

Improving Health & Wellbeing in York

Our joint strategy 2013-16

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

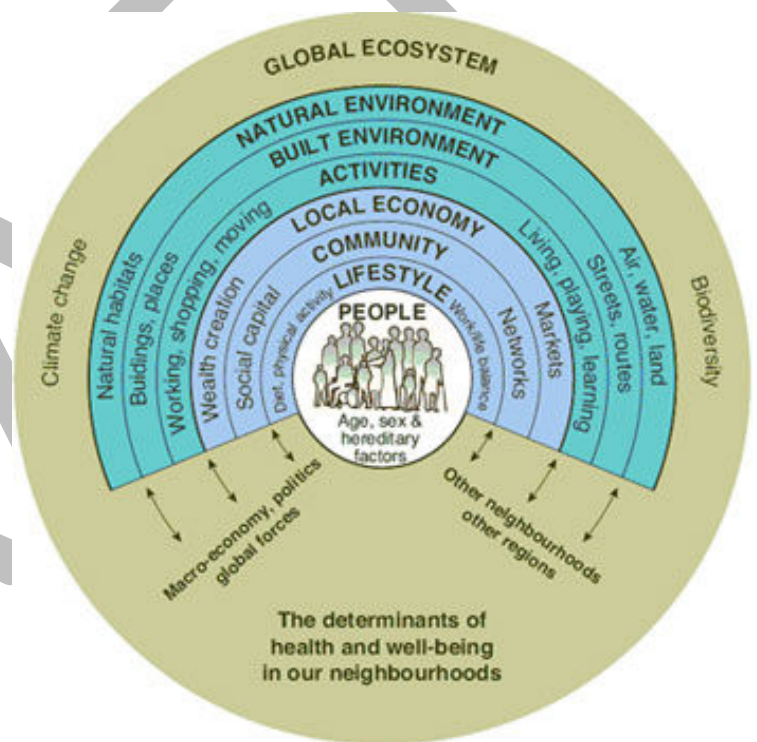
[To add for final version, including brief explanation of the Board]

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Introduction and context

On the whole, people in York have a good standard of life. As residents, most of us can expect to be well educated, have access to good quality employment and, for the most part, live long, healthy and happy lives. However, this is not true for everyone, and there are still significant health and wellbeing challenges for the City including the significant differences in life expectancy between different some areas of the City and others, the growing needs of our ageing population and particular challenges around mental health and emotional wellbeing. Based on our understanding of the needs in York¹, this document sets out what we believe the priorities are for improving residents' health and wellbeing, and together, as key organisations and as a whole City, what we will do in practice to deliver these priorities.

Health and wellbeing is about more than illness and treatment. It is about being well physically, mentally and socially – feeling good and being able to do the things we need to do to live a healthy and fulfilled life. Many factors can affect this; for example, where we live, the surrounding environment, our income, how we interact with our local community and the lifestyle choices we make, all impact upon the level of our health and wellbeing (see diagram, right). It is therefore vital that we look not only at tackling the effects of ill health and wellbeing, but get in there early through addressing the wider causes, as well as championing good health and wellbeing.



Local authorities throughout the country are developing a Health and Wellbeing Strategy this year. In York we want to seize this opportunity and collaborate to develop a strategy that is both ambitious and meaningful, that is honest about the significant challenges we face but also affirms our commitment to pursuing what we believe is important. It should resonate with residents, affect what we do as organisations and ultimately, if indirectly, make a genuine difference to people in York.

¹ See Health & Wellbeing Needs in York: A Joint Strategic Needs Assessment

How have we developed our priorities and actions? What have we considered in making these decisions?

Our priorities and actions are the result of a combination of factors. The diagram below attempts to illustrate some of the most significant ones:



Our report, **Health and Wellbeing in York, Joint Strategic Needs Assessment 2012** (JSNA) was a comprehensive assessment of the health and wellbeing needs in the City. Our understanding of need is a foundational building block for deciding what we will do, so this has played a large part in defining our principles and actions, and you will find evidence from this assessment scattered within each of the priority sections. The four main themes emerging from our JSNA were that:

- Our population is ageing and will place increasing demands on health and social care services
- Health and wellbeing inequalities exist in the city and must be tackled
- We need to know more about the mental health needs of our population

- We must intervene early and give children and young people the best possible start in life

As we know, these are very difficult economic times. Councils, health services and independent and voluntary sectors are facing tough decisions about how best use ever-decreasing funding and resource. An **Independent Review of Health Services in North Yorkshire and York** was published in 2011. It highlighted the precarious financial position of North Yorkshire & York Primary Care Trust which was overspending by several million pounds every year² and the additional efficiency savings required to meet the increased demand for services. The review made recommendations about how Health Services in North Yorkshire and York could manage this and operate within a sustainable financial framework while continuing to meet the health needs of the area. This document affirms and builds on the recommendations in the Review.

We also want to learn from **successful interventions and national research** relevant to the challenges we face in York. The report “Fair Society, Healthy Lives” (The Marmot Report) is extremely influential in developing an evidence-based approach to addressing the social determinants of health here in York. The report illustrates the relationships between social and economic status, poor health, educational attainment, employment, income, quality of neighbourhood and a variety of other measures accumulate throughout life. We fully support and commit to this holistic approach to tackling inequality and providing support across the life course.

Finally, and perhaps most importantly, in identifying what we should our priorities are and what we will do **we have listened to the experts within our City: our residents, community groups, frontline staff, management teams, elected Members and commissioners and provider across all sectors**. Over a number of months, we have asked what they felt would make the biggest difference to improve health and wellbeing in York and help us to achieve our priorities. 200 people were involved in discussing this using a variety of methods, from online questionnaires, to group workshops or one-to-one meetings. As a direct result of this input, suggested principles and actions have been developed. The Health & Wellbeing Board considered these suggested principles and actions and have indicated what they may want to commit to over the life of this strategy. These views have now been incorporated into this draft strategy.

² this annual overspend now falls to the Vale of York Clinical Commissioning Group to address

Our Vision

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

What will we do to achieve our vision?

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

Although our strategy does not address every health and wellbeing related issue, that does not mean we will not continue to work to address them. We will, for example, still continue to strive towards providing excellent joined-up and personalised support for people with learning difficulties, to improve air quality through sustainable transport programmes, to champion the vital work of unpaid carers and to provide employment opportunities for those with long-term disabilities. However, so we can make a real difference, we will focus on a smaller number of issues that we believe are the most important to address at this current time. We want to develop more integrated approaches to benefit our residents' health and wellbeing, by working together better. We cannot achieve our priorities alone as separate organisations, we have to work together and do this better.

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

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

This strategy will explain the priority areas in more detail – why they are important, what our principles are for each and what we will do to achieve them.

Making York a great place for older people to live

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

Older people make a huge contribution to the life of our city. Older people offer a significant benefit to business as experienced and committed workers and a growing contributor financially as customers of our local economy. Older people also at the heart of families and our communities, volunteering, caring, mentoring and supporting children and young people whilst we seek to build a society for all ages.



Older people already form a significant part of our community in York.

Furthermore, due to people living longer, York's over-65 population is expected to increase by about 40% by

2020 and the number of people aged over 85 years is expected to increase by 60%. A growing number of these will also be living alone.

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

The JSNA estimates that dementia will affect an additional 700 people in York within the next 15 years. Given the population projections and the increased incidence of dementia with increasing age, planning for potential need would be an appropriate strategy.

This means that there are ever increasing demands on health and social care services in York, and at a point when overall budgets are diminishing. If nothing is changed, the current system of support will quickly become vastly unaffordable. The JSNA specifically recommends that we provide community-based responses in responding to long term conditions and in preventing admissions to hospital and that we continue support for initiatives aimed at increasing levels of physical activity across the whole population and that priority is given to vulnerable groups.

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

- **Continue to respond to the needs of an increasing population of older people, ensuring strategies, plans and commissioning decisions across all partners take account of this demographic change and prioritise prevention work.** E.g. ensuring that homes and neighbourhoods are designed and adapted in a way which helps older people maintain their independence.
- **Shift the model of care away from one where people have to go to hospital, residential or nursing care to access treatment or support, to one where they can be supported in their own communities or remain at home wherever possible.** Despite patients repeatedly telling us they prefer to be treated this way, and the health and financial benefits of doing so, we do not underestimate the challenge of changing the system. A consequence of providing more treatment and care at home will be to reduce the number of beds that are needed in hospitals. We must reassure and remind people of the benefits of this approach in providing care closer to home. It will free up our hospitals to focus on providing care more efficiently to patients who require hospital admission supported by better developed community health and social care services and thus avoid delays on discharge.

So together we will:

- Focus on making this happen, persevering at and prioritising this work
- Persist at overcoming barriers together, taking bold decisions where needed
- Trust patients and residents to understand the complex dilemmas we face and be involved in shaping solutions.
- **Support communities to develop their capacity, enabling them to address loneliness and social isolation older people may experience within their neighbourhoods.** In many ways is the best form of early intervention. For example, 10 minutes of contact a day could reduce the need for an older person needing to be admitted into hospital.
- **Recognise and promote the vital role of unpaid carers** who contribute so much to health and wellbeing in York. We will endeavour to provide support which genuinely makes carers' lives easier and lets them know we value their contribution.
- **Provide high quality care and support for people at the end of their lives and their carers,** including increasing choice and control over where people wish to die.
- **Jointly commission more voluntary sector services and support these interventions where there is evidence they have an impact and provide value for money.**

- **Improve the city's infrastructure so that older people have better access to social support and community services**, for example, we need good transport links so people can visit their friends and family or leisure facilities.
- **Dementia is a significant concern for older people. We will tailor our approach to working with people with dementia appropriately**, taking into account particular needs, not simply using standard pathways which may not be suitable.
- **Fully support Joseph Rowntree projects 'Dementia Without Walls' and 'Neighbourhood Approaches to Addressing Loneliness'**, ensuring Health & Wellbeing Board organisations are actively responding to community need and applying the learning from these work programmes.
- **Make use of new technologies** which will help us develop creative solutions to addressing loneliness and social isolation.
- **We will support work that is already progressing**, specifically, creating state of the art facilities and accommodation for older people and increasing the take up of personalisation.

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Over the next three years the Health and Wellbeing Board will:

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

By Neighbourhood Care Teams we mean community teams which bring together NHS, local government, independent and voluntary sector providers around the 'neighbourhood' of a GP practice. The aim is to provide patient-centred, multi-disciplinary, integrated and streamlined care closer to a patient's home.

 - Specific attention should be given to embedding independent and voluntary sector organisations with these teams and ensuring there is coordination with neighbourhood working models in City of York Council.
 - They should be carefully evaluated as they are set up and if successful given long-term commitment, through pooling budgets across health and social care organisations, for example.
 - This will require de-commissioning acute provision and commissioning more community-based responses in responding to long term conditions and in preventing admissions to hospital.
 - To support this work, an Adult Commissioning Manager post should be jointly appointed between Vale of York Clinical Commissioning Group and the City of York Council, with a formal link to York Council for Voluntary Services.
2. **Develop an end of life policy across health and wellbeing partners, mapping current processes and re-commissioning.**
 - Include how those left behind should be supported as part of the policy. Ensure that GPs are supported to offer patients and their families / carers the best end of life pathway, which may mean staying at home to die peacefully.
3. **Provide weekly cross-sector case reviews for patients who have been in hospital over 100 days (Or other appropriate threshold)**
 - This will help identify if more effective support can be provided for these people and avoid unnecessarily long stays in hospital.
 - In order for this to be successful, staff attending meetings on behalf of organisations would need to be given the autonomy to make decisions about resource allocation and establish pragmatic solutions which work for individuals.
 - As well as using this process to provide more effective care and cheaper care for individuals, this should be used as learning environment to inform wider system change.

- 4. Invest in services which support older people who are isolated to participate in the social groups or community activities that are available in York.**
 - Volunteers would support isolated individuals by accompanying them to the first few sessions of a group or activity, building up their confidence so they can participate in the longer term.
 - The promotion of these services by organisations on the Health and Wellbeing Board would enable more people to benefit from this type of support.
- 5. Undertake a joint review of how medication is used and reviewed in residential and nursing care, promoting alternatives to medication where possible.**
- 6. Deliver a joint communication campaign across organisations on the Health and Wellbeing Board focused on how to spot the early signs of dementia, how to respond and what support is available, and introduce specific dementia training and support for the health and wellbeing workforce.**
 - This would include having a single point of contact for the workforce to gain support and expertise to improve the care of those with dementia.
- 7. Encourage care sectors to adopt the living wage and set timescales to reflect this in how we commission contracts.**
- 8. Take a coordinated approach across sectors, to implement a single social prescribing programme which prescribes exercise, social activity or volunteering.**
 - This approach builds on existing programmes which recommend exercise and is recognised by health professionals.
 - Longer term we would like to embed this approach within Choose and Book.
- 9. Work together to understand the factors that contribute to loneliness and what communities and organisations can do to alleviate this.**
 - Once we understand the issues and challenges and how they might be addressed we will support the implementation of these initiatives.
- 10. Develop an innovative inter-generational volunteering programme, working with the 'Volunteering York' partnership.**
- 11. Develop a workforce strategy across care sectors for paid staff which supports joint workforce development initiatives.**
 - This will exemplify best practice around personalisation, showcase innovative work that has been initiated by proactive managers and help set up a paid carers providers network with opportunities for mentoring support

Reducing Health Inequality

Why is 'reducing health inequality' important?

The JSNA identifies that health inequalities are prevalent within York. The work of the Fairness Commission highlights the links between low income and poorer health outcomes.

People living in some areas of York can expect to live on average 10³ years less than other York residents if they are male or 3.5 years less if they are female. We believe this is deeply unfair, and jars against our vision for *all* York residents to be able to enjoy long, healthy and independent lives.



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

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

Smoking, alcohol use and obesity have a significant impact on the health of our residents. The JSNA recommends that established programmes aimed at reducing the smoking prevalence in York are maintained and built upon. Consideration should be given to targeting specific groups, such as young people, pregnant women and routine and manual occupational groups.

³ Figures rounded to nearest 0.5 years.

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

We will:

- Use the Marmot framework and its 6 domains as a holistic approach to reducing health inequalities across the life course.
- Consider the impact on health inequalities in every decision we make and every policy we develop, ensuring we do not widen the gap further.
- Allocate our resources to where they are needed most, particularly those areas or groups of people who suffer poorer health outcomes.
- As organisations, work in an integrated way with individuals and communities who suffer poorer health outcomes, understanding the complex and cross-cutting nature of issues relating to health inequality, many of which are rooted in wider social factors. We will endeavour to understand and address the key issue or issues which can act as a catalyst to improving broader outcomes, rather than trying to solve individual problems as separate organisations.
- Committed to supporting community based health and wellbeing programmes that work intensively with residents who experience lower health outcomes. In the longer term, we will assess the potential for community development approaches in improving health and wellbeing within neighbourhoods.
- Explore a range of options which take support and services where they are needed most, for example, more outreach work, or using the assets we have more flexibly to better meet local need.
- Take a smarter approach around communicating health and wellbeing messages with our residents. We will:
 - undertake joint campaigns across all partners
 - use our understanding of communities and individuals to target communication
 - adopt innovative marketing approaches which actively engage people
 - utilise health champions to go to places where older people are rather than expecting people always to come to us.
- We will work with and acknowledge the positive impact that existing partnerships and task groups are making in addressing health inequalities.
- Work with schools and children's centres to engage with parents, recognising the benefits of healthy food initiatives for families.
- Health and wellbeing are multi-faceted and complex concepts, therefore a range of approaches and interventions are required to address the determinants of health. This is reflected in our actions.

Over the next three years the Health and Wellbeing Board will:

1. **Invest in targeted health improvement programmes that offer bespoke interventions to our residents who experience lower health outcomes, for example, lone parents, homeless young people and care leavers.**
2. **Champion a joint approach to ameliorating complex, interlinked issues that a number of families experience in our city, through our work with troubled families.** We want to embed more health professional resource in the existing programme to support families with more specific health related issues.
3. **All organisations on the Health & Wellbeing Board will commit to timescales for implementing the Living Wage, and encourage others in the city to do the same.**
4. **Organisations on the Health and Wellbeing Board commit to running supported employment programmes within their organisations and if successful, encourage other organisations or businesses to follow.** We will also support volunteering programmes which offer that step up to employment and work which helps sustain people in employment or training. We absolutely recognise the benefits of employment and training on health and wellbeing.
5. **Invest in community based programmes which increase residents' income and/or reduce their expenditure, such as debt and benefits advice.** We support the recommendations in the Financial Inclusion Strategy and acknowledge that this work is continuing.
6. **Explore and identify opportunities where we can take services to residents who would benefit most from this support and share buildings. This includes:**
 - The use of the Community Stadium as a hub for health and wellbeing and a base for outreach services, ensuring we reach people who experience lower health outcomes.
 - The use of existing buildings within communities to join up, co-locate or extend services to increase flexibility and accessibility, for example, extending the range of support available from GP surgeries or using pharmacies to provide basic health checks and signposting.
7. **Undertake targeted work to investigate and address health behaviours and lifestyles in York, focused on smoking, alcohol use and obesity.**
8. **Establish a York model for tobacco control** (it is currently across both York and North Yorkshire).
 - This includes establishing a York Tobacco Alliance and implementing the NICE guidance 'Quitting smoking in pregnancy and following childbirth'.
9. **Adopt a joint approach to community development in deprived areas of York, where communities define their own issues and how they can address them.**

10. Recruit health and wellbeing champions from within communities who experience poorer health outcomes, to signpost and offer advice.

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Improving mental health and intervening early

Why is 'improving mental health and intervening early' important?

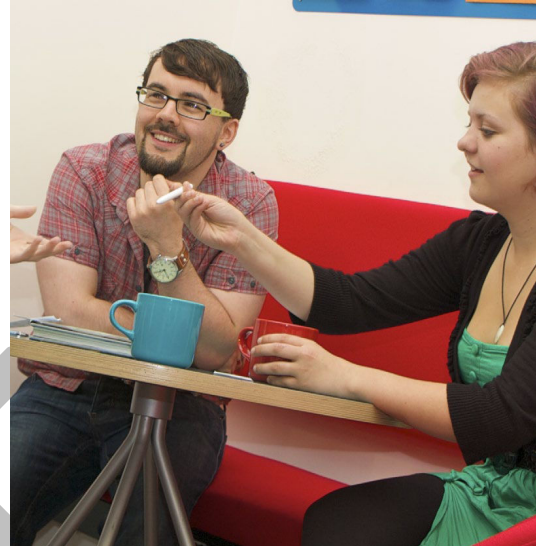
It is estimated that at any one time there are around 25,000 York residents experiencing various kinds of mental health problems, ranging from anxiety and depression to severe and enduring conditions including dementia and schizophrenia. Furthermore, 10% of 5 to 15 year olds in York are estimated to have a diagnosable mental health disorder and, with people living longer, an increase in dementia is forecast.

Much of this can go under the radar, and we need to raise awareness and improve our understanding of the full range of mental health needs in the City.

Where possible, we want to be able to intervene early to address or prevent mental health problems and not just treat more severe conditions, as we know this is more cost-effective and better for the wellbeing of people in York.

The JSNA recommends that active consideration is given to joining up more closely the children's and adults' mental health agendas and work streams in order to support a closer focus on early intervention, prevention and transition. The JSNA also highlights the need to provide a range of comprehensive community based, early intervention support and services for individuals with mental health problems.

Housing has a significant impact on all our health and wellbeing. The JSNA specifically recommends that the housing needs of people with mental health conditions do need to be considered in the context of service planning and high quality provision.



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

- Seek to gain a better understanding of mental health needs in York, and the services that are currently available. We will make sure our services are fit for purpose and if necessary redesign them to better meet mental health needs locally.
- Look to raise the profile of mental health and remove the stigma attached to it.
- Ensure that when we plan services, this takes account of the mental health needs of the ageing population, with particular reference to social isolation, loneliness and the growing number of people with dementia.
- Endeavour to create supportive communities which enable good mental health; where people have regular contact with one another, friendships can be developed and people are there to support each other. This will help prevent people from developing mental health conditions or requiring services in the first place.
- Improve coordination between the broad range of mental health support available in York across sectors, and which draw from both medical and social models of health and wellbeing. Since we know that mental health conditions are often complex, long term and related to a range of factors, we will support the development of longer term support programmes and more joined-up working between services.
- Work together to join up children's and adult's mental health agendas to better support early intervention work and the transition between services.
- Support a model of early intervention and prevention where possible, providing and effectively referring to a range of alternative support (instead of medication or intensive interventions) for people with low-level mental health conditions. We acknowledge that there are different levels of mental health needs, and that different support and models of care should be used appropriately.
- Recognise that although the 'recovery model' can benefit those with mild or moderate mental health issues, there are approximately 400 people in the city with severe or enduring mental health conditions who need more intensive support.

Over the next three years the Health and Wellbeing Board will:

- 1. Commit to an annual communication campaign for mental health: awareness of it, how to respond to it, and how to promote mental wellbeing.**
 - As our understanding of mental health in the city increases, we can target these campaigns and work to bring in more partners from across sectors to increase their influence.
- 2. Deliver a joint workforce programme for city employers for 'well at work': training for managers to increase awareness of mental health and stress.**
- 3. Commission more mental health first aid training in York – either from the existing national programme or develop a local model.**
- 4. Take a coordinated approach across sectors, to implement a single social prescribing programme which prescribes exercise, social activity or volunteering.**
 - This approach builds on existing programmes which recommend exercise and is recognised by health professionals.
 - Longer term we would like to embed this approach within Choose and Book.
- 5. Introduce a Standardised Approach to Assessment (SAA) for Mental Health. All partners on the HWB agree to use the mental health recovery star for mental health recovery work.**
 - This assessment could be a 'passport', following the service user to a range of services and reviews. This will avoid several different assessment tools being used every time someone uses a different service. It can be used by clinicians and non-clinicians.
- 6. Across sectors, we will jointly map the support and pathways available for people with mental health conditions, including thresholds and criteria, to identify opportunities for earlier intervention and reduced reliance on intensive support and re-commission where needed.**
- 7. Support schools to raise awareness of mental health to young people.**
 - This includes bringing in mental health expertise to complement Personal, Health and Social Education within the curriculum and refining it so it is relevant young people's mental health issues, i.e. eating disorders and self-harm.
- 8. Commission more community based support and services for individuals, especially early intervention and prevention work.**
 - This includes: commissioning more counselling services and additional services to support 16-25 year olds. This will enable earlier intervention, and allow us to explore and address specific issues relating to young people moving into adulthood.

9. **Review our housing policy for people with a mental health condition, this includes looking at our housing stock options and how we can offer more flexible tenure options.**
10. **Provide a more fit for purpose Place of Safety for York and North Yorkshire.**
 - We will increase multi-agency working to improve how agencies respond to those being detained under the Mental Health Act and agree a coordinated approach and policy for York.

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Enabling all children and young people to have the best start in life

Early intervention and tackling inequality are the basis for enabling all children and young people to have the best start in life; there has been an increase in the number of children who are subject to formal



child protection plans; an estimated 4,400 children were living in poverty in York in 2010; there is an attainment gap between children in York who are eligible to receive free school meals and those children who are not eligible.

As highlighted earlier in the document, each of our priorities will be taken forward by the designated partnership board. The YorOK partnership is developing this priority and they have set out how they will realise our ambitions through 'Dream Again', York's Strategic Plan for Children, Young People and their Families, 2013-2016

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

Eight ways in which we will work to help all children, young people and their families to live their dreams:

- **Striving for the highest standards**

York already enjoys some of the highest educational and health outcomes of anywhere in the UK. But we are not complacent, and will continually strive for more. There should be no limits on the dreams and aspirations of any young person in York. This can only come about through positive partnerships with children, young people and their families; together with a skilled, confident and committed workforce.

- **Creating truly equal opportunities**

We will work relentlessly to ensure that no child, young person or community is at a relative disadvantage, removing all traces of discrimination from our systems and our interactions – with a particular focus on the rising numbers of children from a BEM background, and on those questioning their sexuality. This principle is as much about celebrating the positive as it is about eliminating the negative.

- **Ensuring children and young people always feel safe**
Safeguarding lies at the heart of all our work, as does ensuring that there are “arenas of safety” at home, at school and in the community. We will continue to make our procedures for raising concerns about a child as straightforward and as effective as possible. We will be sensitive to the possibilities of exploitation or extremism, and will continue to adopt a “zero tolerance” policy for bullying in any form.
- **Intervening early and effectively**
We firmly believe in the principle of investing in “upstream” interventions to prevent costly “downstream” problems. This includes developing responsive mechanisms for supporting particularly vulnerable children, young people and families. It is also about programmes of public health to promote breastfeeding, exercise, healthy eating and good sexual health, whilst also preventing unwanted conceptions, and problems with drugs or alcohol.
- **Working together creatively**
This is about working within and beyond the YorOK partnership to ensure that organisational demarcation never gets in the way of the best interests of children and young people in York. It’s about sharing information, and pooling budgets, so as to develop better services. It’s also about making best use of the changing organisational landscape in both education and health to promote the interests of young people.
- **Treating children as our partners: mutual respect and celebration**
York has always prided itself on its capacity to involve young people. We need to ensure that all services continue to be fully responsive, and that young people’s views are built into the design and delivery of services from the outset. We should lose no opportunity to celebrate their achievements. This principle is founded on respect for children’s rights as enshrined in the UN Convention and recognition that with these rights also come responsibilities. We will continue to work closely with the Youth Council and with School Councils in this area.
- **Connecting to communities and to the rich culture of our great city**
We need to see children as people who live within their communities and as future responsible citizens. York has such a rich heritage, and varied cultural life, and we need to ensure children and young people have multiple opportunities to connect with it. We also need to be sensitive to the fact that different communities have very different needs and aspirations, and that for some people their “community” may be their local area, whereas for others, it may have more to do with cultural identity.
- **Remembering that laughter and happiness are also important**
It would negate the purpose of this principle to expand upon it further!

In addition, there are five specific priorities, based on evidence about where extra help is needed

- **Helping all York children enjoy a wonderful family life**

We have always recognised that children are best brought up in their own family, however that is composed. Where that is not safely possible, we will seek always to ensure that high quality local alternative family settings are available. So we need to ensure we give extra help to any family experiencing particular difficulties, and to continue to support foster families, adoptive parents, and those parents who may be vulnerable in some way (including parents with learning difficulties).

- **Supporting those who need extra help**

We already have evidence of differences in educational and health outcomes for looked after children compared with their peers and – despite some progress – in the attainment of pupils eligible for free school meals or the pupil premium. We also have concerns about the outcomes for young people from the traveller community and for young carers. Finally, we need to do more to help young people with a learning difficulty or disability to find employment after school or university. For all these groups, we need imaginative programmes of support and challenge.

- **Promoting good mental health**

We need to do more work to understand the possible dimensions of the issue here, ie, what is actually needed, and to deliver a range of sensitive and professional services to support young people who have mental health issues. Young people are particularly keen for us to help to remove the stigma around poor mental health.

- **Reaching further: links to a strong economy**

There are two particular areas where the needs of young people interact with the economic health of the city: child poverty, and young people not in education, training or employment (NEET). We need to expand our multi-agency, multi-faceted programme to tackle child poverty and to increase the number of apprenticeships across the city. The raising of the “participation age” during the lifetime of the plan will appear to have removed the problem of “NEET” young people under 18, but as a partnership, YorOK is just as concerned about young adults aged 18-25 who are without work or purposeful activity. We need to help all young people to be “work ready” and to encourage and support young entrepreneurs.

- **Planning well in a changing world**

This priority recognises some particular uncertainties that we know we are going to have to face in the next plan period, for which we need to plan effectively. These include falling demand for secondary school places and, conversely, rising demand at primary level. We also face unprecedented pressures on our budgets, putting an added premium on ensuring that we spend every penny wisely and that we work together imaginatively to ensure that the total impact of our combined budgets is greater than

the sum of the parts. But there are also positives – the health reforms, and the changes to the education system, represent opportunities we should seize.

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Cross-cutting Proposals

In addition to proposals under each of the priority areas, there are a number of proposals which, through taking a joint approach across all partners and needs, will make an impact all each of our priorities.

A key recommendation throughout the JSNA is that data collection is improved across the agreed priority areas within the Joint Health and Wellbeing Strategy. This

will inform and influence how services are provided in the future, where from and for who, increasing the impact of what we commission and provide.



Over the next three years the Health and Wellbeing Board will:

- 1. Undertake further research to share intelligence and get more of an insight into the health and wellbeing of those with the poorest health outcomes.**
 - We need to increase our understanding of the following groups: looked after children, young people who leave care, carers including young carers, people who have disabilities, people with mental health needs, older people, offenders and people who misuse substances.
- 2. Create a shared resource collating existing health and wellbeing information, joining up directories for activities / services / organisations in York, and designing appropriate ways of using this which is fit for purpose and user-friendly.**
- 3. Create a health and wellbeing passport which is recognised by and used across all partners and sectors and integrate work around specific health passports. This is also relevant to the board's commitment to developing an end of life policy.**
- 4. Deliver a joint workforce development programme across frontline staff of all partner organisations to 'Make Every Contact Count' and encouraging them to 'ask the next question', maximising opportunities to influence broader health and wellbeing outcomes.**
- 5. Commission a joint engagement strategy to influence and coordinate our work between organisations across our five priorities.**
 - This will enable us to engage with our residents and communities and individuals who use our services in the longer term.
- 6. Create a joint campaigns plan, coordinating citywide health and wellbeing campaigns which often occur separately through individual organisations.**
 - The proposal is to run a smaller number of more intensive campaigns that are coherent, coordinated, and focused on a significant issue related to our strategy. This will avoid disjointed messages and communication.

Creating a financially sustainable local health and wellbeing system

Why is 'creating a financially sustainable local health and wellbeing system' important?

In order to provide the services we do, and support the health and wellbeing of residents in York both in the short and long term, it is vital that we are able to do this effectively within the financial constraints we have.

Significantly reduced and further reducing public sector budgets, financially challenging times for individuals and increasing demands for a range of health and wellbeing services create a perfect storm for the health and wellbeing system in York to contend with. Taking into account increased demand, it is estimated that budget savings of around 20% will be required across health and local government by 2020.⁴ To simply continue what we are doing, let alone additionally investing in our priorities or to make long-term savings, would be a major challenge.



All this, coupled with the urgent need to re-balance the York & North Yorkshire health system which is spending more than is available year on year, make this a pivotal time to create a system which costs less overall but continues to provide excellent care, treatment, support and opportunities for our residents.

Nevertheless, we must remind ourselves that despite the challenges, there are still hundreds of millions of pounds across sectors to support and improve the health and wellbeing of individuals and communities in York – it is our responsibility to maximise what we do with this and invest it wisely.

⁴ LGA Funding Outlook for Councils, 2012; King's Fund, 2011

Principles which will guide our work to deliver this priority

We will:

- **As the Health & Wellbeing Board, take ownership for the financial position of the whole health and wellbeing system in York, rather than the performance of individual organisations.** We will ensure we are investing in services that we know will have the biggest impact. We need to be aware of both the intended and unintended consequences of funding decisions we make and the impact of any subsequent service change. To help us make these decisions we will take a joint approach to budget consultation with residents and endeavour to communicate consistently about the overall financial position.
- **Maximise efficiencies between adult social care and health through jointly planning care pathways across sectors and integrating commissioning decisions more closely.** Where appropriate, we will explore opportunities for joint commissioning posts, pooled budgets or lead commissioning arrangements between City of York Council and Vale of York Clinical Commissioning Group to support this more integrated approach.
- **We will prioritise system change around care pathways for older people which are the most significant cost pressures and opportunities.** This will address a major strain and will release pressure on services so they are able to function better across the board, benefitting all our residents.
- **Shift the model of care away from one where people have to go to hospital, residential or nursing care to access treatment or support, to one where they are supported in their own communities or remain at home wherever possible and .**

A consequence of providing more treatment and care at home will be to reduce the number of beds that are needed in hospitals and staffing and equipment costs accordingly. Patients prefer this model of care and this would also enable significant savings, avoiding reductions elsewhere. We must sensitively reassure and remind people of the benefits of this approach and the need to change. In order to make this system change, we will need to:

- Create performance frameworks and contracts which reward this more financially sustainable model of care, and share risk appropriately
- Commission primary, community and social care in a way where there is sufficient capacity to effectively support people closer to home who would have traditionally required hospital services. We will commission the best services possible, with openness to the possibility that this may not be from statutory providers.
- Encourage the reduction of hospital referrals through GPs and nursing homes, highlighting other, more fit for purpose services, to refer on to.
- Promote and encourage self-care where appropriate.
- Be open with the public about the need for change, educating them in dilemmas we together face and trusting them to make decisions which benefit the whole population. We will work closely with local media, encouraging them act with social responsibility, to avoid publicity which could derail this collaborative approach.

- **Urge Central Government to adopt its plans for a financially sustainable model for paying for adult social care without delay.**
- **Allocate our resources to where they are needed most, particularly those areas or groups of people who suffer poorer health outcomes.**
- **Have a two-pronged approach to reviewing finance and resources – a whole system view but also assessing the effectiveness of our services on a case by case basis. This will give us more flexibility in allocating resource where it is needed and resolving cases where people are ‘stuck in the system’.**
- **Maximise internal efficiencies through vacancy management and efficiency programmes across the Council and NHS.**
- **Take a shared approach to assets such as buildings and vehicles, maximising their use between partners, and selling or putting to other use assets we don’t need as a result.**
- **Maximise the use of voluntary sector services where they provide excellent value for money and results.** We will stimulate a stronger market by supporting voluntary sectors organisations to work together or scale up to bid for larger contracts. We will tender contracts to enable voluntary sector organisations to be competitive against larger statutory or independent providers.
- **Trust patients and residents to understand the complex dilemmas we face and allow them to shape solutions, for example, through the Expert Patient Programme.**

DRAFT

Delivering and monitoring the Strategy

responsibility and accountability for each theme through partnership infrastructure

Health & Wellbeing Board

5. Resources and finances – a sustainable health and wellbeing local system

Older People & Long Term Conditions

1. Preparing for an older population

Tackling deprivation & health inequality

2. Addressing health inequality

Mental Health & Learning Disabilities

3. Improving mental health and intervening early

Children & Young People (YorOK)

4. Enabling all children and young people to have the best start in life

Task and finish groups / Project boards / working groups as required by above boards to deliver on priorities

There are 4 strategic delivery boards reporting to the York's Health and Wellbeing Board as illustrated above. While not the totality of their remit or work, these boards will take responsibility for delivering the various actions in the this strategy relating to their work area, which have been developed through consultation with various stakeholders including many members of the Boards themselves. It will be the responsibility of these boards to determine how each action will be taken forward in practice, with some actions perhaps requiring further scoping or definition. As part of their role, they will also consider other work required to meet the principles set out within this strategy, and establish a suitable joint performance framework to evaluate success.