

NORTH YORKSHIRE HEALTH AND WELLBEING BOARD

DATE: 29th May 2013

Health and Well-being Commissioning Intentions in respect of the Joint Health and Well-being Strategy

Health and Adult Services NYCC

1. Purpose:

This paper presents the commissioning intentions of HAS NYCC in support of the Joint Health and Well-being Strategy 2013 -18

2. Background:

- 2.1 The Health and Well-being Board produced its Health and well-being strategy for 2013-18. The strategy document included in its appendix a performance framework with the expectation that agencies bring to the Health and well-being Board the commissioning intentions which it is hoped will contribute to the delivery of the strategy. In the first round agencies will high-light their intentions. There will then be an opportunity to see how these can be joined up so that there is then a cohesive integrated strategy.
- 2.2. This is a first draft from HAS and as the Board explores the evolution of process of developing its approach to improving health and well-being across the county this will become more fine-tuned.

3. Recommendations:

1. The Board is asked to note:
 - a. this early work by one of its group to complete the performance framework in respect of its health and well-being strategy
 - b. the intentions of HAS to contribute to the overall health and well-being strategy
 - c. the possible opportunities for complementary or integrated approaches presently being considered by partners.

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Appendix 1: Strategic Performance Framework emerging from the North Yorkshire Joint Health and Wellbeing Strategy NYCC HAS Commissioning Intentions

The following outlines some of the ways we will know the strategy has improved the Health and Wellbeing of people in North Yorkshire. It is intended that the framework is used as the starting point to develop with partners an agreed range of indicators to show how NYCC HAS commissioning plans will seek to make an impact on the challenges and priorities contained in the strategy.

Challenges	Priorities and areas for focus	What will success look like?	How agencies will locally contribute to success. Targets for 2013/14
<p>Rurality</p> <p>Rurality leads to challenges in delivering services efficiently in remote rural areas. Access to services can be a challenge for some communities, service providers need to think creatively about rural solutions thus reducing further the need for transport. The isolation people can experience from living in rural locations can impact on their emotional wellbeing and mental health. Lack of readily available community support and services can reduce vulnerable people's opportunities to live safely in their own homes.</p> <p>Our rurality also means we have many opportunities within our countryside to improve the health and well-being of our community.</p>	<p>Healthy and sustainable communities.</p> <p>Emotional health and wellbeing.</p> <p>Social isolation and its impact on mental and wider aspects of people's health.</p> <p>Create opportunities to support, expand and grow the contribution people can make in developing safer, supportive communities.</p> <p>Improving the availability of more affordable housing that is appropriate to people's needs.</p> <p>Maximising opportunities for local economic and job development, including the continued development of a more sustainable transport system.</p> <p>Development of a North Yorkshire & York Local Nature Partnership Strategy which sets out how we will conserve and enhance our natural assets and utilise them to maximum effect to enhance the health and well-being of our communities.</p>	<p>1 Improved access to services for people in rural areas for example by enabling more local communities to manage their own support systems.</p> <p>Improved rural employment opportunities.</p> <p>Improved access to leisure activities for people in rural areas.</p> <p>2 Improved availability of appropriate and affordable housing.</p> <p>3 A reduction in the number of socially isolated vulnerable people.</p> <p>Improved communications (e.g. broadband) infrastructure for both business and private premises.</p> <p>The work of the North Yorkshire & York Local Nature Partnership will provide increased access to natural areas for outdoor recreation and conservation volunteering opportunities allowing people to be healthy and play an active role in maintaining our areas of natural beauty.</p>	<p>1 Innovation fund and in particular the investment in community hubs</p> <p>2 Extra care developments – 30 additional extra care schemes for potential development have been identified. Target: To deliver 23 extra care units at Cherry Garth, Thirsk Obtain planning permission for an additional Extra Care scheme.</p> <p>3 Social isolation – A range of projects high-lighted in the paper to the health and well-being Board on loneliness and isolation on the 29th May 2013</p> <p>4. It is our intention to further the personalisation agenda and give more people the opportunity to have direct payments and personalised budgets. This will give more people the opportunity to have localised personalised solutions and as a result see more local rural services grow rather than bussing people to urban communities.</p>

An Ageing Population

Over the next 10 years and beyond, we will continue to see a substantial increase in the elderly population, and in the prevalence of age related conditions including obesity, diabetes, stroke and dementia and other long-term conditions. There is a huge challenge to find new ways of adequately meeting the resulting care and support needs of much higher numbers of very elderly people in the County.

Healthy and sustainable communities.

People with long-term conditions.

Emotional health and wellbeing.

People living with deprivation.

Social isolation and its impact on mental and wider aspects of people's health.

Create opportunities to support, expand and grow the contribution people can make in developing safer, supportive communities.

Ensure services are rapidly developed, placing emphasis on integrated interventions which reduce unnecessary hospital admissions for people with long-term conditions and give improved outcomes.

Improving the availability of more affordable housing that is appropriate to people's needs.

1 A reduction in the number of socially isolated vulnerable people and the development of local strategies to tackle this issue.

The number of people living in poor quality or inappropriate housing is reduced.

2 Reduction in the number of people living in fuel poverty.

3 Increase in the number of people volunteering to help support their local community.

3 Increase in the number of people being helped by the voluntary sector.

More children, young people and other vulnerable groups are kept safe and protected from harm.

Improved support for people with LTCs: reduction in the number of emergency hospital admissions.

Improved knowledge and understanding of the assets available from within local communities by both health and social care agencies and communities themselves.

4 More services being developed and provided in partnership.

1 Social isolation – Proposed Scarborough pilot project on Aging well will be supported in conjunction to projects referred to above.

2 There will continue to be partnership approaches with the older people partnership board on such issues as winter warmth and fuel poverty

3 Innovation fund investments will continue to be made to explore new creative and innovative ways of enhancing the assets of local communities to support vulnerable adults.

4 The public health commissioning intentions will be paced before the Health and well-being board on the 29 May 2013.. Among the intentions is the NHS Health Check assessment programme aims to identify adults aged between 40 and 74 years who are at risk for four common but often preventable diseases: heart disease, stroke, diabetes and kidney disease. From April 2013, NYCC is also mandated to offer dementia awareness and signposting to those individuals aged 65 to 74 years accessing the NHS Health Check programme. Other Public health commissioning intentions will support initiatives aimed at improving diet, increasing physical activity and preventing obesity working closely with districts and CCGs in local communities. We will support initiatives to promote positive mental health and to combat the negative

Deprivation and wider determinates of health

The health of people within North Yorkshire is generally good compared to other parts of England. However, there is a gap in life expectancy between the least and most deprived communities across North Yorkshire of around 6.3 years for men and 4.6 years for women. Within some districts, the gap is nearly 10 years. Across the life course, deprivation can affect people at every life stage, including child poverty, inequitable educational attainment, fuel poverty and social isolation.

Ill Health Prevention.
Healthy and sustainable communities.
Children and young people.
Emotional health and wellbeing.
People living with deprivation.
Make a concerted multi-agency approach to identify and develop integrated solutions for children and families who are vulnerable to poverty, have high and complex needs or are in challenging situations.
Social isolation and its impact on mental and wider aspects of people's health.
Create opportunities to support, expand and grow the contribution people can make in developing safer, supportive communities. Health, social care and other organisations should develop their knowledge of what community assets exist in their area and how they can be better used and developed.
Improving the availability of more affordable housing that is appropriate to people's needs.
Maximising opportunities for local economic and job development, including the continued development of a more sustainable transport system to meet the social and economic needs of local communities and safeguard the environment.

Reduction in the number of people living in fuel poverty.
1 Investment and services are provided to communities and people in the most need of health and social care.
All public agencies have the reduction of health inequalities embedded in their decision making processes.
More children and young people are helped to make positive choices for personal responsibility.
2 Increase in the overall employment rate and reduction in unemployment rate.
Reduction in the number and proportions of children living in poverty.
3 More children, young people and other vulnerable groups are kept safe and protected from harm.
Reduction in the gap in life expectancy between different areas of the county.
Reduction in the variations in educational attainment believed to result from family circumstances.
The proportion of children and young people not in education, employment, or training (NEET) is reduced.
Maximising the opportunities afforded by greater access to broadband across our county.
4 Support and encourage the development of social enterprise approaches to community support. And the maintenance of our natural assets.

Lead partner agencies to ensure their

1 Information and access –help people to understand how care and support works and what they are entitled to by providing excellent information through a range of access points including our customer service centre, libraries, and our care directory
targets:
Target:
The proportion of people who use services find it easy to get information and advice about services (ASCOF indicator).
57.7% 2012/13 estimate
70% 2013/14 target
2 Employment and training - work with vulnerable people to improve their independence through the promotion of employment and training opportunities.
Targets:
The proportion of adults in contact with secondary mental health services that are in paid employment (ASCOF indicator)
9.8% 2012/13 estimate
10.0% 2013/14 target
The proportion of adults with learning disabilities in paid employment (ASCOF indicator).
8.1% 2012/13 estimate
8.5% 2013/14 target
To increase the numbers of people helped to find and maintain jobs, training and volunteering opportunities through the Supported Employment Service
24 (Paid employ) 2012/13
36 (Paid employ) 2013/14 target

<p>Financial pressures</p>	<p>Integrated commissioning maximising the use of the public purse.</p> <p>Integrated service provision which reduces duplication and adds value to people's care pathways.</p> <p>Better support and management of long term-conditions which maximises the use of life enhancing technologies.</p> <p>A better balance between investment in acute support and community focussed early intervention and prevention strategies.</p>	<p>1 The health and social care economy delivering good quality timely support within a financially balanced system.</p> <p>2 Evidence that there is a sustainable balanced investment in:</p> <ul style="list-style-type: none"> • early interventions aimed at reducing the need for statutory intervention; • a robust integrated rapid short term response system geared to quickly return people to an acceptable level of health and well-being; and • A financial sustainable acute care response geared to returning people to their appropriate community setting. 	<p>1 Integration work: Jointly funded health co-ordination project officers Integrated Commissioning board Proposed Neighbourhood Care Teams Proposed Home from hospital scheme</p> <p>2 Independent living – we will support people to help maintain their independence for as long as possible through a range of support services including telecare, extra care and our rehabilitation service, START. We have identified another 30 extra care schemes which we hope to develop.</p> <p>3. In support of this it is the intention to have a prevention plan in place as part of our public health strategy. It is hoped that this will have contributions from partner commissioning agencies,</p> <p>Targets: Telecare is widely used in the community - percentage of community services 33% 2012/13 40% 2013/14 Those people who have accessed reablement services who have a reduced/no on-going social care service after START. 60% 2012/13 65% 2013/14 Proportion of people who feel supported to manage their long term condition 69.6% 2012/13 England average 70% 2013/14 target</p>
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<p>Killer diseases</p> <p>Circulatory disease (including heart disease and stroke) and cancers account for the greatest proportion of deaths within North Yorkshire. Cancers are the most common cause of death under the age of 75 years.</p> <p>There are particular challenges for certain conditions due to increasing age (e.g. dementia and stroke) or change in projected prevalence (e.g. obesity and diabetes). Across all age groups, there is a need to establish joined-up care pathways making best use of community support.</p>	<p>Ill Health Prevention.</p> <p>Children and young people.</p> <p>People living with deprivation.</p> <p>Create opportunities to support, expand and grow the contribution people can make in developing safer, supportive communities.</p> <p>Ensure services are rapidly developed placing emphasis on integrated interventions which reduce unnecessary hospital admissions for people with long-term conditions and give improved outcomes.</p> <p>Encourage positive lifestyle behaviour changes.</p>	<p>Reduction in the instances of “killer” diseases.</p> <p>1 Improvements in life expectancy for people with chronic/LTC.</p> <p>1 Reduction in emergency admissions for people with LTC.</p> <p>Increase in the number of people of all ages choosing to adopt healthier lifestyles (reduced smoking, alcohol consumption, lower obesity, etc.).</p>	<p>1 Independent living – we will support people to help maintain their independence for as long as possible through a range of support services including telecare, extra care and our rehabilitation service, START.</p> <p>Targets:</p> <p>Telecare is widely used in the community - percentage of community services</p> <p>33% 2012/13</p> <p>40% 2013/14</p> <p>Those people who have accessed reablement services who have a reduced/no on-going social care service after START.</p> <p>60% 2012/13</p> <p>65% 2013/14</p> <p>Proportion of people who feel supported to manage their long term condition</p> <p>69.6% 2012/13 England average</p> <p>70% 2013/14 target</p>
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Emotional and mental wellbeing

Emotional and mental wellbeing is important across all age groups. Mental health is not just the absence of mental disorder. It is defined as a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

Physical health and mental health are strongly linked. Dealing with pain or a long-term condition can impact on one's mental health and sense of wellbeing. People with persistent mental health problems often have a long-term physical complaint. Some communities and those who are lonely and isolated are at increased risk of mental ill-health.

So the challenge in North Yorkshire is to give attention to develop sustainable, cohesive and connected communities; have safe places for children to engage in positive activities; reduce crime and anti-social behaviour; support more people to reduce their dependencies on substance misuse and tackle domestic violence as all having their part to play in improving emotional health and well-being

Develop the culture within our North Yorkshire communities to enable everyone to aspire to a positive sense of emotional health well-being.

In partnership to help people to better understand the connection between mental health and physical health and promote improvement through our public health agenda work.

Shifting the focus of service provision to one where the performance focus is on the numbers of people who have recovered and the number of people positively reporting on their experience of care and support.

Partners collectively agreeing a joint strategy addressing domestic violence.

Develop and test innovative approaches to reducing loneliness and isolation.

More people have better mental health.

More people with mental illness or who are substance dependent will recover.

People with mental health needs will have improved physical health.

1 More people have a positive experience of care and support.

Fewer people suffer avoidable harm.

Fewer people experience stigma and discrimination.

2. More local investment in schemes with a focus on reducing isolation and loneliness can demonstrate evidence of improved outcomes for people.

3 People who use services say that those services have made them feel safe and secure.

4 An increase in the number of people who feel they have more control over their service as a result of receiving self directed support.

5 People in contact with secondary mental health services have improved opportunities to access paid employment.

People with mental illness have equal opportunity to live independently in settled accommodation with or without support.

People of all ages know they have a safe haven to go to if they feel under threat.

6 People who use services and their carers find it easy to find information about services.

1 People who use social care and their carers are satisfied with their experience of care and support services. We will continue to make the services which support our front line staff as efficient and cost effective as possible.

Targets:

People who use services continue to be satisfied with the level of care and support given as measured (ASCOF indicator).

61.6% 2012/13 estimate

70% 2013/14 target

The overall satisfaction of carers with social services (ASCOF indicator). (Percentage of those responding to the Carer's Survey)

40.8% 2012/13 estimate

60% 2013/14 target

2 Social isolation – Proposed Scarborough project

3 Make sure that vulnerable people are kept safe – we can have no greater priority. It is our responsibility to keep vulnerable people safe from abuse by working closely with our partners in the Adults Safeguarding Board and tackling poor care practice wherever it is found.

Dignity and respect – we will continue to work with providers, service users and local communities to make sure that dignity and respect is at the heart of everything we do.

Targets:

The proportion of people who use services who say that those services make them feel safe and secure

