

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

To: Councillors Runciman (Chair), Brooks, Cannon and Craghill,

Sharon Stoltz - Interim Director of Public Health, City of York Council

Martin Farran- Director of Adult Social Care, City of York Council

Jon Stonehouse -Director of Education, Children and Skills, City of York Council

Tim Madgwick- Deputy Chief Constable, North Yorkshire Police

Kevin Curley- Acting Chief Executive, York CVS

Siân Balsom- Manager, Healthwatch York

Julie Warren- Locality Director (North)NHS England

Martin Barkley- Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust

Patrick Crowley- Chief Executive, York Teaching Hospital NHS Foundation Trust

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

Dr Mark Hayes- Chief Clinical Officer, Vale of York Clinical Commissioning Group

Mike Padgham- Chair, Independent Care Group

Date: Wednesday, 2 December 2015
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 on this agenda. A list of general personal interests previously declared is attached.

3. Minutes (Pages 5 - 16)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on 21 October 2015.

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 1 December 2015 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: https://www.york.gov.uk/downloads/file/6453/protocol_for_webcasting_filming_and_recording_council_meetingspdf

5. **Performance Update December 2015** (Pages 17 - 28)
This report asks the members of the Health and Wellbeing Board to note the latest available performance figures for the indicators agreed in December 2014.
6. **Joint Strategic Needs Assessment (JSNA) Update**
(Pages 29 - 36)
This report provides the Board with an update on York's Joint Strategic Needs Assessment.
7. **Update on Work towards Implementing the Recommendations Arising from Previous Healthwatch York Reports** (Pages 37 - 52)
This report and its associated annexes set out progress made to date on implementing the recommendations arising from the following Healthwatch York reports:

[Loneliness – A Modern Epidemic and the Search for a Cure](#)
[Discrimination Against Disabled People in York](#)
[Access to Health and Social Care Services for Deaf People](#)

8. Healthy Child Service (Pages 53 - 56)

The purpose of this report is to provide the Health and Wellbeing Board with an update on the development of the new Healthy Child Service.

9. Forward Plan (Pages 57 - 60)

To consider the Board's Forward Plan.

10. Urgent Matters

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

Democracy Officer:

Name- Judith Betts

Telephone No. – 01904 551078

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

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

- Registering to speak
- Business 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 میا کی جاسکتی ہیں۔ (Urdu)

 **(01904) 551550**

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

Remit

York Health and Wellbeing Board will:

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

York Health and Wellbeing Board will not:

- Manage work programmes or oversee specific pieces of work – acknowledging that operational management needs to be given the freedom to manage.
- Be focused on the delivery of specific health and wellbeing services – the Board will concentrate on the “big picture”.
- Scrutinise the detailed performance of services or working groups – respecting the distinct role of the Health 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.

This page is intentionally left blank

Health & Wellbeing Board Declarations of Interest

Patrick Crowley, Chief Executive of York Hospital

None to declare

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

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 Healthwatch York

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

This page is intentionally left blank

City of York Council

Committee Minutes

Meeting	Health and Wellbeing Board
Date	21 October 2015
Present	<p>Councillors Runciman (Chair), Brooks, Cannon and Craghill,</p> <p>Sharon Stoltz (Interim Director of Public Health-CYC (Substitute))</p> <p>Martin Farran (Director of Adult Social Care-CYC),</p> <p>Jon Stonehouse (Director of Children, Education and Skills-CYC),</p> <p>Dr Mark Hayes (Chief Clinical Officer, NHS Vale of York Clinical Commissioning Group),</p> <p>Rachel Potts (Chief Operating Officer, NHS Vale of York Clinical Commissioning Group),</p> <p>Siân Balsom (Manager, Healthwatch York),</p> <p>Kevin Curley, (Acting Chief Executive, York CVS),</p> <p>Tim Madgwick, (Deputy Chief Constable, North Yorkshire Police)</p> <p>Mike Proctor (Deputy Chief Executive, York Teaching Hospital NHS Foundation Trust (Substitute for Patrick Crowley),</p> <p>Gillian Laurence (Head of Clinical Strategy, Yorkshire and the Humber, NHS England, NHS England) (Substitute for Julie Warren),</p> <p>Ruth Hill (Director of Operations, Tees, Esk and Wear Valleys NHS Foundation Trust) (Substitute for Martin Barkley)</p>

Apologies

Martin Padgham, Julie Warren, Martin Barkley, Patrick Crowley

17. Introductions

Introductions were carried out. The Chair welcomed new Board Members, Kevin Curley, Martin Farran and Ruth Hill who attended as a substitute for Martin Barkley from Tees, Esk and Wear Valleys NHS Foundation Trust. She thanked Leeds and York Partnership NHS Foundation Trust the previous provider of mental health services in the city and former Board Member Chris Butler, the Trust's Chief Executive.

18. Declarations of Interest

Board Members were invited to declare any personal, prejudicial or disclosable pecuniary interests that they might have had in the business on the agenda other than their standing interests. None were declared.

19. Minutes

Resolved: That the minutes of the meeting of the Health and Wellbeing Board held on 15 July 2015 be signed by the Chair as a correct record.

Board Members identified no issues arising from the action points.

20. Public Participation

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

21. Annual Report-Safeguarding Adults Board

Board Members received the Annual Report of the Safeguarding Adults Board. Kevin McAleese CBE, the Independent Chair of the Safeguarding Adults Board presented the report and answered questions from Board Members.

Some headlines from the presentation included;

- That it was the first Annual Report in which all partners on the Adult Safeguarding Board had contributed.
- A review of membership had been completed and the probation service had requested a place on the Board.
- The general growth in concerns and alerts (concerns was the new word for referrals) was due to public awareness.
- That due to work from Healthwatch York a new strategic plan for joint safeguarding was in place.

The Chair of the Safeguarding Adults Board requested that the Annual Report be considered by the Health and Wellbeing Board, nearer to its date of publication in the future.

Discussion took place and the following comments were raised;

- There was no excuse for a lapse in information sharing between partners.
- In domestic abuse cases where women pressed charges for example, how do you measure the will of the individual and whether its in the best interests of them?
- How many adults recorded in the data were ex offenders, as some of them might have vulnerabilities themselves?
- Had the Board been aware of the issues at Bootham Park Hospital?

In regards to domestic abuse, Tim Madgwick advised that the Board needed to recognise that for example seeing a person in uniform was not the best person to persuade those who had suffered from domestic abuse to report it. Professional conversations needed to be had in order to determine how far could be gone in order to get evidence, and traditionally the courts had been the way for the Police to get this.

The Board were informed that the Safeguarding Adults Board were due to receive a report on suicides in the city and that the Partnership Commissioning Unit had appointed a Suicide Prevention Officer to investigate the reasons for this. A report would be received at their meeting in December.

In response to whether the Safeguarding Adults Board were aware of the issues at Bootham Park Hospital, it was noted that a member of Leeds and York Partnership NHS Foundation Trust sat on the Safeguarding Adults Board. Following the

opening of the Section 136 suite, the Board had no reason to think that the Hospital would close.

The Chair, on behalf of the Board, thanked Kevin McAleese CBE for presenting the report and answering Board Members questions.

Resolved: That the report be noted.

Reason: To keep the Board apprised of the work of the Safeguarding Adults Board.

22. Verbal Position Statement on Mental Health Facilities in York

Ruth Hill, Director of Operations from Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust, Dr Mark Hayes, Chief Clinical Officer and Rachel Potts, Chief Operating Officer from NHS Vale of York Clinical Commissioning Group (CCG) gave a verbal position statement to Board Members on mental health facilities following the closure of Bootham Park Hospital.

Ruth Hill reported that;

- The remaining patients from Bootham were being treated in 28 beds, some had been moved to Roseberry Park in Middlesbrough and some to Acomb Gables.
- Some patients still needed inpatient care, and as of Tuesday 20 October, 21 patients still needed bed based care.
- Those patients that needed to use the Section 136 suite would go to either Harrogate, Northallerton or Scarborough.
- They had increased the use of street triage.
- Alternative arrangements had been made for outpatients across the York vicinity .
- Limetrees was being used as the main base for outpatient appointments.
- ECT treatment was being managed at York Hospital.
- TEWV were supporting carer travel arrangements.
- The Care Quality Commission visited the Bootham Park estate on 9 October as part of re-registration process to see what parts of the buildings could be re-used, hoping to re-instate Section 136 suite after further estate works and hoping to do this within 2 months

- A review was being conducted on outpatients and whether patients could be moved back to Bootham Park in the long term.
- A medium term option being explored was to use Peppermill Court which would create 24 beds.
- It was recognised that these were changes for staff and TEWV did not want to affect their morale.
- They were also only interim solutions there was a necessity for a new hospital in 2019 and there needed to be a community based rather than bed based approach.

Dr Mark Hayes thanked the staff at Bootham Park Hospital and thanked Ruth Hill for the verbal position statement.

Tim Madgwick commented that street triage was a sensible way forward but felt that the challenge was how to get constant provision against irregular demand.

Kevin Curley asked if a detailed statement on mental health facilities in York could be passed on to voluntary groups and also asked if there was the capacity to evaluate what had been happening to people as a result of there not being enough beds and what could be learnt?

In response, it was reported that readmission rates were being logged through TEWV's Crisis Line.

The Chair thanked Ruth Hill for her position statement.

Resolved: (i) That the verbal position statement be noted.

(ii) That TEWV provide a written statement that can be circulated widely.

Reason: In order that the Board are kept updated on the status of current mental health facilities in York.

23. New Children and Young People's Plan 2016-19

Board Members received a report which provided them with a brief progress update on the production of York's new Children and Young People's Plan 2016-19.

Jon Stonehouse commented that the work on the Plan had primarily been steered through the YorOK Board, and he urged Members of the Health and Wellbeing Board to attend the 'No Wrong Door' Conference on 27 January 2016 where the Plan would be launched.

Questions and comments raised by Board Members included;

- Would the loss of working tax credits for families be dealt with within in the Plan? Would the JSNA also fit in?
- It was particularly good to see a strong health focus as children could not learn effectively if they lived in cold homes.
- Would the Plan be informed by any Equalities strands such as sexuality, Black, Minority, Ethnic, issues around those caring for parents with disabilities.

It was felt that it would be useful to make more explicit links with the loss of tax credits as it underlined the link with narrowing the gap. It was also felt to be helpful to look at how to use Council Tax Support to support those on the lowest incomes and those who were eligible for Free School Meals.

Resolved: (i) That the report be noted.

(ii) That the approach taken set out in the report be supported.

(iii) That the consultation process be supported and engaged with.

(iv) That the final CYPP draft be received at a meeting in the New Year.

Reason: To keep the Board apprised of progress to date and to engage partners in the CYPP planning process.

24. Healthwatch York Reports

The Board received a report which provided them with comments on two Healthwatch reports which had been presented to them at the previous meeting which were "Who's Who in Health and Social Care" and "Consistency and Confidence in Patient Led Assessments of the Care

Environment (PLACE)” and information on two new Healthwatch reports “Accident and Emergency Department and its Alternatives” and “Discharge from York Hospital”.

The Interim Director of Public Health informed Board Members that the new reports would be discussed at the next meeting. The Chair suggested that going forward if the Board were in agreement, it would be best to receive Healthwatch reports and discuss them at the same meeting.

Resolved: (i) That the responses in the report be noted.

(ii) That all future Healthwatch reports be scheduled on the Board’s Forward Plan to be received and considered at the same meeting.

Reason: To follow up on the recommendations of the Healthwatch reports.

25. Update on Integration

The Board received a report which presented them with an update on developing integration, which captured various elements of a joint plan between the CCG, the Council and other partners to grow services to maximise the health and wellbeing of the city’s population.

It was noted that it was key to look at future planning as in fifteen years, there would be an over 50% rise in over 75 year olds. There was also recognition from the CCG that where there were scarce resources for care that work could be carried out with neighbouring authorities such as North Yorkshire or East Riding.

Questions and comments from Board Members in relation to the report included;

- At what point was integrated demand reached in order to get integrated delivery? Only those who were articulate could describe their needs more than the needy.
- The use of acronyms were offputting and there were still those who did not meet criteria for their needs.

- Could there be more involvement from the voluntary sector, for example on the System Leaders Board and the Integrated Commissioning Executive?
- An underlying principle of this work was to continue to tackle health inequalities, avoidable deaths and avoidable poorer outcomes

One Board Member questioned the purpose of the Better Care Fund. Discussion ensued and the Chair concluded that it was not just about spending money wisely, it was about better care for the city.

The Board requested a further report be added to the forward plan for a future meeting.

Resolved: That the content of the report be noted and the Health and Wellbeing Board continue to support the strategic direction of travel around system integration.

Reason: To keep the Health and Wellbeing Board up to date with progress around integration.

26. Annual Report of the City of York Safeguarding Children Board 2014/15

Board Members received the Annual Report of the City of York Safeguarding Children Board (CYSCB) 2014/15. The Chair notified Board Members that all comments they made on the report would be passed on to the Chair of the CYSCB, Simon Westwood.

Comments from Board Members on the Annual Report included the need for greater liaison between the Children and Adults Safeguarding Board, particularly in areas such as domestic violence.

One Board Member felt that the priorities identified in the report overlapped with that of the Council's Children and Young People's Plan (CYPP).

Resolved: That the report be noted.

Reason: So that the Health and Wellbeing Board is kept up to date with the work of the Safeguarding Children Board.

27. Forward Plan

Board Members were asked to consider the Board's Forward Plan.

The Chair reported that she had recently been asked to attend and speak at a conference on young people's mental health and the conference organisers in turn wanted to attend a Board meeting. They would attend the March meeting. She felt that as the organisers had some apprentices working for them from York St John University, that they could also be invite to attend.

Tim Madgwick informed Board Members that North Yorkshire Police had qualified for a national research grant around mental health issues and were helping York University with the contribution of data.

Resolved: That the Forward Plan be approved with the following amendments;

- The change of schedule for Healthwatch reports so that they are received and considered at the same meeting.
- For the Board to receive a presentation on Young People's Mental Health in March and for York St John students to be involved in this if possible.

Reason: To make sure that there is a planned programme of work in place.

Councillor C Runciman, Chair
[The meeting started at 4.30 pm and finished at 6.30 pm].

This page is intentionally left blank

Health and Wellbeing Board Action Grid

Starting 15th July 2015

Action Number	Date Allocated	Action	Responsible	Date Required	Progress
HWBB 001	15.07.2015	HWBB to receive the Annual Report of the Children's Safeguarding Board at their October 2015 meeting	TW	05.10.2015	Complete
HWBB 002	15.07.2015	Protocols on information sharing be sent to the Chair of the Board	All to provide and TW to Co-ordinate	31.10.2015	Complete
HWBB 003	15.07.2015	HWBB to receive a paper on the wider integration system	TW to Co-ordinate and to add to the Forward Plan	05.10.2015	Complete
HWBB 004	15.07.2015	Add Healthwatch York PLACE Reports and Who's Who in Health & Social Care to the Forward Plan	TW	16.07.2015	Complete
HWBB 005	21.10.2015	Ensure all HWBB members have invitation to No Wrong Door Conference on 27 th January 2016	TW to co-ordinate	12.11.2015	Complete
HWBB 006	21.10.2015	Discuss how HWBB should receive and respond to future Healthwatch York reports	Chair, TW, SB		
HWBB 007	21.10.2015	Add further report on Integration to HWBB Forward Plan	TW	09.11.2015	Complete
HWBB 008	21.10.2015	Look at ways of better joining up some of the cross cutting issues for Safeguarding Adults Board and Safeguarding Children's Board	MA/DE/TW		In progress
HWBB 009	21.10.2015	Circulate statement from Tees, Esk and Wear Valleys NHS Foundation Trust re mental health facilities for York	TW to co-ordinate	26.10.2015	Complete



Health and Wellbeing Board**2 December 2015**

Report of the Director of Adult Social Care and the Interim Director of Public Health.

Performance Update December 2015**Summary**

1. This report asks the members of the Health and Wellbeing Board to note the latest available performance figures for the indicators agreed in December 2014.

Background

2. As part of last year's light refresh of the Joint Health and Wellbeing Strategy a scorecard of representative indicators was agreed at the December 2014 meeting of the Health and Wellbeing Board. The data attached at Annex A represent the latest published data for these indicators for York along with benchmarking data for England, the Yorkshire and Humber region and comparator local authorities (where available).
3. For the majority of indicators the York value relates to the City of York Council boundary area. For six indicators, the value relates to the NHS Vale of York Clinical Commissioning Group boundary area and these have (VoY CCG) in the title.
4. The indicators are reported under four main headings in line with key sections of the 2013-16 Joint Health and Wellbeing Strategy :
 - Older people/ Better Care Fund
 - Tackling deprivation and health inequalities
 - Mental health and learning disabilities
 - Children and young people.

Consultation

5. Not applicable

Options

6. There are no specific options for board members to consider.

Analysis

7. Older People / Better Care Fund

- Long-term support needs of older adults (aged 65 and over) met by **admission to residential and nursing care homes**. The way in which this indicator is reported has changed, meaning that it is not possible to compare to previous years. For 2014/15, York performs better than regionally and nationally. Quarterly figures for 2015/16 are based on the old methodology but are showing a projected similar outturn for the end of the current financial year.
- York continues to steadily improve its performance on the proportion of older people still **at home 91 days following re-ablement or rehabilitation** compared to previous years. However, we are still slightly behind the regional and national averages. York is still one of the worst performers regionally and nationally at how widely reablement and rehabilitation services are offered. Work is ongoing with NHS commissioners and providers to develop an improved reablement offer.
- Quarter 1 figures in 2015/16 for those people who experienced a **delay in their transfer of care** from hospital to adult social care services showed an improvement on the same quarter the previous year and continued the downward trend experienced over the last 12 months. This is positive; however we are still performing poorly on this measure compared to regional and national averages (based on 2014/15 end of year data). As part of our strategic approach to addressing this, we have redrafted the policy for managing delayed transfers of care and we will now focus on delivering this to the new framework. We are also looking to establish how York's demographics play a part in our performance outturns.

Many of our statistical neighbours experience poor performance in this area too, so we will look to compare issues and learn from those who are doing better.

- York continues to perform strongly on the **overall satisfaction of people who use services with their care and support**, although there was a slight dip (from 67.4% to 67.1%) between 2013/14 and 2014/15. However, of some concern are the accompanying indicators that show a comparatively low proportion of customers using our services who say they feel safe. Clearly this is a priority for us, and we will be working with customers, their families and carers, and partners across the city to understand why they don't feel safe and look at how we can help people to feel safer.

- In 2013/14 in York there were 779 emergency hospital admissions for **injuries due to falls** in persons aged 65+. 539 of these were for people 80+. The rate of falls is highest for females over 80. The number and rate of falls increased in York from 2012/13. The HEAL (Health, Exercise, Activity and Lifestyle) programme offers a number of interventions in York to improve mobility and strength and prevent falls.

- The rate of **emergency admissions for acute conditions** that should not usually require hospital admission has been rising in the Vale of York since 2010/11.

8. **Tackling Deprivation and Health Inequalities**

- The **slope index of inequality** captures the range in life expectancy across the ten areas of York ranging from the least to the most deprived. A smaller value is desirable as this indicates greater equality in the City. The value has reduced for men but increased for women over the last few years in York. Of particular concern is the widening gap in life expectancy between women living in the 10% most deprived areas of York and the York average (a 5 year gap in 2011-13).

- The **potential years of life lost** indicator estimates the number of years of life lost by persons dying from a condition which is usually treatable.

Whilst the rate in York went up in 2013/14 it remains below the regional and national averages and the overall trajectory since 2003 has been downward.

- In 2013/14 the smoking prevalence rate in the most deprived G.P. practice in the Vale of York CCG was 25.7% and in the least deprived it was 9.6%. This is a **gap in smoking prevalence** of 16.1%. The current smoking cessation services in York have one of the lowest engagement rates in the country and this service is being re-commissioned as part of an integrated wellness service.

9. **Mental Health and Learning Disabilities**

- There was an increase in the use of **mental health care bed days** in the Vale of York. Rates at the end of 2014/15 were much higher than the national average but there has been a fall in the first quarter of 2015/16. The peak in bed days coincided with a reported increase in demand for the services of York MIND and also in the recorded use of S136 place of safety facilities.
- **Referral rates to IAPT services** in the Vale of York remain much lower than national averages but the most recent data has shown an increase.
- **Reliable improvement rates** for patients leaving **IAPT** services in the Vale of York are comparable with regional and national averages.
- The uptake of **health checks for people with learning disabilities** is lower in the Vale of York. In part this is due to a lower % of GPs who are participating in the programme. Work is taking place to introduce an 'easy read' invitation letter for GP's to use to contact people with learning disabilities with the aim of improving take up of the service.
- The **gap in the employment rate** between mental health patients and the overall employment rate appears to be widening slightly in York.

The employment rate in York for mental health patients has fallen whilst the overall York rate has risen slightly.

- The % of adults in contact with secondary mental health services **living independently** has fallen below the national average (59.7%) in 2014/15, whereas in the previous two years (2012/13 & 2013/14), York has outperformed both the regional and national average. There are opportunities for us locally to improve this measure through working with the new Mental Health provider.

10. Children and Young People

- **Obesity** amongst children in Reception and Year 6 is lower in York compared with regional and national averages. Provisional figures for 14/15 show further reductions in obesity in York, particularly in Reception year. Whilst the percentages and trends are positive, in terms of actual numbers there were still an estimated 1,461 obese children in York primary schools in 2014/15.
- **Under 18 conceptions** have halved in York since the peak in 2007 and the York rate is lower than regional and national averages. The rate in Westfield ward was very high in 2008-10 but it has almost halved by 2011-13 and is now not significantly different to York and England averages.
- Hospital admissions as a result of **self harm for 10-24 year olds** had risen in York in 2012/13 but there was a fall in 2013/14. The available local data suggests that the group with the highest admission rate in York is 15-17 year old females.
- The % of young people **Not in Education, Employment or Training** (NEET) in York is 4.7% which is the same as the England average. Data is consistent with recent trends showing c.5% of the cohort young people age 16 to 18 as NEET. York experiences a high percentage of Year 11 pupils going on to Education, Training and Employment in the September following Year 11. York has consistently low levels of young people whose situation is unknown. Drop-out from further education or completion of level 1 courses with no progression at the end of the academic year is an issue. Approx. 80% of the NEET group are not qualified to level 2 and over 30% have SEND often meaning barriers to taking up apprenticeship provision.
- There were 11 deaths of children (aged 1-17 years) in the three year period 2011-13. This is a slight reduction from 13 in the 2010-

12 period. The **child mortality rate** per 100,000 is lower in York compared with regional and national averages.

Strategic/Operational Plans

11. This report is directly linked to the Council Plan 2015-19 priority entitled “A focus on frontline services, to ensure all residents, particularly the least advantaged, can access reliable services and community facilities”.

Implications

12. **Financial** – There are no financial implications attached to the monitoring of the latest performance information

Human Resources (HR) - None

Equalities – The attached annex and the report is intended to promote awareness of health inequalities

Legal - None

Crime and Disorder - None

Information Technology (IT) - None

Property - None

Other – There are no other known implications

Risk Management

13. In compliance with the Council’s risk management strategy there are no known risks associated with the recommendations within this report.

Recommendations

14. Members of the Health and Wellbeing Board are asked to note the latest performance data for the suite of indicators agreed.

Reason: To monitor the latest performance information for the Health and Wellbeing Board

Contact Details

Author:

Mike Wimmer
Policy and Strategy Officer
(CYC)
01904 5546464

Chief Officer(s) Responsible for the report:

Martin Farran
Director of Adult Social Care (CYC)
01904 554045

**Report
Approved**



Date 16/11/2015

Sharon Stoltz
Interim Director of Public Health (CYC)
01904 553224

**Report
Approved**



Date 18/11/2015

Specialist Implications Officer(s) None

All

Wards Affected:

For further information please contact the author of the report

Background Papers: None

Annexes: Annex A – Health and Wellbeing Scorecard December 2015

Glossary

HEAL- Health, Exercise, Activity and Lifestyle

IAPT- Improving Access to Psychological Therapies

NEET- Not in Education, Employment or Training

SEND- Special Educational Needs and Disability

VoYCCG- Vale of York Clinical Commissioning Group

This page is intentionally left blank

			Previous Years			2015/2016							
			2012/13	2013/14	2014/15	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Target	Polarity	DoT	
	Collection Frequency												
1 Older People / Better Care Fund	ASCOF2A 2	Permanent admissions to residential and nursing care homes for older people (65+), per 100,000 population - (YTD Cumulative)	Monthly	617.7	767.5	630.8	208.45	386.74	-	-	-	Neutral	Neutral
		Benchmark - National Data	Annual	697.2	650.6	668.8	-	-	-	-	-		
		Benchmark - Regional Data	Annual	680.3	644.1	726.9	-	-	-	-	-		
		National Rank (Rank out of 152)	Monthly	-	-	72	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	4	13	6	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Monthly	-	-	8	-	-	-	-	-		
	ASCOF2B 1	% of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Annual	69.8	80.9	81.5	-	-	-	-	-	Up is Good	Good
		Benchmark - National Data	Annual	81.4	82.5	82.1	-	-	-	-	-		
		Benchmark - Regional Data	Annual	81.5	85.3	83.2	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	-	-	92	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	14	12	11	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	-	-	9	-	-	-	-	-		
	ASCOF2 C1	Delayed transfers of care from hospital, per 100,000 population - (Snapshot)	Monthly	18.2	17.6	11.6	10.72	12.91	-	-	-	Up is Bad	Neutral
		Benchmark - National Data	Annual	9.4	9.6	11.1	-	-	-	-	-		
		Benchmark - Regional Data	Annual	7.8	9.1	9.6	-	-	-	-	-		
		National Rank (Rank out of 152)	Monthly	-	-	102	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	15	14	11	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Monthly	-	-	11	-	-	-	-	-		
Delayed transfers of care from hospital, per 100,000 population - (YTD - Average)		Monthly	-	-	-	10.73	11.82	-	-	-	Up is Bad	Bad	

Health and Wellbeing Board 2015/2016

No of Indicators = 22 | Direction of Travel (DoT) shows the trend of how an indicator is performing against its Polarity over time.
Produced by the Strategic Business Intelligence Hub November 2015

			Previous Years			2015/2016							
			Collection Frequency	2012/13	2013/14	2014/15	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Target	Polarity	DoT
1 Older People / Better Care Fund	ASCOF3A	Overall satisfaction of people who use services with their care and support (New definition for 2014/15 - ASCS sampling frame updated)	Annual	65.8	67.4	67.1	-	-	-	-	-	Up is Good	Neutral
		Benchmark - National Data	Annual	64.1	64.8	64.7	-	-	-	-	-		
		Benchmark - Regional Data	Annual	65.4	65.8	65.9	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	-	-	44	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	7	5	7	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	-	-	5	-	-	-	-	-		
	PHOF21	Injuries due to falls in people aged 65 and over (per 100,000 population)	Annual	1,912.09	1983.23	-	-	-	-	-	-	Up is Bad	Neutral
		Benchmark - National Data	Annual	2,011.01	2064.26	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	1,913.62	2005.90	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	7	7	-	-	-	-	-	-		
CCGOIS3 01	Emergency admissions for acute conditions that should not usually require hospital admission, per 100,000 registered patients - (VoY CCG)	Quarterly	1270.20	1231.10	1306.6 (Prov)	-	-	-	-	-	Up is Bad	Neutral	
	Benchmark - National Data	Quarterly	1181.90	1180.50	1272.4 (Prov)	-	-	-	-	-			
	Benchmark - Regional Data	Quarterly	1242.20	1261.60	-	-	-	-	-	-			
2 Tracking Deprivation & Health Inequalities	PHOF37	Slope index of inequality in life expectancy at birth - Males - (Three year period)	Annual	7.25	7.41	-	-	-	-	-	-	Up is Bad	Neutral
		Benchmark - National Data	Annual	9.24	9.1	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	4	3	-	-	-	-	-	-		
	PHOF17	Slope index of inequality in life expectancy at birth - Females - (Three year period)	Annual	5.91	5.82	-	-	-	-	-	-	Up is Bad	Neutral
		Benchmark - National Data	Annual	6.85	6.9	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	4	3	-	-	-	-	-	-		
	NHSOF01	Potential Years of Life Lost from causes amenable to healthcare (DSR), per 100,000 population	Annual	2576.30	2671.80	-	-	-	-	-	-	Up is Bad	Neutral
		Benchmark - National Data	Annual	2801.40	2809.00	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	3064.50	2998.60	-	-	-	-	-	-		
	NGPP01	Gap in smoking prevalence rate between most and least deprived GP practices - (VoY CCG)	Annual	-	16.1%	-	-	-	-	-	-	Neutral	Neutral

Health and Wellbeing Board 2015/2016

No of Indicators = 22 | Direction of Travel (DoT) shows the trend of how an indicator is performing against its Polarity over time.
Produced by the Strategic Business Intelligence Hub November 2015

			Previous Years			2015/2016							
			2012/13	2013/14	2014/15	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Target	Polarity	DoT	
3 Mental Health & Learning Disabilities	CMHP15 A	Number of bed days in secondary mental health care hospitals, per 100,000 population - (VoY CCG)	Quarterly	-	4786.44	8285.59	6584.59	-	-	-	-	Up is Bad	Bad
		Benchmark - National Data	Quarterly	-	4744.72	4966.58	4989.32	-	-	-	-		
	PHOF40	Gap in employment rate for mental health clients and the overall employment rate	Annual	63.2	62.90	63.26 (Prov)	-	-	-	-	-	Up is Bad	Neutral
		Benchmark - National Data	Annual	62.3	64.70	66.07 (Prov)	-	-	-	-	-		
		Benchmark - Regional Data	Annual	59.7	62.20	-	-	-	-	-	-		
	LDHC08	Regional Rank (Rank out of 15)	Annual	13	8	-	-	-	-	-	-		
		% of adults with a learning disability having a GP Health Check - (VoY CCG)	Annual	-	33.0%	-	-	-	-	-	-	Up is Good	Neutral
	CMHD02	Benchmark - National Data	Annual	-	44.2%	-	-	-	-	-	-		
		IAPT Referrals (18+), per 100,000 population - (VoY CCG)	Quarterly	-	153.23	307.08	-	-	-	-	-	Up is Good	Good
	CMHD03	Benchmark - National Data	Quarterly	-	707.60	838.72	-	-	-	-	-		
		Benchmark - Regional Data	Quarterly	-	701.69	909.29	-	-	-	-	-		
		% of people who have completed IAPT treatment who achieved "reliable improvement" - (VoY CCG)	Quarterly	-	55.88%	-	-	-	-	-	-	Up is Good	Neutral
	ASCOF1 H	Benchmark - National Data	Quarterly	-	61.92%	-	-	-	-	-	-		
		Benchmark - Regional Data	Quarterly	-	63.12%	-	-	-	-	-	-		
		% of adults in contact with secondary mental health services living independently, with or without support	Annual	63.9	68.7	55.1	-	-	-	-	-	Up is Good	Bad
		Benchmark - National Data	Annual	58.5	60.8	59.7	-	-	-	-	-		
		Benchmark - Regional Data	Annual	63.1	63.2	67.2	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	-	-	113	-	-	-	-	-		
Regional Rank (Rank out of 15)	Annual	8	6	14	-	-	-	-	-				
Comparator Rank (Rank out of 16)	Annual	-	-	13	-	-	-	-	-				

Health and Wellbeing Board 2015/2016

No of Indicators = 22 | Direction of Travel (DoT) shows the trend of how an indicator is performing against its Polarity over time.
Produced by the Strategic Business Intelligence Hub November 2015

			Previous Years			2015/2016							
			Collection Frequency	2012/13	2013/14	2014/15	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Target	Polarity	DoT
4 Children & Young People	<u>NCMP01</u>	% of reception year children recorded as being obese	Annual	8.05%	7.82%	6.98% (Prov)	-	-	-	-	-	Up is Bad	Good
		Benchmark - National Data	Annual	9.27%	9.48%	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	8.94%	9.20%	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	-	1	-	-	-	-	-	-		
	<u>NCMP02</u>	% of children in Year 6 recorded as being obese	Annual	16.36%	15.35%	14.97% (Prov)	-	-	-	-	-	Up is Bad	Good
		Benchmark - National Data	Annual	18.92%	19.09%	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	19.01%	19.22%	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	-	1	-	-	-	-	-	-		
	<u>PHOF06</u>	Under 18 conceptions (per 1,000 females aged 15-17) (Calendar Year)	Quarterly	23	21.6	-	-	-	-	-	-	Up is Bad	Good
		Benchmark - National Data	Annual	27.7	24.3	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	31.7	28.5	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	3	3	-	-	-	-	-	-		
	<u>CHP32</u>	Hospital admissions as a result of self harm (10-24 years), per 100,000 population	Annual	429.85	401.2	-	-	-	-	-	-	Up is Bad	Neutral
		Benchmark - National Data	Annual	346.27	412.1	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	342.69	394.7	-	-	-	-	-	-		
	<u>CJGE21</u>	% of young people not in education, employment or training	Annual	4.90%	4.20%	4.70%	-	-	-	-	-	Up is Bad	Neutral
		Benchmark - National Data	Annual	5.80%	5.30%	4.7%	-	-	-	-	-		
		Benchmark - Regional Data	Annual	6.30%	-	5.1%	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	3	2	4	-	-	-	-	-		
	<u>CHP02</u>	Child mortality rate (1-17 years), per 100,000 population	Annual	12.9	10.8	-	-	-	-	-	-	Up is Bad	Good
Benchmark - National Data		Annual	12.5	11.9	-	-	-	-	-	-			
Benchmark - Regional Data		Annual	14.1	13.3	-	-	-	-	-	-			



Health and Wellbeing Board
Report of the Interim Director of Public Health

2 December 2015

Joint Strategic Needs Assessment (JSNA) update

Summary

1. This report provides the Board with an update on York's Joint Strategic Needs Assessment.
2. The Board are asked to note the update and agree the recommendations at paragraph 16 of this report.

Background

3. Under the Health and Social Care Act 2012, all Health and Wellbeing Boards are under a duty to prepare a Joint Strategic Needs Assessment; in York this is jointly led by City of York Council and NHS Vale of York Clinical Commissioning Group. The York JSNA, first developed in 2012, is subject to regular updating, as well as ongoing further investigation into areas of strategic importance. The JSNA is available to view at www.healthyyork.org
4. The Health and Wellbeing Board has committed to receive regular updates on how work on the JSNA is progressing.

Main/Key Issues to be Considered

5. At a recent Health and Wellbeing Development session board members discussed the future of the JSNA and how updates and more in depth work could be best managed within the resources available.
6. It was acknowledged that at previous meetings the HWBB had agreed to a light refresh of the 2012 JSNA document and to a number of 'deep dive' pieces of work around a variety of topics. These have now been completed and further information on the findings from these will be presented to the HWBB at their meeting in January 2016.

7. Other than ongoing work it has been agreed by both members of the HWBB and the JSNA Steering Group that for the time being work should not commence on any new in depth needs assessments.

Future Direction of the Joint Strategic Needs Assessment

8. Having taken stock and informally discussed the JSNA at their recent development session the HWBB are now presented with a number of proposals in relation to the future direction of the JSNA:
 - (i). **JSNA Steering Group** – dissolve the current JSNA Steering Group and establish a new Joint Health and Wellbeing Strategy & Joint Strategic Needs Assessment Steering Group. Terms of Reference for this Group are at **Annex A** to this report. This will allow for better coordination between two key pieces of work that the HWBB are responsible for.
 - (ii). **JSNA Prioritisation Scoring Tool and Application Form** – adopt the use of a JSNA Prioritisation Scoring Tool and an application form for in depth needs assessments to take place. This will allow for a much more controlled and partnership approach to any needs assessments to take place

Consultation

9. Consultation and engagement has taken place as and when required. Engagement events have been held as part of most of the topic specific in depth needs assessments. In addition to this voluntary sector and patient voice sit on the current JSNA Steering Group; these will be retained within any newly established Steering Group.

Options

10. The Board are asked to note the contents of this report and its annexes and:
 - i. Approve the establishment of a new Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment Steering Group
 - ii. Task the new Steering Group with producing a project Initiation document setting out all elements of the work that needs to be undertaken to be signed off by the HWBB.

Analysis

11. It is important that going forward we have robust governance and project plans in place to manage both the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy (which is shortly to be renewed). This is a timely opportunity for the HWBB to better join up these two key pieces of work
12. The proposals put forward in this report and its associated annexes will help with establishing a collective view of where the focus of both the JSNA and the Joint Health and Wellbeing Strategy should be. Going forward the JSNA should be a reference for commissioning cycles and a key document to be used for informing the development of the new Joint Health and Wellbeing Strategy for the city.

Strategic/Operational Plans

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

Implications

14. There are resource implications associated with delivering such a complex project. Currently the resources we do have are shrinking and the burden of work to undertake the JSNA is not evenly distributed. Each stakeholder around the HWBB table will need to agree a set of joint priorities, take ownership of them and commit resources to tackling these.

Risk Management

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

Recommendations

16. The Health and Wellbeing Board are asked to note this update and:

- i. Approve the establishment of a new Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment Steering Group
- ii. Task the new Steering Group with producing a project Initiation document setting out all elements of the work that needs to be undertaken to be signed off by the HWBB.

Reason: To update the Board on progress made with the JSNA

Contact Details

Author:

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

Chief Officer Responsible for the report:

Sharon Stoltz
Interim Director of Public Health
City of York Council

**Report
Approved**



Date 18/11/15

Tel: 01904 551714

Specialist Implications Officer(s) None

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

Joint Strategic Needs Assessment - www.healthYork.org

Annexes

Annex A – Terms of Reference for Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment Steering Group

**Joint Health and Wellbeing Strategy & Joint Strategic Needs
Assessment Steering Group
Draft Terms of Reference vs 1**

Purpose:

The Joint Health and Wellbeing Strategy (JHWBS) & Joint Strategic Needs Assessment (JSNA) Steering Group are responsible for developing the JSNA and the JHWBS. It is also responsible for assuring the Health and Wellbeing Board that the JHWBS is being implemented and delivering improvements in the health and wellbeing of the residents of York.

The Steering Group is accountable for the management of the JHWBS and JSNA process ensuring that both these products meet the needs of the Health and Wellbeing Board including NHS Vale of York Clinical Commissioning Group and that its use is embedded in strategic commissioning for health and social care.

Key Responsibilities:

- Ensure that the JHWBS and the JSNA are driven by the Health and Wellbeing Board and that both encompass the full breadth of research and evidence that is required to underpin commissioning
- Ensure that the JHWBS is developed in parallel with the JSNA and reflects the needs identified in the JSNA
- Ensure that both the JHWBS and the JSNA reflect current guidance
- Be responsible for the development of an annual report for the Health and Wellbeing Board
- Be responsible for monitoring the action plans of the key health and social care drivers and providing assurance to the Health and Wellbeing Board that the collective action plans will deliver the key objectives of the JHWBS
- To measure progress against the key outcomes identified in the JHWBS through a Health and Wellbeing Board performance report on a quarterly basis

- Ensure that the JSNA/JHWBS is fully embedded in commissioning across all partners responsible for the health and wellbeing of the population
- Ensure that the JSNA and JHWBS are developed to support the Health and Wellbeing Board's responsibilities around health and social care integration
- To develop a pharmaceutical needs assessment in accordance with national guidance

Governance:

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

Membership:

Position	Organisation
Director of Public Health (Chair)	City of York Council
Assistant Director (Consultant) in Public Health	City of York Council
Director of Adult Social Care	City of York Council
Director of Children's Services, Education & Skills	City of York Council
Director of Communities and Neighbourhoods	City of York Council
Representatives x 2	NHS Vale of York Clinical Commissioning Group
Representative	Tees, Esk and Wear Valley NHS Foundation Trust
Representative	York Teaching Hospitals NHS Foundation Trust
Healthwatch York Manager	Healthwatch York
Chief Executive	York CVS

Officers in Support:

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

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

Frequency of Meetings: Bi-monthly

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

Date Agreed:

This page is intentionally left blank



Health and Wellbeing Board

2 December 2015

Report of the Director of Adult Social Care **Update on Work towards Implementing the Recommendations Arising from Previous Healthwatch York Reports**

Summary

1. This report and its associated annexes set out progress made to date on implementing the recommendations arising from the following Healthwatch York reports:
 - [Loneliness – A Modern Epidemic and the Search for a Cure](#)
 - [Discrimination Against Disabled People in York](#)
 - [Access to Health and Social Care Services for Deaf People](#)

Background

2. Healthwatch York produced the three reports detailed above during 2014. These reports contain extensive qualitative research carried out in York, and make a number of recommendations both for the Health and Wellbeing Board and for partners. The recommendations were discussed at the [Health and Wellbeing Board in December 2014](#) and it was agreed that an update on progress made against implementing the recommendations arising be brought back to the Health and Wellbeing Board.
3. The report presented at the December 2014 Health and Wellbeing Board meeting set out a number of areas where work was already happening to address some of the recommendations in the Healthwatch York reports. In addition to this the Board agreed to progress all the recommendations arising from the reports.

Main/Key Issues to be considered

4. Since the original response was given in December 2014 a number of positive steps have been taken to begin to address the recommendations and these include:

- Establishing a loneliness working group
 - York People First have delivered training via CYC's Workforce Development Unit in accessible communications
 - Working towards the fact that all organisations that provide NHS or adult social care will need to follow the NHS Accessible Information Standard in full by 31st July 2016.
5. An update from Healthwatch York about progress made against implementing the recommendations is at **Annex A** and a list of all the recommendations at **Annex B**.
6. Healthwatch York know that work on the Safe Places Scheme and Dementia Friendly Communities are both important initiatives to support aims of making York feel friendlier and ask that the Board reiterate their commitment to supporting such work.
7. It is also worth noting that the following comments were made by Board members at the December 2014 meeting:
- The Director of Adult Social Care would be the City of York Council lead for the recommendations in the loneliness report
 - There were plans to refurbish and create more space in the Accident and Emergency Department at York Hospital but this would not happen immediately so there was a need to manage expectations
 - There could sometimes be difficulties in accessing interpreters so it was always appreciated if as much notice could be given as possible that one was required
 - For the recommendations relating to hate crime the Deputy Chief Constable agreed to be the lead officer.
 - The Director of Children's Services, Education and Skills gave details as to how the YorOK Board was seeking to address the Healthwatch recommendations, including those relating to loneliness. Details were given of intergenerational projects as well as the work that was taking place to tackle bullying. Healthwatch had been invited to attend the next YorOK Board meeting to discuss the issues further
 - The Chief Clinical Officer Vale of York Commissioning Group confirmed his support of the recommendations assigned to his organisation

Consultation

8. Member organisations of the Health and Wellbeing Board contributed their views on this report when it was first presented in December 2014.

Options

9. There are no specific options for the Board to consider however they are asked to do the following:
 - Discuss progress and provide verbal updates at today's meeting on progress made against implementing the recommendations contained in the three Healthwatch York reports
 - Agree that recommendations arising from these reports be taken into consideration when considering the health and wellbeing priorities for the city as part of the renewal of the Joint Health and Wellbeing Strategy.
 - Consider whether any further specific action needs to be taken by the Health and Wellbeing Board to ensure that the recommendations in the Healthwatch York reports are progressed.

Analysis

10. The reports in combination give a detailed picture of groups that feel marginalised within York, but with positive suggestions for ways forward. A number of the recommendations are the subject of existing work, and planned legislation is likely to lead to further work on eliminating discrimination and improving access to services.
11. Members are asked to express their views on progress made and to also consider all the recommendations as part of the forthcoming renewal of the Joint Health and Wellbeing Strategy.

Strategic/Operational Plans

12. The work from Healthwatch contributes towards a number of strands of the Joint Health and Wellbeing Strategy, and the three reports under discussion have particular relevance to the priority to

reduce health inequalities and the priority on improving mental health and intervening early.

Implications

13. There are equalities implications associated with the recommendations in this report, in that following the recommendations will lead to an improved position for equalities.
14. A number of the recommendations may have financial implications for the organisations who would carry them out, and such implications would need to be costed on a case-by-case basis.

Risk Management

15. The proposed changes to accessibility legislation in 2015/16 mean that failure to address some of the issues highlighted in the report on access to services for deaf people could have negative consequences for service providers.

Recommendations

16. Health and Wellbeing Board are asked to:
 - Discuss progress and provide verbal updates at today's meeting on progress made against implementing the recommendations contained in the three Healthwatch York reports
 - Agree that recommendations arising from these reports be taken into consideration when considering the health and wellbeing priorities for the city as part of the renewal of the Joint Health and Wellbeing Strategy.
 - Consider whether any further specific action needs to be taken by the Health and Wellbeing Board to ensure that the recommendations in the Healthwatch York reports are progressed.

Reason: To follow up on the recommendations of the Healthwatch reports.

Contact Details

Author:

Tracy Wallis
Health and Wellbeing
Partnerships Co-ordinator
Tel: 01904 551714

Chief Officer Responsible for the report:

Martin Farran
Director of Adult Social Care
City of York Council

**Report
Approved**

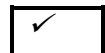


Date 23.11.2015

Specialist Implications Officer(s) None

Wards Affected:

All



For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A – Progress update from Healthwatch York
Annex B – Full list of recommendations arising from the three
Healthwatch York reports.

This page is intentionally left blank

Update from Healthwatch York on progress made against implementing recommendations arising from previous Healthwatch York reports.

Health and Wellbeing Board – 2nd December 2015

Access to health and social care services for Deaf patients

Recommendations from the report have been taken up by both providers and commissioners locally.

City of York Council held a meeting with Deaf people on 26.02.15 to discuss ways of improving their involvement in the design and delivery of services. At the meeting, an agreement was reached with Jorvik Deaf Connections to join the Equalities Advisory Group.

NHS Vale of York Clinical Commissioning Group have accepted the report, and confirmed that;

“Further development is needed to establish joint objectives with the NHS England’s Local Area Team, particularly where issues have been raised regarding GP services (e.g. the Healthwatch York report about access to health services for Deaf people; and also the requirements or support for GPs to provide interpreters at appointments).

York Teaching Hospital NHS Foundation Trust has, through their Access to Service Group, developed an action plan to improve the experiences of Deaf patients. The plan has now passed to their Fairness Forum for monitoring. One of the key actions is to develop and enhance access to interpreting services such as sign language interpreting, Braille / Audio, Typetalk and hearing loops.

Leeds & York Partnership NHS Foundation Trust also confirmed they have made changes as a result of the report;

“As a result of the access to services for Deaf people report we are in the process of re-designing our child / adolescence health delivery.”

We are still receiving concerns from Deaf patients. The majority of these relate to access to GP services and refusals to provide interpreting services. However, we have also received very positive responses from some GP practices. For example, John McEvoy of Haxby Group attended our Annual Meeting and sat with a group of Deaf patients. They have since provided interpreters at their own practice Patient Participation Group for some of their Deaf patients who have welcomed the opportunity to help shape local services.

We are currently asking members of the public for feedback about local GP services through our Access to GP services survey (available here <https://www.surveymonkey.com/r/YorkGPs> or ask us for paper copies), and hope this will provide more data on this issue.

Discrimination Against Disabled People

We have not to date received any feedback from local organisations regarding how they have addressed the recommendations in this report. We would welcome an update from local providers or commissioners who have addressed these.

Loneliness – A modern epidemic and the search for a cure

City of York Council has established a working group, as per the first recommendation within the report. The most recent meeting was postponed, but there is a clear will to bring together those who can play a role in addressing loneliness.

NHS Vale of York Clinical Commissioning Group and **Priory Medical Group** are supporting a social prescribing scheme being run through York CVS, and a Health Navigator pilot. Both have the power to help link people with support services that can help them and build community resilience. We welcome these initiatives.

NELLI (New Earswick Less Loneliness Initiative – which emerged from the JRF work in New Earswick) is going from strength to strength. Our volunteers now attend their community café monthly, and help put people in touch with local organisations including health and care services.

Safe Spaces Scheme – work is ongoing to establish a Safe Spaces Scheme in York

Dementia Friendly Communities – this work is continuing.

Healthwatch Report Recommendations

Loneliness

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

Discrimination Against Disabled People

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	Health and Wellbeing Board, engaging with York Press, Radio York and the Joseph Rowntree Foundation. Also consider links to the local business

<p>disabled people, including people with mental health conditions and organisations helping them and their families.</p>	<p>community.</p>
<p>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.</p>	<p>Health and Wellbeing Board and YorOK Board</p>
<p>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.</p>	<p>All statutory partners, all service providers including GP surgeries led by City of York Council Workforce Development Unit</p>
<p>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.</p>	<p>City of York Council working with existing groups such as YILN, York Mind and York People First</p>

<p>Where possible, delivery should be by disabled people; supported by a trainer only where the disabled person(s) is (are) not an accredited trainer themselves.</p>	
<p>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.</p>	<p>City of York Council (including the Rewiring services team)</p>
<p>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.</p>	<p>City of York Council</p>
<p>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.</p>	<p>York Hospital NHS Foundation Trust</p>

<p>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.</p>	<p>City of York Council, Universities, employers</p>
<p>8. Review eligibility criteria for disabled bus passes to ensure it is in-line with legal guidance on disabled bus pass provision.</p>	<p>City of York Council</p>
<p>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.</p>	<p>City of York Council and North Yorkshire Police.</p>
<p>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.</p>	<p>City of York Council, all City of York bus providers</p>
<p>11. When designing surveys and holding public meetings etc. work with disabled people to ensure that they are fully accessible.</p>	<p>Health and Wellbeing Board</p>
<p>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-</p>	<p>Health and Wellbeing Board</p>

introducing the scheme.	
13. Make sure that accessibility is always considered when primary care services are commissioned.	NHS England North Yorkshire and Humber area team

Access to Services for Deaf People

Recommendation	Recommended to
<p>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.</p> <p>Deaf Awareness Training would enable staff to:</p> <ul style="list-style-type: none"> • 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). 	<p>Health and Social Care service providers</p> <p>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</p>
<p>2. Advertise and promote interpreting provision by:</p> <ul style="list-style-type: none"> • Displaying posters in surgeries, hospital and council offices to remind staff to book an interpreter. 	<p>Health and Social Care service providers</p>

<ul style="list-style-type: none"> • Making a checklist or leaflet available to all staff as a reminder of their responsibilities to Deaf patients and how to book interpreters. 	
<p>3. Review how providers become aware of the preferred language or preferred method of communication of their patients and carers who are Deaf.</p>	<p>Health and Social Care service providers</p>
<p>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.</p>	<p>GP practices</p>
<p>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.</p>	<p>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</p>
<p>6. Consider holding a regular 'walk in' surgery or clinic for Deaf people at a city centre location, with interpreters provided.</p>	<p>GP practices</p> <p>NHS England Area Team</p>
<p>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</p>	<p>Key agencies in the city, such as NHS Vale of York Clinical Commissioning Group, City of York Council</p>

deaf people.	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

This page is intentionally left blank



Health and Wellbeing Board
Report of the Interim Director of Public Health

2 December 2015

Healthy Child Service

Summary

1. The purpose of this report is to provide the Health and Wellbeing Board with an update on the development of the new Healthy Child Service.

Background

2. On the 27 August 2015, the City of York Council Executive made the decision that the new Healthy Child Service be developed as a Council directly provided service from 1 April 2016. This will involve the TUPE transfer of health visiting and school nursing staff from York Teaching Hospital NHS Foundation Trust, as the current provider, to the Council.
3. On 1 October 2015, commissioning responsibility for health visiting successfully transferred from NHS England to the Council. This completes the final phase of the transfer of public health responsibilities to local authorities under the Health and Social Care Act 2012.
4. A project group has been established to implement the transfer to the Council and a Healthy Child Service Steering Group has also been established with wider stakeholder engagement to drive the development of a new operating model for the service. The project group is accountable to the Council Management Team; the Healthy Child Service Steering Group is accountable to the YorOK Board.

Main/Key Issues to be Considered

5. The vision for the new service is to give every child in York the best start in life and enable young people to achieve their full potential through supporting them to make healthier life choices. A key priority is to tackle health inequalities and narrow the gap in health and

wellbeing outcomes experienced by children and young people living in different areas of the City.

6. The new model for the service will include the provision of universal, targeted and specialist interventions, based on the model of progressive universalism in the Healthy Child Programme 0-5 and 5-19 and associated NICE guidelines.
7. Some of the key outcomes the new service is expected to deliver include:
 - Strong parent-child attachment and positive parenting; resulting in better social and emotional health and wellbeing and improved resilience
 - Care that helps to keep children healthy and safe
 - Healthy eating and increased physical activity contributing to a reduction in childhood obesity
 - Prevention of some serious and communicable diseases through promoting uptake of immunisation programmes
 - Increased rates of breastfeeding
 - Improved readiness for school and improved learning and educational outcomes
 - Improved oral health and a reduction in decayed teeth
 - Improved sexual health and a reduction in rates of sexually transmitted infections in young people
 - Reduced numbers of teenage pregnancies
 - Reduced numbers of young people smoking, misusing alcohol and taking drugs
8. A number of work streams have been established to drive forward key elements of the work programme. A key priority is to ensure that there is continuity of service provision beyond 1 April 2016 and that the staff land safely in the Council.

Consultation

9. Consultation took place earlier in the year on the vision and model for the new Healthy Child Service. Formal consultation is taking place with the staff as part of TUPE and there are also programmed staff briefings with those affected by the change. Further consultation is planned and a communications strategy is being developed to

facilitate this, including consideration of mechanisms to communicate and engage with parents and young people about the changes.

Options

10. There are no specific options for the Board to consider other than to note the preparations for the transfer of services to the Council

Analysis

11. There are no specific options for the Board and therefore no analysis is required.

Implications

12. In order to ensure seamless delivery of the 0-19 Healthy Child Programme to children, young people and families in York it will be imperative that commissioners of children's services work together to shape integrated models of service provision, agree shared priorities and outcomes and make decisions on the most effective allocation of resources.
13. The YorOK Board will provide the vehicle for this to happen.

Risk Management

14. A risk register is currently being prepared, this will identify any risks for this project.

Recommendations

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

Reason: To keep the Health and Wellbeing Board apprised of the progress being made on plans for the establishment of an integrated 0-19 Healthy Child Service.

Contact Details

Author:

Nicola Squires
Public Health Development
Officer
Tel No. 01904 553224

**Chief Officer Responsible for the
report:**

Public Health Development Officer

Tel No. 01904 553224

**Report
Approved**

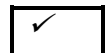


Date 18.11.2015

Specialist Implications Officer(s) None

Wards Affected:

All



For further information please contact the author of the report

Background Papers:

None

Annexes

None

Glossary

NHS- National Health Service

NICE- National Institute for Health and Care Excellence

TUPE Transfer of Undertakings (Protection of Employment)

Health and Wellbeing Board Forward Plan 2015-2016

Date	Item
21st October 2015	Report of Safeguarding Adults Board
	Position Statement: Bootham Park Hospital
	Update on Progress Against Renewing the Children's and Young People's Plan
	Response to Recommendations in Healthwatch Reports (PLACE and Who's Who in Health and Social Care)
	New Healthwatch York Report – A & E and its Alternatives
	New Healthwatch Report – Discharge from York Hospital
	Standing Item: Better Care Fund (BCF)/Integration
	For Information and Sign Off - Report of Children's Safeguarding Board
October 2015	Development Session – Joint Strategic Needs Assessment (JSNA)
November 2015	Development Session – Topic 1 – Information Sharing Protocols and Topic 2 – Impact of Poor Housing on Health
2nd December 2015	Performance Monitoring Report
	Update on Work Towards Implementing the Recommendations Arising from Healthwatch Reports - (“Loneliness – A Modern Epidemic and the Search for a Cure”, “Access to Health and Social Care Services for Deaf People”, and “Discrimination against Disabled People in York”).
	Standing Item: Joint Strategic Needs Assessment
	Update on 0-19 transfer and implementation of new service arrangements

Health and Wellbeing Board Forward Plan 2015-2016

Date	Item
20th January 2016	Annual Report of the Director of Public Health
	Annual Report from YorOK Board
	Response to Recommendations in Healthwatch York Reports – A & E and its Alternatives and Discharge from York Hospital
	Update on the NHS Vale of York Clinical Commissioning Group Five Year Forward Plan
	Family Focus Programme – phase 2 update
	Well York
	Standing Item: Joint Strategic Needs Assessment
	Standing Item: Update on /Integration
	For Information Item: Update on 0-19 transfer and implementation of new service arrangements
February 2016	Development Session – Joint Health and Wellbeing Strategy Refresh (tbc)
9th March 2016	Draft Joint Health and Wellbeing Strategy 2016-19
	First Year Report - York Together
	Annual Report of the Health and Wellbeing Board
	Mental Health and Learning Disabilities Partnership Board Annual Report
	Approval Before Submission – NHS Vale of York Clinical Commissioning Group Five Year Forward Plan
	Update on Mental Health Facilities for York
	Emotional Health and Well-being / FiM Transformation Plan
	Report back from the Young People’s Mental Health Conference
	Standing Item: Joint Strategic Needs Assessment (JSNA)

Health and Wellbeing Board Forward Plan 2015-2016

Date	Item
	Standing Item: Better Care Fund (BCF)
	Final Arrangements for the Transfer of the Healthy Child Service
April 2016	Development Session – topic to be confirmed

Scheduled for 2016/17:

July 2016 – Report of Adults Safeguarding Board

June/July 2016 – Annual Report on Health Protection 2015/16

Summer 2016 – Healthwatch Report – Access to GPs

October 2016 – Report of Children’s Safeguarding Board

This page is intentionally left blank