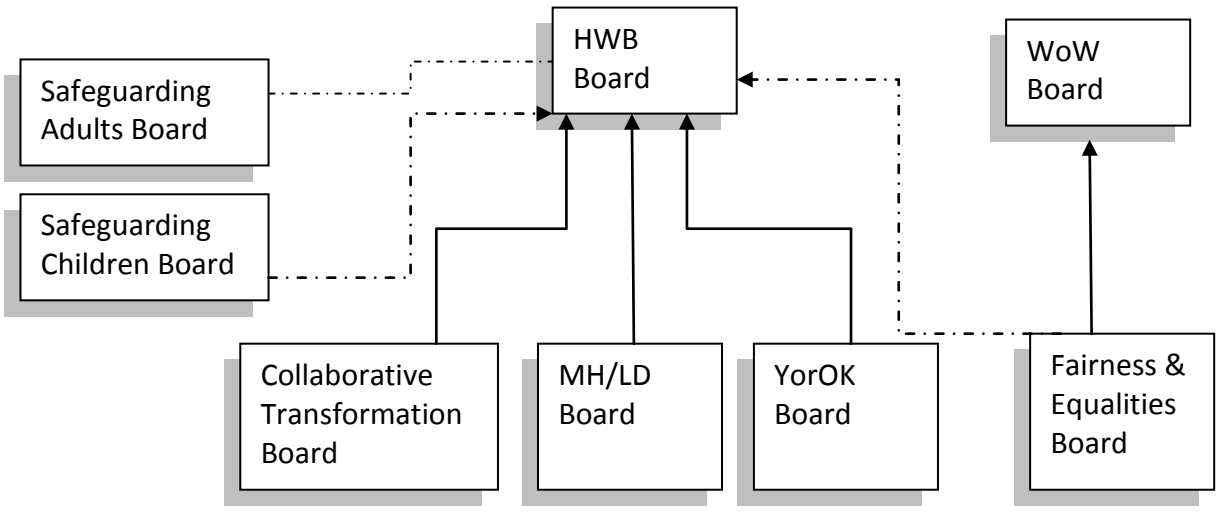
Each partnership board will be responsible for delivering a priority area.

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

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

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

The HWB and associated boards



Monitoring the delivery and impact of the strategy

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

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

1. **Joint scorecard**

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

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

2. **Thematic Health and Wellbeing Board meetings**

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

3. Performance frameworks for each partnership board

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

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

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

Reference list of relevant strategies and plans

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

Performance Framework

1. Joint Scorecard
Key statistical data monitored regularly by the HWB

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

2. Exception Reporting
Statistical data which is escalated to the HWB requiring review/ action

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

Internal Challenge

3. Health and Wellbeing Partnership Boards

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

York Health and Wellbeing Strategy 2013-2016

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

4. Themed discussions
An external speaker will challenge the HWB to take action on key issues

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

External Challenge

5. Peer Review
An evaluation by neighbouring HWBs to improve and enhance performance and share learning

A set of challenging questions on key areas:

- delivery of the strategy
- public and patient engagement
- addressing the social determinants of health

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Health and Wellbeing Board **22 October 2014**

Report of the Acting Director of Public Health, Julie Hotchkiss, City of York Council

Joint Strategic Needs Assessment Update

Summary

1. The attached report gives an update on progress against reviewing the care of people with learning disabilities against the principles of the Winterbourne Concordat.

Background

2. Under the Health and Social Care Act 2012, all Health and Wellbeing Boards are under a duty to prepare a Joint Strategic Needs Assessment (JSNA). The York JSNA, first developed in 2012, is subject to regular updating, as well as further investigation into areas of strategic importance.

3. The JSNA, which used to be a single document, has been replaced by a website, www.healthyork.org, which can be updated on a rolling basis.

Main/Key Issues to be Considered

4. The annual refresh has historically been exactly that; an annual refresh of the data on a hard document that is almost immediately out of date as soon as it is complete.

5. The future plan is that the annual refresh will be completed over a 12 month cycle as and when publications /data sets are made available. This will be in addition to providing a static source of live information, and also alleviate resource pressures on those that contribute and maintain the JSNA, making it an achievable task whilst continuing to maintain and provide powerful indicators to establish current and future health needs of our local population.

Deep dive topic planning

6. A proposed 18 month plan has been identified (see attached Annex A) in relation to quarterly deep dive topics for the period of October 2014 through to June 2016.

Consultation

7. The topics have been identified collaboratively between City of York Council and the NHS Vale of York Clinical Commissioning Group. The content of the deep dives is being launched at open public events to gain greater public engagement.

Options

8. The proposed sequence of deep dive topics is set out in Annex A, together with the rationale for selection.

Analysis

9. Not applicable.

Strategic/Operational Plans

10. The development of the Joint Strategic Needs Assessment will assist with the delivery of the Health and Wellbeing Strategy, but as a statutory duty is independent of strategic plans.

Implications

11. None.

Risk Management

12. None.

Recommendations

13. The Health and Wellbeing Board are asked to note the contents of the reports attached as Annexes A and B and to agree the forward plan.

Reason: To update the Board on current recommendations and future work plan for the Joint Strategic Needs Assessment.

Contact Details

Author:	**Chief Officer Responsible for the report:**
Tara Vickers Strategic Information Specialist Public Health Team City of York Council 01904 553526	Julie Hotchkiss Acting Director of Public Health City of York Council 01904 555761

Report Approved	√	**Date**	*10 October 2014*

Wards Affected: **All** √

For further information please contact the author of the report

Annex A – JSNA Forward Plan

Annex B- JSNA Recommendations to date

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City York Council JSNA Steering Group
JSNA Draft Proposed Deep Dive Forward Plan

Updated: September 2014

Deep Dive Topic	Proposed Publication Date (presumed by the end of the indicated Month)	Rationale	Production Lead	Contributors
1. Frail Elderly	October 2014	Commitment given to the Health & Wellbeing Board to cover this as a deep dive topic in 2014/15.	Frances Perry-CYC Nick Sinclair-CYC	Becky Allright-CCG
2. Gypsy, Roma & Travellers	November 2014	Commitment given to the Health & Wellbeing Board to cover this as a deep dive topic in 2014/15.	Rachael Kumar-CYC Nick Sinclair-CYC	Travellers Trust Clifton & St Lawrence's Children's Centres
3. Alcohol	January 2015	Alcohol needs assessment required to inform the development of a City wide Alcohol Strategy due for publication July 2015.	Leigh Bell-CYC	Nick Sinclair-CYC Amanda Gaines-CYC Tanya Lyon- CYC
4. Early Years	March 2015	Prior Commitment given to the Health & Wellbeing Board to cover this as a deep dive topic in 2014/15. There is currently a review of urgent care for the Under 5s due to the high number of attendances and admissions at the Emergency Dept - leading to a zero length of stay.	Nick Sinclair-CYC	Maxine Squires-CYC Judy Kent-CYC

		We need to think how these attendances can be better managed, i.e. through parent or GP education.		
5. Falls	June 2015	Identified as a priority area by the CCG.	Nick Sinclair-CYC	Sarah Kocinski-CCG Frances Perry-CYC Yorkshire Ambulance Service-TBC
6. Self Harm	September 2015	Identified we need to increase knowledge about Self Harm and how this impacts on members of our population.	Nick Sinclair-CYC	Helen Sikora-CCG Sarah Douglas-York College Nick Streatfield-York St Johns HigherYork-TBC Limetrees-TBC Community Mental Health Services-TBC David Smith-Retreat Alyson Scott-York MIND

7. Learning Disabilities	December 2015	Identified that issues faced by people with learning disabilities are broader than Mental Health issues and therefore further investigation is required.	Ralph Edwards	York Advocacy-Lee Greenfield/Jamie Edwards Nicola Cowley-York Hospital Lives Unlimited-TBC Alison Cowen-TBC LD Forum – Roger Butterfield
8. Carers	March 2016	Identified investigation into Carers would be beneficial in light of the changes to the Care Act.	Frances Perry-CYC	Carol Zagravic-Carers Centre Helen Sikora-CCG Carers Forum-Katie Smith and/or Irene Mace CANDI-TBC Lives Unlimited-TBC Caring Expressions-TBC Young Carers

9. Student Health	June 2016	Identified the student population is approximately 10% of our population and our knowledge and understanding about the health and wellbeing of our students could be improved.	TBC	Helen Sikora-CCG Sarah Douglas-York College Nick Streatfield/Peter Quin-York St Johns Higher York - TBC
10. Autism	September 2016	Identified that this would meet DH guidance and provide core data to inform the work of two active local strategy groups covering the full age range which involves professionals; carers and users; and providers of local services and support. This will help inform work to ensure better access for people with autism and their families in York to support and services.	Frances Perry	National Autistic Society - Tang Hall Community Centre

JSNA 2014 Main Content Recommendation

1. To maximise the effectiveness of any health checks that are locally commissioned or provided by working with practices to analyse the take up of health checks by factors such as gender and deprivation. To use this information to target the offer of health checks to those groups less likely to attend and to increase the number of health checks that are completed, specifically for people with learning disabilities.

2. To work with local service providers to ensure that they record information on protected characteristics about their staff and clients / patients such as age, disability, gender re-assignment, marriage and civil partnership, pregnancy / maternity, race, religion and belief, gender and sexual orientation, in order to inform service provision to reduce health inequalities.

3. Development of an in-depth multi-agency local needs assessment and domestic abuse strategy to include consideration of; access to domestic abuse support services; prevention of domestic abuse; violence against women; substance misuse; child sexual exploitation.

4. To develop a more detailed understanding of the profile of young people who are not in education, employment or training and those at risk of not being in education, employment or training.

5. Review the effectiveness of smoking cessation services for specific population groups; particularly stop smoking support offers for pregnant women, and for manual workers.

6. Development of a holistic strategy to address childhood obesity which includes consideration of; Breastfeeding Support Programmes; UNICEF accreditation initiative; targeted sport and active leisure programmes; access to active sport and leisure options; dietary advice and support.

7. Development of an in-depth multi-agency local needs assessment and alcohol strategy to include consideration of; licensing; harm prevention; interventions and brief advice; crime and disorder; hospital based and specialist treatment services; parental alcohol misuse; risky behaviours in young people; older people and alcohol.

8. To develop a more detailed understanding of the local needs and service provision around Stroke, Transient Ischemic Attacks (also known as TIA's or 'mini strokes') and vascular diseases which can contribute to Stroke. To include within this a review of Stroke pathways, opportunities for prevention and how local Health Checks can contribute to identification of risk factors for Stroke. To explore options for early supported discharge and re-ablement.

9. To investigate the reasons behind the apparent trend that is emerging of a year on year rising gap in life expectancy for women between the most and least deprived residents in York. With particular focus on diseases such as Chronic Obstructive Pulmonary Disease (COPD) and lung cancer that are the largest causes of this difference in life expectancy.

JSNA Poverty Deep Dive Recommendations:

There were no clearly identified and agreed upon recommendations from the poverty deep dive. However, this work will inform the poverty strategy re-launch which is due for Cabinet approval in October.

The following lists the key findings and themes from the poverty deep dive and subsequent engagement day:

1. The gap in life expectancy between the most and least deprived areas is 8.5 years for men and 5.6 for women (there is a strong correlation between deprivation and lower life expectancy)

2. The prevalence of mental health problems is more than twice as high in the most deprived areas

3. The median monthly rent for a two bedroom property in the private sector is £650 – beyond the reach of those who rely on Housing Benefit

4. The average house price in February 2014 was £183,000 compared to £170,000 nationally and £117,000 regionally.

5. Four wards, Westfield, Heworth, Holgate and Clifton, account for 54% of the long term unemployed and along with Hull Road are home to 60% of children living in poverty in the city.

6. Gender pay inequality has widened with women earning 19% less than men.

   A major increase in part-time working amongst those in employment since 2010 - 10% more men and 5% more women in the workforce are working less than full-time.

7. Lack of employment opportunities that generate 'good growth', i.e. jobs which pay at least Living Wage (£7.65 per hour) and are sustainable to be able to lift people out of poverty.

8. Large numbers of those in poverty, including older people and disabled people, are "digitally excluded" i.e. not able to afford IT and Broadband, and therefore suffer poverty of opportunity.

JSNA Mental Health Recommendations:

1. Locally appropriate recommendations from the Department of Health's 'Closing The Gap: Priorities for essential change in mental health' report are applied.

2. To increase community based services which can keep people with mental health conditions out of hospital when they don't need to be there.

3. To jointly scope options between housing support services, local housing associations, mental health services, the voluntary sector

and NHS Vale of York CCG to increase the provision and support arrangements for supported living arrangements for people with mental health needs.

4. To share information between general practices and City of York Council about people with a learning disability in order to increase the number of people with learning disability known to local authority so that services can be offered and provided where appropriate.

5. To improve the percentage of people with a learning disability who receive an annual health check.

6. Improvements in IAPT service provision is considered which increases investment, referral rates, and positive outcomes and reduces wait times, non-attendances and unsuccessful outcomes.

7. To further develop our local understanding of the prevalence of self-harm and to enhance means to prevent and reduce instances of self-harm.

Health and Wellbeing Board **22 October 2014**

Report of Guy Van Dichele, Director of Adult Social Care, City of York Council

Overview of the Care Act - status and requirements for implementation

1. Summary

This paper aims to provide a briefing and information provision to the Board to outline the latest developments of the Care Act as it makes its final stages through Parliament heading for regulations and guidance to be signed off by mid October 2014. The Care Act is the biggest reform across social care in 60 years and has been subjected to large scale consultation which closed on 15 August 2014.The reforms are wide reaching across all of the sectors working with adults and carers and we have a joint responsibility to deliver with a whole systems approach.

The emphasis moving forward is on person centred, asset based care. In future people's care and support needs will be met by harnessing existing capacity within neighbourhoods and families to provide support to address people's needs at an earlier stage and before the need for formal services.

The provision of high quality state support is based on clear national entitlements envisaging that care and support will be more effectively joined up across all local services (particularly across health and housing) and will work more collaboratively across local authorities, providers and other statutory organisations.

2. Purpose of the Report

To inform the Health and Wellbeing Board of the key elements of the Care Act and to highlight the new and extended duties and responsibilities on local authorities in relation to care and support for adults including people who fund their own care alongside scoping

the implications for the Council arising from the new duties and responsibilities, including financial and wider resource implications.

This paper discusses the key elements of the Care Act 2014 and the implications for City of York Council as we currently understand them and how the activity is taken forward.

Background

3. The Care Act is a very significant piece of legislation relating to social care and wider support for adults and carers. It aims to transform the social care system and its funding. As a result of this, there is a considerable amount of work to be done to prepare for its implementation, and to understand the impact it will have on the Council. The Act introduces wide ranging changes in the ways in which adult social care and health support and services are arranged. The Department of Health has worked together with the Local Government Association (LGA), the Association of Directors of Adult Social Services (ADASS) and a wide range of partners to develop and shape the regulations and guidance. There are a number of information sources that provide more information about the Act and can be accessed at:

https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets

The legislation will have a major impact on local authorities and key partners in relation to their adult social care responsibilities. The Care Act places new duties and responsibilities on local authorities as well as extending existing responsibilities where the Act also seeks to introduce new regulations in relation to people's eligibility for care and support services, and in changing the existing charging regimes. Additionally, seeking to introduce funding reforms based on the recommendations of an independent commission led by Sir Andrew Dilnot in 2011.

The transformation of adult social care programme in York including the integration of health and social care supported by the Better Care Fund is also complemented by the care and support reforms in the forthcoming Care Act also dovetailing with the work underway to meet the Children's Reforms.

Within the National Transformation Programme for Adult Social Care is a work stream specifically to address the Care Act and implementing the care and support reforms. This paper is to get us started by familiarising a range of stakeholders in the preparations required, key priorities and to ensure the synergies are made across the whole of the organisations required and aligns to the Rewiring transformation programme within City of York Council and respective health colleagues transformation programmes wherever possible as the underpinning legislation to which we will work to together.

The overview does not seek to cover all the changes in policy and practice emanating from the Act. It should be read alongside the supporting documents all of which and more can be found on the .gov.uk website.

Main/Key Issues to be Considered

4. The Care Act became law on 21 May 2014. For the first time the Act brings together into one piece of legislation all of the previous legislation and guidance for the provision of support to adults and carers.

   It brings additional responsibilities to local government and introduces a fundamental shift, by setting out the responsibilities to ensure the wellbeing of all residents underpinned by culture and behavioural changes across respective organisations enabled to work better together and advocate a whole systems approach encompassing ICT, systems, information management, financial management, work force and communications.

   The Act will be implemented in two phases the first being from April 2015 and will introduce a number of the requirements set out, including:

   - a duty to provide universal information and advice
   - requirements for assessments of need
   - a national eligibility criteria
   - requirements for support planning
   - the right to direct payments
   - Carers will be on the same footing as those whom they care for
   - responsibility to provide support to prisoners with eligible needs

- Market Shaping - preparation to sustain a robust provider market which promotes choice, control and manages market failure

The second stage, in April 2016, will require the development and implementation of:

- The Care Cap
- Care Account

Anyone currently paying for their own care can request an assessment of their needs and finances from October 2015 to establish whether they will be eligible for state support as a result of the 'cap' from April 2016.

Statutory Regulations and Guidance on the new Act were published for consultation on 6 June 2014 and closed on 15 August 2014. The final Regulations and Guidance will be available from mid October 2014, which ultimately provides a short development window between October 2014 and April 2015 for Phase One implementation.

The Government has provided an implementation grant of £125k for each local authority for 2014-15 specifically to develop and implement the Care Act requirements. As with the majority of local authorities across England a Programme Manager is now in place to support the Director of Adult Social Care from within this fund and there is an assumption of further funding for implementation in 2015-16 also aligning with the Better Care Fund. The Better Care Fund for capital investment also has requirements for ICT and Workforce Development which will see substantial re-modelling and investment in readiness of the Care Act.

The City of York Council are working to understand the nature of change and increase in demand to make sure that we understanding the impact on the market and how that impact can be sustained into the future.

Work is also underway to understand the impact on the (wider) workforce, planning requirements to meet the change ahead and how we account for the cost of the requirements against the potential demand. To do this we need a workforce of the future that can implement the Care Act and react to change on this scale in a positive way whilst communicating and engaging with the right people at the right time which will be crucial, also aligning to the

National Communications Framework that is currently being developed for January 2015.

The City of York Council working groups reporting to the Care Act project reports to the Care Act Project Board and has 5 working groups developing a plan against all of the enabling functions aligned to the Rewiring Programme and looking to integrate with partner transformation programmes wherever possible to ensure a joint whole systems approach is a key driver to success.

Two National stocktakes have now taken place to assess readiness to implement the Care Act – the first National stocktake was completed in June 2014, the second recently completed in September 2014 and the third is expected in January 2015 which we welcome as a continued benchmark to assess our current positioning. We are also now starting to gain momentum with National Guidance which has been developed and is starting to be released to us – the City of York Council's position at Stocktake Two feels in a position that is in line other regional authorities and the pace for development and implementation is now moving in line with other local authorities and National direction having played catch up over the last three months.

Consultation

5. The Government and Department of Health have consulted on Phase One as detailed above and Phase Two consultation will be released during autumn 2014 to gain views on the draft legislation for development and implementation 1st April 2016.

   A number of regional events are in situ and City of York is represented at both a regional and national level to maximise the learning, share good practice and to ensure we are accessing information and guidance in a timely manner.

   Local engagement and information awareness relating to the implementation of the Act will be ongoing through a robust communications plan.

Options

6. This paper is for information and provides an update at this stage in the programme. There will be some key policy decisions to be made pre implementation in April 2015 and will come through the decision making process in due course and the Board will be kept fully informed and be part of the discussions going forward.

Analysis

7. In line with all other local authorities the City of York Council have used the Lincolnshire financial modelling tool complemented by local JSNA and data to analyse future costs and demands as a result of the Care Act 2015 and beyond.

8. **Strategic/Operational Plans**

   The Care Act is closely aligned with City of York's Health and Wellbeing Strategy and the Council's priorities of Building Stronger Communities and Protecting Vulnerable People.

   - There is a robust governance structure now wrapped around the programme with work-streams in place and reporting to the Project Board
   - City of York Council have a good understanding of the nature of the changes and early projections relating to volume of demand is continuously being worked on
   - Changes to the legislation will be fully communicated across the Borough and with all key partners as a joint approach
   - Requirements to manage the market and future proof it to sustain service choice
   - To develop joint commissioning and ensure the market is fit for purpose
   - Train our workforces to support the needs of the future through a robust training offer
   - Work even closer with all key strategic partners in an open and transparent manner
   - Prevention & Early Intervention is integral to the success of implementation and dovetails with the Better Care Fund programmes
   - Workforce Development review is underway through work force profiling internally to CYC and externally to its partners
   - Financial impact of the changes will be constantly assessed and risk escalated where identified
   - Joint intelligence and data will continue to be required alongside data quality and assurance that the integrity of the data is in place
   - Information sharing will be agreed by all parties alongside the work programme to share data and records further

- Large scale approach to IT and systems adaptations/developments to align and drive an integrated approach
- Robust Communications plan underway to raise awareness and alignment to the National programme across organisations

All of the above are shared themes across all of the strategies in place and now is the time to be bold and start to really drive the requirements of the Care Act and challenge some of the more traditional service delivery models to evolve into new ways of working and deliver strong outcomes to people across York - Promoting independence alongside choice and control and managing the risk when it arises.

Implications

9. **Financial**

The financial implications are starting to emerge but are still not yet fully understood on a National and Regional basis. We have completed a number of National templates to assess the future costs of the Care Act but there remains a number of uncertainties with the data around self-funders and wealth. We continue to work locally, as a region and with the national team on solutions to enable the data availability and provide the projections that we need to formulate in order to calculate future impact on the Council and a number of tools have been used and findings submitted nationally back to the Department of Health. We have received notification that the national team no longer have capacity to drive this forward and will come back to us in January 2015 – in the meantime York will continue to access data from other sources and endeavor to get intelligence in view.

Care Act implementation in 2015/16 is estimated to cost in the region of £3.4m. A proportion of this is within the Better Care Fund (BCF) submission and some within specific grants i.e. IT/Workforce Development. All costs are yet to be finalised.

- **Human Resources (HR) and Workforce Development**

The Care Act has implications for workforce capacity and workforce skills across a number of organisations and additional capacity will be required to undertake the assessment of self-funders by 2016 including financial assessments.

The National Minimum Data Set workforce returnhas been submitted in October 2014. Once published we will use the Care Act Workforce Development Group to populate the matrix tool which has been provided by the Skills for Care Council to provide information and data highlighting where the gaps are in skills and people across the workforce.

A Training Plan will be overlaid to cover general information and awareness raising of the Care Act and its requirements alongside a robust training offer covering the legal framework and changes to practice arrangements.

Implications include costing out this area of the implementation as a whole systems approach with partners and time to deliver in the window between the regulation sign off mid to end of October and legislation coming into force 1st April 2015.

- **Equalities**

There are a number of impact assessments for the Care Act which have been undertaken by the government and are available which we are reading through and learning from. Should changes to local policy and procedures emerge a local impact assessment will be undertaken.

- **Legal**

The Care Act changes the legal basis for the provision of support for vulnerable people and sets out a variety of new duties for the Council alongside changes to existing duties and a summary of these can be found at:

http://www.local.gov.uk/care-support-reform

Locally Legal are involved in our preparations and regionally a bid is being co-ordinated for a share of £350K allocation to share the cost of the Legal Framework training that is required.

- **Crime and Disorder –** the Care Act has implications for local authorities in that a new duty is placed on supporting prisoners to prepare for release and beyond where there are health and social care requirements.

- **Information Technology (IT)**

There remains a number of areas that will require a substantial amount of development work to be completed across ICT and Information Management within York and with our partners to meet the requirements of the Care Act especially in Phase Two in readiness for implementation April 2016.

The workload is now in view with more detail and the group is meeting regularly to establish a clear development plan and is integrating with wider ICT programmes currently underway such as the procurement of a new CRM and Children and Young People's case management system – we will be reviewing the ASC case management system to establish if it remains fit for purpose and also looking at the Connect to Support to see if it meets the requirements of a new 'Information and Advice' tool from which we can launch our new ways of working to encompass a more transactional approach, self-management from both a member of the public and the provider market.

We are also working with colleagues across Health to develop the electronic shared care record, use of the NHS number as the unique identifier and better integrated systems to align the pathways of joint working – enabling better integration leading to better experiences for people accessing support or wanting to find information that will satisfy their needs at point of contact electronically and working to the principles of the Rewiring programme which is driving a channel shift across York working together with citizens.

- **Property –** whilst there are no specific property issues relating to the Care Act in Phase One there will be future opportunities linked to property when we address a more integrated approach to health and social care.

  There are financial implications around property in Phase Two linked to deferred payments.

- **Other –** there are no implications

Risk Management

10. In compliance with the Council's Risk Management Strategy, the Care Act is still presenting significant risks to the Council which include:

    - Financial risk that the funding provided will not be sufficient to meet new responsibilities
    - Uncertainty around the number of self-funders across the Borough
    - Risk that our systems and technology will not be in place in time
    - That the market supply will not meet demand in line with well-being duties and;
    - Information and Advice is not accessible through a robust market place

    These risks will be monitored and managed in line with the Council's risk strategy and the Care Act is included within the Council's risk register.

Recommendations

That the Health and Wellbeing Board:

1. Advocate and strengthen the joint working arrangements across York.

2. Promote and engage fully in the development and implementation of the legislative requirements.

3. Support the protection of social care and the implications of the Care Act through the Better Care Fund programme.

Contact Details

Author:	**Chief Officer Responsible for the report:**
Jen Re Care Act Programme Manager Health and Wellbeing City of York Council 01904 551358	Guy Van Dichele Director of Adult Social Services City of York Council 01904 554045

Report Approved	√	**Date**	*10 October 2014*

Wards Affected: **All** √

For further information please contact the author of the report

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Health and Wellbeing Board **22 October 2014**

Report of the Director of Communities and Neighbourhoods

Single Equality Scheme Update and Refresh

Summary

1. York's Single Equality Scheme 'A Fairer York' was approved December 2012 and is in the process of being refreshed. The current scheme whilst including partnership actions is very much a council document.

2. At the request of the Fairness and Equalities Board and in recognition that no one agency can tackle inequalities alone it is the intention that the revised scheme will move from being a council document to a partnership document recognising that no one agency can tackle York's inequalities alone. It is hoped that the new equality scheme will gain the support of partners by December 2014.

3. The scheme through the Health and Wellbeing priority focuses on tackling health inequalities and discussions are underway with officers currently undertaking a refresh of the Health and Wellbeing Strategy to ensure that both documents tie in.

Background

4. The purpose of an Equality Scheme is to tackle inequalities, discrimination and disadvantage for those who have characteristics protected (York's Community of Identity) under the Equality Act 2010) :

    - Age
    - Disability – physical and mental impairment
    - Gender reassignment
    - Marriage and civil partnership
    - Pregnancy and maternity
    - Race
    - Religion or belief
    - Sex
    - Sexual orientation

- Carers
- People living on low incomes

Draft Priorities

5. Year end analysis of key equality measures have influenced the draft 4 priorities .Full details of these priorities are attached at Annex 1

    1. Economic Wellbeing
    2. Learning and Educational Wellbeing
    3. Health and Wellbeing
    4. Community Wellbeing

6. The main focus for this Partnership is in relation to **Health and Wellbeing**: focusing on:

    'Working to prevent homelessness, improve health outcomes for those living within deprived neighbourhoods, tackle alcohol, smoking and substance misuse issues amongst young people and pregnant women, reduce obesity particularly childhood obesity, work to reduce the increasing incidence of food poverty and fuel poverty, increase the number of physical active adults, improve support for those with a mental health condition and the increasing number of people with dementia and/or people suffering social isolation whilst enabling them to live independently within the community, and recognise the valuable contribution volunteers, carers, young carers and communities make'.

Key Performance Measures

7. In terms of reducing inequalities around Health and Wellbeing the partnership will be able to have the most impact on the following indicators:

Health and Wellbeing Outcomes	
Increase	**Decrease**
	Excess weight in adults
Life expectancy for both men and women particularly for those living in deprived wards.	Alcohol related admissions to hospital
% of adults with a learning disability having a GP Health Check	% of Over 18's drinking at increasing and at risk levels

% of active adults Social Isolation: % of adult social care users who have as much social contact as they would like Self-reported well-being - people with a low happiness score Self-reported well-being - people with a high anxiety score % of children in primary schools eligible for free schools meals taking a meal % of children in secondary schools eligible for free schools meals taking a meal Number of people supported to live independently through social services Proportion of adults with learning disabilities who live in their own home or with family expressed as a percentage The proportion of adults in contact with secondary mental health services living independently with or without support Warden Call and Telerate Users % of people who use adult social care services who have control over their daily lives % of adult social care users who have as much social contact as they would like	Young people aged under 18 admitted to hospital with alcohol specific conditions Under 75 mortality rate from liver disease considered preventable % of women who smoke at the time of delivery Smoking prevalence routine and manual workers Hospital admissions due to substance misuse aged 15-24 York population aged 65 and over predicted to have dementia (POPPI) Suicide rate Under 18 conceptions % school children in Reception classified as obese % school children in Year 6 classified as obese % of children living in poverty % of households in fuel poverty Excess winter deaths York's population 65 and over predicted to have dementia

Number of adults and carers receiving self directed support and increasing the numbers who receive this via direct payments Overall satisfaction of carers with social services % of carers who report that they have been included or consulted in discussion about the person they care for	
Increase The proportion of adults with learning disabilities in paid employment Adults with Learning disabilities in employment includes Supported employment (less than Min. Wage)	**Decrease** Gap in employment rate between those with a long term health condition and the overall employment rate

Strategic/Operational Plans

8. The development of an Equalities Scheme is linked to the Health Inequalities section of the Health and Wellbeing Strategy.

Implications

9. The following implications have been noted:

- **Financial** - None
- **Human Resources (HR) -** None
- **Equalities** - Contained in the body of this report
- **Legal –** None
- **Crime and Disorder** - None
- **Information Technology (IT) -** None
- **Property** - None

- **Other** - None

Risk Management

10. None.

Recommendations

11. Members of the Board are asked to consider the draft and:

- Advise if the Health and Wellbeing priority can be supported by the Health and Wellbeing Board;
- Advise if there are other equality issues relevant to the Board that need to be considered for inclusion in the equality scheme;
- Agree that the Board will support the revised Equality Scheme partnership document and receive progress reports on the implementation of the scheme every six months.

Reason: To help ensure that relevant equality issues are reflected in the revised Equality Scheme.

Contact Details

Author:	**Chief Officer Responsible for the report:**
Sharon Brown Performance and Service Improvement Manager Communities and Neighbourhoods City of York Council 01904 554362	Sally Burns Director of Communities and Neighbourhoods City of York Council 01904 552003
Report Approved √	**Date** *10 October 2014*
Wards Affected:	**All** √

For further information please contact the author of the report

Annexes

Appendix 1: Equality Scheme Draft Priorities

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Appendix 1 :Equality Scheme Draft Priorities

Economic Wellbeing:

‘Ensuring York enjoys good economic growth decreasing the number of people on benefits and tackles employment, precarious employment (zero hour contracts) and training inequalities, particularly for women, lone parents, BAME communities, older people, young people, and disabled people, those with a mental health condition. Our economic strategies also focus on reducing the gender pay gap, increasing adoption of the ‘Living Wage’ and continuing the work on poverty particularly reducing the number of children living in poverty’.

Learning and Educational Wellbeing:

‘Continuing to improve the skills of York residents, increasing attainment of formal qualifications by people who don’t have any. Improve educational attainment for children entitled to Free School Meals, Looked after Children, Gypsy and Traveller Children, BAME children and those with Special Educational Needs’.

Health and Wellbeing:

‘Working to prevent homelessness, improve health outcomes for those living within deprived neighbourhoods, tackle alcohol, smoking and substance misuse issues amongst young people and pregnant women, reduce obesity particularly childhood obesity, work to reduce the increasing incidence of food poverty and fuel poverty, increase the number of physical active adults, improve support for those with a mental health condition and the increasing number of people with dementia and/or people suffering social isolation whilst enabling them to live independently within the community, and recognise the valuable contribution volunteers, carers, young carers and communities make’.

Community Wellbeing:

‘Making York a welcoming city, respecting and celebrating diversity.

Ensuring equality information is collected, monitored and used to improve access to services and service provision, tackles negative and discriminatory attitudes from the public and service providers towards

BAME, LGBT, disabled people, those with a mental health condition and deaf people.

Continuing to empower communities to develop their own solutions to local issues enabling them to access, influence and co-design and commission services to meet agreed outcomes.

Building strong communities where people from different backgrounds respect each other and get on well together, where people feel safe and children are happy. Tackling and preventing hate crime, bullying in schools (particularly against LGB pupils), anti-social behaviour, honour crime and domestic violence. Improving housing conditions and increasing access to affordable housing for the elderly, disabled people, those with a mental health condition, the BAME community, Gypsy and Traveller Families and young people particularly those leaving care’.

Health and Wellbeing Board **22 October 2014**

Report of the Acting Director of Public Health, Julie Hotchkiss, City of York Council

Pharmaceutical Needs Assessment

Summary

1. The Pharmaceutical Needs Assessment (PNA) is a statutory document that all Health and Wellbeing Boards must produce and publish by March 2015. The York PNA will be ready for public consultation in the next few weeks.

Background

2. Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations ("the 2013 Regulations"), a person who wishes to provide NHS pharmaceutical services must generally apply to NHS England to be included on a relevant list to do so, and to prove they are able to meet a pharmaceutical need as set out in the relevant PNA. There are exceptions for those selling online or by mail order, but in general those wishing to supply pharmaceutical goods will need to be authorised to do so in conjunction with reference to the local Pharmaceutical Needs Assessment.

3. The Health and Social Care Act 2012 transferred responsibility to develop and update PNAs from the former Primary Care Trusts (PCTs) to Health and Wellbeing Boards (HWBs). Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from PCTs to NHS England from 1 April 2013.

Main/Key Issues to be Considered

4. The York PNA, which has been developed in conjunction with North Yorkshire County Council, will be available shortly for consultation. It will list the authorised pharmaceutical services for each area, and may be used to influence commissioning decisions.

Consultation

5. A 60-day period of consultation will begin on the publication date of the York Pharmaceutical Needs Assessment. The documents will be available to download from the City of York council website, in the healthyork (JSNA) section http://www.healthyork.org/what-its-like-to-live-in-york/pharmaceutical-needs-assessment.aspx

6. The findings of the public consultation will be incorporated into the final version of the PNA which will be adopted by the Health and Wellbeing Board at a subsequent meeting prior to March 2015.

Options

7. Not applicable.

Analysis

8. Not applicable.

Strategic/Operational Plans

9. The development of a Pharmaceutical Needs Assessment will assist with the delivery of the Health and Wellbeing Strategy, but as a statutory duty is independent of strategic plans.

Implications

10. The following implications have been noted:

- **Financial** - None
- **Human Resources (HR) -** None
- **Equalities** - None

- **Legal –** There are legal implications if the Health and Wellbeing Board should fail to comply with its duties under the Health and Social Care Act 2012 to produce a Pharmaceutical Needs Assessment
- **Crime and Disorder** - None
- **Information Technology (IT) -** None
- **Property** - None
- **Other** - None

Risk Management

11. Failure to produce a Pharmaceutical Needs Assessment would present a reputational risk for the Health and Wellbeing Board as well potential legal implications.

Recommendations

12. The Health and Wellbeing Board are asked to note the contents of this report, and that they will be informed separately at the point when the consultation documentation is available for comment.

Contact Details

Author:	**Chief Officer Responsible for the report:**
Helena Nowell Strategic Support Manager Office of the Chief Executive City of York Council 01904 551746	Julie Hotchkiss Acting Director of Public Health City of York Council 01904 555761

Report Approved	√	**Date**	10 October 2014

Wards Affected: **All** √

For further information please contact the author of the report

Background Papers:

The regulations concerning Pharmaceutical Needs Assessments can be obtained from:
https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack

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Health and Wellbeing Board **22 October 2014**

Report of the Assistant Director, Governance and ICT

Change to Terms of Reference and Membership

Summary

1. This report asks the Health and Wellbeing Board to agree to amend its terms of reference to bring it fully into line with Government legislation and to reflect the change in recent Officer positions at City of York Council.

2. The Chair has agreed to accept this report onto the agenda for this meeting, as a matter of urgency under Section 100(B) (4) of the Local Government Act 1972, to enable key officers to be formally appointed to the Board as soon as possible.

Background

3. Part 5, Chapter 2 of the Health and Social Care Act (2012) under the "Establishment of Health and Wellbeing Boards" states that membership of Boards must consist of;

   b) The Director of Adult Social Services for the Local Authority.

   c) The Director of Children's Services for the Local Authority.

   d) The Director of Public Health for the Local Authority.

4. Currently York's Health and Wellbeing Board does not have the Director of Adult Social Services as a Board Member. This is due in part to the responsibilities covered by Dr Paul Edmondson-Jones, the previous Director of Public Health and Wellbeing. His portfolio of Health and Wellbeing included Adult Social Care.

5. The Directors of Children's Services and Public Health are already appointed Board Members. However, the Director of Adult Social Services is not. The previous postholder has now left the Authority but held 2 combined roles which are statutory appointments for the Board; public health and adult social services.

His replacement on the Board needs addressing. In terms of current appointees, the Council has now separated out those roles once again. It would therefore be appropriate to update the Board's membership as follows:

- Director of Adult & Social Services – Guy van Dichele (currently 'Acting', pending formal appointment of Director);

- Director of Public Health - Julie Hotchkiss (currently 'Acting', pending formal appointment of Director), who has been confirmed with NHS England as the Acting DPH.

6. **Options**

There are no options available to the Board other than to update its membership in accordance with statutory requirements. Details will be reported to the Extraordinary Council Meeting on 23 October 2014.

7. **Council Plan 2011-15**

The changes to the terms of reference and membership of the Board will ensure statutory requirements are met. Whilst they relate primarily to the "Protect Vulnerable People" strand of the Council Plan, they will ensure the Board's work can continue smoothly.

Implications

8. There are no known implications in relation to the following in terms of dealing with the specific matters before Members:

- Financial
- Human Resources (HR)
- Equalities
- Crime and Disorder
- Property
- Other

Legal Implications

9. The legal implications associated with statutory appointments to the Board are set out in paragraph 3 above and the proposals to update the Board's membership will ensure those statutory requirements are properly met.

10. **Risk Management**

In compliance with the Council's risk management strategy, there are no known risks associated with the recommendation in this report, other than the Council failing to make appointments to meet the statutory requirements referred to above.

Recommendations

The Board is asked to note the statutory appointments required as set out in Paragraph 6 of this report, together with the consequential changes to its membership details, which will also be reported to Full Council on 23 October 2014.

Reason: To fulfil statutory requirements.

Author:	**Chief Officer Responsible for the report:**
Judith Betts Democracy Officer Telephone: 01904 551078	Andy Docherty Assistant Director, Governance and ICT

Report Approved	√	**Date**	21 October 2014

Specialist Implications Officers
Not applicable

Wards Affected: Not applicable **All** ✔

For further information please contact the author of the report

Background Papers

Health and Social Care Act 2012- "Establishment of Health and Wellbeing Boards"
http://www.legislation.gov.uk/ukpga/2012/7/section/194

Annexes

Annex 1- York Health and Wellbeing Board Terms of Reference

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Annex 1

York Health and Wellbeing Board Terms of Reference

The York Health and Wellbeing Board has a key strategic role in carrying out assessments of the health and wellbeing needs of the people of York and in developing strategies to meet those needs. It also has a role in encouraging health and social care providers to work together to meet those needs.

1. Name

1.1 The Board will be known as the York Health and Wellbeing Board ('the Board')

2. Membership

2.1 Board members will be required to represent their organisation with sufficient seniority and influence for decision making. The membership of the Board will consist of:

i. The Leader of City of York Council ("the Council") or a Councillor nominated by him and two other elected representatives nominated by the Council
ii. The Chief Executive of City of York Council
iii. Two representatives of the Vale of York Clinical Commissioning Group appointed by them
iv. A representative of HealthWatch York appointed by them
v. The Director of Public Health
vi. The Director of Adults, Children and Education
vii. A representative for the York Voluntary and Community Sector
viii. A representative of the York Teaching Hospital NHS Foundation Trust
ix. A representative of Leeds Partnership NHS Foundation Trust
x. A representative of the Independent Care sector
xi. A representative of the NHS Commissioning Board
xii. A representative of North Yorkshire Police
xiii. Other members appointed by the Board or the Leader of the Council after consultation with the Board.

3. Legal Status

3.1 The Health and Wellbeing Board is a committee of the Council and will adhere to the Constitutional requirements of the Council affecting committees unless alternative provision is made within these terms of reference or the law.

4. Disqualification from Membership

4.1 The following are disqualified from being a Board Member

a. Any person who is the subject of a bankruptcy restrictions order or interim order

b. Any person who has within five years before the day of being appointed or since his or her appointment been convicted in the United Kingdom, the Channel Islands or the Isle of Man of any offence and has had passed on him a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine.

5. Quorum

5.1 The quorum shall be 7 members including as a minimum a representative of the City of York Council and a representative of the Vale of York Commissioning Group.

6. Chair

6.1 The Chair of the Board shall be the Leader of the Council or his or her nominated representative. In the absence of the Chair the Board shall elect a Chair for that meeting from the members present.

6.2 The Chair of the Health and Wellbeing Board will be required to hold a named delegate list for board representatives including deputies.

7. Frequency of Meetings

7.1 The Board shall schedule meetings at least four times a year.

8. Delegation of Powers

8.1 The Board may establish sub-committees to discharge any function of the Board or to advise the Board in respect of its functions.

8.2 If the Council delegates any of its public health functions to the Board in accordance with section 196(2) of the Health and Social Care Act 2012 then the Board may arrange for those functions to be discharged by an officer. Other functions of the Board may not be delegated to officers.

9. Functions of the Board

9.1 In order to advance the health and wellbeing of the patients and residents in York, encourage persons who arrange for the provision of any health or social care services to work in an integrated manner.

9.2 To provide such assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 between the Council and NHS bodies in relation to the exercise of NHS functions or health related functions of the Council.

9.3 To exercise the functions of a local authority and its partner clinical commissioning groups under sections 116 and 116A of the Local Government and Public Involvement in Health Act 2007 relating to joint strategic needs assessments, and health and wellbeing strategy.

9.4 To exercise the statutory functions of a Health and Wellbeing Board in relation to the carrying out and publication of pharmaceutical needs assessments.

9.5 To exercise any other functions of the Council which the Council has determined should be exercised by the Board on its behalf in accordance with section 196(2) of the Health and Social Care Act 2012 including:

- Overseeing the development of local commissioning plans and, where necessary, initiating discussions with the NHS Commissioning Board if an agreed concern exists

- Leading cultural and behavioural change to support a joint approach to meeting local need

- Holding all partners to account for their role in the delivery of joint commissioning and overall stewardship of the health and wellbeing outcomes for patients and residents

- Working alongside local strategic partnership arrangements to ensure the coordination of city wide ambitions, all of which impact on the health and wellbeing of patients and residents.

9.6 Where it considers it appropriate to do so, or when so requested by the Council, to give the Council its opinion on whether the Council is discharging its duty under section 116B of the 2007 Act to have regard to the joint strategic needs assessment and joint health and wellbeing strategy.

9.7 To periodically review the York Health and Wellbeing Board constitution.

9.8 Board members will be bound by the same rules as Councillors.

Glossary of abbreviations used in reports

Health and Wellbeing Board 22 October 2014

ADASS	Association of Directors of Adult Social Services
ASC	Adult Social Care
BCF	Better Care Fund
CCG	Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
CRM	Customer Relationship Management
CSU	Commissioning Support Unit
CVS	Centre for Voluntary Services
CYC	City of York Council
DOLS	Deprivation of Liberty Safeguarding
GP	General Practitioner
HWBB	Health and Wellbeing Board
IAPT	Improving Access to Psychological Therapies
ICG	Independent Care Group
ICT	Information and Communications Technology
JSNA	Joint Strategic Needs Assessment
LGA	Local Government Association
LYPFT	Leeds and York Partnership Foundation Trust
NHS	National Health Service
PCT	Primary Care Trust
PHE	Public Health England
PNA	Pharmaceutical Needs Assessment

SCIE	Social Care Institute for Excellence
TIA	Transient Ischaemic Attack
TBC	To be confirmed
VOY	Vale of York