

## Notice of a public meeting of

### Health and Wellbeing Board

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

Kersten England (Chief Executive, City of York Council), Tim Madgwick (Deputy Chief Constable, North Yorkshire Police) Dr Paul Edmondson-Jones (Deputy Chief Executive and Director of Health and Wellbeing, City of York Council), Jon Stonehouse (Director of Education, Children's Services and Skills, City of York Council), Garry Jones (Chief Executive, York Council for Voluntary Service (CVS)), Siân Balsom (Manager, Healthwatch York), Matt Neligan (Director of Operations, NHS England), Patrick Crowley (Chief Executive, York Teaching Hospital NHS Foundation Trust), Dr Mark Hayes (Chief Clinical Officer, Vale of York Clinical Commissioning Group), Rachel Potts (Chief Operating Officer, Vale of York Clinical Commissioning Group), Chris Butler (Chief Executive, Leeds and York Partnership NHS Foundation Trust) and Mike Padgham (Chair, Independent Care Group)

**Date:** Wednesday, 16 July 2014

**Time:** 4.30 pm

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

### AGENDA

#### 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 - 12)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on 2 April 2014.

## 4. **Public Participation**

It is at this point in the meeting that members of the public who have registered their wish to speak can do so. The deadline for registering is **Tuesday 15 July 2014 at 5:00 pm**. To register please contact the Democracy Officer for the meeting, on the details at the foot of this agenda.

### **Filming, Recording or Webcasting Meetings**

*Please note this meeting will be filmed and webcast and that includes any registered public speakers, who have given their permission. This broadcast can be viewed at:*

*<http://www.york.gov.uk/webcasts>.*

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

*The Council's protocol on Webcasting, Filming & Recording of Meetings ensures that these practices are carried out in a manner both respectful to the conduct of the meeting and all those present. It can be viewed at:*

*[http://www.york.gov.uk/downloads/download/3130/protocol\\_for\\_webcasting\\_filming\\_and\\_recording\\_of\\_council\\_meetings](http://www.york.gov.uk/downloads/download/3130/protocol_for_webcasting_filming_and_recording_of_council_meetings)*

**5. Draft Summary of the Annual Report of the City of York Safeguarding Children Board and Strengthening Safeguarding Arrangements-Joint Working between Boards Report (Pages 13 - 50)**

This annual report will give the Health and Wellbeing Board an indication of key areas of progress in implementing actions from the previous annual report and business plan between 1 April 2013 and 31 March 2014. It highlights areas for further improvement and key priorities for safeguarding across the city for 2014/15.

The purpose of the Strengthening Safeguarding Arrangements-Joint Working between Board Report is to seek final agreement to the protocol, previously presented to the Boards at the April meeting. The protocol is designed to strengthen and clarify the alignment of accountabilities between the Health and Wellbeing Board (HWBB), its sub group, the Children Trust YorOk Board (YorOK) and The City of York Safeguarding Children Board (CYSCB).

**6. Alcohol-Presentation from Public Health England and Discussion (Pages 51 - 64)**

The Board will receive a presentation in relation to alcohol at today's meeting as follows:

Clive Henn and Corinne Harvey from Public Health England will speak on national and regional trends in alcohol consumption, alcohol-related behaviour and the illness alcohol can produce. They will review the impacts and challenges drinking alcohol brings to our society.

**7. Joint Strategic Needs Assessment (JSNA) Update and Director of Public Health Report (Pages 65 - 68)**

Board Members will receive a verbal update on the Joint Strategic Needs Assessment (JSNA). They will also receive an overview of the Annual Director of Public Health's Report for 2013.

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

Board Members will receive a verbal report on the integration between Health and Social Care including an update on the Better Care Fund.

**9. Draft Framework-Working Relationships between Health Overview and Scrutiny Committee, Health and Wellbeing Board and Healthwatch York (Pages 69 - 80)**

This report presents the draft of the framework setting out the working relationship between Health and Wellbeing Board, Health Overview and Scrutiny Committee and Healthwatch York (taking the lead for the patient voice) for consideration (Annex A refers).

**10. Annual Review of the Health and Wellbeing Board (Pages 81 - 98)**

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.

**11. Any Other Business**

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

Democracy Officer

Name- Judith Betts

Telephone No- 01904 551078

Email-judith.betts@york.gov.uk

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

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

Contact details are set out above.

**This information can be provided in your own language.**

我們也用您們的語言提供這個信息 (Cantonese)

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

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

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

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

 (01904) 551550

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

**Remit**

**York Health and Wellbeing Board will:**

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

**York Health and Wellbeing Board will not:**

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

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## Health & Wellbeing Board Declarations of Interest

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

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

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

None to declare

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

None to declare

### **Garry Jones, Chief Executive York Council for Voluntary Service**

As the Council for Voluntary Service has the contract to run York Health Watch

### **Chris Butler, Chief Executive of Leeds and York Partnership NHS Foundation Trust**

None to declare

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

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

### **Siân Balsom, Manager Health Watch York**

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

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City of York Council

Committee Minutes

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Meeting	Health and Wellbeing Board
Date	2 April 2014
Present	<p>Councillors Simpson-Laing (Chair) and Looker,</p> <p>Kersten England (Chief Executive, City of York Council),</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>Jon Stonehouse (Director of Children's Services, Education and Skills),</p> <p>Siân Balsom (Manager, Healthwatch York)</p> <p>Dr Mark Hayes (Chief Clinical Officer, Vale of York Clinical Commissioning Group),</p> <p>Rachel Potts, (Chief Operating Officer, Vale of York Clinical Commissioning Group),</p> <p>Mike Padgham (Chair, Independent Care Group),</p> <p>Jill Copeland (Deputy Chief Executive and Chief Operating Officer, Leeds and York Partnership NHS Foundation Trust), (Substitute for Chris Butler)</p>
Apologies	<p>Councillor Healey,</p> <p>Dr Paul Edmondson-Jones (Deputy Chief Executive and Director of Public Health and Wellbeing, City of York Council),</p>

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Patrick Crowley (Chief Executive, York Teaching Hospital NHS Foundation Trust)

Chris Butler (Chief Executive, Leeds and York Partnership NHS Foundation Trust),

Chris Long (Local Area Team Director for North Yorkshire and the Humber, NHS England)

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**43. Introductions**

The Chair opened the meeting by informing the Board and the members of the public present that the meeting was being webcast for the first time.

**44. Declarations of Interest**

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

None were declared.

**45. Minutes and Matters Arising**

Resolved: That the minutes of the Health and Wellbeing Board held on 29 January 2014 be signed and approved by the Chair.

It was noted that a Health Inequalities Update report would be presented at the Board's meeting in July.

**46. Public Participation**

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

## 47. Pharmacy Services

Board Members received two presentations in relation to pharmacy services on a new inspection model for pharmacies and the role of community pharmacies. Following the meeting slides from both presentations were put online with the published agenda.

Mark Voce, the Head of Inspection from the General Pharmaceutical Council (GPhC) and Professor Richard Parish gave presentations to the Board on a new inspection model for pharmacies and the role of Community Pharmacies.

### New Inspection Model for Pharmacies

Members were told that the new inspection model was the first time that pharmacies had been inspected against set regulated standards for registered pharmacies. It was noted that following an inspection, feedback was given by the inspector and all the members of pharmacy team were informed of this rather than just the main pharmacist. It was hoped that inspection reports would be published in the future but that further work needed to be done before this could occur.

Questions from the Board in respect of the first presentation included;

- Would lay people be involved in pharmacy inspections?
- If standards were set individually by each pharmacy would this have an effect on the safety of patients?

In response it was reported that;

- The GPhC were keen to see how to involve more people in inspections.
- That the new model would encourage innovation but with a focus on consistency and outcomes.

### The Role of Community Pharmacies

It was highlighted that the role of the Community Pharmacy was not to compete with GP surgeries but was about collaboration in providing patient care.

Community Pharmacies could act as the “NHS on the High Street” and for example could help patients with Long Term Conditions who may not have accessed either a GP’s surgery or an Accident and Emergency Department beforehand.

Questions from the Board on Professor Parish’s presentation included;

- How was customer insight being measured, how aware of the pharmacy of the local community? For example how much of a relationship did Police Community Support Officers (PCSO’s) have with local pharmacies?
- It was not known if York had a Healthy Living Pharmacy, but what might the barriers be to having one?
- Had additional work been carried out regarding mental health training for pharmacists to support residents?
- What was the ownership model of a pharmacy, could it have vested interests?

In response it was reported that;

- Pharmacies hitting an ‘excellent’ mark would play a wider role in the community, for example they would notice migration changes.
- Independent pharmacists had been keen to collaborate and form Healthy Living Pharmacies.
- Larger companies that operated pharmacies tended to want consistency across all their stores, but this could make it difficult to be as responsive to local circumstances as other pharmacies.

It was felt that more action needed to be taken on investigating the role of pharmacies within the Care Hub model outlined in the Better Care Fund.

The Chair agreed and suggested that it be discussed at the next meeting. She thanked both presenters for their presentations and attendance at the meeting and pointed out that York was the first Health and Wellbeing Board that had been visited by the GPhC.

Resolved: (i) That the presentations be noted.

- (ii) That further action be taken to consider the place of pharmacy in Care Hubs within the Better Care Fund.

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

#### **48. The Better Care Fund Plan**

Board Members received a report which introduced them to the latest version of York's Better Care Fund (BCF) plan which would be sent to NHS England on 4 April 2014.

It was reported that there would be two further stock takes of the plan before it was finalised. Several changes had taken place since the initial plan was drafted. For example;

- The language used within the plan had been changed in order to make the plan easily readable.
- The metrics used had been updated with new targets to achieve .
- More details had been added in on individual schemes that the BCF would help to deliver.

Officers reported that following discussion on the Pharmacy item on the agenda, that further work would take place in regards to including pharmacies within the proposed Care Hubs. In response to a concern about outcomes for care homes, Officers reported that these would be picked up within the next refresh of the BCF

Some Board Members pointed out that the role of the Independent Care Sector played in providing care in York had not been referenced in the plan. This sector wanted to play a significant role in the development and direction of the plan.

The Board were told that the Better Care Fund was money from existing funding and that the aim of the plan was not to cut services but to deliver them in a different manner.

Resolved: (i) That the report be noted.

- (ii) That the Better Care Fund plan be agreed.

- (iii) That it be accepted that work will continue to fine tune the plan up until the NHS deadline of 4 April 2014.
- (iv) That the Chair formally sign off the Better Care Fund final plan on behalf of the Health and Wellbeing Board.

Reason: (i) So that the Health and Wellbeing Board can take full and formal ownerships of York's integration plan and the use of the Better Care Fund.

- (ii) It is a requirement that Health and Wellbeing Boards sign off the Better Care Fund plans before they are submitted to NHS England.

#### **49. Strengthening Safeguarding Arrangements-Joint Working between Boards**

Board Members received a report which proposed a protocol to be agreed to strengthen and clarify the alignment of accountabilities between the Health and Wellbeing Board (HWBB), its sub group, the Children's Trust YorOK Board (YorOK) and the City of York Safeguarding Children Board (CYSCB).

Resolved: That a lead Board Member be nominated as soon as possible to negotiate and agree a written protocol based on the draft attached at Annex A to the report, with the safeguarding Children Board.

Reason: This will provide greater transparency and a robust structured framework for understanding of roles and accountability between the Health and Wellbeing Board, YorOK Board and the Safeguarding Children Board.

Resolved: (i) That the protocol is considered formally for approval at the next meeting of the Board.

- (iii) That a report be commissioned from the YorOK Board on the effectiveness of the help being provided to children and families, including early help to inform the CYSCB Annual Report 2013/14.

Reason: This will enable planned scheduling of reporting for the forthcoming municipal year.

## **50. Annual Report- Adult Safeguarding Board**

Board Members received a report which provided them with information on the work of the Safeguarding Adults Board over the course of 2013. Kevin McAleese CBE, the Independent Chair of the Safeguarding Adults Board (SAB) attended the meeting to present the report.

It was reported that from 2015 that the Safeguarding Adults Board would have the same statutory role as the City of York Safeguarding Children Board.

The Board were informed that there had been 580 safeguarding alerts reported over the previous year in York and that this was above the national average. This had raised an issue of capacity. It was reported that the most common source of abuse was within the home.

The aim of the SAB was to make safeguarding personal, i.e. not counting safeguarding activity but also tracking outcomes as a result of that activity. It was reported that each Board meeting started with the consideration of an actual Adult Safeguarding Case Study.

In addition, the Strategic Plan for 2014-15 was available online at the SAB's website and that all reports considered by the Board would be allied with the tax year rather than municipal year and would include individual contributions.

Discussion of the report between Board Members took place. It was noted that a main area of challenge was that of transitions between ages, particularly between the ages of 18-65.

It was reported that there would be greater integration of safeguarding services in the Council and that preparatory work was taking place. The Board were told that joint meetings of the Safeguarding Children's Board and Safeguarding Adults Board had been arranged.

Resolved: That the report be noted.

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

Councillor T Simpson-Laing, Chair

[The meeting started at 4.35 pm and finished at 6.45 pm].





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**Health and Wellbeing Board**

16 July 2014

Report of the Independent Chair of City Of York Safeguarding Children Board

**Draft Summary of the Annual Report of the City of York Safeguarding Children Board 2013/14****1. Summary**

This report will give the Health and Wellbeing Board an indication of key areas of progress in implementing actions from the previous annual report and business plan between 1<sup>st</sup> April 2013 and 31<sup>st</sup> March 2014. It highlights areas for further improvement and key priorities for safeguarding across the city for 2014/15.

The Board are asked to support the priorities for 2014/15 and agree to provide leadership and support for these integrating these into the work of the Board or its sub groups where appropriate.

**2. Background**

The Independent Chair of the Safeguarding Children Board is required by statutory guidance to publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The report should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles. The report should be submitted to the Chief Executive, Leader of the Council, the local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board.

**3. Main/Key Issues to be Considered**

The draft summary report at Appendix A describes the activity during 2013/14 that will inform a judgement about the effectiveness of safeguarding arrangements within the City of York during that period and indicates areas for further attention in the coming year. The final full report is for approval by the Safeguarding Board on

the 23rd July 2014; this will be supported by a comprehensive reference document.

4. **Consultation**

Members of the Safeguarding Board have provided information for inclusion in the report. The Performance Sub group and Executive for the Board have provided input into the report which was co-ordinated by Children's Services Safeguarding Business Unit.

5. **Analysis**

This year has been a period of significant change: the introduction of the revised national guidance Working Together 2013, and the start of a new Ofsted Inspection regime that, for the first time, includes a judgement about the effectiveness of the LSCB.

The Board has a new Independent Chair, the City has appointed a new Director of Children's Services and the Vale of York Clinical Commissioning Group (CCG) appointed a new Chief Nurse. These are positive opportunities for further creative thinking and challenge to ensure the Board continues a culture of continuous improvement in 2014 /15.

As at 1 April 2013, the CCG took on its full powers but had some conditions to be met, one of which was to ensure a clear line of accountability for safeguarding is reflected in CCG governance arrangements and that there were arrangements in place to co-operate with the local authority in the operation of the Local Safeguarding Children Board and the Safeguarding Adults Board. Having provided assurances about this the CCG was fully authorised in January 2014.

During the summer of 2013 a peer review of the Board was commissioned, which made a number of suggestions for improvement.

An action plan has been implemented to respond to this. I have taken the opportunity as a new Chair to review the budget, support arrangements, structures and governance of the Board.

As Chair I have also prioritised developing the relationships with the YorOk Children's Trust and the Health and Wellbeing Board with the aim of making accountability more transparent, identifying

synergies, reducing duplication of effort and ensuring safeguarding remains a key priority in the current financial context when all partners have reducing resources. This will continue into 2014/15.

In particular the Chair of the Adult Safeguarding Board and I are jointly committed to working together as that Board moves towards statutory status in April 2015.

Local Safeguarding Children Board's are now responsible for ensuring the effectiveness of early help. An Early Help strategy and action plan has been approved by the Board and the YorOk Board. In York the CYSCB has formally agreed through the Health and Wellbeing Board that the YorOK Children's Trust Board will lead on this area and will provide assurances to the CYSCB.

In the past year the York Health and Wellbeing Board has established a domestic violence strategy group with membership from all the relevant agencies and representatives from the CYSCB. This must ensure that responding children affected is central to the work and will provide crucial leadership for a key priority area for development.

The Director of Public Health ensures that the needs of vulnerable children are a key part of the Joint Strategic Needs Assessment (JSNA) that is developed by the Health and Wellbeing board. The CYSCB will work with the Health and Wellbeing Board, informing and drawing on any updated Joint Strategic Needs Assessment which should also include an understanding of the prevalence of neglect.

## **6. Strategic/Operational Plans**

The Health and Wellbeing strategy and The YorOk Board plan "Dream Again" 2013-16 includes the key objective of "Ensuring children and young people always feel safe" and states that Safeguarding lies at the heart of all our work, as does ensuring that there are "arenas of safety" at home, at school and in the community.

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

- Helping children and young people to always feel safe;
- Supporting those who need extra help at the earliest

## 7. Implications

### **Financial**

Statutory Guidance; Working Together 2013 states, “All Local Safeguarding Children Boards (LSCB member organisations have an obligation to provide LSCBs with reliable resources (including finance) that enable the LSCB to be strong and effective. Members should share the financial responsibility for the LSCB in such a way that a disproportionate burden does not fall on a small number of partner agencies”.

There is a forecast shortfall of funding for the Safeguarding Board over next three years which will need to be addressed if the current support systems and Board activity is to be maintained at the current level. This is already the subject of consideration by the key funders and does not involve a contribution from this Board.

### **Human Resources (HR)**

All partner agencies are required to provide assurances to the Safeguarding Board that they adhere to Safe Recruitment standards

### **Equalities**

There are no specific implications.

### **Legal**

In order to provide effective scrutiny, the CYSCB should be independent. It should not be subordinate to, nor subsumed within, other local structures.

### **Crime and Disorder**

Without Walls Strategy 2011-2015 states “An essential factor affecting people’s quality of life is that they feel safe and secure in their home and local area.” Although this was written in the context of crime reduction it should also apply to safeguarding children.

The Safer York Partnership is currently developing a new Community Safety Plan. The LSCB would want to see this include children and young people as a priority, particularly in relation to protecting them from crime.

### **Information Technology (IT)**

There are no IT implications

### **Property**

There are no property implications

### **Other**

There are no other specific implications

## **8. Risk Management**

The risk for the Board in not following the recommendations is that any future inspection may comment negatively on their engagement with the Safeguarding agenda.

## **9. Recommendations**

The Health and Wellbeing Board are asked to consider:

The content of the draft summary report and provide any verbal comments or written comments by the 22nd July for consideration by the Safeguarding Children Board on the 23rd July

Reason:

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

Reason:

This will demonstrate the Board's commitment to Safeguarding Children

**Contact Details**

**Author:**

Simon Westwood  
Independent Chair  
City of York Safeguarding  
Children Board

**Chief Officer Responsible for the  
report:**

Jon Stonehouse  
Director of Children's Services  
City Of York Council

**Report  
Approved**

**Date** 2 July 2014

**Specialist Implications Officer(s)**

Joe Cocker, CYSCB Manager, Children's Services, City of York  
Council, Tel No.01904 555695

**Wards Affected:**

**All**

**For further information please contact Joe Cocker  
Background Papers:**

***All relevant background papers must be listed here.***

*None*

**Annexes**

Annex A - Draft Summary, Annual Safeguarding Children Board Report  
2013/14



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Working with children, parents and professionals to make our childrens' lives safer.

# **City of York Safeguarding Children Board**

## **Annual Report 2013/14**

### **Summary**

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

The City of York Safeguarding Children Board (CYSCB) is a statutory local body responsible for agreeing how child safeguarding agencies cooperate and work together to safeguard and promote the welfare of children and for ensuring this work is effective.

The work of the CYSCB is outlined in the statutory guidance, Working Together to Safeguard Children (2013) which sets out how organisations and individuals should work together to safeguard and promote the welfare of children.

**Our vision**

The City of York Safeguarding Children’s Board (CYSCB) has a vision for all the children of York to grow up in safety and to always feel safe.

**Key Principles** - We believe that this can be achieved through:

- listening to what children say and acting on it
- the delivery of services which work together to prevent harm
- identifying and responding to concerns early
- intervening robustly where there are suspicions that a child has or is likely to suffer harm

***The role of the CYSCB***

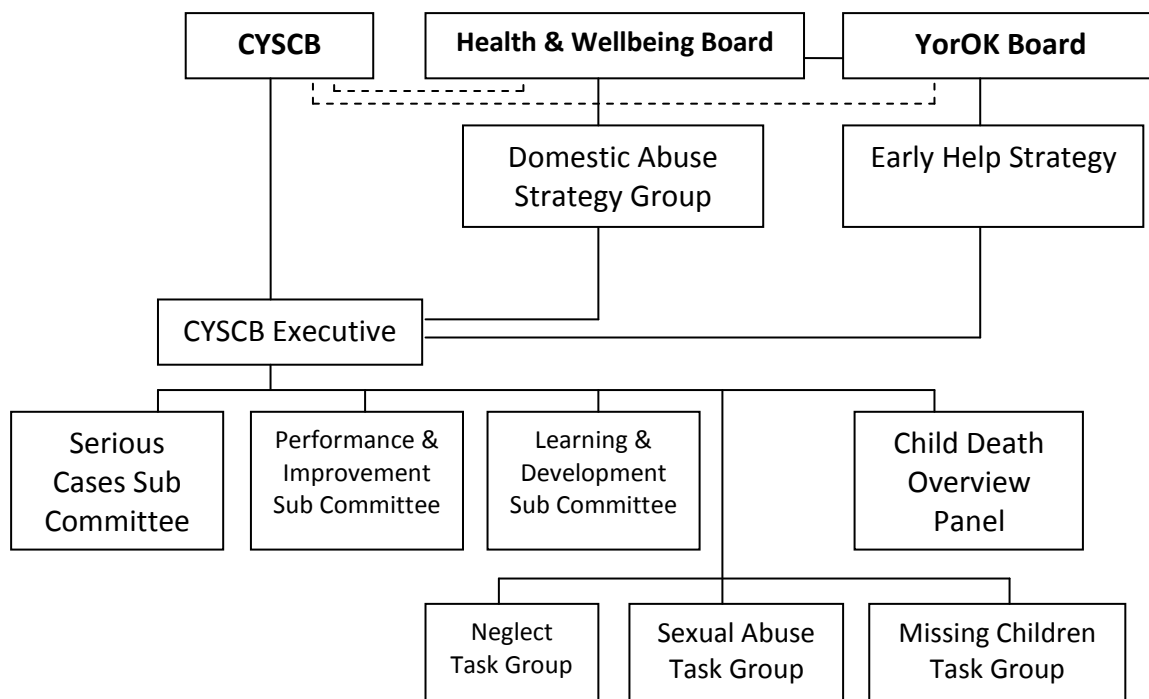
The CYSCB will:

- facilitate and promote interagency cooperation and partnership working.
- provide robust independent challenge whenever there is evidence of practice which fails to promote the best interests of children.
- support agencies in developing and improving their safeguarding practices.



- be a responsive, learning organisation which strives to continually improve, and continue to develop mechanisms which monitor its own and partner agencies' performance
- use any emerging lessons to improve practices and outcomes for children.
- seek the views of children and their families to inform how services can better meet their needs.

## Governance Structure



## Independent Chair - Summary Statement

This is my first annual report as Independent Chair of the Board. I started in this role in January 2014 and was immediately struck by the willingness of people to meet with me, share ideas, work together and their commitment to continuous improvement was positive.

The culture I encountered was child centred, open and transparent and this creates an environment where challenge is seen as positive. I want to record thanks to my predecessor Roger Thompson for his work with the Board over a number of years which has set this direction.

I would also like to thank the frontline staff and managers in all agencies across York for their work in safeguarding children. The Board recognises that the effectiveness of safeguarding across the City is dependent on the quality of the work of those in direct contact with children and young people and the support they receive through working in partnership.

I would like to thank members of the City of York Safeguarding Children Board and the Safeguarding Business Unit for the welcome they have given me as the new Chair, for their commitment to safeguarding and for their openness to further improve our effectiveness as a Board.

### **Context**

This year has been a period of significant change: the introduction of the revised national guidance Working Together 2013, and the start of a new Ofsted Inspection regime that, for the first time, includes a judgement about the effectiveness of the LSCB.

The Board has a new Independent Chair, the City has appointed a new Director of Children's Services and the Vale of York Clinical Commissioning Group (CCG) appointed a new Chief Nurse. I see these as positive opportunities for further creative thinking and challenge to ensure the Board continues a culture of continuous improvement in 2014 /15.

As at 1 April 2013, the CCG took on its full powers but had some conditions to be met. One of these was to ensure that a clear line of accountability for safeguarding was reflected in CCG governance arrangements and that there were arrangements in place to co-operate with the local authority in the operation of the Local Safeguarding Children Board and the Safeguarding Adults Board. Having provided assurances about this the CCG was fully authorised in January 2014.

During the summer of 2013 a peer review of the Board was commissioned which made a number of suggestions for improvement. An action plan has been implemented to respond to this. I have taken the opportunity as a new Chair to review the budget, support arrangements, structures and governance of the Board.

I have also prioritised developing the relationships with the YorOk Children's Trust and the Health and Wellbeing Board with the aim of making accountability more transparent, identifying synergies, reducing duplication of effort and ensuring safeguarding remains a key priority in the current financial context when all partners have reducing resources.

This will continue into 2014/15. In particular the Chair of the Adult Safeguarding Board and I are jointly committed to working together as that Board moves towards statutory status in April 2015.

Other key developments this year have been:

- This year Board approved and published the revised Integrated Working Threshold Guidance and these are supported by a prevention route map and safeguarding route map.
- Reshaping arrangements for responding to referrals to social care and the co-location of the Police Central Referral Unit (CRU) with the referral and assessment teams has improved information sharing and responses to referrals.
- Over the past year, the CYSCB has been actively involved in the Child Sexual Exploitation strategic group, chaired by North Yorkshire Police, which is developing a cross border strategy across North Yorkshire and York.
- Early in 2014 the Board set up the Safeguarding Children Involvement Group (SCIG) In order to improve engagement with young people. This has met twice and will continue to be an area for development.

I believe that the best way to protect children and young people is to ensure that they are loved and cared for; are not living in poverty or neglected and are given opportunities to learn and grow their aspirations. For those who are not so fortunate the City of York Safeguarding Board will do all it can to ensure their safety is a priority for all agencies working in the City Of York and we are committed to continuous improvement.

### **Progress during 2013/14**

#### **Assurance Audit**

Section 11 (s11) of the Children and Adoption Act 2004 places a responsibility on named CYSCB agencies to make arrangements to safeguard and promote the welfare of children. The 2013 audit highlights strengths across the partnership of the commitment to safeguarding children. However, there are some areas and themes across the partnership which require further work. The 2013 audit identified the need for development in the areas of:

- Safer working practices

- Involving children and families in service planning
- Practice supervision and accountability.

For the first time, the CYSCB joined with the North Yorkshire Safeguarding Children Board (NYSCB) in a 'challenge event' bringing together agencies in the spirit of learning from each other. The s11 audit will be repeated in the autumn of 2014 with a challenge event hosted by the CYSCB and including the North Yorkshire Safeguarding Children Board in December 2015. The 2014 audit will be scrutinised against the 2013 audit with particular attention paid to those areas requiring improvement.

***The Government published the new Working Together guidance in March 2013 and during the year the CYSCB has reviewed its functions, processes and work plan to ensure it is compliant with this.***

The CYSCB has:

- Commissioned a peer review to assess the effectiveness of the Board and its compliance with statutory guidance
- Reviewed and is in the process of restructuring the Board including its accountability and governance
- Developed a comprehensive Learning and Performance Framework to provide an objective oversight of the effectiveness of the early help and safeguarding arrangements in York
- Reviewed and amended the interagency procedures

***Develop and implement systems to ensure that the CYSCB maintains an organisational culture of continuous learning and improvement, and a focus on improving outcomes for children***

The CYSCB has:

- Developed a Learning and Performance Framework to identify and inform organisational and practitioner learning

- Undertaken a review of all case reviews undertaken by the CYSCB over the past seven years. The findings of the review have contributed to a restructuring of the Serious Cases Sub Committee and the way lessons will be learnt in the future
- Developed creative learning opportunity for people who work with children including master classes, targeted training and practice learning groups

***Develop and embed performance management processes to enable the CYSCB to monitor the effectiveness of systems to safeguard children and young people, and to respond to indications of emerging trends and/or risks.***

The CYSCB has:

- Developed a comprehensive Learning and Performance Framework to provide an objective oversight of the effectiveness of the early help and safeguarding arrangements in York. The focus of the framework is to gauge the impact of the work undertaken to provide early help and to safeguard children in York.
- Commissioned the Children's Trust Unit to develop a Safeguarding Children Involvement Group. This multi-agency group brings together a range of partners to develop the range, quality and effectiveness of involving children and young people
- Developed an audit process which focuses on the quality of practice and whether practice has delivered sustainable improvements for children

***Ensure that children are safeguarded from the impact of neglect***

The CYSCB has:

- Undertaken a case audit of practice in relation to children experiencing neglect. The audit focussed on each tier of need from early help to child protection services. The findings of the audit identifies further areas for development leading to the priority being renewed for 2014/15

- Embedded the learning from the thematic review and national reviews in core CYSCB training
- Ensured that neglect has been included in the Safeguarding Board and YorOK's Board's Early Help Strategy
- Ensured that improving the quality of assessments in neglect cases has been included as a priority area in the Children's Social Care business plan
- Supported Children's Social Care to develop a single assessment which reflects the findings of the thematic review's findings on the shortfalls of the previous assessment framework

***Ensure that vulnerable young people are better protected from child sexual exploitation (CSE)***

The CYSCB has:

- Joined with colleagues in North Yorkshire to form a countywide strategy group chaired by a senior police officer from North Yorkshire Police to develop a countywide strategy and coordinate joint activity and resources.
- Developed a local stakeholder group which produced a local action plan, procedures and training. This group has now been superseded by the Child Sexual Abuse Task Group.
- Established a Child Sexual Abuse Task Group; recognising the need, based on case reviews, to develop a strategy for responding more widely to child sexual abuse which includes CSE and children who sexually harm other children
- Involvement in the national working group for sexually exploited children and young people offering access to a range of research, resources and specialist expertise.
- Delivered a range of learning events including a half day briefing on responding to CSE, targeted training for those working with young people and families and learning lessons from reviews

- Co-hosted a Countywide conference on child sexual exploitation

### ***Other Areas of Improvement***

#### ***Early help***

- In 2013/14, 228 Common Assessments (CAFs) were started which provides a way of working with families to understand what support they need. Good CAFs included information and involvement from a range of professionals with the 'child's voice' clearly recorded. An audit of CAFs found their quality to be variable.
- 315 Troubled Families have been identified. The intensive work with these families has resulted in significant improvements in 117 of these families.
- Local Safeguarding Children Board's are now responsible for ensuring the effectiveness of early help. In York the CYSCB has formally agreed through the Health and Wellbeing Board that the YorOK Children's Trust Board will lead on this area and will provide assurances to the CYSCB.
- An early help strategy has been developed on behalf of the whole children's partnership by colleagues in the YorOK Children's Trust Board and the CYSCB.

The strategy aims to:

- Move towards a locality model for early help arrangements, strengthen integrated working, information sharing and proactively identify vulnerable children
- Improve quality of practice
- Improve and integrate performance monitoring
- Strengthen commissioning
- Develop the Workforce Strategy
- Improve communication

### ***Children in need***

- The newly formed Child in Need Teams are working closely with other agencies to help children who have been assessed as children in need of services.
- At end of March 2014 the CIN service was working with 271 children. 178 of these children were Child in Need (S17) (66%) and 93 children (34%) were subject to a Child Protection Plan or 'edge of care'.

### ***Child protection***

- In March 2014, 131 children were subject to Child Protection Plans. 43% were registered as being at risk of neglect, 33% at risk of emotional abuse, 4.6% at risk of physical abuse and 5.3% at risk of sexual abuse. During the period the level of children registered as being at risk of neglect reached 58% although the reason for this requires further analysis.
- The number of referrals accepted by Children's Social Care has increased from 862 in 2012/13 to 1,404 a rise of 63%. Positively the number of re-referrals has only risen by 15% from 163 to 187 over the same period.

### ***Looked after children***

- The number of looked after children (LAC) has reduced to 220 which is the lowest level since 2008/09.
- 17 children were placed outside of York which is a significant drop compared to previous years.
- 100% of care leavers were assessed to be in suitable accommodation with 79% being in education, employment or training.



## **Key Themes 2013/14**

### ***Neglect***

Defining neglect is difficult and understanding its causes challenges professionals. As a result people working with children often focus on the symptoms rather than the causes which mean that children suffer neglectful parenting for many years. A thematic review was carried out by the CYSCB in 2011/12 which found that neglect can result in significant and long lasting harm to a child. The review said that neglect can and should be identified early and once identified should result in an assertive and tenacious response. Professionals should treat it with the same urgency as any other form of abuse and should not give up until the child is no longer being neglected.

Simply we should always ask the question 'what is life like for this child?'

- More children continue to be subject to child protection plans for neglect than any other form of maltreatment. However there is clear evidence from audits that children experiencing neglect are not receiving the right help at the right time.
- Dental health is an indicator of neglect. Only 41% of children subject to child protection plans attended a dentist.

### ***Child sexual abuse***

- The number of children subject to child protection plans for sexual abuse has declined significantly since 2008 when approximately 18% of all registrations were for sexual abuse.
- Messages from reviews undertaken by the CYSCB suggest that professionals do not have a good enough understanding of sexual abuse. As a result sexual abuse can go unrecognised or the professional response is ineffective.
- North Yorkshire Police have identified that although the number of children at risk of being sexually exploited is small, children who go missing from home or care, or misuse alcohol or drugs are most at risk.

- The CYSCB has worked closely with the North Yorkshire Safeguarding Children Board to deal with children at risk of being sexually exploited including hosting a joint conference for 200 delegates from both areas in March 2014.
- Research shows that many adults who sexually abuse children exhibit concerning sexual behaviours as children. Although the CYSCB has a process for dealing with children with sexually harmful behaviours it is not possible to quantify how many children exhibit these behaviours.

### ***Local Authority Designated Officer- Allegations against professionals***

- 49 allegations were received against childcare professionals during 2013/14.
- 39% of all allegations were substantiated, 11% unfounded (this means that something happened but was misunderstood or misinterpreted). Only one case was assessed as malicious.
- 33% of the allegations were made against education personnel, 27% against early years personnel and 11% against foster carers.
- 42% of the allegations related to sexual abuse and misconduct with 36% for physical mistreatment.

### ***Children who go missing***

- Children who go missing from home or care are vulnerable to abuse and exploitation. These children are known to have poor educational outcomes and more likely to suffer mental ill-health.
- In 2013/14 - 484 children went missing from home or care.
- Looked after children and children cared for by someone other than their parents are more likely to go missing.
- Most children who go missing are aged between 14 and 16 years.
- A small number of children who went missing were found to be associating with adults who pose a risk to children.

- 53 children were reported as missing from education which is 0.26% of the school population. Most of these children are located with the remainder believed to have moved away from York. However, the tracking of these children is not sufficiently robust.

### ***Domestic abuse***

In the past year the York Health and Wellbeing Board has established a domestic violence strategy group with membership from all the relevant agencies and representatives from the CYSCB. The group role is to develop a York Domestic Abuse strategy and action plan. The Council has joined the White Ribbon Campaign which urges men to speak out against violent and abusive behaviour towards women.

The Police and the Independent Domestic Abuse Service (IDAS) work in partnership with the aim to intervene at the first incident. Cases assessed by Police as low risk of harm are passed to the early intervention worker with or without consent who will provide advice and support to the family. This approach undermines the ability of the perpetrator to discourage victims. Between February and May 2014, 93 referrals have been made for early intervention work. This project was funded by Safer York Partnership as a pilot.

Research shows that many young people are living with violence and abuse in their own relationships with a quarter of teenage girls reporting that they had been assaulted by their boyfriend<sup>1</sup>. To combat this IDAS run services for young people experiencing abuse in their relationships. Further funding was obtained from Public Health to train 17 practitioners across York to deliver and use the Respect Toolkit with 14-18 year olds who have been abusive. The Youth Offending Team (YOT) and the Pupil Referral Unit have been involved in diversionary work using the toolkit.

The City also benefits from having an NSPCC service, *Domestic Abuse Recovering Together (DART)*. Over the past year the service has worked with 15 mothers and 15 children in the DART group work programme. DART offers mothers and their children a safe environment in which they can talk about past domestic abuse and strengthen their relationship.

- Research shows that 40% of cases referred to Children's Social Care have experienced domestic abuse.

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<sup>1</sup> NSPCC , 2009

- North Yorkshire Police record that there is a child present in 18% of all domestic abuse incidents where the police attend. There are children present in 14% of incidents assessed by the police as 'high risk' and 19% of cases assessed as 'medium risk'.
- The number of repeated incidents of domestic abuse has risen. However, this is likely to be due to the success of the Multi-Agency Risk Assessment Conference (MARAC) which encourages victims to report all incidents of abuse.
- All cases are contacted by an early intervention worker with families provided with access to support services. Medium and high risk cases involving children are assessed by the MARAC and provided with a safety plan.

### ***Child deaths***

- The Child Death Overview Panel (CDOP) reviewed the cases of 14 children who died in York. The number of deaths of York Children reported to CDOP was 3. The reason for the difference is due to delays in receiving notifications.
- An analysis of the CDOP findings will be presented in the CDOP annual report which will be published in summer 2014

### **Listening to children**

- The CYSCB wants its work to be informed by children and the CYSCB has established a Safeguarding Children Involvement Group. The role of the group is to develop a range of approaches to seek and listen to the views of children.
- Children's Trust Unit will provide feedback on what children are saying in a range of surveys
- Looked after children are telling us that they are positive about their placements and feel listened to. 76% say that their placement is either 'good' or 'very good'. They feel well supported in terms of their health and education.

- Most looked after children were happy with the contact they have with their families although they report finding it difficult making contact with their social worker.
- Many Looked After children said that they did not know who their Independent Reviewing Officer (IRO) was because they had not been visited by the IRO between meetings.

### **Assuring good practice**

- Although the CYSCB has been recognised by previous inspections to be effective it commissioned a peer review to provide an object scrutiny of its work.
- The review found examples of positive work especially in relation to neglect and the Board's willingness to learn and improve. However, it found that the CYSCB needed to improve its profile and do better with analysing and monitoring the effectiveness of safeguarding practice. It also found that there was insufficient attention paid to seeking the views of children.
- The CYSCB has responded to all the areas identified in the peer review and has an improvement plan to ensure that it remains effective.
- The CYSCB has improved the way it monitors and assures safeguarding practice by developing a comprehensive Performance and Improvement Framework. The CYSCB also undertakes routine audits of cases.

### **The children's workforce**

- The CYSCB provides a wide range of safeguarding training opportunities to those who work with children. The opportunities include training, master classes, practice learning groups, briefings and a conference.
- The range of learning has received very positive evaluations with 99% rating the presentation and content of courses as being either good or excellent.

- Some work has been undertaken to evaluate the effectiveness of the learning using post course surveys. However, more work needs to be done in order to be assured of the effectiveness on the learning provided.

### **Learning from experience**

- No serious case reviews were undertaken during 2013/14. However, one Learning Lessons Review and one Single Agency Review have been completed.
- The CYSCB has produced an overview report of all the case reviews undertaken over the past 7 years. The review highlighted common themes through most if not all the case reviews including the adequacy of assessments, the quality of supervision and the professional understanding of various forms of child maltreatment including neglect, sexual abuse and domestic abuse.
- The review of case reviews also found that the quality of reviews was variable as was the process for learning the lessons. As a result the CYSCB has changed the review process to include fewer recommendations which focus more clearly on achieving better outcomes for children.
- The practice lessons identified by the review have made a significant contribution to shaping the CYSCB's priorities.
- The CYSCB has undertaken regular audits of cases. The audits have identified similar lessons to the case reviews; the quality of assessment, absence of the child's voice and inadequate planning.
- A themed audit of neglect identified that the learning with the thematic review of child neglect published in 2012 have not sufficiently permeated practice or service planning.
- In response to the review along with the findings of case file audits Children's Social Care have prioritised improving the quality of assessments and improving social workers understanding of sexual abuse and neglect.

## **CYSCB's Priorities for 2014/15**

The CYSCB is continuing to develop a comprehensive Performance and Improvement framework as way of knowing and understanding what is happening to safeguard children. Based on this learning the Board has identified five key areas for further attention across the City:

### ***CYSCB priorities for 2014/15:***

#### **Early help:**

**Making sure problems are identified early and that families are provided with the right help at the right time. The CYSCB believes that where families receive the right help early later more serious problems can be prevented.**

#### **Neglect:**

**The CYSCB identified child neglect as a priority in the thematic review in 2012. However, despite some progress the findings of audits and reviews means that considerably more needs to be done if children are going to be protected from the long term damaging effect of neglect.**

#### **Child sexual abuse:**

**Child sexual exploitation (CSE) has received a lot of attention nationally and locally. Whilst CSE remains a priority, the CYSCB believes that child sexual abuse is underreported with reviews telling us that professionals need a better understanding of sexual abuse.**

#### **Domestic abuse:**

**The CYSCB recognises that there are still too many children living in families where there is domestic abuse. We also know that domestic abuse can be an indicator for neglect and has a long lasting impact on children and will often coexist with other forms of abuse**

**Children who go missing:**

**Children who go missing from home, care and education are vulnerable to abuse and exploitation. We also know that children go missing for a reason; often due to difficulties at home or in care. From the data, too many children go missing in York and that there is a need to improve the way all agencies respond. This may also be an indicator of neglect.**





## Health and Wellbeing Board

16 July 2014

Joint Report of the Independent Chair of The City of York Safeguarding Children Board and the Director of Children's Services

## Strengthening Safeguarding Arrangements – Joint Working between Boards

### Summary

1. The purpose of this report is to seek final agreement to the protocol, previously presented to the Board at the April meeting. The protocol is designed to strengthen and clarify the alignment of accountabilities between the Health and Wellbeing Board (HWBB), its sub group, the Children Trust YorOk Board (YorOK) and The City of York Safeguarding Children Board (CYSCB).

### Background

2. The Health and Wellbeing strategy includes the key objective of Enabling all children and young people to have the best start in life. Delivery of this will significantly strengthen safeguarding arrangements for the children of York.

### The Role of the City of York Safeguarding Children Board

3. The City of York Safeguarding Children Board has the statutory objective set out in Section 14 of the Children Act 2004 **to coordinate** what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and **to ensure the effectiveness of what is done by each such person or body for those purposes.**
4. Member organisations of the Health and Wellbeing Board and the YorOk Board are represented on the Safeguarding Board. It is essential that there are transparent agreements for these Boards to have reciprocal arrangements to share needs information, plan

jointly and influence priorities and report progress against relevant strategies and plans in relation to safeguarding.

5. In order to provide effective scrutiny, the CYSCB should be independent. It should not be subordinate to, nor subsumed within, other local structures.
6. Members of the CYSCB should be people with a strategic role in relation to safeguarding and promoting the welfare of children within their organisation. They should be able to:
  - speak for their organisation with authority
  - commit their organisation on policy and practice matters and
  - hold their own organisation to account and hold others to account
7. Individual Compact agreements have been developed for key statutory partners to formalise this expectation.

#### Main/Key Issues to be Considered

8. It is critical that the Boards work closely together to drive forward improvements in prevention, early help and ensuring local safeguarding arrangements are effective. This requires each Board to be clear about its specific leadership roles in relation to the broader safeguarding children agenda. It is also important that there are mechanisms for reciprocal challenge and support which can ensure the best possible arrangements to protect children through prevention, early help, prevention and child protection are in place.

#### **Consultation**

9. The Independent Chair of the Safeguarding Children Board has discussed joint working and the development of a joint protocol with the following people; the former Chair of Health and Wellbeing Board, the Chair of YorOk Board, the Director of Children's Services, The Director of Adult Services and Public Health.

#### **Options**

10. Option 1. The Health and Wellbeing Board agrees the protocol with the Safeguarding Children Board that sets out the key responsibilities of each board, reporting arrangements and

accountabilities and how each board will provide assurances to the other of the effectiveness of the help being provided to children and families, including early help.

## **Analysis**

11. The advantage of this will be to provide greater transparency and a robust structured framework for understanding of roles and accountabilities between the Health and Wellbeing Board, YorOK Board and the Safeguarding Children Board.

### Strategic/Operational Plans

12. The Health and Wellbeing strategy and The YorOk Board plan “Dream Again” 2013-16 includes the key objective of “Ensuring children and young people always feel safe” and states that Safeguarding lies at the heart of all our work, as does ensuring that there are “arenas of safety” at home, at school and in the community.
13. YorOK Board has detailed how it will deliver the principles and actions for this priority in “Dream Again”, York’s Strategic Plan for Children, Young People and their Families, 2013-2016.
  - Helping children and young people to always feel safe;
  - Supporting those who need extra help at the earliest opportunity

## **Implications**

### **Financial**

14. Statutory Guidance; Working Together 2013 states, “All Local Safeguarding Children Boards (LSCB member organisations have an obligation to provide LSCBs with reliable resources (including finance) that enable the LSCB to be strong and effective. Members should share the financial responsibility for the LSCB in such a way that a disproportionate burden does not fall on a small number of partner agencies.

### **Other**

15. There are no HR, Equalities, Legal, Crime & Disorder, IT or Property implications arising from this report.

## Risk Management

16. The key risk in not accepting the recommendation is that governance arrangements and leadership accountabilities may be unclear and this could negatively affect implementation of key strategies. Also this could have an impact on any external scrutiny or inspection.

## Recommendations

17. The Health and Wellbeing Board are asked to consider approving the protocol for immediate implementation.

Reason: This will strengthen and clarify governance arrangements between the Boards.

## Contact Details

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Independent Chair  
City of York Safeguarding  
Children Board

**Chief Officer Responsible for the report:**  
Jon Stonehouse  
Director of Children's Services,  
Education and Skills  
City of York Council

**Report**  **Date** 30 June  
**Approved**  2014

**Wards Affected:**

**All**

**For further information please contact the author of the report**

## Background Papers

- Working Together 2013 - <http://www.workingtogetheronline.co.uk/documents/Working%20TogetherFINAL.pdf>
- "Dream Again" – York Children's Plan
- York Health and Wellbeing Strategy

## Annex

Annex A - Protocol between the City of York Health & Wellbeing Board, YorOK Board and City of York Safeguarding Children Board.

**Glossary**

CDOP	Child Death Overview Panel
CYSCB	City of York Safeguarding Children Board
HWBB	Health and Wellbeing Board
JSNA	Joint Strategic Needs Assessment
LSCB	Local Safeguarding Children Board
YorOK	York Children's Trust

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July 2014

**City of York Health &  
Wellbeing Board/YorOK  
Children's Trust Board and  
Local Safeguarding Children  
Board Protocol**

## **1. Introduction**

- 1.1 This document sets out the expectations of the relationship and working arrangements between City of York Health & Wellbeing Board (HWBB) YorOK Children Trust Board and the City of York Safeguarding Children Board (CYSCB). It covers their respective roles and functions, membership of the boards, arrangements for challenge, oversight and scrutiny and performance management
- 1.2 The Chairs of the Boards have formally agreed to the arrangements set out in this document, which will be subject to review annually.

## **2. The City of York Safeguarding Children Board**

- 2.1 The CYSCB is a statutory partnership with responsibility for agreeing how relevant local organisations will co-operate to safeguard and promote the welfare of children. The CYSCB's role is to monitor and evaluate the effectiveness of local arrangements to safeguard all children.
- 2.2 The CYSCB's key lead responsibilities are to:
  - Develop policies and procedures for safeguarding and promoting welfare of children in the area of the authority, including policies and procedures in relation to the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention, ensuring safe recruitment and working practice, investigating allegations and concerns and training provision.
  - Monitor and evaluate the effectiveness of what is done by the Local authority and board partners individually and collectively to safeguard and promote the welfare of children and advise them on ways to improve.
  - Communicate and raise awareness of the need to safeguard children and promote the welfare of children to those who work with children including volunteers and members of the public



- Through the Child Death Overview Panel (CDOP) collect and analyse information about child deaths with a view to learning from experience and safeguarding and promoting the welfare of children
- Participate in the local planning and commissioning of children's services to ensure that they take safeguarding and promoting the welfare of children into account
- Undertake reviews of cases where abuse or neglect of a child is known or suspected, a child has died or a child has been seriously harmed, and there is cause for concern about the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.
  - Lead on or contribute to specific safeguarding initiatives e.g. sexual exploitation, e safety, substance misuse, licensing.

### **3. The Health & Wellbeing Board**

- 3.1 The Health & Wellbeing Board (HWBB) is a partnership of providers and commissioners of community, health and social care services in the City of York.
- 3.2 The Board commissions programmes of work to improve health outcomes and reduce health inequalities including for children living in City of York.
- 3.3 The basis for decisions about strategy and design for service delivery is the **Joint Strategic Needs Assessment (JSNA)** in City of York.

Within this context the overarching strategy for Health and Well Being Strategy and "Dream On" the Children's Plan for children should focus on prevention, early intervention and local delivery of care, provided within effective and integrated models of service delivery.

- 3.4 The members of the Board, through working together and developing integrated services, will:

- 1) Provide a forum to enable provider and commissioner dialogue
- 2) Play an expert and advisory function to the overarching Health and Wellbeing Board in respect of the setting of strategic priorities for children's health and wellbeing.
- 3) Implement the agreed programme of service transformation to meet the needs of children, provide services as close to home as possible, safeguard children and avoid duplication.

3.5 The HWBB's and YorOK key areas of lead responsibility are:

- The provision of expert advice on children's health across the city and input to commissioning as required
- Development and implementation of delivery plans for seamless pathways and integrated service delivery.
- Agreeing operational processes to deliver joined up care.
- Driving forward the further integration of multi-agency services.
- Developing children's workforce planning in partnership
- 'Unblocking' pathways where organisational boundaries are causing challenges.
- Driving change and bring challenge to encourage new ways of working.
- Agreeing joint working principles e.g. information sharing, consensus on consent etc.
- Developing a joint delivery plan for improvement within children's community health services with milestones for achievement.
- Lead accountability for strategies to address neglect, domestic abuse and through the YorOk Trust the delivery of the Early Help Action Plan.

#### **4. The Relationship between the CYSCB and the HWBB and YorOK**

- 4.1 The roles and responsibilities of the respective bodies are different but complementary. They have a common purpose – to promote joint working and co-operation between partners to improve the wellbeing of children in City of York, support and develop areas of mutual interest: examples include: identifying and addressing neglect, reducing domestic abuse and supporting children affected by this, reducing infant mortality, responding to changing need and challenges presented and experienced by children from ethnic minority groups and the changing ethnic profile in the city, reducing teenage conceptions and promoting integrated multi-agency practice in prevention and early help.
- 4.2 Whilst the CYSCB contributes to that wider goal of improving the well-being of all children, of necessity, it has a narrower focus on safeguarding and promoting welfare.
- 4.3 The CYSCB is a statutory body in its own right. In order to ensure that its separate identity and independent voice is not compromised, the CYSCB must not be subordinate to or subsumed within Children’s Trust Board structures.
- 4.4 Through its case review, evaluation and audit programmes of work, the CYSCB must be able to form a view of the quality of local activity, to challenge organisations as necessary, and to speak with an independent voice. For that reason, the CYSCB and HWBB and YorOK must be chaired by different people.
- 4.5 In City of York, the CYSCB is chaired by an independent person; the HWBB is chaired by an elected member of the Council, The YorOk Board is chaired by the Lead Member for Children’s Services (City of York City Council)
- 4.6 The Director of Children’s Services will represent the CYSCB on the HWBB. The independent Chair of CYSCB will be invited to attend HWBB and YorOk meetings, as/when necessary, in order to present reports and assist/advise on the development of effective plans and service delivery arrangements for safeguarding City of York children. Similarly, representatives of HWBB and YorOK will be invited to attend CYSCB when there are issues of common interest

and purpose and to provide assurance about the contributions of the boards to safeguarding arrangements in the City.

4.7 CYSCB will work with the HWBB and YorOK, informing and drawing on the JSNA. The HWBB may request the CYSCB to consider issues for development, action or scrutiny or vice versa.

4.8 Given the CYSCB's remit (see 2.2 above) the CYSCB's role in relation to HWBB is:

- to focus on ensuring that key people and organisations that have a duty under s11 of the Children Act 2004 are fulfilling their statutory obligations to safeguard and promote the welfare of children and that the arrangements made by the HWBB are effective in supporting this
- to offer support, guidance, advice, challenge and scrutiny to HWBB to enable the partner organisations to discharge their safeguarding responsibilities effectively
- to hold to account the HWBB for delivery of the aspects of lead strategies affecting children in relation to domestic abuse, neglect and early help
- to produce and publish an Annual Report which comments on the effectiveness of safeguarding in City of York and provides information and challenge to the work of the HWBB in order to drive improvements. The Annual Report will be submitted to the Chair of the HWBB as well as the Chief Executive of the Council, the Leader of the Council and the Police and Crime Commissioner).

4.9 The HWBB and YorOk will work with the CYSCB:

- to develop and interpret the Joint Strategic Needs Assessment with respect to safeguarding and promoting the welfare of City of York's children
- to develop a clear understanding of the effectiveness of current services, including where services might need to be improved, reshaped or developed
- to ensure priorities for change are delivered

- 4.10 The HWBB will consider within its remit any Community, Health and Social Care services the provision of which is the responsibility of its members; this will include safeguarding children services
- 4.11 In general, the CYSCB will not be an operational body or one which directly commissions or delivers services to children, young people and their families. YorOK and the HWBB provide expert advice around all issues of children's health. It supports the shaping of children's health strategy and priorities for the city to reduce health inequalities and improve outcomes for children and families. Commissioning decisions remain the remit of the relevant commissioning groups.

**5. Planning and Reporting**

- 5.1 There will be reciprocal bi-annual reporting on progress between the Boards in April and October of each year.
- 5.2 An annual planning meeting of the three chairs plus Lead Officers will be held in May of each year to set out a broad strategic work plan for the year identifying the Lead Board and reporting arrangements for each work stream.
- 5.3 The Chairs of the CYSCB and Adult Safeguarding Board will produce a joint report to the HWBB bi-annually on areas of joint working.

Signed:  Date: 13<sup>th</sup> July 2014  
Simon Westwood, Independent Chair of City of York Safeguarding Children Board

..... Date: 13<sup>th</sup> July 2014  
Signed:  
Cllr.Linsay Cunningham-Cross Chair of City of York Health and Wellbeing Board

..... Date: 13<sup>th</sup> July 2014  
Signed  
Cllr. Janet Looker, Chair of YorOK Children's Trust Board

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**Health and Wellbeing Board****16 July 2014**

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

**Alcohol****Summary**

1. The Board will receive a presentation in relation to alcohol at today's meeting as follows:

Clive Henn and Corinne Harvey from Public Health England will speak on national and regional trends in alcohol consumption, alcohol-related behaviour and the illness alcohol can produce. They will review the impacts and challenges drinking alcohol brings to our society.

**Background**

2. York being an affluent city has a high consumption of alcohol however, it has relatively low levels of alcohol-related hospital admissions and deaths, particularly when compared to more deprived areas.
3. Approximately 2.3% of the workforce is employed in bars, and York was recently identified as being the 7<sup>th</sup> worse local authority for binge drinking. The city experiences higher than average levels of alcohol related violent crimes which are likely to be related to binge drinking and the night time economy.

**Main/Key Issues to be Considered**

4. The presentation will identify the key issues to be considered.

**Consultation**

5. Consultation is not applicable to this item on the agenda.

### **Options**

6. There are no options for the Health and Wellbeing Board to consider.

### **Analysis**

7. This section is not applicable to this item on the agenda

### **Strategic/Operational Plans**

8. This topic relates to the theme of the CYC Council Plan “Protect vulnerable people”. It also links to the priorities and actions identified in the Joint Health and Wellbeing Strategy under the priority “Reducing health inequalities”.

### **Implications**

9. There are no known implications associated with the recommendations in this report.

### **Risk Management**

10. There are no risks attached to the recommendation below.

### **Recommendations**

11. The Health and Wellbeing Board are asked to consider the contents of the presentation.

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



**Contact Details**

**Author:**

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Public Health Consultant  
Tel: 01904 555761

**Chief Officer Responsible for the report:**

Dr Paul Edmondson-Jones  
Deputy Chief Executive and Director of Health and Wellbeing  
Tel: 01904 551993

**Report  
Approved**



**Date**

**Specialist Implications Officer(s)** None

**Wards Affected:**

All

**For further information please contact the author of the report**

**Background Papers:**

1. Guide to Alcohol for Councillors – obtainable from:  
<http://www.alcoholconcern.org.uk/publications/other-publications/guide-to-alcohol-for-councillors>
2. A Fact Sheet for GPs in York and North Yorkshire last year.

**Annexes**

Annex A - Key Alcohol Related Information for York

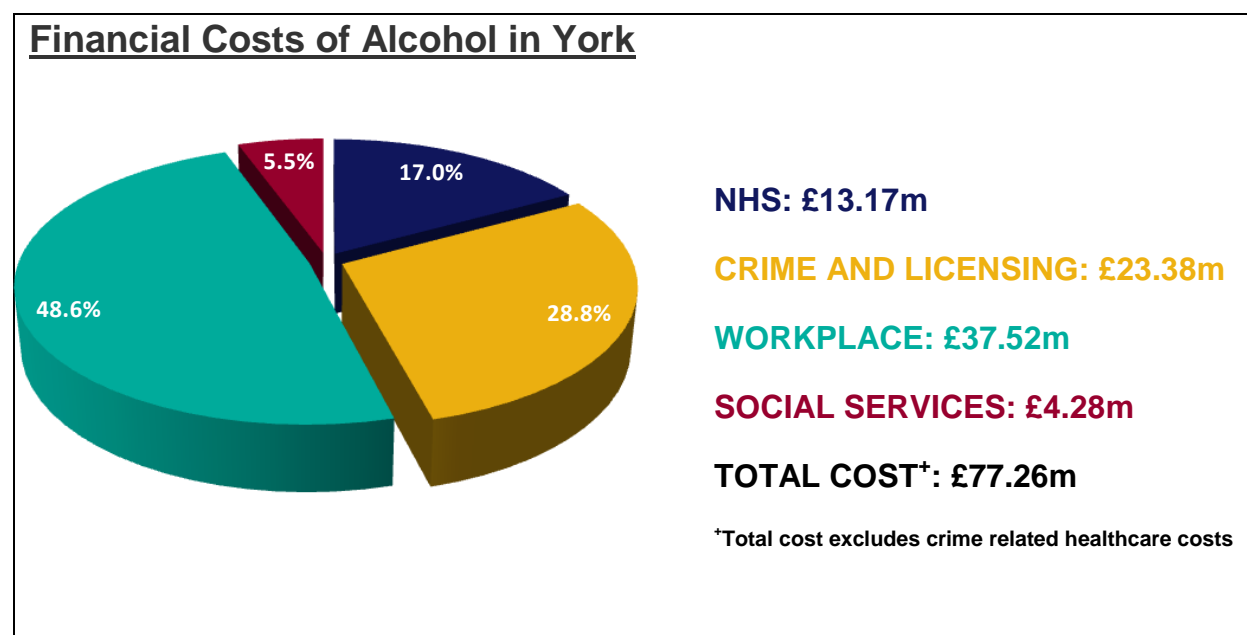
Annex B - Discussion paper which went to Safer York Partnership

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## Annex A - Key Alcohol Related Information for York

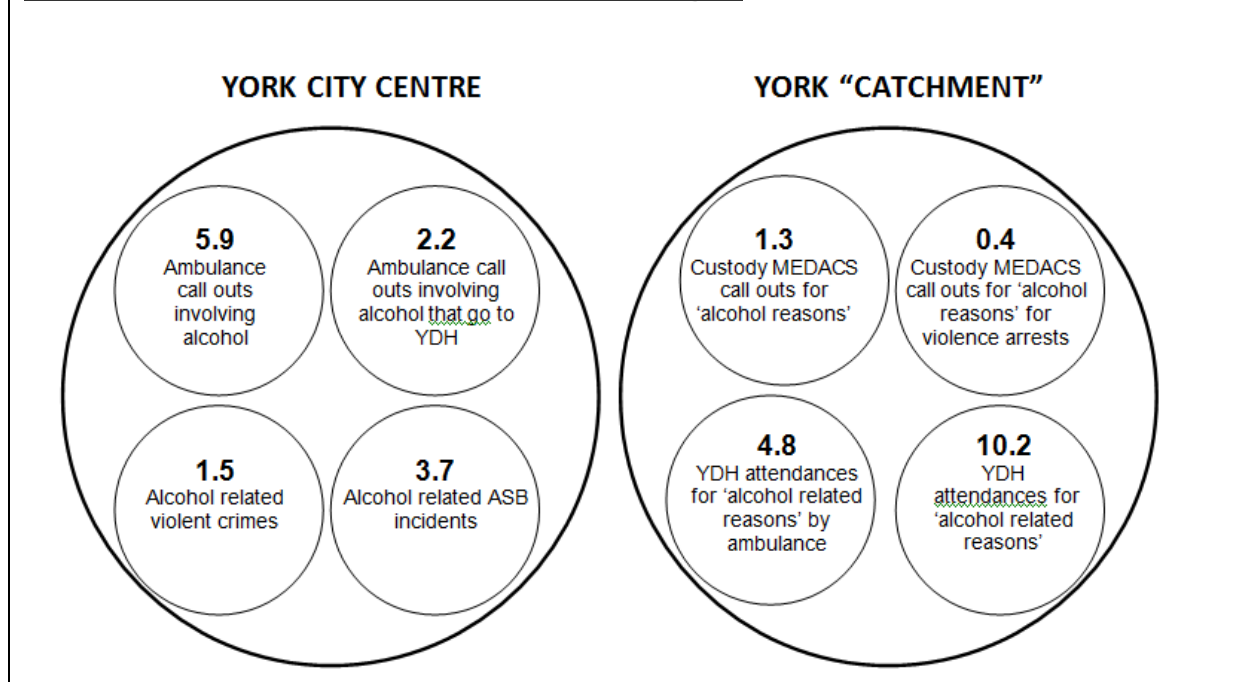
The Department of Health estimates that the harmful use of alcohol costs the National Health Service around £2.7 billion a year and 7% of all hospital admissions are alcohol related ([Public Health England, 2013](#)).

Public Health England estimated the cost to society from alcohol for each local authority area. For York, the breakdown of estimated cost is shown in the pie chart below. York has a lower alcohol cost per head of population (£391) compared with regional (£397) and national (£402) averages.



The impact of alcohol at a local level can be seen in the chart below which shows the demand placed on local services because of alcohol.

## Alcohol Related Impact of a Friday Night



Drinking alcohol can lead to over 40 medical conditions, including cancer, stroke, hypertension, liver disease and heart disease ([General Lifestyle Survey](#)).

Recommended levels of alcohol consumption are that:

- men should not regularly exceed 3-4 units of alcohol a day (equivalent to a pint and a half of 4% beer)
- women should not regularly exceed 2-3 units of alcohol a day (equivalent to a 175 ml glass of wine)

The Department of Health defines alcohol misuse into five categories:

- Lower risk drinking: men drinking no more than 3-4 units a day and women drinking no more than 2-3 units a day on a regular basis.
- Increasing risk (also known as hazardous drinking): men drinking more than 3-4 units a day and women drinking more than 2-3 units a day on a regular basis. These people are drinking above recognised sensible levels but are not yet experiencing harm.
- Higher risk (also known as harmful drinking): people who are drinking above recommended levels and experiencing physical and/or mental harm. Higher risk drinking is the regular consumption

of more than 8 units a day for a man or more than 6 units per day for a woman. Individuals categorised as higher risk drinkers are not dependent on alcohol.

- Dependent drinkers - this group are drinking above recommended levels, experiencing an increased drive to use alcohol and feel it is difficult to function without alcohol. Dependent drinking can be further sub-divided into three categories; mild, moderate or severe dependence.
- Binge drinking is defined as drinking at least twice the daily recommended amount of alcohol in a single drinking session (8 or more units for men and 6 or more units for women). Binge drinking usually refers to people drinking a lot of alcohol in a short space of time or drinking to get drunk.

York has higher rates of people drinking at increasing and higher risk levels and significantly higher rates of people binge drinking than the England average.

Drinking category	England measure	York measure	York population (18+) estimated to drink at this level
Lower risk	73%	71%	115,187
Increasing risk	20%	21%	33,622
Higher risk	7%	8%	12,449
Binge drinking	20%	30%	47,894

Sources: [Local Alcohol Profiles for England](#)  
[Office for National Statistics](#)

In men, the age group that reports drinking the most amount of alcohol per week are 45–64 year olds. 16–24 year olds report drinking the least amount of alcohol per week ([Health & Social Care Information Centre, 2013](#)).

In women, the age group that reports drinking the most amount of alcohol per week are 16–24 year olds. 25–44 year olds report drinking the least amount of alcohol per week ([Health & Social Care Information Centre, 2013](#)).

Self reported levels of drinking should be treated with caution as many people under report the amount of alcohol they actually drink. This difference can be shown when comparing self reported levels of drinking to taxation data detailing the amount of alcohol actually sold. Self reported measures of drinking under estimate consumption by up to 40% ([Alcohol Concern, 2009](#)).

The only measure available to estimate the number of dependent drinkers is from the 2007 Adult Psychiatric Morbidity survey. This estimates that across England, approximately 9% of men showed some degree of alcohol dependence: 8% with mild dependence, 1% with moderate dependence, and 0.1% with severe dependence. In women, approximately 3% showed some dependence: just under 3% with mild dependence and less than 0.1% with either moderate or severe dependence.

For men, the highest rates of dependence were reported in 25 to 34 year olds (approximately 15% mildly dependent, 2% moderately dependent), and for women in 16 to 24 year olds (approximately 10% mildly dependent, 0.3% moderately dependent).

In 2012-2013 there were 491 people accessing treatment services for alcohol in York. The treatment penetration rate – that is, how many people who have a problem with alcohol are accessing treatment – is higher than the England treatment penetration rate. York's figure is 5.1% compared to 4.3% for England.

<b>Data</b>	<b>Region</b>	<b>Males</b>	<b>Females</b>	<b>Persons</b>
a) 16-74 population (ONS Mid 2012)	York	74,456	76,760	151,216
	England	19,425,657	19,725,828	39,151,485
b) Dependent Drinker Estimates - % of 16-74 population (9.3% male, 3.6% female)	York	6,924	2,763	9,688
	England	1,806,586	710,130	2,516,716
c) Number of people in structured alcohol treatment 2012-2013 NDTMS	York	291	200	491
	England	69,461	38,727	108,188
d) Treatment penetration rates (c/b x100)	York	<b>4.2%</b>	<b>7.2%</b>	<b>5.1%</b>
	England	<b>3.8%</b>	<b>5.5%</b>	<b>4.3%</b>

This estimate is based on the number of people accessing treatment who are classed as 'dependent drinkers' and calculated from the number of dependent drinkers there are estimated to be in York.

## **ANNEX B – Discussion Paper for the Safer York Partnership(SYP) Public Health Substance Misuse**

SYP/DAAT board 2<sup>nd</sup> June 2014

### **1. Purpose of the report:**

- To inform Agenda item 6 “discussion on alcohol”

### **2. Background:**

City of York Council and partners have produced a number of alcohol reports, needs assessments and strategic plans in relation to Alcohol, these have in part been department/partner specific.

This year we have a clear mandate from the Health and Wellbeing board, Scrutiny board, CMT and a recommendation within the JSNA, that a cross authority Alcohol needs assessment is required which would inform a jointly produced City wide Strategic Alcohol Strategy.

### **3. Proposal**

The board agree to support a sub group of the SYP board to take forward a work plan to produce a City of York Alcohol Strategy and cross partner implementation plan (2015 -19)

Whilst the SYP would not be the lead, (this is the Health and Well Being board) board members of SYP have a role to ensure the work plan is undertaken, the sub-group would report on progress to the SYP board.

	<b>Action</b>	<b>Lead</b>	<b>By</b>
<b>1</b>	Formation of an Alcohol strategy sub group	SYP	
<b>2</b>	Agree a sub group chair	SYP	
<b>3</b>	Scope and agree what areas the needs assessment and strategy will cover	DPH/Health and Well Being Board	Presented to Board 16 <sup>th</sup> July
<b>4</b>	Identify strategic leads and work plan for the areas in scope including needs assessment section authors	Sub Group chair	

<b>5</b>	Strategic leads become core members of the sub group	DPH	
<b>6</b>	Stakeholder consultation events by leads	Identified leads	
<b>7</b>	Needs assessment collated	DPH	First draft completed by November 2014
<b>8</b>	Final Needs assessment completed and published	DPH	February 2015
<b>9</b>	Formulation of Strategy from needs assessment	Sub Group Chair	
<b>10</b>	Public Consultation on Strategy	Sub Group chair	June 2015
<b>11</b>	Final Draft Strategy to Health and Well Being Board	DPH	August 2015
<b>12</b>	Implementation plan final draft to Health and Well Being Board	DPH	August 2015
<b>13</b>	Needs assessment, City Alcohol Strategy & Implementation plan published	DPH	September 2015



# Improving health together

**W**elcome to this edition of Improving Health Together, which focuses on Alcohol.

Whatever the reasons for wanting to do so, cutting down on alcohol is something that won't be regretted.

Regularly drinking over the guidelines can lead to serious health problems, from liver damage to a greater risk of getting cancer or having a heart attack. Don't forget that alcohol contains calories and can give you a spare tyre!

- ◆ Too many bottles of wine and beer in the weekly recycling?
- ◆ Too many mid-week hangovers at work?

If so, it might be time to take a look at drinking habits.

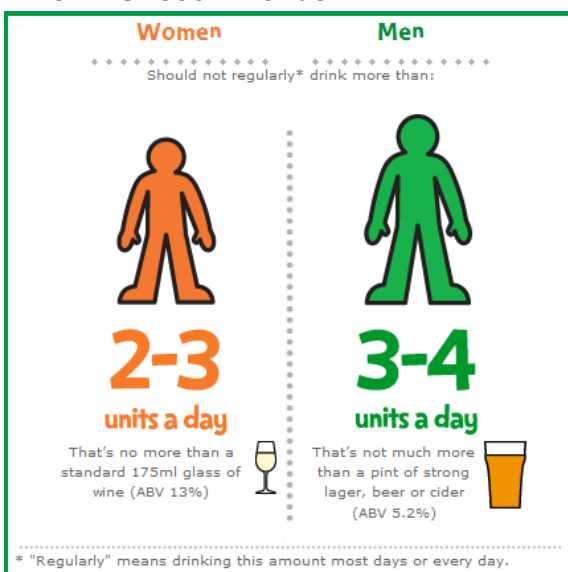
Reducing alcohol intake has loads of feel-good benefits. It's good for health, and great for relationships. And the good news is there are plenty of practical ways to start to cut down.

## Alcohol

Issue 7.3—May/June 2014

### Alcohol Units

The NHS recommends:



The UK Chief Medical Officers' advice to women is:

'Women who are pregnant or trying to conceive should avoid alcohol altogether. However, if they do choose to drink, to minimise the risk to the baby, we recommend they should not drink more than 1-2 units once or twice a week and should not get drunk.'

The Department of Health defines alcohol misuse into three categories:

- ◆ **Hazardous drinking (also known as increasing risk)** - these people are drinking above recognised sensible levels but not yet experiencing harm. Increasing risk limits are defined by the Department of Health as drinking more than 3-4 units a day for men and more than 2-3 units a day for women on a regular basis.
- ◆ **Harmful drinking (also known as higher risk drinking)** - this group are drinking above recommended levels for sensible drinking and experiencing physical and/or mental harm. Higher risk drinking is classified as the regular consumption of more than 8 units a day for a man (more than 50 units a week) or more than 6 units per day for a woman (more than 35 units a week). Individuals categorised as higher risk drinkers are not dependent on alcohol.
- ◆ **Dependent drinkers** - this group are drinking above recommended levels, experiencing an increased drive to use alcohol and feel it is difficult to function without alcohol. Dependent drinking can be sub-divided into two categories; moderate dependence and severe dependence, traditionally known as chronic alcoholism.

In addition **binge drinking** is defined as drinking at least twice the daily recommended amount of alcohol in a single drinking session (8 or more units for men and 6 or more units for women). Binge drinking usually refers to people drinking a lot of alcohol in a short space of time or drinking to get drunk.



**Lower risk drinking** is defined as men drinking no more than 3-4 units a day and women drinking no more than 2-3 units a day on a regular basis.

## What is a unit of alcohol?



One unit of alcohol is about half a pint of bitter or ordinary lager (ABV [alcohol by volume] 4.5%), or a single measure of spirits (25ml). However, a 175ml glass of wine (13% ABV) is 2.3 units and a pint of strong beer (ABV 8%) is 4.5 units. The number of units in particular drinks are different, depending on the strength of the alcohol in them and the volume of the drink .

**Beer, lager and cider**



**Regular** (ABV 4%)

 **1.8 units**  **2.3 units**

**Strong** (ABV 5.2%)

 **2.2 units**  **3 units**

**Extra strong** (ABV 8%)

 **3.5 units**  **4.5 units**

**750ml bottle of red, white or rose wine** (ABV 13.5%)

**10 units per bottle**

**Glass of red, white or rose wine** (ABV 13%)

Small 125ml **1.6 units**    Standard 175ml **2.3 units**    Large 250ml **3.3 units**

### Change4Life—Easy Drink Swaps

You can still have a drink—just aim to have less, gradually, and stick within the [guidelines](#). Our easy swap ideas can make it easy for you to cut down on alcohol instead of cutting it out altogether.



## Harm associated with the use of alcohol

- ◆ The 2012 National Alcohol Strategy states that alcohol-related harm is now estimated to cost society £21 billion annually.
- ◆ Increasing numbers of people drinking excessively at home, including many who do so before they go on a night out, termed 'pre-loading'.
- ◆ In a recent study approximately two-thirds of 17-30 year olds arrested in a city in England claimed to have 'pre-loaded' before a night out.

### Alcohol's hidden harms—effects on health

- Regularly drinking over the [lower risk guidelines](#) increases the chances of suffering more serious health harms such as:
- ◆ Cancer of the throat, oesophagus or larynx. Regularly drinking two large glasses of wine (ABV 13%) or two pints of strong lager (ABV 5.2%) a day could make you three times as likely to get mouth cancer.
  - ◆ Breast cancer in women. Regularly drinking just above the guidelines increases the risk of getting breast cancer by around 20%.
  - ◆ Stroke.    ◆ High blood pressure.    ◆ Pancreatitis.    ◆ Reduced fertility.
  - ◆ Heart disease or an irregular heartbeat, which can lead to a heart attack.
  - ◆ Liver disease such as cirrhosis and liver cancer. If you regularly drink just above the lower-risk guidelines the risk of liver cirrhosis increases 1.7 times.
- The more people drink, and the more often, the greater the risk to their health. And for people with a medical condition (such as diabetes or high blood pressure) or are suffering from depression or anxiety, alcohol often makes life worse.

## Promote sensible drinking

The key to successfully cutting down is to make small, but important, changes in attitudes towards drinking. Lots of little changes can add up to big lifestyle changes. Here are some ideas:

- ◆ Stick to the recommended guidelines.
- ◆ **Go diluted.** Try a more diluted alcoholic drink such as a spritzer or shandy.
- ◆ **Space with soft drinks.** Have a soft drink or two with each alcoholic drink to help stay hydrated.
- ◆ Remember that home measures are often much bigger. Use small wine glasses or an alcohol measure.
- ◆ Avoid buying in rounds and drink slowly.

## Five benefits to cutting down

- 1 Watch the weight.** Alcohol is heavy on [calories](#)—682 calories in an average 13% bottle of wine.
- 2 Sleep soundly.** Drinking less means more high quality sleep because alcohol interferes with the normal [sleep process](#).
- 3 Reduce stress.** Some people say that they drink to relax, but in fact excess alcohol can actually lead to more [stress](#) because it's a depressant.
- 4 Avoid hangovers.** Keep to the daily unit guidelines.
- 5 Stay healthy for longer.** Cutting down can be great news for your long-term health.

## North Yorkshire Alcohol Needs Assessment 2013

North Yorkshire recently refreshed the North Yorkshire Alcohol Needs Assessment which will inform the development of a North Yorkshire Alcohol Strategy:

- ◆ Modelled estimates of alcohol consumption show between 7—8% of the North Yorkshire population who drink are classified as higher risk drinkers; 20—22% are classified as increasing risk drinkers; 71—74% are classified as lower risk drinkers.
- ◆ Nationally, hazardous drinking rates are highest in the 45—64 year old age band, followed by the 25—44, 16—24 and 65+ age bands respectively.
- ◆ Alcohol related admissions to hospital have continued to rise in line with national figures, with rates in women being about half those for men.
- ◆ Drinking alcohol is the second biggest risk factor for cancers of the mouth and throat (smoking is the first).
- ◆ The cost of ambulance attendances in North Yorkshire and York where alcohol was involved was nearly a quarter of a million pounds in just one quarter of this year.

### Growing Up In North Yorkshire

Every two years the Growing Up In North Yorkshire survey of North Yorkshire primary and secondary pupils is carried out to gather information about healthy lifestyles. Data from the 2012 survey indicated the following:

- ▲ 48% of pupils responded that they do not drink alcohol.
- ▲ 46% of pupils responded that they drink alcohol and their parents 'always' know.
- ▲ 3% of pupils responded that they drink alcohol and their parents 'never' or only 'sometimes' know.

### Local Alcohol Profiles for England 2012—York

- ◆ 7.7% of the population are classified as higher risk drinkers
  - ◆ 20.0% are classified as increasing risk drinkers;
  - ◆ 71.4% are classified as lower risk drinkers
- [www.lape.org.uk/](http://www.lape.org.uk/)



Download the drinks checker App for smartphones  
[www.nhs.uk/change4life/pages/drinks-tracker-mobile-app.aspx](http://www.nhs.uk/change4life/pages/drinks-tracker-mobile-app.aspx)

## Identification and brief advice

### NHS Health Check

Everyone is at risk of developing heart disease, stroke, diabetes, kidney disease and some forms of dementia. The good news is that these conditions can often be prevented, even if there is a family history of them. The NHS Health Check (for adults in England between the ages of 40 and 74) can help by assessing an individual's risk of developing these health problems and giving personalised advice on how to reduce it.

There is a nationally commissioned Directly Enhanced Service (DES) in primary care which provides specific funding for GPs to deliver Identification and Brief Advice (IBA) to newly registered patients.

NICE advises the provision of screening and brief interventions for people at risk of an alcohol-related problem (hazardous drinkers) and those whose health is being damaged by alcohol (harmful drinkers). Where screening everyone is not feasible the following applies:

#### NHS professionals should focus on people:

- ◆ with relevant physical conditions (such as hypertension and gastrointestinal or liver disorders);
- ◆ with relevant mental health problems (such as anxiety, depression or other mood disorders);
- ◆ who have been assaulted;
- ◆ at risk of self-harm;
- ◆ who regularly experience accidents or minor traumas;
- ◆ who regularly attend GUM clinics or repeatedly seek emergency contraception.

#### Non-NHS professionals should focus on people:

- ◆ at risk of self-harm;
- ◆ involved in crime or other antisocial behaviour;
- ◆ who have been assaulted;
- ◆ at risk of domestic abuse;
- ◆ whose children are involved with child safeguarding agencies;
- ◆ with drug problems.

For adults who have not responded to brief structured advice on alcohol, offer an extended brief intervention (up to four sessions of 20—30 minutes each). Staff should be trained to provide alcohol screening and structured brief advice.

Referral to specialist treatment should be made if one or more of the following has occurred. They:

- ◆ show signs of moderate or severe alcohol dependence;
- ◆ have failed to benefit from structured brief advice and an extended brief intervention and wish to receive further help for an alcohol problem;
- ◆ show signs of severe alcohol-related impairment or have a related co-morbid condition.

## North Yorkshire Alcohol Services

North Yorkshire County Council is in the process of re-configuring all adult drug and alcohol services – there will be an integrated, recovery focussed drug and alcohol service in place across North Yorkshire from October 2014 and it will have a single point of contact. The new service will accept all sources of referrals for anyone in North Yorkshire who is assessed as a harmful or dependent drinker (as defined by NICE guidelines CG 115). Further details on how to contact the new service will be publicised once the new contracts are awarded.

In the meantime, if you're concerned about someone's alcohol consumption please contact your current local alcohol service:

<b>Craven and District</b>	Craven Organisation for Drugs and Alcohol 01756 794362 <a href="http://www.coda-craven.org">www.coda-craven.org</a>
<b>Hambleton and Richmondshire</b>	HARCAS – 01609 780486 <a href="http://www.harcas.co.uk">www.harcas.co.uk</a>
<b>Harrogate and District</b>	Harrogate Community Alcohol Team 01423 553562 <a href="http://www.tewv.nhs.uk/Our-services1/Harrogate-and-Craven/Adult-services/Harrogate-community-alcohol-team/">www.tewv.nhs.uk/Our-services1/Harrogate-and-Craven/Adult-services/Harrogate-community-alcohol-team/</a>
<b>Scarborough, Whitby and Ryedale</b>	The Cambridge Centre 01723 367475 <a href="http://www.cambridgecentre.org">www.cambridgecentre.org</a>
<b>Selby</b>	Selby Alcohol Service 01757 293600 <a href="http://www.selbydistrictavs.org.uk/index.php/alcohol-service/">www.selbydistrictavs.org.uk/index.php/alcohol-service/</a>
<b>York</b>	Lifeline 01904 464680 <a href="http://www.lifeline.org.uk">www.lifeline.org.uk</a>
<b>Young People (11-19 years and up to 25 for those with special educational needs or disabilities)</b>	<i>Compass Reach</i> 0800 008 7452 <a href="http://www.compass-uk.org/where-we-work/young-peoples-services/north-yorkshire/">www.compass-uk.org/where-we-work/young-peoples-services/north-yorkshire/</a>

## Order your free resources

### Department of Health

[www.orderline.dh.gov.uk](http://www.orderline.dh.gov.uk)

Tel: 0300 123 1002

Don't let drink sneak up on you  
Leaflet (Product code C4L238)

A3 Poster (Product code 2900024)

### drinkaware

[www.drinkaware.co.uk](http://www.drinkaware.co.uk)

Tel: 020 7766 7900

Unit and calorie counter  
Drink diary, Unit measure cup  
Leaflets  
Register to receive £85 free credit

## Contact us

### Production Team:

Claire Robinson, Health Improvement Manager	01609 534919
Angela Hall, Commissioning Manager	01609 533552
Nick Sinclair, Pathways Officer, Substance Misuse Team, CYC	01904 554353
Jacqui Fox, Public Health Information Specialist	01609 535900

Public Health—HAS

North Yorkshire County Council

County Hall | Northallerton | DL7 8DD

[www.northyorks.gov.uk/health](http://www.northyorks.gov.uk/health)

Public Health Communities  
and Neighbourhoods

City of York Council

West Offices | Station Rise | York | YO1 6GA [www.york.gov.uk](http://www.york.gov.uk)

If you would like this information in another language or format such as Braille, large print or audio, please ask us.

North Yorkshire:  01609 532917 Email: [communications@northyorks.gov.uk](mailto:communications@northyorks.gov.uk)

York:  01904 551550



## Websites/Policy Context

[Change4Life](http://www.nhs.uk/Change4Life/) [www.nhs.uk/Change4Life/](http://www.nhs.uk/Change4Life/)

Interactive site with information about alcohol and drinking.

[Alcohol Concern](http://www.alcoholconcern.org.uk) [www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk)

The national agency on alcohol misuse. General information about alcohol including useful factsheets, call 020 7264 0510

[Alcoholics Anonymous](http://www.alcoholics-anonymous.org.uk) [www.alcoholics-anonymous.org.uk](http://www.alcoholics-anonymous.org.uk)

A peer support organisation to help people stop drinking and information for professionals. Local groups throughout the county 0845 769 7555.

[SMART Recovery](http://www.smartrecovery.org.uk) [www.smartrecovery.org.uk](http://www.smartrecovery.org.uk)

A mutual aid network helping people recover from addictive behavior. Run a network of self help meetings and also partner with care professionals.

[NHS Evidence—Alcohol](http://www.evidence.nhs.uk) [www.evidence.nhs.uk](http://www.evidence.nhs.uk)

“One stop” resource bringing together high quality evidence based information.

[Local Alcohol Profiles for England](http://www.lape.org.uk) [www.lape.org.uk](http://www.lape.org.uk)

Profiles for each LA and PCT in England.

[North Yorkshire County Council—Alcohol](#)  
[City of York Council—Alcohol](#)

### Models of Care for Alcohol Misusers

National Treatment Agency for Substance Misuse, 2006

[Alcohol Strategy for England](#). HM Government (2012)

NICE has produced five key evidence guidelines that relate to alcohol:

- **Alcohol Use Disorders: Preventing harmful drinking** (PH 24) (2010)
- **Alcohol Dependence and harmful alcohol use**. CG 115 (2011)
- **Alcohol use disorders: diagnosis and clinical management of alcohol-related physical complications**. CG 100 (2010)
- **School-based interventions on alcohol** (PH 7) (2007)
- **Behaviour change: individual approaches** (PH 49) (2014)

[NICE Alcohol Guidance](#)

[Review of the Effectiveness of Treatment for Alcohol Problems](#). National Treatment Agency for Substance Misuse (2006)

[North Yorkshire JSNA 2012—Alcohol](#)

[North Yorkshire Alcohol Needs Assessment 2013](#)





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**Health and Wellbeing Board****16 July 2014**

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

***Director of Public Health Annual Report*****Summary**

1. The Board will be given an overview of the Annual Director of Public Health's Report for 2013.

**Background**

2. It is a statutory requirement that Directors of Public Health produce an independent report on the health of their population.
3. The last one was produced for York and North Yorkshire PCT area.
4. The 2013 Report covers the city of York.
5. It brings together data from the Joint Strategic Needs Assessment and other sources, and gives an overall picture of the health of the people of York. It aims to provide a narrative around the data that is in JSNA for wider organisations and the general population.

**Main/Key Issues to be Considered**

6. York is one of the healthiest places to live in England, however:
  - a. there is a very clear and direct relationship with wealth – the rich live longer.
  - b. the gap in life expectancy between the richest 10% and the poorest 10% is over 8 years for men and over 5 years for women.
  - c. the gap seems to be narrowing in men, yet widening in women.

7. York doesn't compare well in terms of death rates of the under 75s when compared to other affluent local authorities, although is better than the Yorkshire and Humber average.
8. In most indicators of child health including childhood immunisation York fares well. However the HPV vaccine (to protect against cervical cancer) in girls 12 – 13 years of age is not as good as we would like.
9. 'Flu immunisation coverage is good in the over 65s, but less so in those under 65 who have long-term conditions (such as asthma or diabetes)
10. A much lower proportion of people with mental illness live in settled accommodation than the national average.
11. Most measures of mental ill health are the same as England, but there are higher rates of hospital admissions for dementia and schizophrenia and similar diseases, and lower rates of contacts with a Community Psychiatric Nurse, people being on a Care Programme Approach and overall contacts with mental health services.

### **Consultation**

12. Consultation is not applicable to this item on the agenda.

### **Options**

13. There are no options for the Health and Wellbeing Board to consider.

### **Analysis**

14. This section is not applicable to this item on the agenda.

### **Strategic/Operational Plans**

15. This topic relates to the theme of the CYC Council Plan “Protect vulnerable people”. It also links to all the priorities and actions identified in the Joint Health and Wellbeing Strategy.

### **Implications**

16. There are no known implications associated with the recommendations in this report.

### **Risk Management**

17. There are no risks attached to the recommendation below.

### **Recommendation**

The Health and Wellbeing Board are asked to consider the contents of the presentation.

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

### **Contact Details**

#### **Author:**

Julie Hotchkiss  
Public Health Consultant

Tel: 01904 555761

#### **Chief Officer Responsible for the report:**

Dr Paul Edmondson-Jones  
Deputy Chief Executive and Director of  
Health and Wellbeing

Tel: 01904 551993

**Report  
Approved**



**Date** 8 July 2014

**Specialist Implications Officer(s)** None

**Wards Affected:**

**All**

**For further information please contact the author of the report**

**Background Papers:**

**None**

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**Health and Wellbeing Board****16 July 2014**

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

**Draft Framework – Working Relationships between Health Overview and Scrutiny Committee, Health and Wellbeing Board and Healthwatch York****Summary**

1. This report presents the draft of the framework setting out the working relationship between Health and Wellbeing Board, Health Overview and Scrutiny Committee and Healthwatch York (taking the lead for the patient voice) for consideration (Annex A refers).

**Background**

2. As part of enhancing the working relationship between Health Overview and Scrutiny Committee, Health and Wellbeing Board and Healthwatch York it was agreed at previous meetings that a framework should be developed to set out how the relationship might work.
3. The draft framework was considered and approved by the Health Overview and Scrutiny Committee at their meeting held 23<sup>rd</sup> April 2014.

**Consultation**

4. As part of developing the draft framework an informal meeting was also held between the Chairs of Health and Wellbeing Board and Health Overview and Scrutiny Committee, the Manager of Healthwatch York and key officers from City of York Council. Discussions at this meeting helped to form the basis of the draft framework attached as Annex A to this report.

### **Options**

5. The Board are asked to approve the draft Framework at Annex A to this report.

### **Analysis**

6. Given the common aims of the Health Overview and Scrutiny Committee and the Health and Wellbeing Board are to improve health outcomes and ensure the commissioning and delivery of appropriate health and social care services for the residents of York it was agreed that a framework be developed (including Healthwatch York as the lead for the patient voice) to set out some key indicators for working together; the draft framework at Annex A sets these out in detail.

### **Council Plan 2011-2015**

7. This report is linked with the protecting vulnerable people element of the Council Plan 2011-2015

### **Implications**

8. There are no known implications associated with the recommendations within this report.

### **Risk Management**

9. In compliance with the Council's risk management strategy there are no known risks associated with the recommendations within this report. However there is a risk that work around the wider health agenda will not be cohesive without a framework or some clear guidelines being put in place.

### **Recommendations**

10. The Health and Wellbeing Board are asked to approve the draft framework for working at Annex A to this report.

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

**Contact Details**

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**Report  
Approved**

**Date** 8 July 2014

**Specialist Implications Officer(s)** None

**Wards Affected:** *List wards or tick box to indicate all*

**All**

**For further information please contact the author of the report**

**Background Papers:**

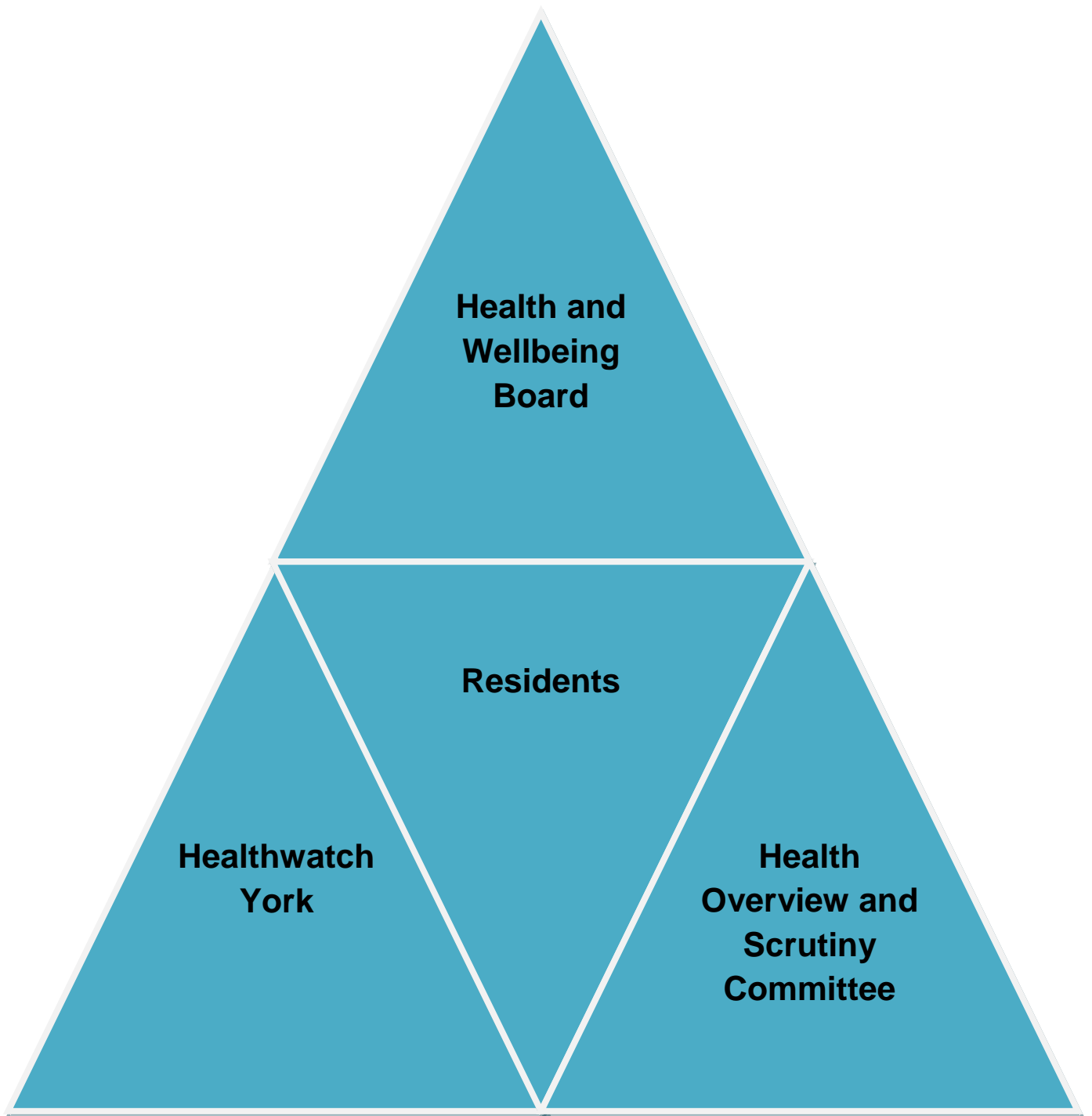
None

**Annexes**

**Annex A** – Draft Framework

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**How the relationship between Health and Wellbeing Board,  
Health Overview and Scrutiny Committee and the Patient  
Voice will work**



## Introduction

This framework sets out ways in which the Health and Wellbeing Board, the Health Overview and Scrutiny Committee and Healthwatch York (as the lead organisation for the patient voice) will work together to ensure that health and social care services in the city are the best they can be for local residents.

It gives a commitment that all three bodies will retain the shared understanding of the process of referrals and exchange of information set out in the guidelines contained within this document

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**Chair of the Health and Wellbeing Board**

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**Chair of the Health Overview and Scrutiny Committee**

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**Chair of Healthwatch York**

## **Role of the Health and Wellbeing Board**

The Health and Wellbeing Board is a Committee of the Council with 15 members including local Councillors, the Director of Public Health and Adult Social Services, the Director of Children's Services and the Chief Executive at City of York Council, NHS Vale of York Clinical Commissioning Group (CCG), Healthwatch York, York Council for Voluntary Service, Leeds and York Partnership NHS Foundation Trust, York Teaching Hospital NHS Foundation Trust, NHS England, Independent Care Group and North Yorkshire Police.

The overall purpose of the Board is to bring together bodies from the NHS, public health and local government, including Healthwatch as the patient's voice, jointly to plan how best to meet local health and care needs. Their three principal statutory duties are:

- i. To assess the needs of their local population through a Joint Strategic Needs Assessment
- ii. To set out how these needs will be addressed through a Joint Health and Wellbeing Strategy (JHWBS) that offers a strategic framework in which CCGs, local authorities and NHS England can make their commissioning decisions.
- iii. To promote greater integration and partnership, including joint commissioning, integrated provision and pooled budgets.

## **Role of the Health Overview and Scrutiny Committee**

The Health Overview and Scrutiny Committee is a Committee of the Council and is comprised of seven cross-party elected members. The Committee has the power to hold both the Local Authority and NHS bodies to account for the health and social care services they provide. From April 2013 all commissioners and providers of publically funded health and social care have been covered by these powers, along with the health and social care policies arising from the Joint Health and Wellbeing Strategy for the city. The Health Overview and Scrutiny

Committee *must* be consulted by local NHS bodies when they are planning to make major changes to services.

The Committee can seek to influence the proposed changes and work collaboratively with the NHS; however, if after this the Committee still considers the changes not to be in the best interests for the city's residents it can ask the authority to refer the matter to the Secretary of State for Health.

In addition to this the Health Overview and Scrutiny Committee can undertake individual reviews around specific topics and make recommendation to the Local Authority or any publically funded health organisation that improvement be made.

## **Role of Healthwatch York**

Healthwatch York is the way in which residents can influence local health and social care services such as hospitals, care homes, GP surgeries, home care services and many others.

It can help you and your family get the best out of local health and social care services, giving local residents the opportunity to be involved in shaping these services according to community needs.

Healthwatch York also:

- Provides information about local services to make sure local people know how to access the help they need
- Signposts residents to independent complaints advocacy if they need to support to complain about a service they have received
- Listen to residents' views about local services and makes sure these are taken into account when services are planned and delivered. They are interested in knowing what works well and what doesn't.



## How might this work

The following scenarios demonstrate how the Health and Wellbeing Board, Health Overview and Scrutiny and Healthwatch might work together in practice, complementing rather than duplicating each other's work.

### Scenario 1: Integrating Health and Social Care:

Health and Wellbeing Board	The Board has a duty to take ownership of the Local Integration Plan and has an ultimate responsibility for integrating the local health and wellbeing system including signing off the Better Care Fund plans.
Healthwatch York	Undertakes local research about what people who use services are looking for, identifies gaps in service provision and feeds the outcomes into the Health and Wellbeing Board to influence local integration plans.
Health Overview and Scrutiny Committee	Once the Local Integration Plan has been developed and testing and delivery have begun the Health Overview and Scrutiny Committee would monitor its success and identify areas for improvement and any areas of concern that arise; as an example around patient safety.

## Scenario 2: Reducing the number of Delayed Discharges from Hospital

Health and Wellbeing Board	The Board would use the knowledge of its members to look at developing the future strategy for tackling the issues causing Delayed Discharges.
Healthwatch York	Would undertake work around gathering information on how Delayed Discharges were affecting patients and the impact Delayed Discharges had on patients. This intelligence would be reported back to the Health and Wellbeing Board to determine the future strategy.
Health Overview and Scrutiny Committee	The Health Overview and Scrutiny Committee would look at the causes of Delayed Discharges and investigate why they were happening. They would then make recommendation on what needed to change to reduce the number of Delayed Discharges from hospital.

### Scenario 3: Developing the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWBS)

Health and Wellbeing Board	Develop a shared understanding of the Health and Wellbeing needs of the community through the development of the JSNA and to develop a JHWBS for how these needs can be addressed to inform future commissioning plans. This will include commitments for joint commissioning and integrating services across healthcare.
Healthwatch York	Provide information from the perspective of the public, service users and carers to help understand future needs for commissioning
Health Overview and Scrutiny Committee	Ensure that the planning and delivery of healthcare reflects the views and aspirations of local communities by scrutinising the JSNA and the JHWBS

It is important to remember that whilst all three bodies have common aims they are all independent bodies and have autonomy over their own work programmes, methods of working and any views or conclusions they might reach.

## The commitment

The following commitments have been made by the Chair of the Health and Wellbeing Board, the Chair of Health Overview and Scrutiny and the Healthwatch Manager, to improve joint working and to implement this framework:

- To hold bi-annual meetings between Healthwatch York (representing the patient voice) and the Chairs of both Health and Wellbeing Board and Health Overview and Scrutiny Committee to share work programmes, issues, concerns and pressures.
- From the Chair of Health and Wellbeing Board to provide an annual report to the Health Overview and Scrutiny Committee on the work of the Board and any external activity undertaken by the Chair and/or the Board as a whole.
- From the Chair of Health and Wellbeing Board to provide an update report to the Health Overview and Scrutiny Committee after every Board meeting
- Where possible to attend each others meetings; with the acknowledgement that time constraints will not always allow for this to happen
- To, where possible, work jointly to encourage residents to be more involved in decision making around health and wellbeing in the city



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**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 17<sup>th</sup> 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 29<sup>th</sup> January 2013 and on 2<sup>nd</sup> 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**

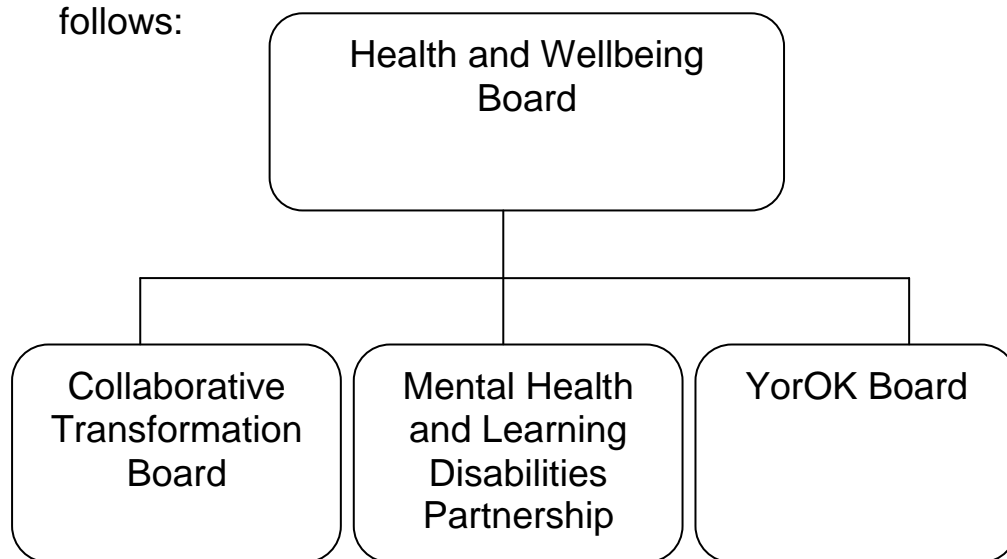
12. The Health and Wellbeing Strategy set out five main areas of priority: Older People, mental health, health inequalities, young people children and financial sustainability. Work against these priorities to 31 March 2014 includes:
  - Priority 1 - Make York a great place for older people to live
  - 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 29<sup>th</sup> 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 29<sup>th</sup> 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:
- Note the attached report;
  - Consider the issues for the coming year;
  - 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.

**Contact Details**

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**Chief Officer Responsible for the report:**

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City of York Council  
01904 55

**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

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Indicators for HWB										
Category	Indicator Description	Count	Latest Performance	England Average	Time Period	Target	On track?	Source	Coverage	Polarity. desired score is:-
Older People and Long Term Conditions	Hip Fractures in people aged 65 and over	219	545 per 100,000 65+	568 per 100,000 65+	2012-13			PHOF 4.14i	CYC	lower
	Flu Vaccination coverage 65+	25,293	74.3%	73.4%	2012-13			PHOF 3.03 xiv	CYC estimated from PCT data	higher
	Hospital admissions for Alzheimers and other related dementia	n/a	119 per 100,00	80 per 100,000	2009/10 to 2011/12			CMHP 17	CYC	lower
	Injuries due to falls 65+	745	1912 per 100,000 65+	2011 per 100,000 65+	2012-13			PHOF 2.24i	CYC	lower
	Preventable sight loss - age related macular degeneration 65+	44	131 per 100,000 65+	111 per 100,000 65+	2011-12			PHOF 4.12i	CYC	lower
	Delayed transfers of care from hospital per 100,000 population	30	18.2 per 100,000	9.4 per 100,000	2012-13			ASCOF 2C	CYC	lower
Tackling Deprivation and Health Inequalities	Slope index of inequality in life expectancy at birth - Males	n/a	7.2 yrs	9.2 yrs	2010-12		Improving Trend	PHOF 0.2iii	CYC	lower
	Slope index of inequality in life expectancy at birth - Females	n/a	5.9 yrs	6.8 yrs	2010-12		Worsening Trend	PHOF 0.2iii	CYC	lower
	% of households in fuel poverty	9,323	11.0%	10.9%	2011			PHOF 1.17	CYC	lower
	Gap in employment rate for mental health clients and the overall employment rate		63.2%	62.3%	2012/13			PHOF 1.08iii	CYC	lower
	Gap in smoking prevalence rate between most and least deprived GP practices	range 7.9% to 16%	8.10%	n/a	20/12/13			GP practice profiles		
	Percentage of children in poverty (under 16s)	3,995	13.1%	20.6%	2011			PHOF 1.01ii	CYC	lower
Mental Health	Proportion of adults in contact with secondary mental health services living independently, with or without support	555	63.9%	58.5%	2012/13			ASCOF 1H	CYC	higher
	Spend on specialist mental health services - rate (£000) per 100,000 18+	n/a	£22,812	£26,756	2012/13			<a href="#">PHE Common Mental health disorders</a>	CCG	no polarity
	Hospital admissions for mental health	n/a	268 per 100,00	243 per 100,000	2009/10 to 2011/12			CMHP 15	CYC	lower

Category	Indicator Description	Count	Latest Performance	England Average	Time Period	Target	On track?	Source	Coverage	Polarity. desired score is:-
Mental Health and Learning Disabilities	Contacts with a Community Psychiatric Nurse	n/a	108 per 1,000	169 per 1,000	2010/11			CMHP 24	CYC	no polarity
	% of adults with a learning disability having a GP Health Check	n/a	35.9%	52.0%	2012/13			PHE LD Health Checks	PCT	higher
	IAPT Referrals	393	140 per 100,000 18+	624 per 100,000 18+	2013/14/ Q3			<a href="#">PHE Common Mental health disorders</a>	CCG	higher
	IAPT reliable recovery rate	94	57.3%	61.3%	2013/14/ Q3			<a href="#">PHE Common Mental health disorders</a>	CCG	higher
Children and Young People	% school children in Reception classified as obese	158	8.0%	9.3%	2012/13			NCMP Profile	CYC	lower
	% school children in Year 6 classified as obese	270	16.4%	18.9%	2012/13			NCMP Profile	CYC	lower
	Under 18 conceptions	68	23 per 1000 females 15-17	27.7 per 1000 females 15-17	2012			PHOF 2.04	CYC	lower
	Hospital admissions as a result of self harm (10-24 years)	193	430 per 100,000 10-24 yr	346 per 100,000 10-24 yr	2012/13			Child Health Profile. 32.	CYC	lower
	16-18 year olds not in employment or education	280	4.9%	5.8%	2012			PHOF 1.05	CYC	lower
	Child Mortality Rate (1-17 years)	13	12.9 per 100,000	12.5 per 100,000	2010-12			Children's Benchmarking Tool	CYC	lower
	Percentage of women who smoke at the time of delivery	275	13.7%	12.7%	2012/13	check national target		PHOF 2.03	York Hospital	lower
RAG Rating	Significantly better than the national average									
	Not significantly different to the national average									
	Significantly worse than the national average									

## **Performance Indicators – background notes**

The role of the performance indicators is to underpin the priorities of the Health and Wellbeing Strategy, which has four key areas: Older People and Long-Term Conditions, Tackling deprivation and health inequalities, Mental health and learning disabilities, and Children and young people. Each indicator within the grouping has been chosen to illustrate the way in which the Health and Wellbeing is currently working either to prevent the need for future hospital care or to ensure that services provided are of a high quality, promoting the values of independence and choice and with the wellbeing of residents at their core. The current set of indicators are very much a work in progress, and the Health and Wellbeing Board will work together to ensure that the indicators selected provide the best possible measures of progress towards successful outcomes.

Older people as a group form a significant and diverse part of the city's population. With the growing demographic trend for this group, it is useful to understand the levels of preventive work around flu vaccination, preventable sight loss and falls, since failure to act in these areas could lead to increases in hospitalisation and loss of independence. Injuries due to falls in the 65+ group are largely fractures of the hip or pelvis, or head injuries, which are causative factors in the loss of independence. Equally, the national rise in dementia diagnoses means that there is likely to be a greater call on services for people with Alzheimer's and related illnesses.

Health inequalities – the link between health and deprivation is very clear, and the wider the gap in life expectancy between the most and least deprived, the less equal the area. For York, the gap for men is improving (i.e. decreasing) but the opposite is true for women. We acknowledge the effect that housing has on health and wellbeing, and use the measure of fuel poverty as one way of understanding those in greater need.

Mental health/Learning Disabilities – this is an area in which it is technically difficult to measure good outcomes, but we can monitor the support provided, with a view to timely intervention and to promote independence (the number of adults living independently who are in contact with mental health services) and look at the levels of need. The

Improving Access to Psychological Therapies (IAPT) figures show the level of referral to “talking” therapies.

For children and young people, it is important for the long-term health of the city’s population that children have a good start in life. York already enjoys some of the highest educational and health outcomes in the UK, but it is worth noting that as the definition of “young people” is now being extended from 18 to 24, new patterns are being noted, in particular the rise in self-harm. This is a developing picture, and in order to be able to intervene to prevent harm, we will need to work closely with partners across the city to support health and wellbeing both in the short and long term.

Glossary – HWB Annual Report

CTB	Collaborative Transformation Board
HWB	Health and Wellbeing Board
HOSC	Health Overview and Scrutiny
IAPT	Improving Access to Psychological Therapies
JSNA	Joint Strategic Needs Assessment
MHLD	Mental Health/ Learning Disabilities
OPPPLTC	Older People and People with Long Term Conditions
OSC	Overview and Scrutiny
PB	Partnership Board

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