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## Health Scrutiny Committee

3 November 2008

Report of the Associate Director of Public Health, NYYPCT / CYC and Chair of Healthy City Board

## Healthy City Board – Progress Update

### Summary

1. Members of the Health Scrutiny Committee received a report and presentation in November 2007 about the work of the Healthy City Board and progress in developing the Local Area Agreement (LAA) for 2008. This report provides an update on current Healthy City Board priorities in light of the newly launched Sustainable Community Strategy (SCS) and LAA.

### Background

2. The requirement for all localities to have a ‘Sustainable’ Community Strategy was enshrined in legislation when the Local Government and Public Involvement in Health Bill received royal assent in October 2007. The Bill also introduced a statutory duty for all top tier local authorities to produce a Local Area Agreement (LAA) and to move the existing LAA (period 2007/08 – to 2009/10) to a ‘new’ LAA (period 2008/09 – to 2010/11).
3. It was specified that the revised LAA would include up to 35 indicators from a new national indicator set of 198 and 17 statutory indicators on educational attainment (which are included in the new national set). In addition, the ‘new’ LAA could also include local indicators (selected from the new national set or otherwise) to reflect local priorities.
4. There is now no other way of setting targets with central government and there is a statutory duty for specified partners to cooperate in the delivery of the LAA.

### Consultation

5. Refresh of the SCS and LAA took a year to complete and both have been endorsed by the major public sector and key delivery partnerships in the city. In order to meet with Government Office timescales, the LAA was agreed by the Staffing Matters and Urgency Committee on 6 June. The SCS subsequently received final endorsement at a meeting of Full Council on 30 June. (A full copy of the Community Strategy is available on the Without Walls website at [www.yorkwow.org.uk](http://www.yorkwow.org.uk) and the LAA is attached at Annex A).

### Options / Analysis

6. This report is for information only.

## Healthy City Board input to the SCS and LAA

7. The Without Walls Executive Delivery Board, who oversee performance monitoring and management of the SCS and LAA, are to focus on three types of measures:

- **‘State of the city’ indicators** – key high level longitudinal measures. The Healthy City Board’s key long-term measure is the all-age, all-cause mortality rate.
- **LAA2 indicators** – the areas of work that the LAA indicators relate to, together with the aims of the SCS, form the bulk of the Healthy City Board’s work. The table below shows the LAA indicators where the Health Partnership has lead responsibility for delivery:

Ref:	Indicator	Status
NI 116	Obesity among primary school age children	Designated
NI 120	All-age, all-cause mortality rate	Designated
NI 130	Social Care clients receiving self-directed support (direct payments and individual budgets)	Designated
NI 135	Carers receiving needs assessment or review and a specific carer’s service, advice or information	Designated
NI 141	Number of vulnerable people achieving independent living	Designated
NI 128	User reported measure of respect and dignity in their treatment (this indicator is delayed nationally)	Local
NI 139	People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently	Local
HCOP 1.1	Reduce health inequalities within the local area by narrowing the gap in all-age, all-cause mortality	Local

- **Key actions and milestones** that need to be achieved in order to deliver the LAA indicators and outcomes. The Healthy City Board (HCB) has a monitoring plan which ensures that each Sustainable Community Strategy aim is looked at in detail annually and each LAA priority area is examined six- monthly. The lead officer for the area is invited to provide a paper or presentation on progress and discuss this with the Healthy City Board members. The Board also receives regular updates from the Older People’s Partnership Board, York Health Group, York Hospitals NHS Foundation Trust and the Supporting People Partnership Board.

8. The Healthy City Board also supports other partnerships to deliver in other LAA priority areas including adult participation in sport, alcohol-related hospital admission rates, under 18 conception rates and tackling fuel poverty.

## Monitoring Plan

9. As the Healthy City Board meets on a quarterly basis it is recognised that most of the activity to deliver SCS and LAA priorities will take place outside of the formal meetings and will be led by partners as appropriate. It was agreed in July however, that the HCB will monitor LAA targets on a six monthly basis and strategic SCS aims annually in a rolling programme as set out below:

<b>September / October</b>	
LAA Targets	NI 56 Obesity among primary school age children in Year 6 NI 130 Social care clients receiving Self Directed Support NI 8 Adult participation in sport NI 112 Under 18 conception rate
SCS Aim	<ul style="list-style-type: none"> <li>To develop safe, effective, quality services in the right settings, as close to home as is possible and clinically appropriate.</li> </ul>
<b>December / January</b>	
LAA Targets	NI120 All age all cause mortality HCOP 1.1 AAACM ratio for most deprived quintile NI 135 Carers receiving needs assessment or review NI 141 Number of vulnerable people achieving independent NI 39 Alcohol related admissions.
SCS Aims	<ul style="list-style-type: none"> <li>To identify and address inequalities in health outcomes and in the determinants of health.</li> <li>To prevent ill health and promote well being by supporting individuals and communities to make healthy choices, with tailored interventions for those who are least likely to make these choices.</li> <li>To make sure that those with risk factors or will ill health are identified as early as possible and offered appropriate treatment.</li> </ul>
<b>March / April</b>	
LAA Targets:	NI 56 Obesity among primary school age children in Year 6 NI 130 Social care clients receiving Self Directed Support NI 8 Adult participation in sport NI 112 Under 18 conception rate
SCS Aims	<ul style="list-style-type: none"> <li>To engage the community of York in the planning and development of health and social care services and pathways.</li> <li>To support individuals to 'self care' and become experts in managing their own condition. Wherever possible to allow individuals to commission or direct the commissioning of personalised services that are tailored to their own choices.</li> </ul>
<b>June / July</b>	
LAA Targets	NI120 All age all cause mortality HCOP 1.1 AAACM ratio for most deprived quintile NI 135 Carers receiving needs assessment or review NI 141 Number of vulnerable people achieving independent NI 39 Alcohol related admissions.
SCS Aims	<ul style="list-style-type: none"> <li>To jointly commission health and social care services from a variety of providers to meet the needs of the population, combining the expertise and resources of the NHS and Local Authority.</li> <li>To provide care in an integrated way that allows patients to navigate their care pathway smoothly. Where appropriate integrate services.</li> <li>To plan ahead so that the employed and carer workforces are skilled and supported to meet future needs.</li> </ul>

10. Feedback regarding progress discussed at the last HCB meeting on 7 October highlighted that:
- Initial results for NI56 (Childhood obesity) for 2007/8 show a 1% rise from 15.6% to 16.6%, which is above the target for 2008/9 of 15.4%. This is a very challenging target to achieve. An implementation group for York is due to be set up shortly, which will oversee partnership work to reverse the rising trend of obesity;
  - Current performance for NI 130 (Direct Payments) already exceeds the target set for 2008/9 and 2009/10, with data for August 2008 at 219.21 per 100,000 population aged 18 or over;
  - Data for teenage pregnancy rates showed that overall rates had declined slightly, but there are still improvements to be made.

## Corporate Priorities

11. The SCS and LAA contribute to the seven Corporate Strategy Direction Statements, the ten priorities and the short term imperative to respond to York's changing population.

## Implications

12. **Financial** - The Executive has approved use of the residual LPSA2 reward grant to support achievement of Local Area Agreement targets. The LPSA2 grant of approximately £900,000 will be used to implement and manage schemes that have the greatest impact on achieving targets.
13. **Equalities** – There are specific implications for LAAs in relation to two aspects of the Race Relations Act 1976. The majority of bodies involved in LAAs are public bodies, and as such, have obligations under this Act. Specifically, whilst undertaking their role as stakeholders in LAAs, they must be mindful of the General Duty under the Act, which is: (a) to eliminate racial discrimination, (b) to promote equal opportunities and (c) to promote good relations between different racial groups. Partners have capitalised on the SCS / LAA refresh process to help achieve their General Duty obligations.
14. The Race Relation Amendment Act, Disability Equality Duty, Gender Equality Duty and Equality Standard for Local Government also requires us to monitor the impact of our improvement activities in relation to all six equalities strands, where relevant. In the context of the LAA, Partners need to consider how delivery of LAA outcomes is impacting on different minority groups.
15. **Legal** – The Local Government and Public Involvement in Health Bill placed a statutory requirement on the local authority to develop a Sustainable Community Strategy and LAA and duties on named partners to co-operate with the authority.
16. **Crime and Disorder, Human Resources, Information Technology** – There are no implications in these areas.

## Risk Management

17. In compliance with the Council's risk management strategy. There are no risks associated with the recommendations of this report.

## Recommendations

18. Members are asked to note the content of the report, ask questions regarding SCS / LAA priorities and to consider how they may influence their future work.
19. Reason: In order to remain up to date on the health and well-being of the citizens of York.

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Report Approved

Date

21 October 2008

Chief Officer's name  
Title

Report Approved

Date

Insert Date

**Specialist Implications Officer(s)** List information for all  
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**Wards Affected:** List wards or tick box to indicate all

All

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

## Annex

A – Local Area Agreement Targets 2008 - 2011

## Background Papers:

None