

Health and Wellbeing Board

16 July 2014

Report of the Deputy Chief Executive and Director of Health and Wellbeing

Annual Review of the Health and Wellbeing Board

Summary

1. The Health and Wellbeing Board has been meeting for one year as a statutory partnership. This report summarises the work of the Health and Wellbeing Board, highlighting its achievements, changes during the year as well as future challenges to the delivery of the Health and Wellbeing Strategy.

Background

2. The Health and Wellbeing Board was formally established as a statutory committee of the council in April 2013, in accordance with the legislation passed as the Health and Social Care Act 2012.
3. The purpose of the Health and Wellbeing Board is to:
 - Improve health and wellbeing of the locality via strategic influence over commissioning decisions across health, public health and social care
 - Ensure stronger democratic legitimacy and involvement
 - Strengthen working relationships between health and social care, and
 - Encourage the development of more integrated commissioning of services

And to produce:

A Joint Health and Wellbeing Strategy

The Joint Strategic Needs Assessment

A Pharmaceutical Needs Assessment (from April 2015)

4. The Health and Wellbeing Board has now been meeting for one year. This report summarises the work of the Board in their first year and identifies both its achievements from the previous year and its challenges for the year ahead.

Main/Key Issues to be Considered

Achievements in 2013/14

5. The most notable achievement of the Board has been the opening of a Place of Safety in York. York was the only place in the country without this facility, which meant that anyone detained under the Mental Health Act was taken to police custody and not the appropriate suite to assess their needs. The Place of Safety opened at Bootham Park Hospital on 2014, and since its opening has enabled the police force to transfer 26 people as at April 2014 to the new assessment facility.
6. The Joint Health and Wellbeing Strategy was signed off on 17th April 2013 and has since been nationally cited as an example of best practice by the [Campaign to End Loneliness](#) for addressing loneliness and by the [National Council for Palliative Care](#) for its inclusion of End of Life support.
7. The Board is now actively taking forward the plan to integrate care locally. The Better Care Fund draft submission, our local integration plan, was approved by the Health and Wellbeing Board on 29th January 2013 and on 2nd April the final plan was approved. This will transform the local health and social care system, introducing different models for the delivery of health and social care services. Our vision is to create a health and social care system with our residents very much at the centre of all our practice, with support that is joined up around them.
8. During 2013, the Board heard from a number of guest speakers, including a carer and a parent of disabled child. Their stories and voice were very powerful and it is important to keep this connectedness between real life stories and the strategic work of the Board. Professor Chris Bentley provided a compelling presentation about health inequalities in York. Again this was another powerful presentation which is helping to shape our strategy for reducing health inequalities in the city.

9. The Board have also agreed to a number of charters to show their commitment to supporting groups of people and raising the profile of specific issues: the charters are for Carers, Disabled Children and the Mental Health Challenge. Work is ongoing to address how these charters will be implemented by the Board, including identifying key partnership actions for each and planning development sessions where required.
10. In December 2013 York became the first local authority in the region to sign the Local Government Declaration on Tobacco Control, which states that the council is committed to reducing smoking prevalence at a local level.
11. The Joint Strategic Needs Assessment is subject to a process of continuous updating and the latest version is now published online at <http://www.healthyyork.org/> . Further needs assessments are also being carried out to provide a more in-depth analysis of need in following areas: poverty, frail elderly, children and young people, gypsies and travellers and mental health. These “deep dives” will be published throughout the latter half of this year, and will provide the Board with an opportunity to assess findings and recommendations and to review its current strategy in the light of such findings.

Delivery of the Health and Wellbeing Strategy

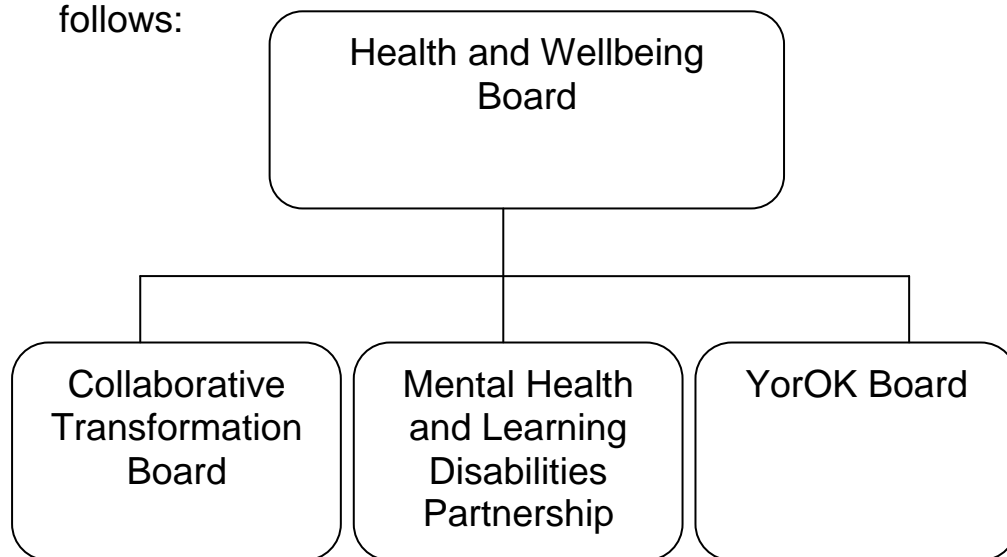
12. The Health and Wellbeing Strategy set out five main areas of priority: Older People, mental health, health inequalities, young people children and financial sustainability. Work against these priorities to 31 March 2014 includes:
 - Priority 1 - Make York a great place for older people to live
 - Priority 2 – Reducing health inequalities
 - Priority 3 – Improving mental health and intervening early
 - Priority 4 – Enabling all children and young people to have the best start in life
 - Priority 5 – Creating a financially sustainable local health and wellbeing system
13. A set of performance indicators to act as a baseline for the first four priorities, in line with the performance framework agreed as part of the Health and Wellbeing Strategy, is attached as Annex A.

These are intended to form the starting point of the debate as to how best to monitor progress going forward. Future performance indicators will also need to include the Better Care Fund indicators. Board members will be consulted on appropriate performance measures over the summer period.

Review of the Partnership Boards

14. Since the introduction of the Better Care Fund, the Collaborative Transformation Board has been leading on a range of projects and programme across health and social care, with a particular focus on frail elderly. It has therefore been suggested that the work of the previous Older People and People with Long Term Conditions Partnership Board be joined with the work streams of the Collaborative Transformation Board to ensure more collaborative working across priorities, avoiding duplication.

15. The revised structure chart for the partnership boards is now as follows:



16. Therefore over the coming months the following work will need to take place:

- Work on forging improved links between the Partnership Boards and the Health and Wellbeing Board
- Amalgamation of the Older People and People with Long term conditions Partnership Board with the Collaborative Transformation Board. Terms of reference to be updated, and membership revised to include:

- a. Retention of one place for Healthwatch York
 - b. Retention of 1 CVS place
 - c. Addition of 3 Community Representatives
 - d. Preparation for the Board to start to meet in public
 - e. Refresh the communication plan for all boards to raise awareness of the membership of all boards, and highlight the mechanisms for community and voluntary sector members to raise questions and queries to the relevant boards.
- Undertake an annual review of the Terms of Reference, membership and work plan of the Mental Health and Learning Disabilities Partnership Board and work on giving the Board strategic leadership around the future of mental health within the City.

Challenges to address in 2014/15

17. A constantly **changing landscape** in fiscal and legislative terms means that Health and Wellbeing Boards need to be able to respond to changes at a rapid pace. The provisions of the Care Act 2014 form the biggest shake-up of social care in a generation, and the Act has major implications in particular for health and social care integration, carers and adult safeguarding.
18. Although work has intensified over the last few months to integrate care and support, this is a major challenge for the Board, with consequential impacts and risk. **Sharing data** is fundamental to achieving joined up care and allowing people to tell their story only once is a priority, in particular for the Collaborative Transformation Board, in the coming months.
19. Also linked to the challenges around integration is moving towards a **shared outcomes framework**, promoting joint accountability and pooling resources. Again, these issues will be high on the Board's agenda for the next year, working with the Collaborative Transformation Board (the partnership responsible for the planning, delivery and monitoring of our integration plan).

20. Meaningful **engagement** with residents, patients, service users, carers and their families remains a top priority for the Board, and the Board is appreciative of the work that partners have been undertaking to make this a reality, such as the event hosted by Healthwatch in May this year. The pace of change required by the Better Care Fund reforms in particular will require significant engagement work.
21. **Improving mental health and improving transitions between services** and from children's to adults services are areas that were highlighted in the 2012 JSNA, and the Board welcomes the increased participation of Children's Services in the work of the Health and Wellbeing Board. The additional provisions of the Children and Families Act to ensure that children with Special Educational Needs have health, education and care plans up to the age of 25 will be the focus of additional work.
22. The Board links to a number of other health and wellbeing committees, boards and partnerships, for example, Health Overview and Scrutiny Committee (HOSC), Safeguarding Boards, YorOK and the strategic delivery partnerships (Mental Health and Learning Disabilities and the Collaborative Transformation Board). These **relationships** will need strengthening, and work is already underway to ensure joint planning and information sharing with HOSC and regular reporting from both Children's and Adults Safeguarding Boards. Work is also ongoing to improve the effectiveness of the strategic delivery partnerships and strengthen their role in delivery and influence.

Updates from Partnerships

23. Update from Partnership Boards that sit beneath the Health and Wellbeing Board:

Mental Health and Learning Disabilities Partnership Board (MHLDPB)

24. The MHLDPB has been working on the 'Improving Mental Health and Intervening Early' priority of the Health and Wellbeing Strategy 2013-16. Their current work plan incorporates all of the actions set out underneath that priority.

It also, to date, includes two additional actions the first of which has been completed and was in relation to voice and influence and ensuring service users opinions were heard by the Board. The Board appointed the Service Development Officer from York Mind who now represents service users. There is now a regular slot on the agenda for both service user forums and voluntary sector forums to raise issues relating to mental health and learning disabilities.

25. The second additional piece of work is around ensuring that the Winterbourne Review and associated work is happening. The MHLD PB receives regular updates on this.
26. Recently the Board have been focusing on mental health; in particular receiving regular updates around IAPT waiting times which have been of concern, the setting up of the psychiatric liaison services. They have also received an early report entitled 'The Future of Mental Health in York: Commissioning Priorities'; which allowed the Board to discuss in some depth some of the issues that we will face in the future.
27. At their next meeting on 29th July the Board will be undertaking a full review of their work plan to identify what work has been fully completed, what is outstanding and where there is a need for task groups to move the work forward. They will also be revisiting their membership to see if they still have the right people around the table.
28. The Chair of the Board is currently looking at ways of balancing the focus of the Board to give equal time to both Mental Health and Learning Disabilities. As issues have been raised throughout the year it has become apparent that there is a need for a Working Group beneath the MHLD PB to pick up these issues and move them forward. There is also improvement work to be undertaken which was identified in the Joint Health and Social Care Self Assessment Framework for Learning Disabilities. Currently the Board meets in public every two months.

Older People and People with Long Term Conditions Partnership Board (OPPLTC PB)

29. The OPPLTC PB worked on the actions arising from the priority in the Health and Wellbeing Strategy 2013-16, 'Making York a Great Place to Live for Older People'.

The Board met regularly during 2013 and received progress reports and updates on the various actions that make up this priority.

30. However, when the recent Partnership Board Review took place it was realised that many of these actions were cross-cutting, some were being dealt with via other groups and that the majority were included in the Collaborative Transformation Board's work, and that the two boards were inextricably linked. The OPPLTC Board has therefore disbanded with the work streams being allocated elsewhere.
31. To ensure that the Collaborative Transformation Board (CTB) pick up on those actions relevant to their work streams their Terms of Reference have been redrafted and will be taken to their Board meeting on 29th July 2014. In addition to this the membership of the CTB will be revisited and community representatives appointed to ensure that both patient and voluntary sector voices are heard.
32. However, the work from the former OPPLTC Board on Loneliness may require further clarity in terms of HWB participation. Whilst it features in the Healthwatch work programme and work has also been undertaken by Joseph Rowntree Foundation, there may be further scope to progress this agenda via the Health and Wellbeing Board or its delivery partnerships.

Collaborative Transformation Board (CTB)

33. The CTB is responsible for the fifth priority in the Health and Wellbeing Strategy around 'Creating a Financially Sustainable Local Health and Wellbeing System'; in particular they have been working on the Better Care Fund which covers work streams such as creating care hubs, street triage, emergency care practitioner scheme, hospice at home and psychiatric liaison. The other key theme of their work is around the health and social care integration agenda.
34. The Board currently meets on a monthly basis and is intending to hold its meetings in public from the end of July 2014.

Working with Health Overview and Scrutiny (HOSC)

35. The Chairs and officers of the HWB and Health OSC meet twice a year, with regular updates being passed between the two.

A protocol for interaction between the two has been agreed, and will be formally signed off at the HWB Meeting on 16 July 2014.

Performance

36. The original performance framework for the Health and Wellbeing Board set out a variety of ways in which changes in the health and wellbeing landscape would be tracked. A set of initial performance indicators covering a representative number of areas has been set out at Annex A. In light of the changing picture as the information in the Joint Strategic Needs Assessment is updated, a review of performance will take place over the summer and autumn of 2014. To date, good progress has been made towards the top-level objectives laid out in the Health and Wellbeing Strategy, which will take a number of years to achieve and it is therefore proposed to develop interim measures to demonstrate such progress.
37. Finally, the Board would like to record its thanks to the outgoing Chair, Cllr Tracy Simpson-Laing, for her role in bringing the Health and Wellbeing Board from its initial state as a Shadow Board through to its first full year of activity in 2013-14.

Consultation

38. This report is for information only.

Options

39. There are no options for the Health and Wellbeing Board to consider; this report is for information only.

Analysis

40. This report is for information, and therefore analysis of options is not applicable.

Strategic/Operational Plans

41. This report relates to the delivery of the Health and Wellbeing Strategy.

Implications

42. There are no known risks arising from the recommendations below in the following areas:

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

Risk Management

43. There are no known risks arising from the recommendations below.

Recommendations

44. The Health and Wellbeing Board are asked to:
- i. Note the attached report;
 - ii. Consider the issues for the coming year;
 - iii. Discuss any other support, development or information that will help the Board fulfil its objectives.

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

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**Report
 Approved**



Date 1 July 2014

Specialist Implications Officer(s)

None

All

Wards Affected:

For further information please contact the author of the report

Annexes

Annex A – Health and Wellbeing Board baseline performance indicators.

Explanatory Note of Performance Indicators

Glossary

Attached