

Health and Wellbeing Board

North Yorkshire



NORTH YORKSHIRE HEALTH AND WELLBEING BOARD

September 2013

Health and Wellbeing Commissioning Intentions in respect of the Joint Health and Wellbeing Strategy

NHS Hambleton, Richmondshire & Whitby Clinical Commissioning Group

1. Purpose

This paper presents the commissioning intentions of Hambleton, Richmondshire & Whitby Clinical Commissioning Group (HRW CCG) in support of the North Yorkshire Joint Health and Wellbeing Strategy 2013-2018.

2. Background

- 2.1** The Health and Wellbeing Board produced its Health and Wellbeing Strategy for 2013-18. HRW CCG Governing Body, in its Shadow form, was involved in the development of this strategy.
- 2.2** Through the Authorisation process, the CCG was required to demonstrate that its commissioning plans responded to the Joint Strategic Needs Assessment (JSNA) and that the plans demonstrate commitment to the local Health and Wellbeing Strategy.
- 2.3** The HRW CCG response to the Health and Wellbeing Strategy demonstrates our commitment to it and the table attached details specific work that underpins the strategic objectives of the CCG and the Health and Wellbeing Strategy.

3. Recommendations

The Board is asked to note:

- a. The intention of HRW CCG to contribute to the overall health and wellbeing strategy
- b. The work in place to underpin delivery of the success criteria outlined in the Health and Wellbeing Strategy.

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Strategic Performance Framework emerging from the North Yorkshire Joint Health and Wellbeing Strategy HRW CCG 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 HRW CCG 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 HRW CCG will locally contribute to success. Plans for 2013/14 |
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| <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>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>Improved availability of appropriate and affordable housing.</p> <p>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>Integrated Team "prototyping" project in place with workshops for Wensleydale team completed and next two teams start September</p> <p>Additional investment in 3 community teams agreed and recruitment underway</p> <p>Expanded intermediate care service in place using H&SC monies</p> <p>Extended Integrated 24/7 Fast Response Service established</p> <p>New pathways for emergency care with YAS – first responders / GP triage / new location points for ambulance crews</p> <p>Urgent Care Board established to review integration of OOH/A&E & Primary Care Services</p> |
| <p>An Ageing population</p> <p>Over the next 10 years and beyond, we will continue to see a substantial</p> | <p>Healthy and sustainable communities.</p> <p>People with long-term conditions.</p> | <p>A reduction in the number of socially isolated vulnerable people and the development of local strategies to</p> | <p>'Fit 4 the future' engagement exercise with population across HRW</p> |

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| <p>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.</p> | <p>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.</p> | <p>tackle this issue. The number of people living in poor quality or inappropriate housing is reduced. Reduction in the number of people living in fuel poverty. Increase in the number of people volunteering to help support their local community. 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. More services being developed and provided in partnership.</p> | <p>Transformation Board with partner organisations including county and district councils, voluntary organisations and provider trusts Falls team now incorporated as part of intermediate care enabling an "assess and treat" model to be implemented Review of falls and nursing home community matron services complete</p> |
| <p>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</p> | <p>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</p> | <p>Reduction in the number of people living in fuel poverty. 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. Increase in the overall employment rate and reduction in unemployment rate.</p> | <p>Actively engage with Public Health colleagues to ensure that the needs of the population of HR&W are part of the decision making process within the CCG Areas of focus include:</p> <ul style="list-style-type: none"> ● alcohol interventions ● smoking cessation ● diabetes education ● stroke prevention ● childhood obesity |

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| <p>child poverty, inequitable educational attainment, fuel poverty and social isolation.</p> | <p>situations.</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. 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.</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 to meet the social and economic needs of local communities and safeguard the environment.</p> | <p>Reduction in the number and proportions of children living in poverty.</p> <p>More children, young people and other vulnerable groups are kept safe and protected from harm.</p> <p>Reduction in the gap in life expectancy between different areas of the county.</p> <p>Reduction in the variations in educational attainment believed to result from family circumstances.</p> <p>The proportion of children and young people not in education, employment, or training (NEET) is reduced.</p> <p>Maximising the opportunities afforded by greater access to broadband across our county.</p> <p>Support and encourage the development of social enterprise approaches to community support and the maintenance of our natural assets.</p> <p>Lead partner agencies to ensure their contracts support at least a minimum wage standard and encourage access to employment by vulnerable people through such approaches as innovation funds and contracting for outcomes.</p> <p>Enabling the provision of more affordable homes. Maintaining and improving existing housing stock.</p> <p>Improving access to housing services.</p> <p>Reduction in the rate of adult and young people homelessness.</p> | |
| <p>Financial pressures</p> | <p>Integrated commissioning maximising the use of the public purse.</p> <p>Integrated service provision which</p> | <p>The health and social care economy delivering good quality timely support within a financially balanced system.</p> | <p>Deliver financial stability across the health economy through joint working to deliver efficiencies with main providers</p> |

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| | <p>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>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>Partnership working with Health & Social Care to establish integrated teams that will enable funding to be identified to support the Integrated Transformation Fund from 2015/16</p> |
| <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. 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>Improvements in life expectancy for people with chronic/LTC.</p> <p>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>Review and implement pathways of care for people with long term conditions</p> <p>Data provided to practices for analysis of emergency and avoidable admissions under QOF QP standards, peer review meeting planned</p> <p>Clinically appropriate planned care by reduction in variation</p> |
| <p>Emotional and mental wellbeing</p> <p>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</p> | <p>Develop the culture within our North Yorkshire communities to enable everyone to aspire to a positive sense of emotional health well-being.</p> <p>In partnership to help people to</p> | <p>More people have better mental health.</p> <p>More people with mental illness or who are substance dependent will recover.</p> <p>People with mental health needs will have improved physical health.</p> | <p>Developing a dementia collaborative with partner agencies including the main Mental Health care providers and the local voluntary sector services.</p> |

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| <p>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.</p> <p>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.</p> <p>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</p> | <p>better understand the connection between mental health and physical health and promote improvement through our public health agenda work.</p> <p>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.</p> <p>Partners collectively agreeing a joint strategy addressing domestic violence.</p> <p>Develop and test innovative approaches to reducing loneliness and isolation.</p> | <p>More people have a positive experience of care and support.</p> <p>Fewer people suffer avoidable harm.</p> <p>Fewer people experience stigma and discrimination.</p> <p>More local investment in schemes with a focus on reducing isolation and loneliness can demonstrate evidence of improved outcomes for people.</p> <p>People who use services say that those services have made them feel safe and secure.</p> <p>An increase in the number of people who feel they have more control over their service as a result of receiving self-directed support.</p> <p>People in contact with secondary mental health services have improved opportunities to access paid employment.</p> <p>People with mental illness have equal opportunity to live independently in settled accommodation with or without support.</p> <p>People of all ages know they have a safe haven to go to if they feel under threat.</p> <p>People who use services and their carers find it easy to find information about services.</p> | <p>Proactively engaging with patients and the public through the Practice Patient Engagement groups and the CCG's Health Engagement Network</p> <p>Enhancing access to Mental Health crisis response and liaison psychiatry (RAID model being reviewed).</p> |
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