Health and Wellbeing Board
North Yorkshire

Agenda

Meeting: Health and Wellbeing Board

Venue: County Hall, Northallerton (Brierley Room, Brierley Building)

(location plan attached)

Date: Wednesday 24 February 2016 at 2.30 pm

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Business

No.	Agenda Item	Action	Document/ Page Nos	Suggested Timings
1	Apologies for Absence	**To note**	-	2.30 – 2.35
	Standard Items			
2	Minutes of the meeting held on 27 November 2015	**To approve**	1-9	
3	Public Questions or Statements Members of the public may ask questions or make statements at this meeting if they have given notice to Patrick Duffy of Democratic Services *(contact details below)* no later than midday on Friday 19 February 2016, three working days before the day of the meeting. Each speaker should limit themselves to 3 minutes on any item.	**To note**	-	

Enquiries relating to this agenda please contact Patrick Duffy Tel: 01609 534546
Fax: 01609 780447 or e-mail patrick.duffy@northyorks.gov.uk (or 0800 220617 after office hours)
Website: www.northyorks.gov.uk

	Members of the public who have given notice will be invited to speak:- • at this point in the meeting if their questions/statements relate to matters which are not otherwise on the Agenda (subject to an overall time limit of 30 minutes); • when the relevant Agenda Item is being considered if they wish to speak on a matter which is on the Agenda for this meeting.			
	Strategy			
4	**Ambition for Health Strategic Programme** Sponsors: Simon Cox and Richard Webb	**To accept**	**10-24**	**2.35 – 3.00**
5	**Joint Health and Wellbeing Strategy – Integrated Workforce Development Programme – Progress Update** Sponsor: Simon Cox	**To accept**	**25-29**	**3.00 – 3.25**
6	**North Yorkshire Winter Health Strategy 2015-2020** Sponsor: Lincoln Sargeant	**To approve**	**30-70**	**3.25 – 3.40**
	Assurance			
7	**Joint Health and Wellbeing Strategy – Draft Performance Framework** Sponsor: Amanda Bloor	**To approve**	**71-80**	**3.40 – 4.00**
8	**NHS Planning Guidance and Better Care Fund forward look - Presentation** Sponsor: Shaun Jones	**To accept**		**4.00 – 4.20**
	Other Items			**4.20 – 4.30**
9	**Better Care Fund 2016/2017 – Delegation Arrangements – Verbal Item** Sponsor: Wendy Balmain	**To approve**		
10	**Work Programme/Calendar of Meetings**	**To approve**	**81-84**	
11	**Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances**			

Barry Khan
Assistant Chief Executive (Legal and Democratic Services)

County Hall
Northallerton

Date: 16 February 2016

Notes:

Members are reminded of the need to consider whether they have any interests to declare on any of the items on this agenda and, if so, of the need to explain the reason(s) why they have any interest when making a declaration.

The relevant Democratic Services Officer or the Monitoring Officer will be pleased to advise on interest issues. Ideally their views should be sought as soon as possible and preferably prior to the day of the meeting, so that time is available to explore adequately any issues that might arise.

North Yorkshire Health and Wellbeing Board

Membership

County Councillors (3)		
1	WOOD, Clare (Chairman)	Executive Member for Adult Social Care and Health Integration
2	CHANCE, David	Executive Member for Stronger Communities and Public Health
3	SANDERSON, Janet	Executive Member for Children and Young People's Services
Elected Member District Council Representative (1)		
4	FOSTER, Richard	Craven District Council Leader
Local Authority Officers (5)		
5	FLINTON, Richard	North Yorkshire County Council Chief Executive
6	WEBB, Richard	North Yorkshire County Council Corporate Director, Health & Adult Services
7	DWYER, Peter	North Yorkshire County Council Corporate Director, Children & Young People's Service
8	WAGGOTT, Janet	Chief Officer District Council Representative
9	SARGEANT, Dr Lincoln	North Yorkshire County Council Director of Public Health
Clinical Commissioning Groups (5)		
10	RENWICK, Dr Colin	Airedale, Wharfedale & Craven CCG
11	PROBERT, Janet	Hambleton, Richmondshire & Whitby CCG
12	BLOOR, Amanda (Vice-Chairman)	Harrogate & Rural District CCG
13	HAYES, Dr Mark	Vale of York CCG
14	COX, Simon	Scarborough and Ryedale CCG
Other Members (3)		
15	JONES, Shaun	NHS England NY & Humber Area Team
16	CARLISLE, Sir Michael	Chairman, Healthwatch
17	BIRD, Alex	Voluntary Sector Representative
Co-opted Members (2) – Voting		
18	BARKLEY, Martin	Mental Health Trust Representative (Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust – Mental Health Services)
19	CROWLEY, Patrick	Acute Hospital Representative (Chief Executive York Teaching Hospital NHS Foundation Trust)
Substitute Members		
	COULTHARD, Adele	Tees, Esk and Wear Valley NHS Foundation Trust
	WARREN, Julie	NHS England NY & Humber Area Team
	TOLCHER, Dr Ros	Harrogate and District NHS Foundation Trust
	NEWTON, Debbie	Hambleton Richmondshire & Whitby CCG
	MELLOR, Richard (Subject to formal approval by County Council on 24 February 2016)	Scarborough and Ryedale CCG

Notes:

1. The Health and Wellbeing Board is exempt from the requirements as to political balance set out in Sections 15-16, Schedule 1 Local Government Housing Act 1989
2. The Councillor Membership of the Board is nominated by the Leader of the Council. In the event that the number of portfolio holders responsible for health and well related issues increases, the additional portfolio holders will also be a Member of the Board.
3. All members of the Health and Wellbeing Board or any sub committees of the Health and Wellbeing Board are voting Members unless the Council decides otherwise.

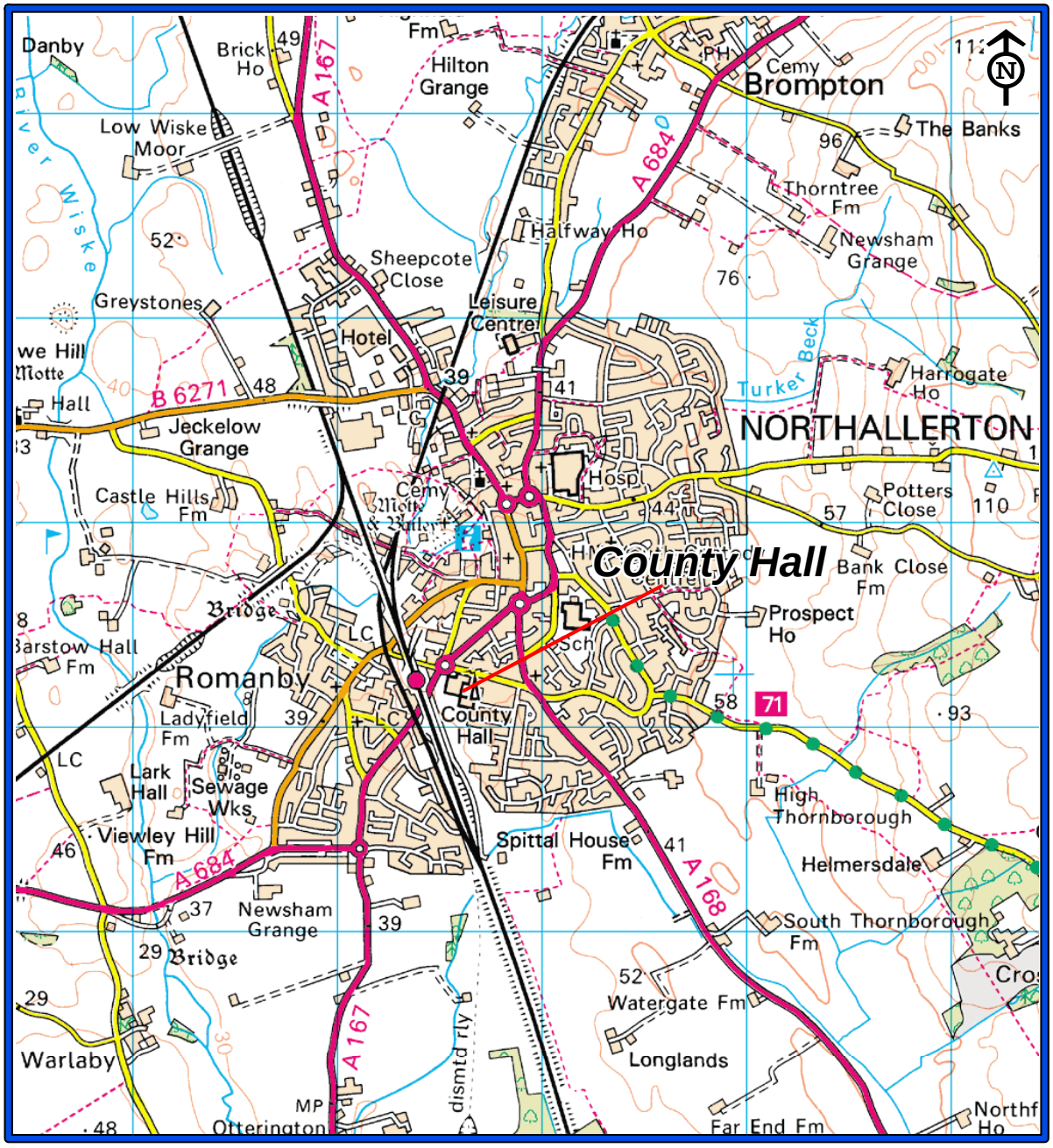
Health and Wellbeing Board
North Yorkshire

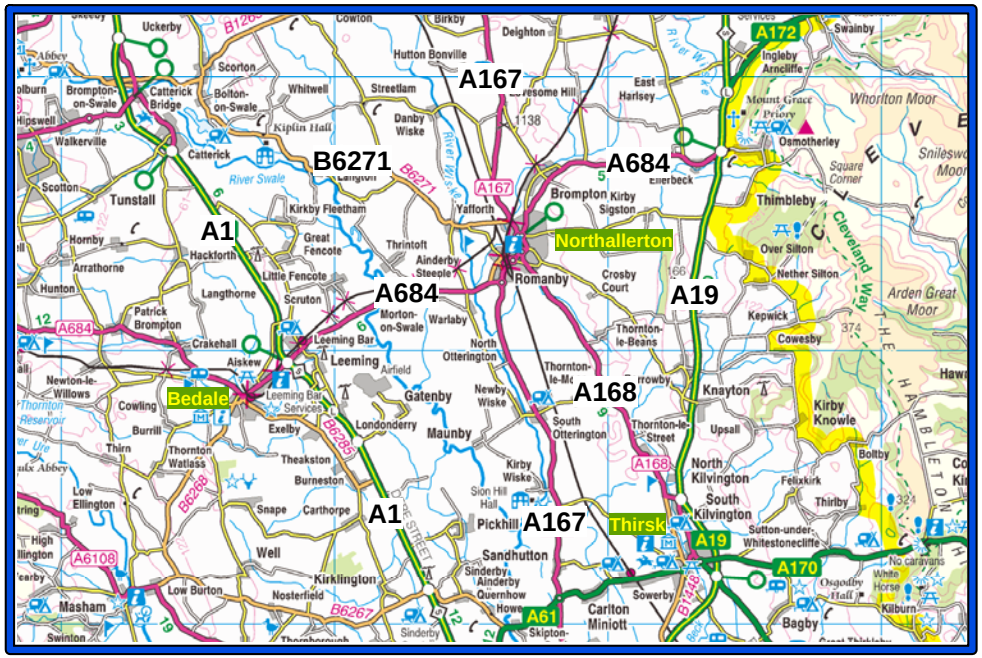
These ground rules are about Team North Yorkshire Health and Wellbeing Board and should apply within and outside of Board meetings. They were adopted by Board members in June 2015.

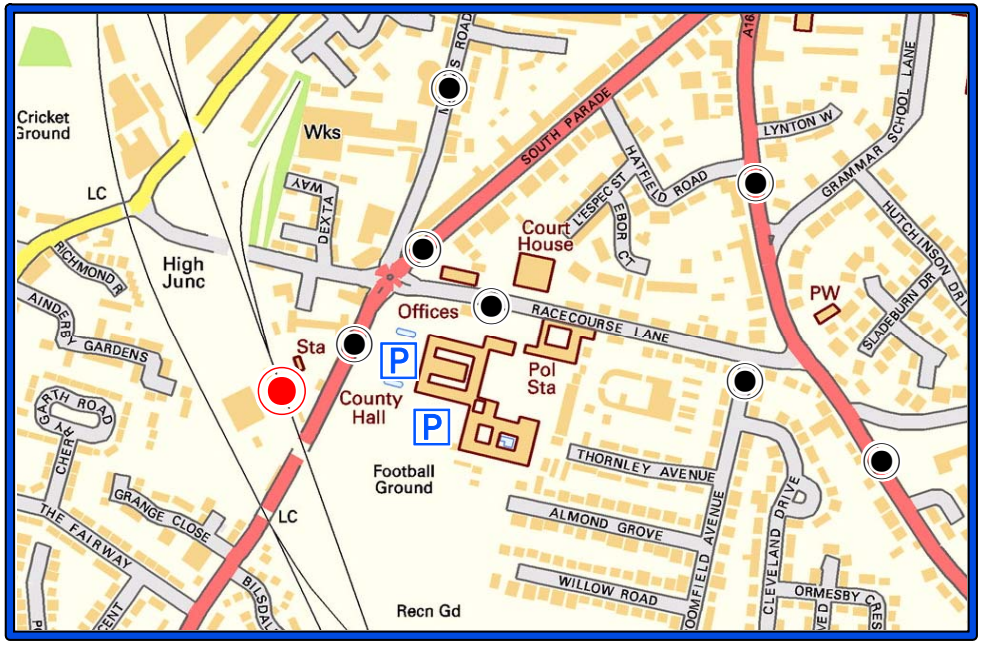
We have made a commitment that when working together we will treat each other with **respect**, with **openness and honesty**. We will make sure that there is **equality – everyone is of equal value in the room.** We will **contribute and take part, committing to listen and ask questions of each other**, **checking that what we heard is what was intended**. We believe **it is good to be passionate**, and we know that constructive **challenge is helpful in getting us to a better place**. We must **voice disagreement, otherwise silence implies consent** but recognise that this should be done **with respect** to other points of view. **We shouldn't expect the same sort of challenge in the public arena.**

We have a responsibility to model exemplary behaviour, inside and outside of the HWB meetings, as Board members we should **give and accept support** and **bring collective experience and knowledge to this Board**. **Our discussions need to focus on added value and outcomes** and we must **take responsibility for our decisions.** We should ensure that we **communicate and cascade to our respective audiences and organisations.**

We believe that we should **continually strive to be better and** wear our **team badges - Team North Yorkshire** with pride.







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North Yorkshire County Council

North Yorkshire Health and Wellbeing Board

Minutes of the meeting held on Friday 27 November 2015 at The Garden Rooms at Tennants, Leyburn, DL8 5SG

Present:-

Board Members	Constituent Organisation
County Councillors	
County Councillor Clare Wood **(Chairman)**	North Yorkshire County Council Executive Member for Adult Social Care & Health Integration
County Councillor David Chance	North Yorkshire County Council Executive Member for Stronger Communities & Public Health
Elected Member District Council Representative	
Richard Foster	Craven District Council Leader
Local Authority Officers	
Richard Webb	North Yorkshire County Council Corporate Director – Health & Adult Services
Peter Dwyer	North Yorkshire County Council Corporate Director - Children and Young People's Service
Dr Lincoln Sargeant	North Yorkshire County Council Director of Public Health
Janet Waggott	Ryedale District Council Chief Executive
Clinical Commissioning Groups	
Debbie Newton (substitute for Dr Vicky Pleydell)	Hambleton, Richmondshire & Whitby CCG
Amanda Bloor (Vice Chairman)	Harrogate & Rural District CCG
Simon Cox	Scarborough & Ryedale CCG
Andrew Phillips (substitute for Dr Mark Hayes)	Vale of York CCG
Other Members	
Shaun Jones	NHS England North Yorkshire & Humber Area Team
Sir Michael Carlisle	Chairman, Healthwatch, North Yorkshire
Alex Bird	Voluntary Sector (North Yorkshire and York Forum)
Co-opted Members (voting)	
Adele Coulthard (substitute for Martin Barkley)	Mental Health Trust Representative Tees Esk & Wear Valleys NHS Foundation Trust
Patrick Crowley	Acute Hospital Representative Chief Executive, York Teaching Hospital NHS Foundation Trust

In Attendance:-

Jane Booth (Cloverleaf), County Councillor Jim Clark (Chair, Scrutiny of Health Committee); Jonathan Phillips (Independent Chair, Safeguarding Adults Board) and Janet Probert (Director, Partnership Commissioning Unit).

North Yorkshire County Council Officers:
Wendy Balmain, Gavin Halligan-Davis and Elaine Wyllie (Health & Adult Services), Kate Arscott and Patrick Duffy (Legal & Democratic Services) and Sarah Parvin (Business Support).

One member of the public.

Copies of all documents considered are in the Minute Book

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124. Apologies for absence

Apologies for absence were submitted by:

Martin Barkley, Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust
Richard Flinton, Chief Executive, North Yorkshire County Council.
Dr Vicky Pleydell, Hambleton, Richmondshire and Whitby CCG.
Dr Colin Renwick, Airedale, Wharfedale and Craven CCG.
County Councillor Janet Sanderson.

125 Changes in Membership

The Board was asked to note the following changes in Membership which will also be reflected in the North Yorkshire Delivery Board and the Commissioner Forum representation:-

- Shaun Jones has replaced Julie Warren as the NHS England representative (Julie Warren is now the designated substitute).
- Janet Probert will replace Vicky Pleydell as the Hambleton, Richmondshire and Whitby CCG representative from 1 December 2015. Debbie Newton will continue as the designated substitute.

The Board also noted that Victoria Pilkington will replace Janet Probert as the Partnership Commissioning Unit representative on the North Yorkshire Delivery Board.

126 Chairman's Announcements

The Chairman welcomed Councillor Richard Foster and Shaun Jones, as new Board Members, to their first meeting of the Board and Patrick Duffy, who has taken over clerking responsibilities for the Board.

127. Minutes

Resolved - That the Minutes of the meeting held on 30 September 2015 are approved as an accurate record.

128. Public Questions or Statements

None had been received.

129. Safeguarding Adults Board and Safeguarding Children Board and Healthwatch and Cloverleaf

A series of presentations provided the Board with an opportunity to gain an understanding of the work and the key issues relating to the Health and Wellbeing Board from the above stakeholders. The presentations were split into two parts:

Part 1 Safeguarding Adults Board and Safeguarding Children Board

Safeguarding Adults Board
Jonathan Phillips advised Members that there are four main elements to its Strategic Plan:

- Awareness and Empowerment
- Prevention
- Protection and Personalisation
- Partnership and Accountability

He added that the key issues for the Safeguarding Adults Board are:-

- Ensuring that standards in care homes remain high
- The role of primary care
- Transitions – more work is required linked to sexual exploitation
- Safeguarding impact assessment. He wondered whether the Board would be prepared to sponsor a piece of work looking at the impact on safeguarding capacity of the partner agency budget plans for 2016-17 and beyond.

Janet Probert commented that there has been good collaborative working across wider areas and the fact that organisations are working to the same procedures is also positive. Jonathan Phillips has been pivotal to this.

Andrew Phillips enquired whether with, for example, rural communities during bad weather, there is any escalation of safeguarding provision. Richard Webb advised that contingency plans are part of Health and Adult Services' normal winter planning arrangements.

Janet Waggott, advised that Ryedale District Council has signed up to the Policy and was keen to know what more they could do. Jonathan Phillips responded that the Board wanted to set out the respective responsibilities of partners more clearly so that partners would themselves ensure due diligence, and so that people know who to contact in any situation. Richard Webb felt this is key and that the role of housing is particularly important, to enable the identification of people who are not known to statutory services.

The Chairman concluded that there is now increased awareness about safeguarding, but that there is more to do. The Board will consider the request to sponsor a piece of work around safeguarding assurance.

The Chairman noted that Jonathan Phillips is leaving his role as Independent Chair of the Safeguarding Adults Board and thanked him for his excellent work over the years.

Safeguarding Children Board
Pete Dwyer, Corporate Director for Children and Young People's Service, on behalf of Nick Frost, the Independent Chair of the Safeguarding Children Board, highlighted the following aspects:

- The Safeguarding Children Board is long established. With its predecessor, the Area Child Protection Committees, there is a 40 year history of safeguarding arrangements in children's services.
- The Safeguarding Children Board has strong, high level representation and benefits from pooled budgets to take forward work between meetings.
- Last year OFSTED rated it as "Good".

- There is a degree of overlap between the Health and Wellbeing Board, Safeguarding Adults Board and the Safeguarding Children Board and the respective roles of each Board is set out in the Partnership Protocol submitted for approval today.
- Three main issues faced the Safeguarding Children Board: domestic abuse; child sexual exploitation; and risks around radicalisation.
- Communication with GPs noted as an area for further development.

Jonathan Phillips stated that a seamless approach is required for dealing with sexual exploitation, domestic violence and radicalisation for young people at transition e.g. moving between children's and adult services.

Resolved – To continue to work closely with Safeguarding Boards to ensure the Health and Wellbeing Board can be assured that health and care services continue to reflect best practice in keeping people safe.

Part 2 Healthwatch and Cloverleaf

Healthwatch

Sir Michael Carlisle highlighted some of the key achievements of the organisation. He advised the Board that Healthwatch has decentralised local networks and volunteers, whilst establishing a strong strategic presence. Other achievements include:

- Using "Enter and View" to capture patient and user experience and offer additional assurance to commissioners.
- Working on both a geographic and thematic basis.
- Highlighting the views of hard to reach groups.
- Responding to new initiatives.

Looking ahead, one of the key priorities is to ensure that the views of patients and the public are at the heart of all strategic decisions. In this regard, the three big issues that Healthwatch will be focussing on are:

- Hospital discharge
- End of life care
- Primary Care issues

Another key development will be the move towards becoming an independent organisation by April 2017.

Sir Michael noted that the use of telemedicine in Airedale has the potential to make a real difference and consideration should be given to adopting this scheme across other CCG areas.

Cloverleaf

A thought provoking presentation was made by Jane Booth, a Complaints Advocate for Cloverleaf, setting out why complaints really matter in helping organisations learn and improve their services.

The NHS delivers a good service to patients but still receives over 500 complaints each day and Healthwatch estimates that only one in five people who want to complain, actually do so.

Amanda Bloor commented that patient feedback and stories are powerful mechanisms for change and that collectively health in North Yorkshire is moving forward in relation to using these sources.

Richard Webb noted that the points raised by the Cloverleaf presentation could apply equally to all public services and as a Board we should continue to listen to people who use services to improve how we commission health and care for the future.

Resolved - That the presentations from stakeholders and subsequent discussions on the issues identified are noted.

Resolved - That the presentations are to be emailed to Members of the Board.

130. Joint Health and Wellbeing Strategy 2015-2020

Wendy Balmain presented a paper which sought approval for the Joint Health and Wellbeing Strategy and advised that:

- A section on "Dying Well" has now been included following consultation and agreement by Board Members.
- Military health is noted in the new Strategy as an area for further development by local commissioners.
- The Board's Development Day on 14 December 2015 will start the process of moving from strategy to action with the caveat that the agreed outcomes would and are being shaped by the work programmes of local transformation boards to reflect the needs of place. The Board will provide assurance across the whole Strategy.

Sir Michael Carlisle commented that the issue of good transport needs to be referred to in the Strategy and it was agreed that this would be reflected.

Resolved - That the final version of the Joint Health and Wellbeing Strategy is approved by the Board, subject to minor amendments being made by Wendy Balmain, and will be forwarded to the Executive for recommendation to County Council on 17 February 2016.

131. Commissioning for Military Populations across North Yorkshire

Debbie Newton, Hambleton, Richmondshire and Whitby CCG, presented this item. The supporting paper described why effective services are so important for this population and outlined proposals intended to strengthen the process of effective joint working to achieve better health outcomes. She thanked partners for their contribution to the report and made the following points:

- People generally think of the military population as those currently serving however, veterans, reservists and army dependents also need to be considered.
- The largest military population in North Yorkshire was within the Hambleton, Richmondshire and Whitby CCG area.
- Richmondshire District Council has submitted an expression of interest in the Healthy Towns Initiative.

The Chairman said that she welcomed this initiative and appreciated the input of partners around the table to produce the paper.

Pete Dwyer spoke positively about the Healthy Towns Initiative and commented that flows in and out of the Garrison could create pressure on school populations but this

should not deflect from ensuring that the right support is in place for families and children.

Alex Bird referred to the important role of the voluntary sector, noting they had also submitted a bid for funding.

Dr Lincoln Sargeant stated that public health initiatives are also available to support military health populations, for example smoking cessation.

Resolved - That the Board recognise the importance of the military population and their associated health and social needs and that the learning arising from the local initiatives is shared between partners to maximise impact.

132. Future in Mind: Transforming Support for Children and Young People's Mental Health and Wellbeing

Janet Probert, Director of Partnership Commissioning Unit, spoke to this item, explaining the work undertaken to develop the Local Transformation Plan. The report sets out the priorities and actions proposed for inclusion in the Plan; the funding, governance and monitoring arrangements and the implementation arrangements. She reported that official confirmation that all plans have been approved is expected imminently.

Resolved - That the report is noted and that an update paper is submitted to the Board in October 2016 to report on progress.

Resolved - That plans be shared with Members once formal approval is received.

133. Healthy Weight, Active Lives Strategy 2009-2020

The report of Dr Lincoln Sargeant was received and considered by the Board and sought to obtain a mandate from the Health Wellbeing Board for the re-write and re-launch of the Healthy Weight, Active Lives Strategy for North Yorkshire.

It was proposed that a draft Strategy and Action Plan be produced for consultation, which would be presented to the Board for approval in order to launch the new Healthy Weight Active Lives Strategy in October 2016.

Dr Sargeant added that:

- Several CCGs are now looking at Tier 3 Commissioning, which is a positive development
- People's physical environment is now being considered to see how physical activity could be promoted
- Several service areas are contributing to developments.

Resolved – That the rationale for re-writing the Healthy Weight, Active Lives Strategy, together with the proposed process for this, is approved.

134. North Yorkshire Winter Health Strategy 2015-2020

Dr Lincoln Sargeant presented the draft North Yorkshire Winter Health Strategy. The draft Strategy builds on the work of the Joint Strategic Needs Assessment Winter Health Deep Dive (February 2015).

The report asks the Board to endorse the approach and encourage member organisations to contribute to the vision 'to reduce fuel poverty and the adverse effects of cold weather' and to formally respond to the draft Strategy during this 12 week consultation period.

Dr Sargeant highlighted the four key priorities within the draft Strategy:-

- General awareness raising
- Identifying and supporting the most vulnerable people
- Shared responsibility for making every contact count
- Partnership commitment

Resolved - That the priorities in the draft Strategy be supported.

Resolved - That Members receiving the draft Strategy respond to the consultation and commit their organisation as a signatory.

135. System Resilience and Winter Preparedness in North Yorkshire

This joint report from Amanda Bloor and Richard Webb, sought to provide assurance to the Board that the health and social care economy across the county is as prepared and ready as it can be for the upcoming winter period.

The report discussed the national, regional and local drivers to ensure systems are resilient and prepared for winter, as well as other periods of surges and pressures within and across the health and social care system. Amanda Bloor thanked partners for their contributions and highlighted the following:

- There is a detailed overview of responsibility structures.
- There are four System Resilience Groups across North Yorkshire.
- The partnership between health and social care and the voluntary sector is strong.
- Some delays in hospital discharge have arisen from out of area flows. This has now been addressed.
- There has been learning from last winter which had presented serious challenges to the system, but all partners had pulled together to manage this.

Amanda Bloor concluded that the plans give comprehensive assurance as to system resilience and winter preparedness in the County and demonstrate joined up working. The system is not perfect, but there are effective arrangements in place.

Richard Webb confirmed that Health and Adult Services have been involved in all joint planning with the NHS and have deployed staff in readiness and put senior cover arrangements in place.

Reduced capacity within the care market; recruitment difficulties for staff in nursing homes; and the fact that some care/nursing homes are already operating at 95% capacity were noted as current challenges.

Simon Cox (Scarborough and Ryedale CCG) commented that while good planning will be key to managing winter well, pressures in the system remain and should be noted.

Alex Bird advised the Board of a voluntary sector initiative "Warm & Well in North Yorkshire" which provides practical support to help residents stay warm and well this winter. The project is funded by British Gas Energy Trust and is being delivered by organisations across the county.

Shaun Jones, NHS England North Yorkshire & Humber Area Team, commented that, from NHS England's perspective, the report captured the issues and that it was good to see strong links in place between health and social care.

Resolved - That the report is noted and the details set out in the report, as part of the assurance framework across the Health and Wellbeing Board health and care system, are accepted.

136. Better Care Fund (BCF) Evaluation

Wendy Balmain spoke to this Item, which sought to provide assurance to the North Yorkshire Health and Wellbeing Board regarding the monitoring arrangements for the Better Care Fund and highlighted the following:

- Regular reporting to NHS England is in place and reports are submitted on time. The Quarter 2 submission highlighted that Airedale, Wharfedale and Craven CCG and Hambleton, Richmondshire and Whitby CCG are showing progress reducing non-elective admissions.
- The cumulative nature of the reporting across all CCGs means that as a Health and Wellbeing Board we are unlikely to achieve the target of 8.2% reduction in 2015/16.
- All areas continue to make progress delivering BCF schemes and transforming local services as part of a wider package of reform including, for example, Vanguard in Harrogate & Rural District CCG.
- Further work is required to consistently measure progress using similar data and understand the impact and value for money of individual schemes.

Simon Cox commented that it was important that the schemes were evaluated in detail but that any evaluation should be sensitive to how care is being delivered – rather than a concentration on whether or not the target figure was being achieved.

Shaun Jones commented that he recognises the robustness of the process. Only 17 out of 50 Health and Wellbeing Boards in the North of England have met targets for reductions in non-elective admissions in Quarter 1. Guidance in respect of the Better Care Fund 2016/2017 is due shortly.

Resolved - That the report is noted and the details set out in the paper, as part of the assurance framework across the Health and Wellbeing Board health and care system, are accepted.

137. Health Protection Assurance Statement

Dr Lincoln Sargeant provided a Statement of Assurance on Health Protection arrangements in North Yorkshire, highlighting the following points:

- There are over 100 outbreaks and incidents each year.
- In general the system is working well, although occasionally the system fails and when this occurs the public feel let down.
- A good deal of work has been undertaken with partners, including Outbreak Plans, led by NHS England.
- It is important to ensure that the people key to the system, produce joint exercise plan so that they can respond appropriately when situations arise.

Resolved - That the report is noted.

138. Partnership Protocol with Safeguarding Boards

Elaine Wyllie spoke to this Item which set out the relationship and working arrangements between the following Boards:

- North Yorkshire Health and Wellbeing Board
- North Yorkshire Safeguarding Adults Board
- North Yorkshire Safeguarding Children Board

Resolved - That the Protocol is approved.

139. Draft Notes of North Yorkshire Delivery Board Meeting (8 October 2015)

The draft Notes of the last meeting of the North Yorkshire Delivery Board were received by the Board.

Resolved - That the draft notes of the North Yorkshire Delivery Board meeting held on 8 October 2015 are noted.

140. Work Programme/Calendar of Meetings

The work programme/calendar of meetings 2015/16 was received by the Board.

The Chairman reminded the Board about the Development Day which will be held on Monday 14 December 2015 at Dishforth Village Hall, and confirmed that the next meeting of the Board will be held on 24 February 2016 – at a venue to be confirmed.

Resolved - That the Work Programme is noted.

141. Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances

Sir Michael Carlisle referred to winter pressures and felt that it might be helpful for the Board to have a feel for the impact of the financial settlement on patient care across North Yorkshire.

Amanda Bloor reported that the situation on funding will become clearer in the New Year. An update on winter pressures will be reported to the Board at its next meeting on 24 February 2016 and suggested that the impact of the financial settlement could be reported to the Board at that stage.

Resolved - That the impact of the financial settlement on health is to be reported, as part of the update to the Board on winter pressures, at the next meeting on 24 February 2016.

The meeting concluded at 12.35 p.m.

Health and Wellbeing Board
North Yorkshire

NORTH YORKSHIRE HEALTH AND WELLBEING BOARD
Ambition for Health Strategic Programme

1. Purpose

1.1 To provide information to the North Yorkshire Health and Wellbeing Board about The Ambition for Health Strategic Programme.

2. Background

2.1 Ambition for Health is a strategic programme designed to drive forward transformation in health and social care which was developed and agreed between the following health and social care partners in Autumn 2015:

- NHS Scarborough and Ryedale Clinical Commissioning Group
- NHS East Riding of Yorkshire Clinical Commissioning Group
- North Yorkshire County Council
- York Teaching Hospital NHS Foundation Trust
- Tees, Esk and Wear Valleys NHS Foundation Trust
- Scarborough Borough Council
- East Riding of Yorkshire Council
- Ryedale District Council

2.2 These organisations, responsible for health and social care in Scarborough, Ryedale, Bridlington, and Filey and the surrounding area, have united to create a shared ambition for the health of local communities. The Ambition for Health programme will focus on three main aspects of health and social care:

- **Healthy life-styles** – helping people to lead healthier lives and have greater control of their health and well-being.
- **Care at home** – reducing the numbers of people admitted to hospital and ensuring systems are in place to keep them safe in their own home.
- **Sustainable services** – re-configuring services so that our hospitals are sustainable from a financial and workforce perspective.

3. Drivers for change

3.1 The nationwide changing needs of communities and health and social care systems are well documented and explained in various health and social care guidance documents: In particular The Five Year Forward View (NHS October 2014) and Distinctive, Valued, Personal. (ADASS March 2015) set out the challenges and suggested solutions.

https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

http://www.adass.org.uk/uploadedFiles/adass_content/news/press_2015/Distinctive%20Valued%20Personal%20ADASS%20March%202015(1).pdf

Both of these documents highlight the need to ensure services are sustainable for the future. In Scarborough and the surrounding areas our challenges mirror many of the national challenges, but we also have added local issues to address.

3.2 The changing health and social care needs of our population put immense pressure onto services: Scarborough and surrounding areas has an elderly population which is expected to continue to grow over the next 25 years. This places pressure on both health and social care as an increasing number of elderly people will often require often complex packages of support. The expectations of the population is changing and people are more aware of advances in health technology and medicine as well as their rights under the NHS Constitution to access healthcare.

3.3 Recruitment and retention of a skilled workforce is a constant challenge: Not having enough specialist health staff to provide care can lead to services becoming unsafe, sometimes meaning that alternative solutions have to be found, often at short notice. The isolated nature of our acute hospital and lack of other employment opportunities in Scarborough increases this challenge and may deter potential candidates. In social care, a lack of social workers and occupational therapists can lead to delays in assessments and hospital discharges, whilst a lack of care workers can result in understaffing in care homes or the inability of the sector to respond.

3.4 There are pockets of extreme deprivation and rurality within our communities both of which have impacts on the health of the population: Life expectancy for people living in our most deprived areas is reduced by as much as 12 years compared to people living in the least deprived areas. This shocking statistic is linked to people who lead unhealthy lifestyles, such as eating unhealthy food and being overweight, smoking and or drinking too much alcohol. We know there are areas with poor housing and areas where people suffer rural isolation and loneliness with subsequent deterioration in mental and physical health.

3.5 Our local health and social care systems experience financial pressures which are increased by current national financial and policy models: Scarborough Hospital is a cornerstone of local services and much valued by local people. The small resident population of Scarborough and surrounding areas does not generate sufficient activity to provide an income adequate of building sustainable services, which is why we need to modernise services and change the way they are delivered and funded. The acquisition of Scarborough Hospital by NHS York Teaching Hospitals Trust offered a lifeline to Scarborough and many improvements are evident but the scale of the financial challenge continues to grow and should not be underestimated: the forecast shortfall in the NHS funding by 2020 is at least £25 million and the local authority picture is no less challenging.

4. An opportunity to do things differently

4.1 In recognition and response to these challenges, partners are committed to driving forward positive change and using the Ambition for Health programme as a vehicle to make changes for the better by re-designing services and ways of working to make them fit for purpose and affordable for the future.

4.2 Ambition for Health will focus on ten priority areas:

- **Prevention**, self-care and helping people of all ages to lead healthy lifestyles – with a particular emphasis on encouraging a smoke free generation
- Improving **emotional health**, through better mental health services and helping people to live well with dementia

- Providing services that are of the expected **quality and safety, within budget**
- Securing a sustainable **future for Scarborough Hospital**, in particular maintaining core services including emergency medicine, obstetrics (pregnancy and childbirth) and paediatrics (services for babies, children and young people)
- When people do need to be admitted to hospital, ensuring they **return home** as soon as they are fit and ready to do so
- Providing **more services in the community** wherever possible, including better support for carers and more choices for people to live in their own homes with support, leading to a consequent reduction in unnecessary admissions to hospital and to 24 hour care
- Supporting people to have more choice about **where they die**
- Working together to align services, reduce duplication and ensure a **positive experience of health and social care for each individual**
- Listening to, and **shifting power**, to patients and the public, including through better information and advice send the creation of shared records
- Developing our **workforce** and recruit and retain the right people for the right roles

5. Governance arrangements:

5.1 The Ambition for Health Steering Group reports to the System Leaders Board and the Health and Well-being Board and is chaired by the Chief Officer of NHS Scarborough and Ryedale Clinical Commissioning Group (see Appendix 1)

6. Communication and Engagement:

6.1 An initial "vision" document has been prepared and is attached as Appendix 2. A complete communication and engagement plan is being prepared and implementation of this plan will commence in Feb/ March 2016.

7. Timescale:

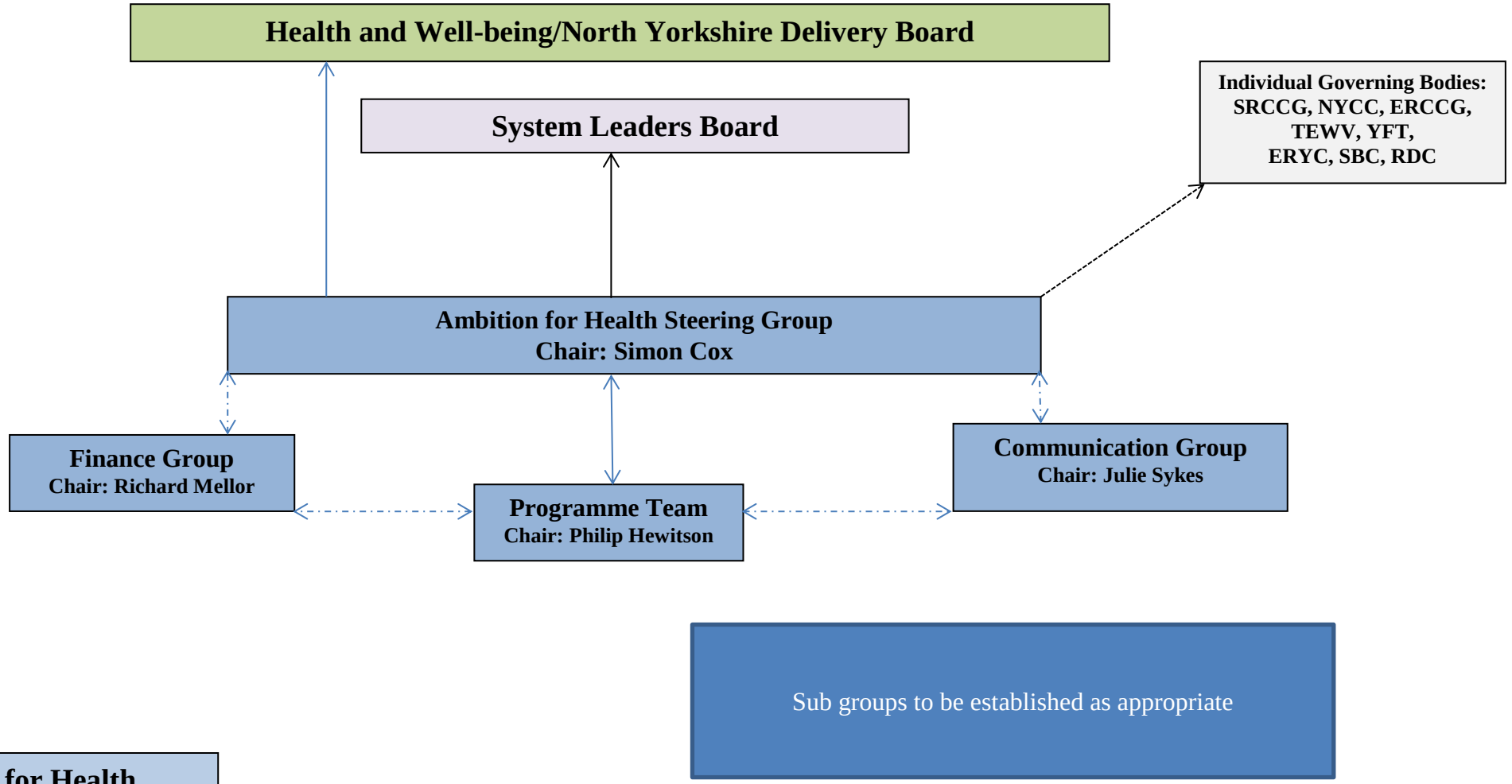
7.1 It is envisaged that this will be a 3-5 year programme of work. Although the ability to be flexible with this timescale is crucial to adapt to the ever shifting sands of health and social care needs.

8. The Board is asked to note:

The Ambition for Health Strategic vision, governance structure and associated reference documents.

Barbara Buckley
Associate Director of Commissioning
11 February 2016

APPENDIX 1



Ambition for Health
Governance Arrangements

APPENDIX 2

Ambition for Health:

Transforming health and social care services in Scarborough, Ryedale, Bridlington and Filey

Contents:

1.0 Introduction: A shared ambition for your health

The organisations responsible for health and social care in Scarborough, Ryedale, Bridlington, Filey and the surrounding area have united to create a shared ambition for the health of local communities.

This is an important time for health and social care services. We want you to be aware of our plans, why they are needed; and to know how all of us, as local residents, can keep ourselves healthy and independent and can help to influence the health and social care services we use.

This document sets out our ambition and explains why things need to change. Whilst it will take time for us to achieve our ambition, it is essential that we start taking action now. As you will read and may be aware, the NHS and social care, both nationally and locally, are facing some big challenges. Not only is our population changing and needs more care and support, we also have the added pressure of providing this care with less money and in a jobs market where fewer people are choosing to work in health and social care.

The only way, and we believe the best way, we can respond to these challenges is by working together to review and change the way we do things. By acting now we will ensure our communities have access to the best information and advice to keep well, and can access health and social care support – now and long into the future.

All partners – across the local NHS and Council organisations listed above – have committed to supporting the Ambition for Health Programme and to promote better health and the future sustainability of health and social care services in our communities.

2.0 Our ambition

Our ambition covers three main aspects of health and social care:

1. **Healthy lifestyles** - An ambition to help people lead healthy lifestyles, supporting them to take control of their own health to prevent illness
2. **Care at home** - An ambition to improve the care provided at home and in the community (sometimes called 'out of hospital care') so that health and social care services work more closely together with the aim of preventing people needing treatment in hospital
3. **Sustainable services** - An ambition to ensure that our Hospitals and other major services are of a high quality, are financially sustainable and that we all have access to the right care, in the right place, at the right time.

These ambitions are informed by what local people tell us; and what local statistics show. They also respond to national and local strategies, including the NHS Five Year Forward View and the Joint Health and Wellbeing Strategies of North Yorkshire and the East Riding of Yorkshire.

3.0 Why we need to change

There are four main reasons why we must take action now:

3.1 Changing health needs of our communities

Beyond the famous coastline and the beauty of the North York Moors National Park, our area has a significant and diverse population. It has a mix of deprived and affluent, urban and rural. The main urban centre of Scarborough is located approximately 40 miles away from the nearest city. It experiences significant seasonal fluctuations in population – the impact of which can be immense on health and care services.

Scarborough Hospital is a cornerstone of local health services and much valued by local people. However, our local health and social care systems experience financial and workforce pressures which are increased by current national financial and policy models. The small resident population of Scarborough and surrounding areas does not generate sufficient demand to provide enough income to build sustainable services, which is why we need to modernise services and change the way they are funded.

From a national perspective, England has an ageing population. By 2025, the number of people over 80 years old will have increased by 50% compared with 1995. We can expect the growth in our ageing population to lead to an increase in conditions such as dementia and an increase in unplanned hospital admissions. Much is made of the increasing age of the population and the pressure this will place on health and social care services. Whilst this pressure is real and cannot be ignored, we will also seize the opportunity of a generation who are staying healthy for longer into retirement, to drive community and voluntary involvement. Many older people are the glue of our communities, looking after younger generations and volunteering to help others.

We must also recognise that treating a person's physical condition only responds to part of their needs. We will establish equality between physical and mental health and will strive to understand

the personal and social context that has led to a person needing support from health or social care. By managing purely medical or care needs as they appear at a moment in time, we miss an opportunity to understand the root cause of those issues and therefore limit the possibility of it happening again.

We therefore need to create a model of care that places an emphasis on prevention in the community, has less reliance on people having to access care at hospital by providing services in alternative settings, and maximises people's potential to be independent through intermediate care and re-enablement services.

Example: a snapshot of health in our area

- The gap in life expectancy between the least and most deprived communities in North Yorkshire is around 12.5 years for men and 5.6 years for women; and in Bridlington, East Yorkshire, is around 6 years for men and 7 years for women. In addition, Bridlington contains one of the most deprived areas in Britain.
- In North Yorkshire 52,790 people have common mental health problems
- The leading cause of premature death (people under 75 years of age) in Scarborough and Ryedale is Cancer, accounting for 38% of all deaths. Cancer is also the leading cause of premature death in Bridlington.
- The number of people over 65 years of age is set to increase from 12,300 to 15,800 in Ryedale and from 25,500 to 31,300 in Scarborough
- Public Health priorities in Scarborough and Bridlington include reducing health inequalities in cardiovascular disease, reducing the prevalence of smoking and harm caused by alcohol.

Example: The impact of dealing with increasing demand for care with limited resources

The winter of 2014/15 is a good example of how high demand for health and social care services combined with workforce pressures pushed the health system to its limit.

Scarborough Hospital experienced significant service pressures with a number of occasions where all inpatient beds were occupied. Patients experienced long waits for assessment and many emergency admissions had to be diverted to other hospitals.

This 'winter pressure' came after a sustained period of time (approximately 18 months) where Scarborough's emergency department had been unable to achieve the standard four-hour waiting time. One of the consequences of high numbers of emergency admissions was a high level of cancellations for planned procedures (such as knee and hip replacement surgery) as emergency and planned patients 'competed' for a limited number of beds.

These types of situation can also have a knock-on impact in the community, particularly for people who need 24 hour care in a residential or nursing home or who need help with personal care at home. A number of care homes have closed in the Scarborough and Bridlington areas in recent years and some that remain, alongside home care services, can find it difficult to recruit and retain staff.

3.2 Poor health outcomes for people living in deprived areas

Life expectancy for people living in our most deprived areas is reduced by as much as 12 years compared with those living in the least deprived areas. This shocking statistic is linked to people leading unhealthy lifestyles, such as eating unhealthy food and being overweight, smoking, and/or drinking too much alcohol. This can lead to early deaths from conditions such as heart disease or stroke. We need to continue to raise awareness of the risks of leading unhealthy lifestyles and support people to change their behaviours.

Unhealthy adults often start life as unhealthy children, so we need to work closely together to support people to make good lifestyle choices for themselves and their children in all avenues of life, be it diet or smoking.

We will adopt the Making Every Contact Count (MECC) approach that encourages health and social care staff to have conversations with people using our services based on behaviour change methodologies (ranging from brief advice, to more advanced behaviour change techniques), so that people are encouraged to make healthier lifestyle choices. We will also work together to see what we can do to address what are called the wider social determinants (for example, the economy and employment, housing, transport) that influence our health.

We also recognise that health and social care cannot be separated from the communities in which services operate, so we will work closely across statutory, business and voluntary partners to explore ways in which we can contribute to the wellbeing and sense of pride and belonging of local communities.

We also know that there are areas of Scarborough, Ryedale, Bridlington and Filey which suffer from poor housing stock and have high levels of private sector renting, with properties unsuitable for adaptation should a person's needs change. Across rural areas, there are also issues around housing such as fuel poverty and affordable warmth, although these tend to stem from people living in isolated, poorly insulated homes, which have become unsuitable as a person's age advances. Circumstances such as these increase the risk of people suffering either a physical injury such as a fall, or of becoming lonely and isolated with the subsequent deterioration of mental health and wellbeing. We will work closely with communities, housing providers and landlords to ensure that housing is suitable, safe and adaptable as people age with a view to ensuring people are able to remain independent and in their own homes for as long as possible.

Example: The impact of leading an unhealthy lifestyle in Scarborough

Levels of smoking are significantly worse than the national average at 21.8% and accounted for approximately 250 deaths in 2012. The smoking rate for mothers at the time of delivery was 17.7 per 100,000 - well above the nation average of 12 per 100,000.

The rate of alcohol related harm hospital stays was 649 per 100,000, which represents 721 stays per year which is in line with the national average. In 2012 24.1% of people were classified as obese with rates of early death from heart disease and stroke trending above the England average at 92 deaths per 100,000. Despite this, levels of physical activity in adults are reported as above the England average.

3.3 Workforce pressures

Recruitment and retention of both clinical and social care staff in our area is a huge problem. Not having enough specialist health staff to provide care can lead to services becoming unsafe, which then means alternative solutions must be found, usually at short notice. In social care a lack of social workers and occupational therapists can lead to delays in assessments and hospital discharges, whilst a lack of care workers can result in understaffing in care homes or the inability of the sector to meet demand especially at peak times, which again impacts on the health service. Where any part of the system is understaffed, this situation can result in cancellations to planned treatments or temporary arrangements being put in place, which cause disruption for everyone involved.

Workforce issues are not unique to our area; they are a national issue which will take time to address. We need to provide services in different ways which can be delivered by current levels of staff and which attract new people into the health and social care workforce. We will explore how to make the NHS and social care more attractive as employers and care as a career of choice.

The seasonal nature of employment in the area (linked with tourism) is not an issue that can be solved easily. We will look to develop ways of working with the current labour market to create a sustainable and predictable staffing base for all services.

Example: The impact of not having enough specialist clinical staff

In June 2015, the local NHS had no choice but to make changes to how patients received immediate care following a stroke.

Typically, a stroke patient would receive their immediate care (hyper acute) from a stroke consultant at Scarborough Hospital, and then be moved to a different part of the hospital or sent home for rehabilitation. Two stroke consultants working at Scarborough Hospital retired earlier this year and, despite numerous attempts over a long period of time, efforts to recruit replacement consultants had only limited success.

In order to maintain safety, measures were introduced which meant that any patient suffering a stroke in the Scarborough or Bridlington area would first be taken to Scarborough Hospital for initial assessment and thrombolysis (clot busting drugs) if appropriate, before being transferred to York Hospital to receive hyper acute consultant care (typically required for around three days).

The need to introduce this change was solely because of an inability to recruit the specialist staff required to provide a safe service in Scarborough Hospital.

There is also an opportunity to invest in workplace health and wellbeing for colleagues across the local health and social care system. This will contribute to their delivery of the best care possible to those they serve; and also help keep employee absence rates low.

3.4 Financial pressures

In 2012, York Teaching Hospital NHS Foundation Trust took over Scarborough and Bridlington Hospitals. This change included a significant amount of financial support provided by NHS England to help with the transfer of services. This financial support ends in 2017.

The way hospital services are currently provided is not sustainable without this funding. Therefore, we must seek new and alternative ways to provide care which are just as effective in terms of health outcomes for local people.

The extent of the financial challenge should not be underestimated – by 2017 the budget for hospital care will be reduced by at least £17million compared with today. The Local Authority picture is no less challenging, with Councils having to make savings in social care of at least £6million locally by 2020. In order to achieve these challenging financial targets, health and social care will need to work closely together to avoid duplication and deliver joined-up care to local people.

It is worth remembering that even with spending reductions, the NHS and local government in our area invest over £200 million each year in health and social care services. In addition, significant numbers of people, who are not eligible for public funding, fund their own social care. Investment hasn't ceased during this period of financial pressure, and we will ensure that future investments are also made wisely and managed well.

4.0 A change for the better: our top priorities

The challenges detailed above are having a significant impact on our ability to deliver the quality of care that local people and services expect. For example, not having enough staff to provide care can often result in lengthy waiting times and cancelled appointments, all of which lead to a bad experience for people.

Although the way services are provided in the future may look quite different, they will continue to be provided to the best possible standard and, where possible, to a better standard than they are now. We will be active learners from good and poor practice.

Example 1: prevention is better than cure

North Yorkshire County Council and NHS Scarborough and Ryedale Clinical Commissioning Group are funding a new team of Living Well Co-ordinators, to work with people who are on the cusp of needing care. This programme will focus on making the most of the support that exists in local communities and help individuals to maintain or re-gain their confidence. Alongside this, the Stronger Communities Programme is already supporting voluntary and community organisations to develop and maintain community transport schemes, improve youth services, maintain libraries and provide support to older and disabled people.

The County Council and Borough and District Councils are also working together to build more extra care and supported accommodation, so that more people can live independently, with help available if it's needed. The efficient use of Disabled Facilities Grants will also aid those in private-sector accommodation to make necessary home adaptations.

And there's support too for making healthier lifestyle choices. New Stop Smoking Services are being developed and the Public Health service is funding Scarborough Borough and Ryedale District Councils to pilot a weight management programme for individuals aged 18 who are obese. There's also some targeted work to increase take-up of NHS Health Checks amongst farming communities and in the most deprived wards in Scarborough: Castle, Central, Falsgrave Park, Northstead, Ramshill, and Stepney, as well as with homeless people.

Example 2: prevention is better than cure

In the East Riding of Yorkshire, the Health Trainer Service has a shop in Bridlington. This service began following identification of a need to support disadvantaged communities experiencing high levels of obesity-related conditions including Type 2 diabetes, heart disease and stroke. They have a programme designed to work with individuals who have a BMI of 45+ and who have co-morbidities (other health conditions) that may eventually see them looking to have bariatric surgery, the most common type of which is gastric bypass surgery. The programme is 18 weeks in length and provides education, support, knowledge and guidance on weight loss.

However the service is not just about weight management – Health Trainers offer emotional support and goal-setting and identify any barriers to healthy living and weight loss. They also motivate to ensure those on the programmes have all the help and support necessary to make changes long term. They work on lifestyle issues they identify as a priority for each individual client, such as smoking, alcohol intake, emotional wellbeing and levels of physical activity.

In working towards achieving our ambitions, we will focus on **ten major priorities**:

1. **Prevention**, self-care and helping people of all ages to lead healthy and active lifestyles – with a particular emphasis on encouraging a smoke free generation
2. Improving **emotional health**, through better mental health services and helping people to live well with dementia
3. Providing services that are of the expected **quality and safety, within budget**
4. Securing a sustainable **future for Scarborough Hospital**, in particular maintaining core services including the care of the emergency patient , obstetrics (pregnancy and childbirth) and paediatrics (services for babies, children and young people)
5. When people do need to be admitted to hospital, ensuring they **return home** as soon as they are fit and ready to do so
6. Providing **more services in the community** wherever possible, including better support for carers and more choices for people to live in their own homes with support, leading to a consequent reduction in unnecessary admissions to hospital and to 24 hour care
7. Supporting people to have more choice about **where they die**
8. Working together to align services, reduce duplication and ensure a **positive experience of health and social care for each individual**

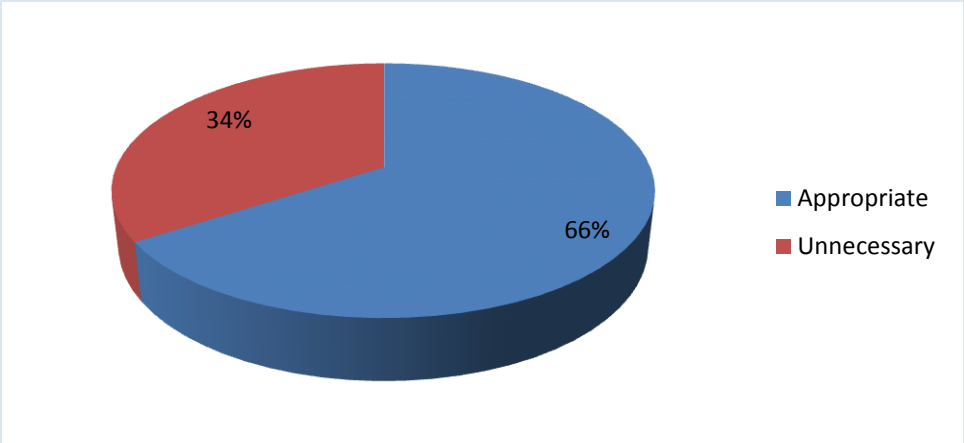
9. Listening to, and **shifting power**, to patients and the public, including through better information and advice send the creation of shared records
10. Developing our **workforce** and recruit and retain the right people for the right roles

Example: Do patients really need to be in hospital?

In 2014 we undertook an audit of occupied beds on wards at Scarborough Hospital, Bridlington and Malton Community Hospitals and two residential/rehabilitation care homes. The aim of the audit was to see how many of the patients occupying beds were receiving the appropriate level of care for their needs, which ranges from level one to level five:

- Level 1 – Intensive care
- Level 2 – Acute care
- Level 3 – Specialist rehabilitation
- Level 4 – Rehabilitation in own home or rehabilitation/care home
- Level 5 – Fit for hospital discharge

The findings were very interesting. Out for the 371 patients included in the audit, 127 were deemed to be receiving a level of care that was unnecessary for their needs:



This was mainly patients receiving level 4 care (rehabilitation) or level 5 care (fit for hospital discharge).

In summary, this means that 34% of the patients included in the audit were either receiving a level of care above what they needed (level 4) or were still in hospital when they no longer need to be (level 5). If patients reside in an inappropriate part of the system relative to their needs, it wastes precious resources (costing up to £xx extra per day), and does the patient a disservice.

5.0 Achieving our ambition

We are still very much at the start of our journey. However, we have set ourselves a clear direction of travel. Over the coming months we will begin to develop more detailed plans about the changes we need to make. We are committed to involving you in this process.

It is also important that we raise awareness amongst local people about how we can work together to overcome the challenges presented in this document, for example how all of us who live locally can lead a healthier lifestyle or how the NHS and local government can use resources better.

Your opportunity to get involved in shaping our plans begins now.

If you have any comments on the contents of this document, or would like to make suggestions for how you think we can achieve our ambition for health, we'd like to hear from you. Here's how you can get in touch:

By email: ambitionforhealth@nhs.net

By letter:
Ambition for Health
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Health and Wellbeing Board
North Yorkshire

North Yorkshire Health and Well Being Board

Integrated Workforce Development Programme
Progress Report

24 February 2016

1. Background

1.1 The North Yorkshire Joint Health and Wellbeing Strategy updated in 2015 sets out ambitious goals for the delivery of integrated working by 2018. This includes for example, the intent to:

- develop new models of care
- see health and social care staff working together across local GP surgeries and primary health care centres to support vulnerable adults and older people in the local community
- develop new community hubs offering advice, access and care to people receiving services and those who care for them
- put in place a range of options that help people to keep their independence for longer. For example, intermediate care and reablement services
- see fewer older people entering nursing or residential homes for long term care
- develop a greater range of support options for people in their last years of life
- enable more people to receive support for themselves and their families at the end of life

1.2 Following the presentations to the Health and Wellbeing Board Development Day on 14th December 2015 and the table top discussions, this report provides an update on progress made.

1.3 The intentions set out above can only be realised with a workforce that is fit for purpose.

1.4 Developing the current workforce through a process from where we are now, ie in largely single organisations/services working in parallel with little integration beyond 'joint' teams, to where we want to be ie integrated services, is complex and challenging.

1.5 This transformation needs to take into account the changes and developments needed in workforce education and training commissioning, to support not only the workforce we have, who will largely need to develop into new ways of

working, but the future workforce embarking on their careers in health and social care; careers that will need to look differently in the future if we are to realise our ambitions.

2. Objectives

The objectives of the workforce development program are:

2.1 Identify needs, key issues and reconfirm intended outcomes

- Describe the intended service models that an integrated workforce will support ie integrated pathways, integrated management and governance, describe the parameters.
- Secure high level Commitment to develop an integrated approach to workforce.

2.2 Identify change required

- Compare and contrast where we are now with where we want to be in terms of professional and organisational differences, cultural differences and the need for the care to be person centred not organisationally centred.
- Recognise the personalised care workforce working in people's homes, and recognise the Independent care sector - establish what changes may be needed to put all of the workforce on an equal footing in terms of opportunities and access to workforce development.
- Consider the role of the national Health Education England, Local Education and Training Board and Skills for Care in terms of the future needs of the NHS, public health and the care system, do we need to support a redress of the balance to more focus on community, primary and integrated health and social care?

2.3 Identify workforce development requirements

- Development of an Integrated Workforce Strategy that clearly identifies the new role requirements, taking into account the need to develop today's workforce as well as developing programmes fit for the future.
- Make sure workforce planning and development is around local need and requirements.

2.4 Design cost effective workforce solution(s)

- Develop collaborative approaches to attract, recruit and retain staff to work locally, and education and training programmes across the range of providers that meets the needs of commissioned services.
- Look at new roles that offer interesting career choices in health and social care and clear opportunities for career progression.
- More local opportunities for people to develop their skills in health and social care sectors, as well as in education and other children's services
- Alignment of commissioning with workforce planning.

- Develop more creative approaches to placements that foster collaboration and integration.

2.5 Implement and monitor solution

- Make sure all available policy levers are used across all sectors to support the move to integration at all levels.
- Implement the integrated workforce strategy through a joint plan to align resources and incentives around new models for workforce integration that will have a lasting impact and improved outcomes for patients and service users.

2.6 Review and define

- Evaluate the program against the intended outcomes and address any shortfalls in delivery. Consider patient engagement in the evaluation.

3. Deliverables

- An Integrated Workforce Strategy.
- A set of principles for joint working and proposed workforce models that support greater integration.
- Change management program for developing the current and future workforce.
- Joint plan to align resources and incentives around new models for workforce integration, and a plan to implement the integrated workforce strategy.

4. In Scope

Workforce planning and development that:-

- links to new models of care, which are intended to provide jointly commissioned care pathways or services, that bring together groups of staff who would to date have worked within separate organisational structures.

- provides all staffing (including medical, nursing and other clinical and registered staff such as Social Workers and Allied Health Professionals) involved in the new models of care with relevant training and development opportunities.

- includes staff in the domiciliary and independent care sector and the informal networks of carers working within personalised care. Where we cannot directly influence staff, we will work with employers to maximise opportunities and we will explore contract levers in order to promote workforce development in those settings.

5. Planning and Delivery of the Program

Funding has been secured from the Better Care Fund to recruit a Project Manager to facilitate and support delivery of the programme. This is because a programme of this magnitude cannot be achieved by any one organisation, and to move this forward at the pace required it will require time and resource, including dedicated programme or project management, and a commitment from all organisations to put aside organisational boundaries and take a pragmatic and can do approach to change. The Project manager will be recruited and hosted through NYCC.

5.1 Outline of Plan

5.1.1 Recruitment to Project Manager

The recruitment process is currently in planning and will be shortly underway.

5.1.2 Steering Group

A steering group will be put together comprising of representatives from various organisations within or operating on the footprint of North Yorkshire. This will be drawn from direct representation or representatives of:

- Directors of Human Resources/Workforce/Organisational Development in the main provider organisations (HDFT/YFT/TEWV/S.Tees)
- Clinical Commissioning Groups (HaRD/VoY/SRCCG/VoY/ HRW)
- Directors of Human Resources/Workforce/Organisational Development in Local and District Authority's
- Voluntary sector (potentially Yorconsortium or stronger communities)
- Primary care organisation's including an LMC representative
- Independent Care Sector representative(s) including Care homes/Private Hospitals and Domiciliary care providers (potentially ICG).
- Educational establishments representing Further Education/Higher Education within NY
- Interested parties such as Skills for Care and Skills for Health
- Health Education England
- Trades union or professional body representation

The Steering Group will support the development of the program, meeting for example quarterly, in order to challenge and quality assure the process and outputs in terms of expected outcomes at each stage, as well as provide support and direction to the Programme Manager.

The Steering Group will have an inaugural meeting by end of March 2016.

5.1.3 Summit Meeting

An event is being arranged in order to kick start the program. This will run in a conference style, and bring together representatives from all of the organisations represented on the steering group to work together to look at the initial objectives which are about identifying needs, issues and desired outcomes, and identifying areas for change.

This initial summit will include a recognised speaker, cover the background to integration and key messages from national reviews and papers, and also enable areas already working in joint or integrated teams within North Yorkshire to present their work to date, in particular key challenges and lessons learned, before moving into workshop style groups.

6. Communications

The programme will flex and develop over its lifetime and it is recommended that regular briefings in the forms of newsletters are produced by the Programme Manager for all partner organisations including from time to time press releases and presentations to patient groups, citizen panels and Overview and Scrutiny committees

7. Recommendations to the Health and Well Being Board

The Health and Well Being Board is asked to note the progress made.

Report Authors

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North Yorkshire County Council

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North Yorkshire County Council

Health and Wellbeing Board
North Yorkshire

HEALTH & WELLBEING BOARD

Wednesday 24 February 2016

North Yorkshire Winter Health Strategy 2015-2020

1 Purpose of the Report

1.1 To present the FINAL North Yorkshire Winter Health Strategy 2015-2020 and the working draft Implementation Plan.

1.2 The Health and Wellbeing Board are asked to approve the document and note the partnership's role in the delivery of the implementation plan.

1.3 To promote the launch of the Strategy on 17th March 2016.

2 The Strategy

2.1 The Seasonal Winter Health Strategic Partnership developed the strategy over the last year with partners from across North Yorkshire. The final Strategy and working implementation plan were developed as a result of:-

- a multi-agency Winter Health partnership event on 3rd June 2015
- the NICE Guidelines NG6 Reducing Excess Winter Deaths and Morbidity
- feedback from the Consultation period (November 15 – Jan 2016)
- the ongoing work that partners are delivering as part of the Warm and Well in North Yorkshire British Gas Energy Trust (BGET) project led by one of our partners, Rural Action Yorkshire (RAY).

2.2 The strategy went out for consultation between November and January, with a variety of partners giving feedback. Comments were incorporated into the strategy and working implementation plan as appropriate.

2.3 The strategy was supported by the NYCC Care and Independence Scrutiny Committee on 21st January 2016.

2.4 The final strategy (Appendix 1) and working implementation plan (Appendix 2) is presented here for Health and Wellbeing Board support before **the launch on 17th March 2016.** Please note the logos of all partners involved in the development of the strategy will be produced on page 2 of the strategy prior to its launch.

3 The Implementation Plan

3.1 The working draft implementation plan was produced with more than 20 key partners and will be developed further as work progresses. It sits alongside the strategy and identifies key actions for each organisation to pledge to undertake. These actions are 'desirable' and reflect best practice according to the evidence (NICE NG6 Guidelines). At the launch event on 17th March partners will engage to identify and pledge actions to effect improvements in their Communities/Services and deliver aspects of the working implementation plan. Thus the implementation plan is subject to change and should be viewed as a working document.

3.2 The Implementation Plan actions are listed underneath the four Key Strategic priorities:-

- General awareness raising
- Identifying and supporting the vulnerable (i.e. priority groups)
- Making every contact count (i.e. training opportunities)
- Partnership working.

3.3 The Strategic priorities outcomes will be monitored using the NICE tool for Service improvement against the Public Health and Adult Social Care Outcomes framework. The publication of this from NICE is imminent this section of the plan will be completed when this is published. The Public Health team have completed work to establish the current baseline and this will be reported to the partnership in order to monitor progress implementing the Strategy.

3.4 The NICE Quality Standards for Excess Winter Deaths (NG6) guidance are out for consultation at the moment and will be released in time for the launch event in March where they will be presented as part of the event. This will further inform the development of the implementation plan.

3.5 The Strategy and its Implementation Plan will be monitored by the North Yorkshire Seasonal Winter Health Strategic Partnership, and its sub-groups formed under the strategic priorities. The Partnership will also make recommendations for review of the Strategy should the need arise as agreed by the Health and Wellbeing Board in Nov 2015.

3.6 Funding for all of the actions has **not** yet been identified and some of the identified actions which are currently being funded in 2015/6 will cease when BGET funding ends. The NICE 'Costing Statement on Excess Winter Deaths' (NG6) provides more detail on the costs of implementing the NICE NG6 Guidelines on reducing Excess Winter Deaths (Appendix 3). Thus there will need to be ongoing work to identify funding to deliver the actions in the working implementation plan so that work can continue to be delivered after December 2016.

4 Recommendations

4.1 The Health and Wellbeing Board members are asked to approve the strategy and note the working implementation plan.

4.2 All members receiving the final strategy are asked to send representatives to the launch event on 17th March 2016.

4.3 Members are asked to identify and pledge to support specific actions in the implementation plan.

5 Appendices

5.1 Appendix 1 – North Yorkshire Winter Health Strategy

5.2 Appendix 2 – North Yorkshire Winter Health Strategy Working Implementation Plan

5.3 Appendix 3 – Costing Statement – Excess Winter Deaths (NG6)

Rachel Richards - Public Health Consultant

Dr Lincoln Sargeant - Director of Public Health

10th February 2016

Health and Wellbeing Board
North Yorkshire

North Yorkshire's Winter Health Strategy 2015-20

Working together to reduce fuel poverty and the adverse health effects of cold weather for individuals, families and communities

Partners to North Yorkshire's Winter Health Strategy 2015-20

Glossary

CCG	Clinical Commissioning Groups
DECC	Department of Energy and Climate Change
EWD	Excess Winter Deaths
EWM	Excess Winter Mortality Index
EPU	Emergency Planning Unit
GP	General Medical Practitioner
HWB	Health and Wellbeing Board
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NYCC	North Yorkshire County Council
NYLRF	North Yorkshire Local Resilience Forum
ONS	Office of National Statistics
PCT	Primary Care Trust
PHE	Public Health England
RCT	Randomised Controlled Trial
SWHSP	Seasonal Winter Health Strategic Partnership (North Yorkshire)
SRGs	System Resilience Groups

Contents

North Yorkshire Seasonal Winter Health Strategy on a page

"We will improve and maintain health during winter months and prevent avoidable ill-health and Excess Winter Deaths by working together to reduce fuel poverty and the adverse health effects of cold weather for individuals, families and communities in North Yorkshire"

The **seven strategic objectives** we will adopt:

1. **EWDs** – reduce preventable cold-related ill-health and Excess Winter Deaths (EWDs)
2. **Vulnerable people** –identify, support and improve the health of the most vulnerable groups
3. **Services** – reduce pressure on health and social care services
4. **Fuel Poverty** – reduce fuel poverty, the risk of fuel debt and/or disconnection from energy supplies
5. **Influenza Immunisation** – increase immunisation uptake rates across the population
6. **Injury** – reduce injury resulting from unexpected trips and falls
7. **Hospital Admissions** – reduce excess Emergency admissions to hospital

Our **four key priorities** and **the supporting outcomes**:

(1) General awareness raising:

- Agree key messages on "Keep Warm, Keep Well, Keep Safe in winter" are promoted across agencies in North Yorkshire consistently.
- Coordinate key messages and a single shared information resource.
- Increase awareness of preventable seasonal related ill-health and Excess Winter Deaths to members of the public.
- Increase seasonal influenza immunisation uptake rates.
- Increase awareness among communities and community leaders of ways to strengthen resilience to the impact of seasonal changes and cold weather.
- Increase awareness of impact of cold homes on health among frontline staff and professionals in the independent and public sector.
- Increase understanding of the links between fuel poverty and ill-health by supporting evaluated projects and research.
- Increase awareness among Landlords, Landowners and Homeowners.

(2) Identifying and supporting the most vulnerable (MV):

- Define the MV groups.
- Create ways to increase identification of the MV.
- Increase routes to reach those MV to the harmful effects of being cold.
- Utilise opportunities to target approaches based on the needs of the MV.
- Maximise current services provided to the MV increasing added value and diversity where needed.
- Increase number of programmes which support the delivery of prevention services in the community and provide consistent coverage when most needed. (e.g. increased uptake of influenza immunisations).
- Increase the range of opportunities for 'support services' to promote resilience in cold weather and community connectedness.
- Increase accessibility for all vulnerable groups to reach the support which most appropriately meets their needs.
- Increase initiatives which support people to reduce unnecessary fuel consumption and reduce fuel poverty.
- Develope opportunities to involve service users.

(3) Shared responsibility and making every contact count:

- Increase awareness across North Yorkshire among professionals and others (independent and public sector) to feel confident in giving advice and signposting service users, as well as neighbours, friends and family members.
- Increase training and awareness for staff working with vulnerable groups about the link between household temperature and effects on health and wellbeing so that it positively impacts on practice and improves services.
- Increase ability to refer individuals to appropriate services to improve their health and wellbeing in winter.

(4) Partnership commitment:

- Align priorities to achieve better health and wellbeing for the population of North Yorkshire especially in winter months.
- Create policies and plans which take into account the impact of winter / cold weather as part of the year-round planning and decision-making.
- Increase consideration of impact of winter on health across all sectors (including utilities, housing, service providers etc)
- Create stronger partnerships taking action in response to significant issues e.g. poor quality housing and fuel poverty.

Foreword – Keeping Warm and Well

Cold weather can have a significant and predictable impact on people's health. However, for the vast majority of people the real extent of the effects of the cold are not appreciated and few people realise it is largely preventable. The direct effects of winter weather such as icy roads and footpaths with the consequent accidents, slips and trips are well known. Fewer people realise the cold can increase the occurrence of heart attacks, respiratory and influenza related diseases resulting in deaths. In addition to this, there are the indirect effects of the cold including poorer mental health and wellbeing and other risks such as carbon monoxide poisoning from poorly maintained heating and domestic appliances.

Certain groups of people are at greater risk of the direct effects of the cold. For example, those over 75 years and families with children under 5 years. In North Yorkshire during the 2012/13 winter there were 431 excess winter deaths (EWDs). These are the number of excess deaths that occur between December and March each year. For every excess winter death it is estimated there are an additional eight emergency admissions to hospital.

The rate of Excess Winter Deaths across the whole of the UK is three times higher than other colder countries in Northern Europe. Although cold weather is clearly a factor in excess deaths, Scandinavian countries, for example, do not have the same pattern of excess winter deaths, giving a strong indication that this is a preventable situation. These countries have higher energy efficiency and housing standards and the population reacts differently to cold conditions.

The number of people indirectly affected by the cold in North Yorkshire is less easy to quantify. They may be referred through Health and Adult Social services or Children and Young Peoples Social Services because being too cold has impacted on them in some way. For example, people chose to move out of their rented property before winter because it is too cold, without realising they may become 'intentionally homeless'. Others cannot afford to heat the homes they live in and get into debt. Fuel poverty is a key priority for North Yorkshire's Health and Wellbeing Board and working together in partnership across the county with various organisations is one of the most effective ways of delivering changes.

We want to work together in partnership with each other, individuals and groups, including the voluntary, independent and public sector to identify and provide support to reduce the number of vulnerable people in North Yorkshire whose lives are negatively affected by the cold. We have a strong history of partnership working in North Yorkshire and are well placed with key partners to achieve the priority outcomes we have identified in this strategy. If we target our efforts jointly we can dramatically improve our local response to the increasingly recognised public health and social challenge of being too cold.

Cllr David Chance

Executive Member for Stronger Communities, Public Health and Legal and Democratic Services, North Yorkshire County Council

Executive Summary – Keep Warm, Keep Well, Keep Safe

What is the context for this Strategy?

North Yorkshire County Council became responsible for population health outcomes under the terms of the Health and Social Care Act 2012 and has a duty to ensure plans are in place to protect the health of the population including preparation for cold weather, snow and ice. There is a shared agreement between each partner organisation in the North Yorkshire Health and Wellbeing Board to work together to deliver change, reducing the impact of seasonal ill-health and ultimately reducing excess winter deaths (EWDs).

There is a North Yorkshire Health and Wellbeing Strategy 2013-2018 (2016 update) which has been developed jointly by partners across North Yorkshire and this work links into those priorities. This strategy also has links to:-

- York North Yorkshire and East Riding Housing Strategy 2015 – 2021.
- North Yorkshire Local Resilience Forum (LRF)
- Local District Cold Weather Plans and CCG System Resilience Groups

What is the Purpose of the Strategy?

The North Yorkshire Health and Wellbeing Board is made up of partner organisations from across the County who understand the importance of working together across diverse and complex rural communities within North Yorkshire. This Strategy is about working together across the agencies to tackle the effects of the cold on people in North Yorkshire. We want our strategy to galvanise partners, statutory and non-statutory organisations, businesses and communities within North Yorkshire to work co-operatively to reduce the harms from the cold and help lift people out of fuel poverty. It is built on the latest data collected within the North Yorkshire Partnership Joint Strategic Winter Health Needs Assessment (JSNA), and uses the best evidence of what works where available, taking account best value (NICE Guideline NG6 2015). See page 8 for a list of organisations involved.

How does this fit into the National Picture?

Since 2012 there have been a number of key strategic drivers nationally, including:-

- the governments Fuel Poverty Strategy Cutting the Cost of Keeping Warm (DECC, March 2015) which followed changes in legislation (December 2014) to increase the number of homes with Band C energy ratings by 2020;
- the full appraisal on "Excess Winter Deaths and morbidity; the health risks associated with Cold Homes" (NICE guidelines NG6, March 2015).
- "Protecting health and reducing harm from cold weather – local partnerships survey report" from Public Health England in November 2014 reporting on how agencies need to work together to achieve change.
- the Public Health Outcomes Framework (2013) with specific indicators to reduce excess winter deaths (EWDs) and address fuel poverty;
- the NHS Five Year Forward View (October 2014) putting higher priority on prevention of ill-health and working in partnership with patients and communities
- the Cold Weather Plan for England 2014 (October 2014) report on protecting health and reducing the harm from cold weather from Public Health England.
- the NHS Outcomes Framework (2014-15) and the Adult Social Care (2014-15) include tackling health outcomes by improving the wider determinants of ill health and preventing avoidable early deaths which can be positively influenced by tackling cold, damp homes and fuel poverty.
- the Health and Social Care Act (2012) include duties for local authorities to ensure plans are in place to protect the health of their population including preparation for cold weather, snow and ice.

What about the North Yorkshire local Strategic Direction?

The NHS 5 year forward view plan and Social Care Strategies outlined the need for 'prevention' to reduce the number of people unnecessarily accessing services. In addition, local Housing Strategies and Transport Plans being developed in partnership with districts, businesses and communities across North Yorkshire all contribute to

- prevent people needing services and ensuring people are in control of the choices they make about their health and wellbeing
- ensure partners work together so that complex issues that affect health and wellbeing, like fuel poverty and cold homes, can be improved effectively
- focus on increasing people's awareness of the impact of choices they make on their health and wellbeing

Partnership working

A Shared Commitment to Improving Winter Health

In order to improve the outcomes for people relating to cold weather, and reduce the number of excess winter deaths and unnecessary admissions to health and social care we need to work in partnership across a number of agencies. There are many complex and interacting factors influencing the winter health outcomes. For example, the environment, housing conditions; income levels; vaccination status; age and general health and wellbeing.

These challenges mean that across North Yorkshire we need to be able to:-

- lead changes in a coordinated way
- communicate messages consistently and clearly
- build on and not duplicate the work of other agencies
- know the impact we are having on the health outcomes for people

To do this the North Yorkshire Health and Wellbeing Board delivery group established **A North Yorkshire Seasonal Winter Health Strategic Partnership** to develop and drive this strategy on behalf of the partners within North Yorkshire.

The North Yorkshire Seasonal Winter Health Strategic Partnership

The North Yorkshire Seasonal Winter Health Strategic Partnership (SWHSP) is a multiagency partnership leading and developing this strategy on behalf of North Yorkshire agencies and linking to existing partnerships such as the Health and Wellbeing Board, Local Resilience Forum, Voluntary Sector and Housing Partnerships. Part of this work means finding the evidence; identifying and mapping where there are gaps in evidence and / or services and establishing new links where needed to achieve the overall vision. The North Yorkshire Seasonal Winter Health Strategic Partnership (SWHSP) meets quarterly and reports to the Delivery Board of the North Yorkshire Health and Wellbeing Board.

The Partnership's Strategic Vision is:-

"to improve and maintain health during winter months and prevent avoidable ill-health and Excess Winter Deaths by reducing the adverse impact of indoor and outdoor winter conditions on the populations health and wellbeing".

The Partnerships 7 Strategic Objectives are to:-

- Reduce preventable cold-related ill-health and Excess Winter Death (EWD) rates.
- Improve health and wellbeing among vulnerable groups.
- Reduce pressure on health and social care services.
- Reduce fuel poverty, the risk of fuel debt and/ or being disconnected from energy supplies.
- Increase influenza immunisation uptake rates.
- Reduce injury resulting from accidents, trips and falls.
- Reduce excess emergency admissions to hospital.

The SWHSP will develop an all year round strategic and systems-wide approach to achieve the above strategic goal and objectives in North Yorkshire through partnership and collaboration. This includes effective evidence based planning and coordinated working to implement a wide range of interventions that address the multiple problems of the most vulnerable in order to achieve measurable improvements in the objectives.

The first task of the partnership was to produce this jointly agreed Seasonal Winter Health Strategy 2015-2020 and subsequently an implementation plan that reflects the evidence and includes the recommendations of NICE guidelines, the Fuel Poverty Strategy and elements of the Cold Weather Plan so that these align with other strategic and operational plans (see references at end of this document).

List of organisations involved in North Yorkshires Seasonal Winter Health Partnership

Who is involved?

- Local System Resilience Groups (SRGs)
- Clinical Commissioning Groups (CCGs)
- Local Health Resilience /Partnership groups
- Winter Weather groups – District Councils, including housing representation
- Capacity Planning Groups
- Tees, Esk and Wear Valleys Mental Health Foundation Trust
- Harrogate and District NHS Foundation Trust;
- North Yorkshire County Council Adult Social Care;
- York NHS Trust;
- the Voluntary Sector elected through the VCSE Strategy Group North Yorkshire
- Yorkshire Ambulance Service NHS Trust.
- Healthwatch North Yorkshire;
- North Yorkshire County Council

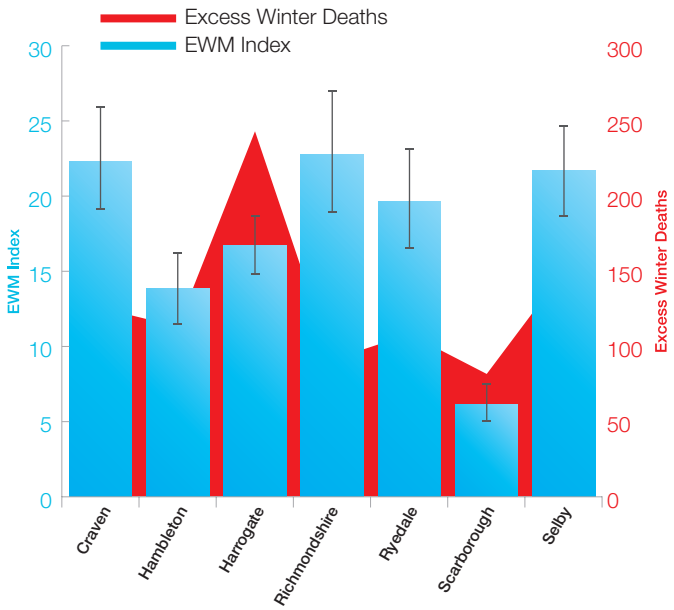
How big is the problem in North Yorkshire?

Every year in North Yorkshire there are hundreds of Excess Winter Deaths (EWDs). These deaths are calculated by comparing the number of deaths that occurred during the December to March winter period with the average number of deaths occurring in the preceding August to November and the following April to July.

- Each winter there are hundreds of Excess Winter Deaths (EWD) in North Yorkshire. In 2012/13 there were an estimated 431 EWDs in North Yorkshire (ONS). More recent figures are lower and may reflect some recent milder winters and possibly fewer infectious outbreaks.
- The majority of winter deaths occur in people aged 75 and over.
- For every EWD it is estimated there are an additional 8 emergency admissions. This means thousands of potentially preventable admissions e.g. approx. 3,448 avoidable NHS hospital admissions in winter 2012/13.

The following Figure 1 shows both EWDs and the Excess Winter Mortality Index by District. It demonstrates the large variation across North Yorkshire. Mortalities are relatively rare events and do not provide enough data in a single year to draw conclusions between districts in North Yorkshire geographies. The 5 year snapshot comparison between the districts shows Selby with the highest EWM Index and Craven with the lowest. Harrogate, with the highest population, has the largest number of EWDs but when adjusted for the size of the population the EWM index is lower than Selby.

Figure 1 North Yorkshire EWM Index and Excess Winter Deaths by District, 2009-2014 (EWM = winter deaths – average non-winter deaths)



Tackling winter health issues, particularly fuel poverty, cold damp homes and increasing the take-up of flu vaccinations, can make a significant contribution to reducing winter pressures on health and social care services and improve the health and wellbeing of the population.

Understanding the problem and building the case for action

Across North Yorkshire there is a growing older population, many of whom are living in rural areas with fixed incomes. This older demographic is important to consider, together with the quality of the housing stock in North Yorkshire which is also older and less energy efficient.

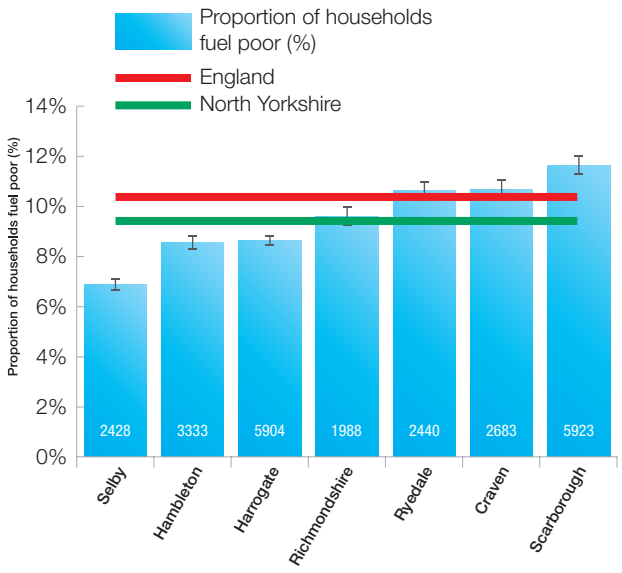
The impact of cold weather on health is estimated to cost the NHS £1.5bn a year and over 18,000 people died prematurely last winter . The excess cost of winter emergency admissions in the former North Yorkshire and York PCT area in 2010/11 was £3.7m. Excess emergency admissions to hospital from respiratory conditions alone in the same period cost £2.4m.

Fuel poverty is a potential causal factor of increased morbidity and mortality from winter weather. Figures 2 and 3 show the distribution of fuel poverty in households across North Yorkshire. The new (2013) definition of fuel poverty in England is measured on a low income, high costs basis. A household is considered to be in fuel poverty if:

- they have required fuel costs that are above average (the national median level) and
- if they were to spend that amount they would be left with a residual income below the official poverty line.

Fuel poverty can be a useful indicator for areas where households struggle to heat their homes, but it does not necessarily describe the temperature of a household. Households with higher fuel poverty may have well heated homes, and conversely, a low fuel poverty household may have a poorly heated home.

Figure 2 - 2013 Fuel Poverty by District (source: DECC)



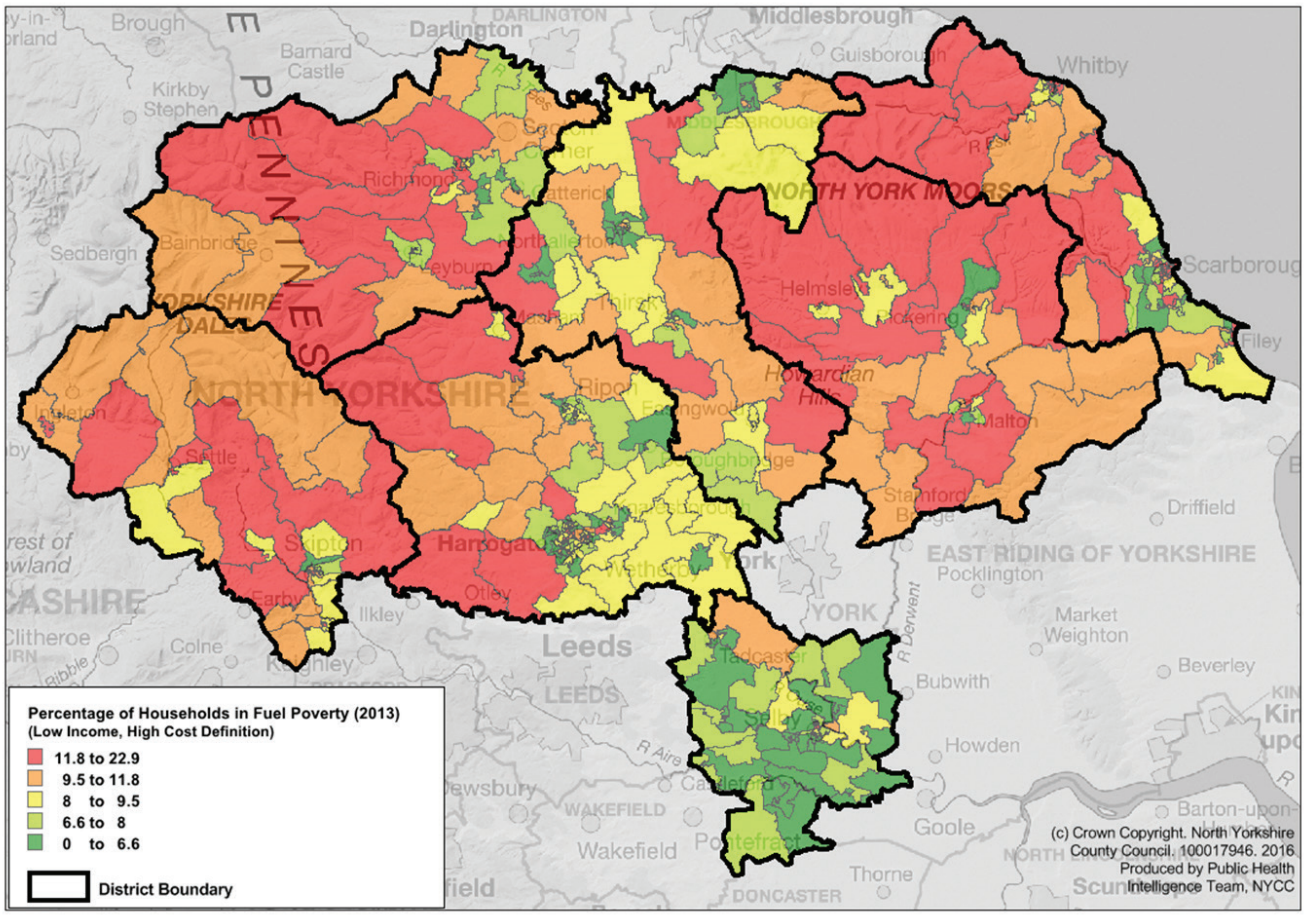
The extent of fuel poverty and cold homes are both major contributors to poor winter health. Fuel poverty is caused by three main factors:

- inefficient homes,
- high energy costs and
- low incomes.

Improving the energy efficiency of housing has been shown to reduce health and social care costs and improve health and wellbeing.

In North Yorkshire, there are an estimated **24,699 households** in fuel poverty (Figure 2). This figure equates to about 10% of households in North Yorkshire. Figure 3 shows the distribution of households in fuel poverty across North Yorkshire. Fuel poverty is more likely to occur in rural areas like North Yorkshire because housing tends to be older and more difficult to make energy efficient. Many homes have solid walls so are more difficult to insulate and a large proportion of homes are off the mains gas network, meaning higher costs for heating fuels. More generally in rural areas, there is a lower take up of benefits and energy advice and grants.

Figure 3 North Yorkshire Residents, % of Houses in Fuel Poverty 2013, Low Income High Cost (Source DECC)



Mortality and Morbidity

The impacts of fuel poverty and cold damp homes on health and wellbeing are felt most notably by vulnerable households, in particular older people, those living with chronic illness or disability and those with children.

Whilst fuel poverty and cold homes are factors in EWDs the scale of morbidity should not be underestimated. According to the Marmot Review Team, 'There is a strong relationship between cold temperatures and cardio-vascular and respiratory diseases, children living in cold homes are more than twice as likely to suffer from a variety of respiratory problems than children living in warm homes, mental health is negatively affected by fuel poverty and cold housing for any age group…**'The Health Impacts of Cold Homes and Fuel Poverty'**[1].

The 'Hills Fuel Poverty Review' found that, "Thirty-four per cent of fuel poor households contain someone with a disability or long-term illness, 20% have a child aged 5 or under, and 10 per cent a person aged 75 or over[2].

Cost to health of fuel poverty and cold damp homes

The Government has been working on a methodology to estimate and monetise change in terms of the Quality of Life Years (QALY) that result from improving energy efficiency of homes and the resultant financial value of the health savings per measure installed. For example below:-

Intervention	QALY saved per measure installed	Value of health saving per measure installed (£-Net Present Value)
Cavity Wall Insulation	0.049	£969
Solid Wall Insulation	0.036	£742
Replacement boiler	0.009	£224
Central Heating	0.012	£303

In addition, potential areas for cost savings locally include:

- Reduced GP consultations, out-of-hours calls, attendances at walk-in centres, district nurse visits and drug prescriptions.
- Reduced emergency department visits.
- Reduced inpatient admissions.
- Reduced social care service costs.

Recent research begins to quantify the Social Cost of cold homes (ref Journal of Public Health 21 Aug 2014 pp251-7) and NICE have undertaken work demonstrating some potential cost savings see NICE costing statement http://www.nice.org.uk/guidance/ng6/resources/costing-statement-6811741

[1] See **http://www.foe.co.uk/sites/default/files/downloads/cold_homes_health.pdf** (2011)

[2] Fuel Poverty Advisory Group (for England) - 11th Annual Report 2012-13

Objective Details

Strategic Vision and Priorities

In order to join up the actions, the following four key strategic priorities were identified, based on the evidence in the NICE guidelines, the Fuel Poverty Strategy and the outcomes of the multiagency partnership event in June 2015.

Four Key Strategic Priorities for action

1. **General awareness raising**
2. **Identifying and supporting the most vulnerable people**
3. **Shared responsibility and making every contact count**
4. **Partnership commitment**

1 - General awareness raising

This strategy recognises the need for a single source on information with clear and consistent messages that increases awareness among professionals and members of the public that this is a priority in the prevention of ill-health effects of winter. An annual North Yorkshire-wide partnership awareness raising approach under the heading “Keep Warm, Keep Well, Keep Safe” in winter is being developed.

Outcomes

- Coordination of key messages and a single shared information resource.
- Increased awareness of preventable seasonal related ill-health and Excess Winter Deaths to members of the public.
- Increased seasonal influenza immunisation uptake rates.
- Increased awareness among communities and community leaders of ways to strengthen resilience to the impact of seasonal changes and cold weather.
- Increased awareness of impact of cold homes on health among frontline staff and professionals in the independent and public sector.
- Increased understanding of the links between fuel poverty and ill-health by supporting evaluated projects and research.
- Agreed key messages on “Keep Warm, Keep Well, Keep Safe in winter” promoted across North Yorkshire consistently as part of a multi-agency, partnership campaign.
- Increased awareness among landlords, landowners and homeowners.

2 – Identifying and supporting the most vulnerable

This strategy recognises that there are a wide range of people who are vulnerable to the cold, particularly in rural areas of North Yorkshire. These people are a priority as they need support to prevent ill-health, hospital admissions, social care interventions and excess winter deaths. For example, people living with a chronic medical condition such as heart disease, a disability, older people and families with children and young people. Sometimes, personal circumstances such as low income, being socially isolated and unable to afford to keep warm, is enough to make someone vulnerable potentially leading to harm which could be avoided e.g. slips, trips and falls. This strategy will ensure that we recognise the needs of and provide support for these priority groups by providing preventative approaches through early interventions and targeted awareness raising.

Outcomes

- Defined the most vulnerable groups in North Yorkshire,
- Created ways to increase identification of the most vulnerable in North Yorkshire,
- Increased routes to reach those most vulnerable to the harmful effects of being cold,
- Utilised opportunities to target approaches based on the needs of the most vulnerable,
- Maximised current services provided to the most vulnerable increasing added value and diversity where needed,
- Increased number of programmes which support the delivery of prevention services in the community and provide consistent coverage when most needed. (e.g. increased uptake of influenza immunisations),
- Increased the range of opportunities for 'support services' to promote resilience in cold weather and community connectedness,
- Increased accessibility for all vulnerable groups to reach the support which most appropriately meets their needs,
- Increased initiatives which support people to reduce unnecessary fuel consumption and reduce fuel poverty.
- Developed opportunities to involve service users in the evaluation / design of interventions.

3 – Shared responsibility and making every contact count

This strategy recognises that everyone can be affected by cold weather (all ages, male and female) directly or indirectly. We are all responsible, whether we are parents, employees, neighbours and friends, for reducing preventable, cold-related ill-health and Excess Winter Deaths, especially if we live and /or work with those who are most vulnerable to the effects of the cold. This strategy encourages us all to take a shared responsibility across all services for all citizens and use the concept of 'making every contact count' to protect everyone from the adverse effects of cold weather.

Outcomes

- Increased awareness across North Yorkshire among professionals and others (independent and public sector) to feel confident in giving advice and signposting service users, as well as neighbours, friends and family members.
- Increased training and awareness for staff working with vulnerable groups about the link between household temperature and effects on health and wellbeing so that it positively impacts on practice and improves services.
- Increased ability to refer individuals to appropriate services to improve their health and wellbeing in winter.

4 – Partnership commitment

This strategy recognises the need to continue to work in partnership across many sectors including health, voluntary sector, councils and other agencies to deliver Joint Commissioning and effective and coordinated services.

Outcomes

- Aligned priorities to achieve better health and wellbeing for the population of North Yorkshire especially in winter months.
- Created policies and plans which take into account the impact of winter / cold weather as part of the year-round planning and decision-making.
- Increased consideration of the impact of winter on health across all sectors (including utilities, housing, service providers etc)
- Created stronger partnerships taking action in response to significant issues e.g. poor quality housing and fuel poverty.

Partnership Communication

There is acknowledgment that plenty of good work is already being undertaken in localities across North Yorkshire by various agencies and we want to find ways to build on this and focus on addressing areas where more needs to be done and where there is the greatest impact locally. By working closely with partner agencies at the right scale and volume, we can ensure local action is well integrated, communicated, evaluated and effective.

Through signing up to this strategy the partnership is committed to communicating effectively, not only with other agencies, but also with members of the community.

This includes:

- Delivering coordinated awareness raising with all members of the community
- Delivering targeted training to identified partner agencies
- Facilitating coordinated communication within and between partner agencies
- Promoting a consistent approach and key messages on seasonal winter health across all partner organisations in North Yorkshire.

Leadership and Governance

This overarching Strategy was commissioned and approved by the North Yorkshire Health and Wellbeing Board. Leadership at a “system” level will continue to be owned by this Board. However, some aspects of its delivery will rest with partner organisations. For example the responsibility for devising, delivering and monitoring the detailed actions that flow from healthcare service delivery in winter and relating to system capacity and resilience will be overseen by the Local Resilience Forum, local health System Resilience Groups and the existing reporting arrangements to NHS England who will in turn be linked to the North Yorkshire Health and Wellbeing Board.

How does this Strategy fit with Community Resilience in North Yorkshire?

The North Yorkshire Local Resilience Forum (NYLRF) is a multi-agency body set up to discharge the statutory obligations and duty of care required of identified agencies under the Civil Contingencies Act (2004). This key work consists of assessing risk in North Yorkshire and coordinating all agencies in their efforts to plan and mitigate potential impacts, such as snow and flooding, on our communities. This work is coordinated by the NYCC Emergency Planning Unit (EPU).

NYLRF is made up of key agencies (Police, Fire and Rescue, Ambulance and Health Agencies, Local Authorities) and other supporting agencies (Utility companies, Highways England, Network Rail etc.) with a shared responsibility for identifying vulnerability and supporting the resilience of local communities.

A key component in this work is the early sharing of information with colleagues and partner agencies to provide a coordinated well-informed response to major or critical incidents and any emergency situation. This may include increased activity in emergency care due to seasonal pressures (e.g. increased hospital admissions due to winter illness such as influenza). Community engagement, communication and promotion of resilience at all levels is fundamental to the work of NYLRF and an established robust multi-agency structure is in place across North Yorkshire to deliver relevant messages to the public.

NYLRF fully support the strategic objectives of the North Yorkshire Winter Health Strategy.

What are local health System Resilience Groups (SRGs)?

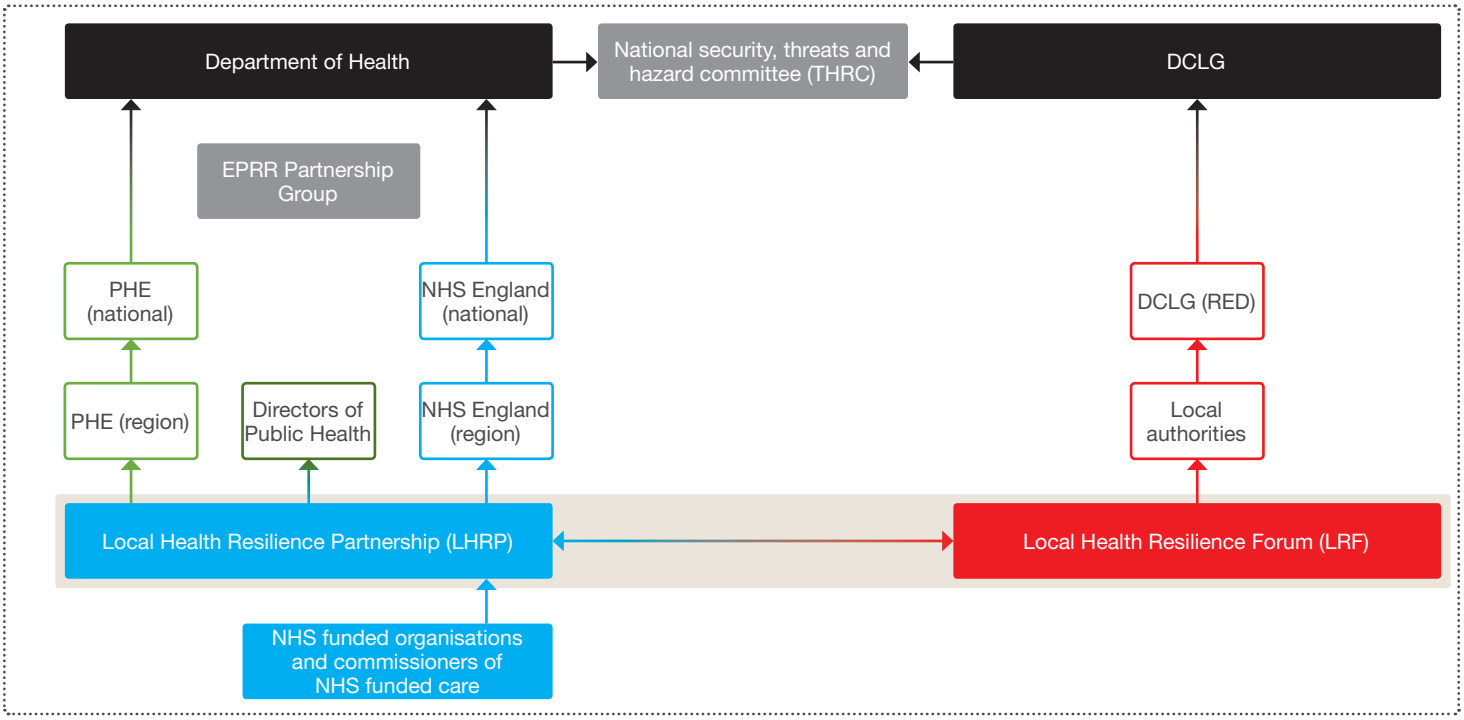
System Resilience Groups (SRGs) link to the NHS Clinical Commissioning Groups (CCGs) with 5 SRGs covering the population of North Yorkshire. The SRGs membership includes the operational leads of the health and social care services.

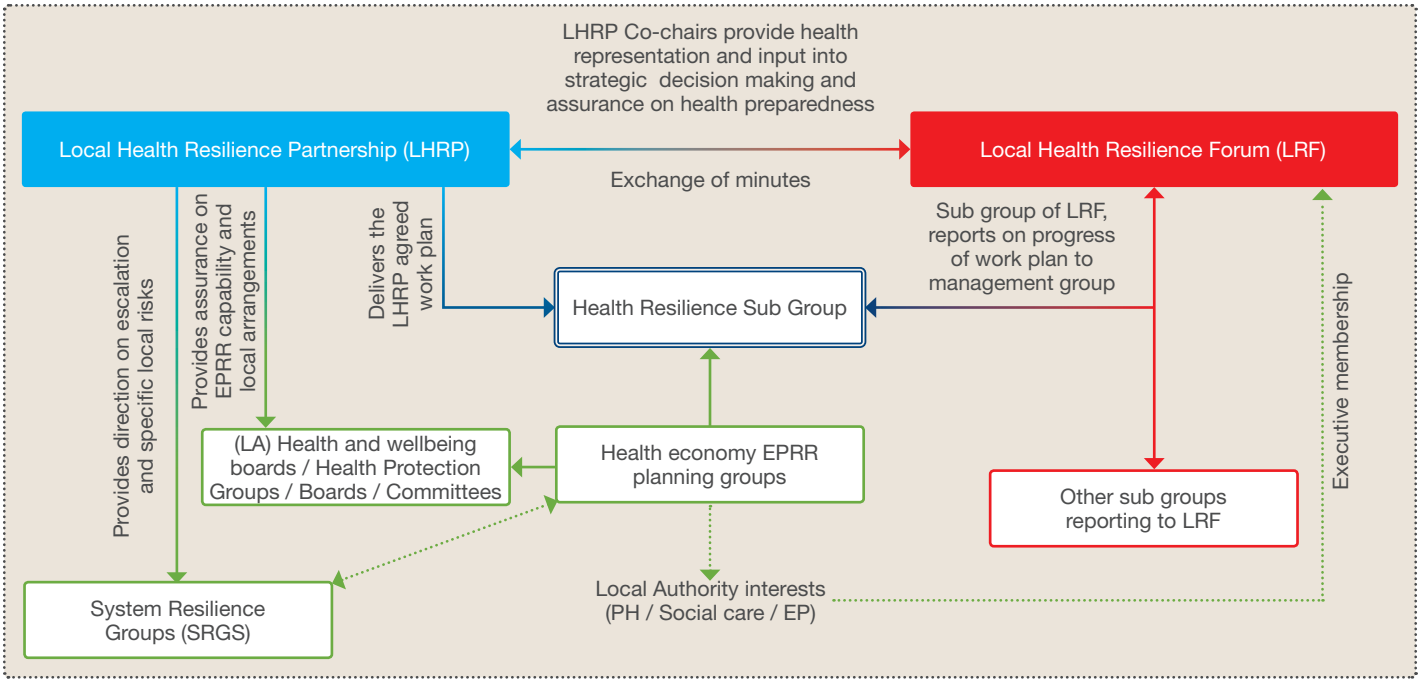
They are responsible for:-

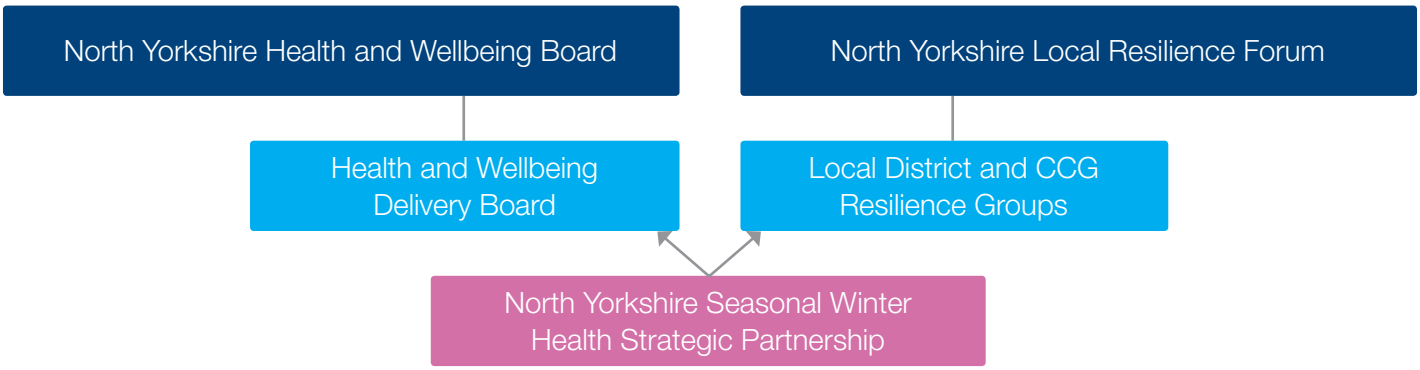
- Effective delivery of bespoke urgent care in their geographical area.
- Planning additional winter capacity for urgent and emergency care.

The SRGs report to NHS England and provide assurance and feedback to the NYLRF. SRGs make predictions about activity levels for NHS services during the year (e.g. elective care, emergency care, diagnostics) and report to NHS England nationally as well as to the NYLRF. This all year planning activity includes winter months. Work is also coordinated through the regional Urgent and Emergency Care network to support the delivery of the urgent and emergency care strategy.

Figure 4 – Leadership and Governance - Emergency Planning and Resilience Structures







Measuring the Impact

The Seasonal Winter Health Strategic Partnership aims to prevent the adverse effects of winter on the population. Since winter health is a complex area due to the breadth of factors affecting the outcomes, attempts have been made to rationalise these and measure the complex winter health performance frameworks under three outcome domains:-

1. **Population**
   The population does not suffer adverse health effects as a result of Seasonal Climatic Change (e.g. Figure 5 - Flu Immunisation Uptake rates)
2. **Person**
   Across the county there is consistent affordable warmth (e.g. Figure 3 – households in Fuel Poverty)
3. **Community**
   Communities have active networks to address Seasonal Climatic Change issues (e.g. Figure 2 – Fuel Poverty by district)

Grouped under each of these 3 outcomes domains are a series of indictors relating the domain, the indicators are population level. Below the population indicator level the activity of the projects/schemes that are running across the county is captured demonstrating what is in progress to improve health and wellbeing.

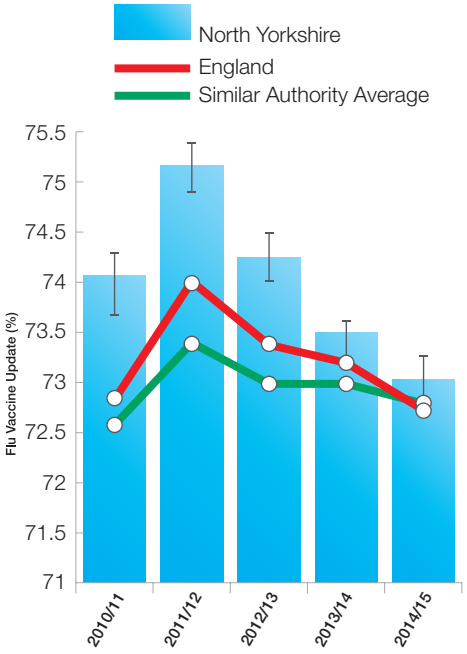
Through ongoing discussion with partners, indicators will be developed around housing quality and the activity in voluntary sector groups, as the strategy and action plan sub-groups progress their work. Task and finish groups established will develop specific measures around the schemes of work, ultimately demonstrating progress against the population measures and therefore the overarching outcomes.

The intention is to engage all the partnerships involved in activities linked to this strategy to ensure that there are measurable outcomes linked to the SWHSPs 7 strategic objectives **(page 9)**. For example, measureable impacts across North Yorkshire include:-

- Reducing preventable cold-related ill-health and Excess Winter Deaths (EWD)
- Improving Health and Wellbeing among vulnerable groups.
- Reducing pressure on health and social care services.
- Reducing fuel poverty, the risk of fuel debt and/or being disconnected from energy supplies (Figures 2 & 3).
- Increasing Influenza Immunisation Uptake Rates (Figure 5).
- Reducing injury resulting from accidents, trips and falls.
- Reducing excess Emergency admissions to hospital.

Figure 5 – Measuring the impact on the Individuals in Priority Groups.

Flu Vaccination Coverage - Individuals aged 65 and Over (2010/11 to 2014/15) Source: PHE (ID.11), 2015



Equality Statement

This strategy recognises that winter cold weather can affect people regardless of age; ethnicity; religion or belief; disability; sexual orientation; gender. An equality impact assessment was undertaken to inform the development of the plan and determine the impact on various groups and take appropriate action.

The North Yorkshire Seasonal Winter Health Strategic Partnership recognises that winter health issues, particularly fuel poverty, cold damp homes and poor take-up of flu vaccinations, can make a significant contribution to winter pressures on health and social care services.

Whilst older people and young children are predominantly the most at risk, it is important to note that there are other vulnerable groups such as the homeless and those in poor quality cold housing.

Products developed under this strategy and its implementation plan will be systematically reviewed using an Equality and Diversity Impact assessment to ensure they meet the needs of users and that mitigations and proactive action is in place to ensure no one within the identified protected characteristic groups are disadvantaged.

Feedback

For an Easy read version of this strategy or feedback please email:-
Winterhealthstrategyfeedback@northyorks.gov.uk

Links to other Strategies, Related Documents and Guidance

HM Government "Cutting the cost of Keeping warm" A fuel poverty strategy for England URN 15D/062 (March 2015)

NICE National Institute of Health and Care Excellence Guideline NG6 "Excess winter deaths and morbidity and the health risks associated with cold homes" (5 March 2015)

Public Health England "Protecting health and reducing harm from cold weather – local partnerships survey report" (November 2014)

North Yorkshire Local Resilience Forum Multi-agency response arrangements (2015)

Cold Weather Plan England 2014 – Protecting health and reducing harm from Cold weather (LGA, NHSE, MetOffice, Public Health England)

References

[1]NEA November 2014 http://www.nea.org.uk/Resources/NEA/Action%20for%20Warm%20Homes/documents/Letter%20to%20Prime%20Minister.pdf

[2]ONS November 2014 http://www.ons.gov.uk/ons/rel/subnational-health2/excess-winter-mortality-in-england-and-wales/2013-14--provisional--and-2012-13--final-/index.html

Contact us

You can tell us what you think about the strategy by emailing your views to **jsna@northyorks.gov.uk** or writing to:

JSNA, North Yorkshire House, Scalby Road,Scarborough YO12 6EE

If you would like this information in another language or format please ask us.
Tel: **01609 780 780** email: **customer.services@northyorks.gov.uk**

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North Yorkshire Winter Health Strategy Implementation Plan 2015 - 2017
DRAFT: Version 1

	Action(s)	Related evidence	Organisation(s) responsible	Indicator (to be populated when NICE tool kit is published imminently)	Outcome	Progress
1	**Priority 1: General awareness raising (overview by the Communications subgroup, led by Phil Derych, NYCC)**					
1.1	Ensure communications are consistent and in line with national campaigns, and disseminated amongst a wide group of partners through the Seasonal Winter Health Strategic Partnership (SWHSP). Ensure national guidance and information is available to both the public and professionals in a consistent manner, and in a variety of mediums which ensures all groups can access messages. This includes groups with specialist needs e.g. farmers and those living in very rural communities. Ensure that information is disseminated into the community e.g. through pharmacies	NG6 Recommendation 11 Raise awareness among practitioners and the public about how to keep warm at home	Seasonal Winter Health Strategic Partnership (SWHSP) Communications sub-group		Communication plan developed and delivered through the SWHSP	
1.2	Attendance at GP surgeries and clinics to promote available support and raise awareness of cold homes/winter weather on health.	NG6: Recommendation 11 Raise awareness among practitioners and the public about how to keep warm at home	Rural Action Yorkshire, leading with 30 partner organisations, funded by British Gas Energy Trust until December 2016		84 surgery/clinic sessions delivered. 150 beneficiaries supported with information and advice. 100 referrals made to WWNY partners for further support. 14 case studies completed.	
1.3	Support rural communities to take action to help residents stay warm, well and safe over winter.	NG6 Recommendation 3 Provide tailored solutions via the single- point-of-contact health and housing referral service for people living in cold homes	Rural Action Yorkshire, leading with 30 partner organisations, funded by British Gas Energy Trust until December 2016		5 new winter weather schemes in 5 rural villages. 2 Emergency planning events and 4 new plans started. Research report and guidance on the new models developing for fuel coops. 609 Parishes receive information on actions a community can take to support residents stay warm, well and safe and reduce energy bills.	
1.4	Deliver health awareness/energy switch/benefits maximisation/other support sessions.	NG6 Recommendation 11 Raise awareness among practitioners and the public about how to keep warm at home	Rural Action Yorkshire, leading with 30 partner organisations, funded by British Gas Energy Trust until December 2016		135 sessions delivered (including attendance at summer shows by NYCC emergency teams). 1000 beneficiaries receive information and advice. 200 referrals made to further WWNY support. 25 case studies completed.	
1.5	Develop a fun campaign to capture wider interest e.g. make a draught excluder for the winter health campaign.	NG6 Recommendation 11 Raise awareness among practitioners and the public about how to keep warm at home	Rural Action Yorkshire, leading with 30 partner organisations, funded by British Gas Energy Trust until December 2016		Press cuttings. Media records. Photos.	
1.6	Engage school children with a Cold Comic designed, developed and tested with primary school children.	NG6 Recommendation 11 Raise awareness among practitioners and the public about how to keep warm at home	Rural Action Yorkshire, leading with 30 partner organisations, funded by British Gas Energy Trust until December 2016		1 Comic designed for use with primary school children.	
1.7	Run winter health and energy outreach roadshows/events to include energy switch advice, grants, signposting, staying safe over winter, benefits advice. Aimed at individuals and community leaders and incorporating wider partners.	NG6 Recommendation 11 Raise awareness among practitioners and the public about how to keep warm at home	Rural Action Yorkshire, leading with 30 partner organisations, funded by British Gas Energy Trust until December 2016		7 Roadshows delivered to 140 attendees. 20 referrals made to WWNY or other agencies.	
1.8	Increase the general public's knowledge of how to register for priority services, access the Warm Home Discount etc., ensure all benefits such as the Warm Home Discount are being claimed, information on safe temperatures and distribution of tools such as cardboard thermometers so individuals can monitor their own homes. Use existing channels to share information on winter health and fuel poverty. Empower community leaders and groups to be able to refer those who are vulnerable.	NG6 Recommendation 11 Raise awareness among practitioners and the public about how to keep warm at home				

1.9	Promote uptake of the flu immunisation through awareness raising with priority groups.					
1.10	Work with frontline VCS groups and community leaders to identify energy champions to deliver awareness sessions and other support.	NG6 Recommendation 9 Train housing professionals and faith and voluntary sector workers to help people whose homes may be too cold for their health and wellbeing	Rural Action Yorkshire, leading with 30 partner organisations, funded by British Gas Energy Trust until December 2016		10 energy champions recruited. 100 beneficiaries supported with energy switch, Warm Homes Discount, etc. 30 referrals made to further WWNY and other support. 5 case studies completed.	
1.11	Attendance at Children's Centres to deliver awareness training to frontline staff and support sessions for their clients.	NG6 Recommendation 6 Non-health and social care workers who visit people at home should assess their heating needs	Rural Action Yorkshire, leading with 30 partner organisations, funded by British Gas Energy Trust until December 2016			
2	**Priority 2: Identifying and supporting the most vulnerable (overview by the Targetting subgroup, led by Hugh Cripps, YEP)**					
2.1	Commission research into identifying the most vulnerable groups, where they live, what services they access and how to address their needs. Ensure this data is widely available for the use of all partners working in this field.	NG6 Recommendation 4 Identify people at risk of ill health from living in a cold home	Yorkshire Energy Partnership - through PH funding 2015/16		Research produced and promoted	
2.2	Change perceptions of who is included in 'most vulnerable' e.g. those who may not usually identify as vulnerable. Promote the use of the term 'priority group' and engage with those who may not usually identify as vulnerable.	NG6 Recommendation 4 Identify people at risk of ill health from living in a cold home				
2.3	Home visits to give tailored advice on energy switch, reducing energy use, benefits maximisation, energy efficiency measures, Warm Homes Discount help or support for fuel debt application to Trusts.	NG6 Recommendation 3 Provide tailored solutions via the single- point-of-contact health and housing referral service for people living in cold homes	Rural Action Yorkshire, leading with 30 partner organisations, funded by British Gas Energy Trust until December 2016 Hambleton Warm Healthy Homes scheme		400 Home visits completed to support 800 beneficiaries. 40 Warm Homes Discount or fuel debt support applications completed. 75 Referrals made to other WWNY or other agencies. 20 case studies completed.	
2.4	Trial whole community approach to identifying cold homes/people at risk of fuel poverty using thermal imaging of all houses in villages.	NG6 Recommendation 4 Identify people at risk of ill health from living in a cold home	Rural Action Yorkshire		2 whole villages in Ryedale receive thermal images of homes and advice to reduce energy and stay warm. 50 home visits completed. 75 beneficiaries supported. 30 referrals made to WWNY or other partners for further support. 20 energy promises made. 4 case studies completed.	
2.5	Provide energy effiency measures/minor repairs or emergency heat in vulnerable households.	NG6 Recommendation 3 Provide tailored solutions via the single- point-of-contact health and housing referral service for people living in cold homes	Rural Action Yorkshire, leading with 30 partner organisations, funded by British Gas Energy Trust until December 2016 Hambleton Warm Healthy Homes scheme Home improvement agencies		Under BGET funding : 200 interventions completed across the County supporting 400 beneficiaries (with some households having multiple interventions if necessary). 20 Referrals made to WWNY or other agencies. 20 Case studies completed.	
2.6	Promote the uptake of available housing improvement/housing insulation grants and programmes.	NG6 Recommendation 11 Raise awareness among practitioners and the public about how to keep warm at home	Home improvement agencies/voluntary and community groups			
2.7	Cold alarm scheme, where alarms are fitted into vulnerable elderly patients' homes and are activated when the temperature drops below 16C.	NG6 Recommendation 4 Identify people at risk of ill health from living in a cold home	Hambleton Warm Healthy Homes scheme running pilot in 2015/16 with Public Health funding, 160 cold alarms purchased		Pilot in Hambleton with Public Health funding: 160 number of cold alarms installed	

3	**Priority 3: Shared responsibility and making every contact count (overview by Training subgroup, led by Diane Bland, NEA)**					
3.1	Develop a training needs assessment to map where training is required by partners involved in preventing ill health caused by winter, including primary care, voluntary and community sector, social care, local authority and energy companies.	NG6 Recommendation 9 Train housing professionals and faith and voluntary sector workers to help people whose homes may be too cold for their health and wellbeing and Recommendation 11 Raise awareness among practitioners and the public about how to keep warm at home			Training needs assessment produced and promoted	
3.2	Deliver awareness raising and training sessions to frontline staff in private, public and VCS sectors to enable them to support beneficiaries with information and advice and refer to appropriate support, and cover topics such as identifying and improving cold homes, energy switching and applying for grants to Trust funds.	NG6 Recommendation 4 Identify people at risk of ill health from living in a cold home	Rural Action Yorkshire, leading with 30 partner organisations, funded by British Gas Energy Trust until December 2016		21 awareness/training sessions delivered. 200 frontline staff trained. 10 case studies completed.	
3.3	Work with GPs, health visitors, midwives, community nurses and other health professionals to raise awareness of health impacts of cold homes and how to access further support available for their clients.	NG 6 Recommendation 5 Make every contact count by assessing the heating needs of people who use primary health and home care services and Recommendation 8 Train health and social care practitioners to help people whose homes may be too cold	Rural Action Yorkshire, leading with 30 partner organisations, funded by British Gas Energy Trust until December 2016		42 awareness sessions delivered for health professionals. 14 case studies completed.	
3.4	Home from Hospital staff and Hospital Discharge teams trained to be aware of the impact of cold homes and support available.	NG 6 Recommendation 5 Make every contact count by assessing the heating needs of people who use primary health and home care services and Recommendation 7 Discharge vulnerable people from health or social care settings to a warm home	Rural Action Yorkshire, leading with 30 partner organisations, funded by British Gas Energy Trust until December 2016		1 Winter health awareness session delivered to Home from Hospital staff. 5 cascade training session delivered by Home from Hospital staff to Hospital Discharge teams (or by frontline staff trainers). 30 staff trained. 3 case studies completed.	
3.5	Discharge teams to conduct a cold home assessment before discharging a patient, and put in place actions to remedy any risks from cold homes. Refer to single point of contact and other services as necessary to ensure home is warm enough to discharge to. Where possible, remove barriers to data sharing to ensure other partners can provide help and support.	Recommendation 7 Discharge vulnerable people from health or social care settings to a warm home	Health and social care practitioners			
3.6	Health and social care practitioners to regularly conduct cold home assessments as part of home visits, record this information and signpost to services as required. Include data which outlines potential geographical risk areas for cold homes on patient records, so health care professionals can identify those at risk from cold homes. Ensure information is shared with other partners through appropriate information sharing agreements.	NG 6 Recommendation 5 Make every contact count by assessing the heating needs of people who use primary health and home care services	Health and social care practitioners		Cold home checks conducted as part of home visits Data sharing agreements produced and signed by health and social care partners	
3.7	Develop a single point of contact (SPOC) to include a single referral system for winter health support, one website and helpline, a single data collection point.	NG6 Recommendation 2 Ensure there is a single-point-of-contact health and housing referral service for people living in cold homes	Rural Action Yorkshire, leading with 30 partner organisations, funded by British Gas Energy Trust until December 2016		A single point of contact for North Yorkshire winter health support. A shared online referral system for professionals and a self referral system for individuals. One helpline and one website for all information on winter health support available.	

3.8	Ensure that emergency services are trained and engaged to recognise the indicators and risks of cold homes, and know how to refer individuals for help. Explore avenues to engage further with the police and fire service to identify those at risk and utilise existing relationships between the public and these services. This may include best practice from elsewhere, such as 'pick up services' and enhanced home safety checks.	NG6 Recommendation 6 Non-health and social care workers who visit people at home should assess their heating needs			Commitment from other services to provide referrals Emergency services personnel trained to recognise cold homes and signpost	
3.9	Investigate providing a 'community directory' for more low level signposting for individuals, as well as signposting to national helplines/advice.	NG6 Recommendation 2 Ensure there is a single-point-of-contact health and housing referral service for people living in cold homes				
3.10	Engage with heating and energy companies to ensure their engineers are able to recognise the signs of a cold home, communicate messages around these issues appropriately and be able to identify adequate ventilation, and signpost when required. Engage with heating and energy companies to identify those who have fuel debts /require emergency heating.	Recommendation 10 Train heating engineers, meter installers and those providing building insulation to help vulnerable people at home	Heating companies		Heating engineers trained to recognise cold homes Referrals from heating engineers	
3.11	Through engagement of housing teams, trading standards and environmental health, identify those most at risk from inadequate housing (e.g. in the private rented sector) and ensure that residential buildings conform to relevant regulations. Use powers of Environmental Health teams to inspect properties and serve notices on buildings that are unable to provide sufficient warmth.	NG6 Recommendation 12 Ensure buildings meet ventilation and other building and trading standards	Local authorities, including environmental health teams			
3.12	Engage with private sector landlords and representatives to raise awareness of responsibilities and offer information and support. Explore the potential for an accredited landlord scheme.	NG6 Recommendation 12 Ensure buildings meet ventilation and other building and trading standards				
4	**Priority 4: Partnership commitment (overview by Strategic Partnership group/ across all sub-groups)**					
4.1	Promote Winter Health Strategy amongst wider partners	NG6 Recommendation 1 Develop a strategy	Seasonal Winter Health Strategic Partnership (SWHSP)			
4.2	Identify potential funding opportunities to deliver the actions identified in this implementation plan	NG6 Recommendation 1 Develop a strategy	Seasonal Winter Health Strategic Partnership (SWHSP)		Funding secured across the county	
4.3	Share good practice between partners, including System Resilience Groups, North Yorkshire Local Resilience Forum and continue partnership working within the North Yorkshire Seasonal Winter Health Strategic Partnership.		Seasonal Winter Health Strategic Partnership (SWHSP)		Meetings on a quarterly basis Annual winter health partnerships conference	Next conference to be held 17/3/16
4.4	Conduct research into global best practice on reducing EWDs, particularly practices in Scandinavian countries, who have harsher winters but fewer deaths.				Research produced and promoted	
4.5	Map provision of services and support across the county to reduce duplication and fill gaps where possible.				Research produced and promoted	
4.6	Evaluate projects delivered across the county as part of BGET funding and other funding, and identify best practice to replicate as necessary		RAY and partners as part of the BGET work, Seasonal Winter Health Strategic Partnership (SWHSP)		Evaluation of work conducted Winter 2015	

Key
green box = Action lifted from RAY plan
orange text = action taken from consultation notes
white box = added from Nice guidance /strategy
Blue text = added from actions raised at 2015 partnership conference

NICE National Institute for Health and Care Excellence

Putting NICE guidance into practice

Costing statement: Excess winter deaths and illness

Implementing the NICE guidance on excess winter deaths and illnesses associated with cold homes (NG6)

Published: March 2015

1 Introduction

1.1 This costing statement considers the cost implications of implementing the recommendations made in excess winter deaths and illness (NICE guideline NG6).

1.2 Because of the variation in current service provision, the resources required to implement this guideline will also vary considerably across the country.

1.3 We encourage organisations to evaluate their own practices against our recommendations and assess the potential local costs. Some of these are discussed in this statement.

1.4 Clinical commissioning groups commission healthcare services that relate to this guideline. Local authorities commission the social care services that relate to this guideline. Services are delivered in GP practices, primary care, secondary care, social services and by the community and voluntary groups.

2 Background

2.1 A wide range of people are vulnerable to the cold. In the guideline, the term 'vulnerable' refers to various groups. This includes: people with cardiovascular or respiratory conditions (in particular, chronic obstructive pulmonary disease and childhood asthma); people with mental health conditions; people with disabilities; people aged 65 and older; households with young children (from new-born to school age); pregnant women; and people on a low income.

2.2 Many practitioners are already addressing the issue of cold homes (in particular, environmental health officers and housing officers). But the services available vary across the country. This makes it difficult for practitioners to know what type of service and support is available locally.

2.3 Public Health England's 2014 Cold Weather Plan notes that cold weather has a direct effect on the incidence of heart attack, stroke, respiratory disease, flu, falls and injuries and hypothermia. Indirect effects include mental health problems such as depression, and the risk of carbon monoxide poisoning if boilers, cooking or heating appliances are poorly maintained or poorly ventilated

2.4 The '2014 Cold Weather Plan' also notes that in cold weather there is an increase in hospital admissions from cold-related illnesses.

2.5 In 2013/14 there were 18,200 excess winter deaths in England and Wales – the lowest figure since 1950/51. It reflects a prolonged period of milder than average weather after November 2013 (Statistical bulletin: excess winter mortality in England and Wales, 2013/14 Office for National Statistics). Based on the same data, Figure 1 shows the pattern of excess winter deaths from 2000/01 to 2013/14. Data for England alone for this period were not available.

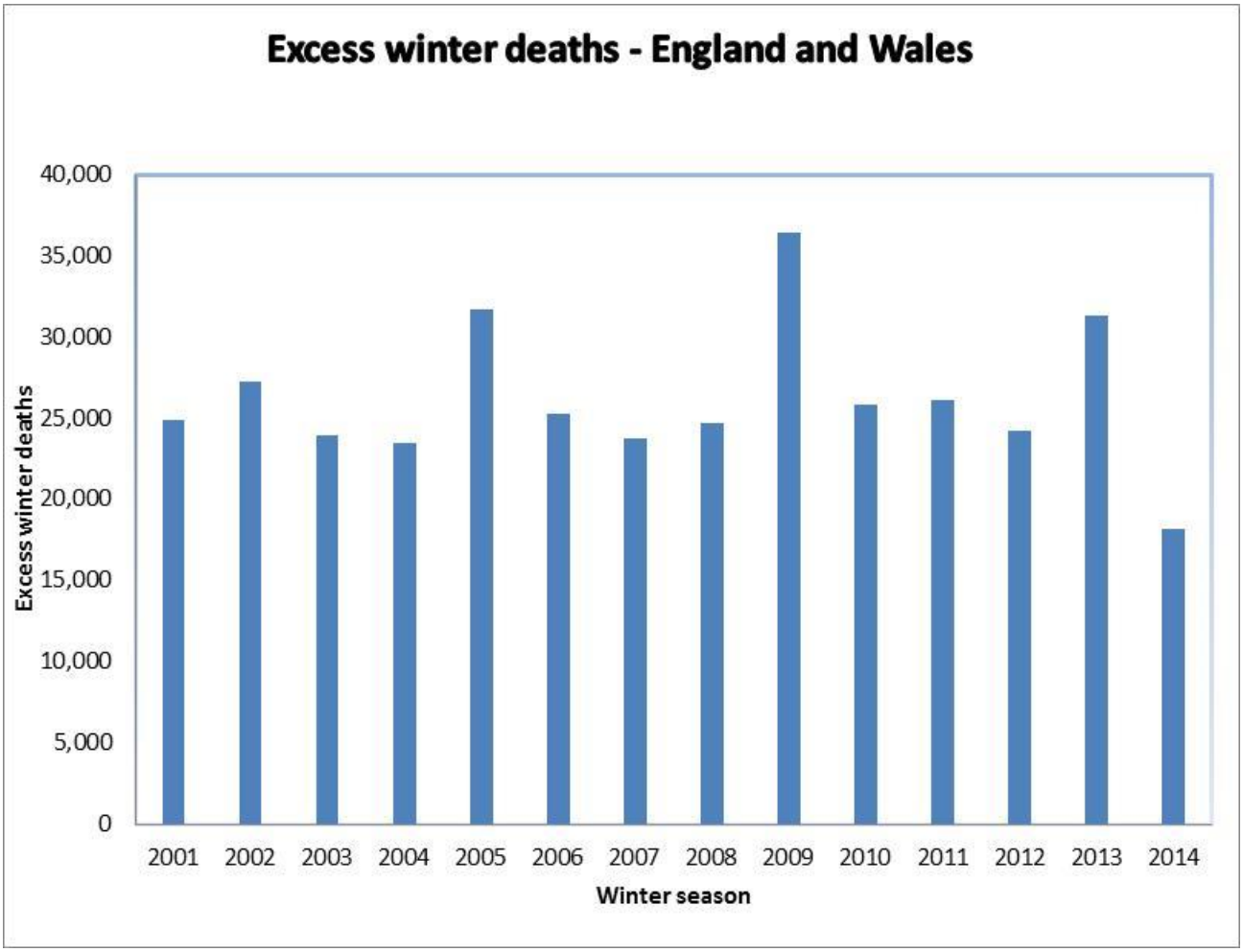

Figure 1: Excess winter deaths in England and Wales

2.6 Most excess winter deaths and illnesses are not caused by hypothermia or extremes of cold. Rather, they are usually caused by respiratory and cardiovascular problems during normal winter temperatures – when the mean outdoor temperature drops below 5–8°C) (Making the case Department of Health). The risk of death and illness increases as the temperature falls further. However, because there are many more relatively 'warm' winter days than days of extreme cold, most cold-related ill health and death occurs during these milder periods.

3 Recommendations with potential resource impact

3.1 Ensure there is a Single-point-of-contact health and housing referral service and provide tailored solutions (recommendations 2 and 3).

- Ensuring that there is a single-point-of-contact health and housing referral service available locally to provide tailored solutions on referral from practitioners is likely to have resource implications. Potential cost would depend on how the single-point-of-contact health and housing referral service is commissioned. Where these services already exist, an increase in referrals from the health service is likely to increase workload, requiring additional resources for those services. There may also be some resource required to stimulate existing local agencies providing elements of the required service to integrate more effectively to create the 'single point of contact' and to help to establish efficient referral systems between health and social care practitioners and the service. For example, it is likely that implementing the guidance may result in an increase in the number of people accessing the service, therefore impacting on its workload (increased volume of face-to-face contacts and/or referrals via phone). The service is therefore likely to incur additional costs to meet this new workload, largely in form of additional staffing requirements (and associated overheads), which should be considered at a local level.
- In some areas, a database highlighting local service needs and the energy efficiency and heating improvement schemes that are needed may need to be compiled. This may have a cost implication. But most areas will already have existing databases holding this type of information, so costs are expected to be small.

- Monitoring and evaluating the effect of the service on the people using it, and providing feedback to the referring practitioners or agencies, may have resource implications depending on local circumstances. This is because there may be a need for additional staff time to analyse data, compile and review reports.
- Training costs associated with these recommendations are discussed in section 3.2.
- Providing information in the correct format (taking into account the language and reading ability of recipients and any vision and hearing issues) may incur additional costs. This would include translating and interpreting costs. But it is likely that these services are already in place so additional costs are not expected to be high. (Translation rates vary. In London Borough of Hounslow, for example, it costs £25 to translate the first 150 words and then 17–23p for each additional word, depending on the language. Face-to-face interpretation costs £40 per hour and £17 for each additional half hour).
- Providing loft insulation, a boiler replacement or gas central heating will incur costs. These will vary depending on the supplier and the nature of the job and, in some cases, could be substantial. But energy efficiency and heating improvement schemes are usually part-funded by government, the energy and distribution companies and the community and voluntary sector. Cold-weather related heating and housing government benefits include, for example: the Cold Weather Payment, Green Deal scheme, The Warm Home Discount scheme, the Winter Fuel Payment and the Energy Company Obligation.

3.2 Training and raising awareness among staff and the public (recommendations 8–10).

- The guideline recommends training for staff who come into contact with people at risk of being cold at home. This includes health and social care practitioners, housing professionals, faith

and voluntary sector workers, heating engineers and meter installers. Some organisations may already provide staff training and support materials. But it is not clear how comprehensive this is and whether it covers all relevant staff. Training needs and the associated costs will vary depending on the:

  - number of staff who need training
  - level of training needed (for example, general or specialist) its duration and whether someone needs to cover the post during training
  - training provider (internal or external).

- The cost of training for heating engineers and meter installers does not impact public sector budgets. The costs are incurred by the private sector.
- Raising awareness of the risks of living in a cold home may incur costs, depending on the approach. But free resources (including leaflets, posters, factsheets, action plans, statistical information, press releases and report templates) are available from Winter Warmth England. These may help staff plan and prepare more effectively, in line with the Cold Weather Plan for England 2014. The Department of Health's annual Keep Warm, Keep Well campaign, supported by the NHS, also raises public awareness.

3.3 Ensure buildings meet ventilation and other building and trading standards (recommendation 12).

- Costs may be incurred to ensure changes to buildings are carried out at least to the standards required by building regulations in particular, with respect to ventilation (see the government's Planning portal).
- For vulnerable people the costs for energy efficiency and heating improvement schemes are usually part-funded by government, the energy and distribution companies and the community and voluntary sector.

4 Benefits and savings

4.1 In 2012, Age UK estimated that the cost to the NHS in England of people living in homes that were too cold was around £1.36 billion per year (The cost of cold). Implementing the guideline could help reduce demand for healthcare (primary and secondary care) and social care services. This could be as a result of:

- Reducing visits to GP practices, out-of-hours services and walk-in centres and a reduction in district nurse visits. Also reducing A&E attendances and inpatient emergency hospital admissions. This would free up staff time, improve productivity and use of resources.
- Savings on 1 GP consultation could, for example, amount to £46 for 1 patient contact lasting 11.7 minutes. ('Unit costs of health and social care 2014'.)
- Savings on drug prescriptions associated with the health problems that people living in a cold home face. GP prescription costs per consultation are estimated at £43.90. ('Unit costs of health and social care 2014'.)
- Savings from, for example, avoiding 1 A&E attendances could range from £57 to £235 per attendance (2014/15 National Tariff Payment System: Annex 5A: National prices).
- Reducing social care service costs, such as payments to carers. Carer's allowances could cost up to £61.35 a week.

5 Conclusion

Organisations are advised to assess the local resource implications of this guideline. Potential additional costs may be incurred as follows:

- Resources for a single-point-of-contact health and housing referral service
- Providing tailored solutions to improve the energy efficiency of homes (for example, insulation, boilers and gas central heating).

- Training for health and social care practitioners, housing professionals and faith and voluntary sector workers.
- Training for heating engineers and meter installers (funded by the private sector)
- Ensuring buildings meet ventilation and other building and trading standards.

Potential areas for savings locally are:

- Reduced GP consultations, out-of-hours calls, attendances at walk-in centres, district nurse visits and drug prescriptions.
- Reduced emergency department visits.
- Reduced inpatient admissions.
- Reduced social care service costs.

About this costing statement

This costing statement is an implementation tool that accompanies NICE's guideline on excess winter deaths and illness (NICE guideline NG6).

Issue date: March 2015

This statement is written in the following context

This statement represents NICE's view. It was arrived at after careful consideration of the available data and through consulting professionals. It should be read in conjunction with NICE's guideline. The statement focuses on those areas that may have an impact on resource utilisation.

The cost and activity assessments are estimates based on a number of assumptions. They provide an indication of the potential impact of the principal recommendations and are not absolute figures.

Implementation of this guideline is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guideline, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this

guideline should be interpreted in a way that would be inconsistent with compliance with those duties.

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Health and Wellbeing Board
North Yorkshire

Joint Health and Wellbeing Strategy: Draft Performance Framework
24 February 2016

1. About this paper

1.1 The 2015-2020 Joint Health and Wellbeing Strategy (JHWS) was approved by the Health and Wellbeing Board on 27 November 2015. To support implementation of the Strategy, the Board has agreed to develop an action plan to measure the success of the JHWS in making a positive impact on the health and wellbeing of North Yorkshire people and communities.

1.2 The development session held in Dishforth Village Hall in December 2015 provided the opportunity for Board members to discuss performance and feedback from this session has informed the content of this paper. The proposed framework for measuring progress against the JHWS includes:

- A performance dashboard of key data providing high level evidence of the direction of travel towards achieving the strategy
- A programme of in-depth Board discussions to share intelligence and deepen understanding of progress on the strategy's key themes and enablers
- How the Board will use exception reporting to tackle problems together

2. Assessing performance – the key principles

2.1 In developing a framework the following principles have been used as a guide:

- No set of indicators can tell the whole story of what is going on in a large and diverse county such as North Yorkshire.
- There are a range of stakeholders working with their own local partners, each with their own detailed performance monitoring regime which the JHWS performance framework should complement.
- Other planning/performance reporting arrangements relating to delivery of statutory requirements, such as national targets or the Better Care Fund, will be used to enrich performance intelligence on delivery of the JHWS themes. As an example, this may include reporting on non-elective admissions, mental health indicators, access targets and delayed transfers of care.
- The indicators set out in the performance dashboard are intended to act as signposts to point the way to how well the health and wellbeing system as a whole is performing. If all the indicators are moving in the right direction, it's a sign that North Yorkshire is making good progress.

- Equally, if a number of the indicators are not progressing, or going the wrong way, the Board should take that as a sign that they may need to look behind the headline data to understand what is not working as well as it should – and to identify ways in which they can work together to tackle the issues.
- It's particularly important to be able to recognise and celebrate success large and small – and that is best understood through hearing from people who have seen a positive benefit to their health and wellbeing through the changes taking place in North Yorkshire.
- Performance assessment should remain focused on understanding the progress made at overall county-wide level. Each partner organisation is accountable for its own contribution.
- Metrics may need to be aggregated/disaggregated at a North Yorkshire level to support an assessment of progress and to support the spread of good practice.
- We need to be able to communicate how well we are doing. As part of the sets of Board papers available to the public, performance reports should be simple, clear and concise.

3. The performance dashboard

3.1 For each of the five themes, the table in Appendix 1 sets out three headline indicators which, individually, and collectively, provide high level signposts to the way in which the health and wellbeing system in North Yorkshire is responding to the strategy.

3.2 These will be measured as shown and included in a brief report to the HWB at each meeting. Information is already being collected for all these indicators, and they include a balanced mix of health, social care, public health, education, and voluntary sector information. Note that not all indicators will change each time – some are measured annually and some quarterly – but the Board will be able to see what the most recent set of data shows each time it meets.

3.3 It is important to set out the measure of improvement that the Board would like to see against the high level indicators in the dashboard. In order to agree this, details of the current position in North Yorkshire needs to be used as the baseline. Further work, and agreement, with Board partners is required to take this level of detail forward and it is proposed that those members that offered to act as a reference group (see Appendix 2) is tasked with completing this detail in readiness for the next Board meeting.

3.4 It is expected that, over time, other metrics may be considered helpful indicators of how well the North Yorkshire system is progressing in delivering the JHWS themes. Where the Board feels that other indicators need to be considered these should be highlighted as part of the on-going review of progress against the strategy as a whole.

4. Focus on JHWS themes and enablers

4.1 Alongside the regular performance dashboard and, in order to deepen the Board's shared understanding of progress on the JHWS, it is suggested that all Board meetings should include 'intelligence briefings' on at least one theme and one enabler from the JHWS. These would consist of short presentations (led by the project sponsor – see below) focused on:

- The progress made towards the key outcomes for the theme/enabler, celebrating success and aspirations for the future
- How the differing parts of the system are working together and how this could be improved further

4.2 To strengthen focus and to build the leadership role of the Board, it is suggested that a Board member should be identified as sponsor for each theme and enabler. Some have already been identified: the table in Appendix 2 shows current identified sponsors, and potential dates for the first intelligence briefings.

4.3 To further support the Board to focus on its purpose, it is suggested that all items on Board agendas should be required to demonstrate how they are linked to the JHWS and the themes and/or enablers. A common introductory front sheet completed for each item by the report owner will provide Board members with clear information on the linkages. A suggested template is shown in Appendix 3.

5. Exception reporting

5.1 While the Board should not be a forum for detailed investigation of individual organisation's operational performance, there is value in exploring current and potential future issues that may have an adverse impact on our ability to achieve the strategy's aims.

5.2 It is suggested that the performance reports to each Board meeting should include a section on 'hot spots' for each partner organisation, including headline messages (in bullet point form) of any significant potential challenges, and the themes/enablers to which each one relates.

5.3 This should not be seen as a 'naming and shaming' exercise, but as an opportunity to understand the current pressures in the system and to look briefly at how these might affect future performance.

6. Board Support

6.1 Currently, there are three groups in place: Delivery Board, Commissioner Forum and Performance and Integration Group which operate as part of the Board's delivery arrangements. The Delivery Board was established as the 'doing arm' of the Board and meets quarterly; the Commissioner Forum includes the commissioning members of the Board and provides the opportunity for commissioners to come together and consider common

strategic issues; the Performance and Integration Group has been established since July 2015 and is focused on the Better Care Fund and integration at an operational level across partners and systems.

6.2 It is proposed that the reference group identified at the Board development session in December consider the effectiveness of the current delivery arrangements and bring any suggested changes back to the Board for approval at its next meeting.

7. Recommendations

The Board is asked to:

1. Comment on and agree the performance dashboard indicators
2. Agree to consider the Board support structures via a reference group and for recommendations to be brought back to the Board for full approval
3. Seek nominations from members for sponsors for JHWS themes and enablers
4. Agree the common introductory front sheet for all Board papers

Amanda Bloor
15 February 2016

Appendix 1: Performance dashboard

Theme	What outcome do we want to achieve?	High level signpost indicators	Why have we suggested this indicator?	Data source(s)	How often is it measured?
Connected Communities	• We want North Yorkshire to be a place where communities flourish, people shape services and have control of their lives	1. Score on NY citizens' panel question: How strongly do you feel you belong to your immediate neighbourhood?	Provides a measure of the level of engagement of local people in their communities	NY Citizens Panel	Annually
		2. Number of organisations in North Yorkshire which are members of a Dementia Action Alliance	Provides a measure of the level of engagement of local communities in a key health and wellbeing priority	Alzheimer's Society (which manages the Alliances in North Yorkshire)	Quarterly
		3. Superfast broadband NY population coverage %	Provides a measure of how technological infrastructure is developing to support connected communities	Superfast NY website	Quarterly
Start Well	• Ensuring education is our greatest liberator	1. Gap in attainment between students receiving/ not receiving free school meals: 5 GCSEs at A* to C	Provides a measure of how well inequalities are being tackled	Local Authority Interactive Tool (LAIT)	Annually

Theme	What outcome do we want to achieve?	High level signpost indicators	Why have we suggested this indicator?	Data source(s)	How often is it measured?
	• Helping all children enjoy a happy family life	2. The percentage of children and young people with a high measure of resilience	Provides a measure of children's overall mental wellbeing	Public Health Outcomes Framework (PHOF)	Annually
	• A healthy start through healthy lifestyles	3. The percentage of children aged 10 or 11 (Year 6) who have excess weight	Provides a measure of children's overall physical wellbeing	PHOF	Annually
Live Well	• People are emotionally resilient and experience good mental health	1. Happiness score: "how happy did you feel yesterday?" – NY compared to national average	Provides a measure of people's overall mental wellbeing	Office for National Statistics (Measuring National Wellbeing)	Annually
	• Everyone has the opportunity to have a healthy body and a healthy mind	2. The gap in the death rate from heart disease between the highest and lowest wards in North Yorkshire	Provides a measure of inequality in physical wellbeing (note, heart disease has been suggested as a major killer in North Yorkshire, and one where many agencies are contributing to reducing its impact)	PHOF	Annually

Theme	What outcome do we want to achieve?	High level signpost indicators	Why have we suggested this indicator?	Data source(s)	How often is it measured?
	• People are active, involved and can be free from isolation and loneliness	3. Percentage of physically active adults (>150 minutes per week)	Provides a measure of individuals' lifestyle choices with an impact on health and wellbeing	Health Survey for England	Annually
Age Well	• People can make choices to self-manage their care to help them stay independent for longer	1. Number of people with direct payments and personal health budgets	Provides a measure of the level of support for personal choice and control	Adult Social Care Outcomes Framework (ASCOF) CCGs	Quarterly
		2. Long term care admissions	Provides a measure of health and social care services' ability to deliver care closer to home	ASCOF	Quarterly
	• Carers are supported to live their own life	3. Carers' assessments as % of estimated total carers	Provides a measure of how people and households are being supported to maximise their independence	ASCOF	Quarterly
Dying Well	• Individuals are supported and encouraged to prepare for and plan their last days	1. Numbers/ proportion of people on recognised end of life pathways	Provides a measure of how good the system is at recognising people with end of life needs	End of life care service providers	Quarterly

Theme	What outcome do we want to achieve?	High level signpost indicators	Why have we suggested this indicator?	Data source(s)	How often is it measured?
	• All individuals, their carer's and families experience good end of life care	2. % of people dying in their usual place of residence	Provides a measure of how well people are supported to die in familiar surroundings	ONS	Quarterly
		3. Number of people supported by hospices, including 'hospice at home' services	Provides a measure of the level of end of life support provided by the voluntary sector	Hospices in NY	Annually

Note: The dashboard is one way of the Board assessing the impact of the Joint Health and Wellbeing Strategy as set out in Section 3 of this document.

Other performance metrics will be used to measure progress across North Yorkshire as part of routine organisational arrangements. These include, but are not exclusive to, NHS constitutional commitments and national targets, Adult Social Care Outcomes Framework (ASCOF) indicators and Public Health Outcomes Framework (PHOF).

Appendix 2

Board sponsors – JHWS themes and enablers

Theme/Enabler	Sponsor	Board meeting
Connected communities		
Start Well	Pete Dwyer	July 2016
Live Well		
Age Well		
Dying Well		May 2016
Workforce	Simon Cox	February 2016
Technology		
Economic prosperity		
A new relationship with people who use services		

Reference group volunteers from December development session

Volunteer	Organisation
Amanda Bloor	Harrogate and Rural District CCG
Simon Cox	Scarborough & Ryedale CCG
Richard Webb	North Yorkshire County Council
Ros Tolcher	Harrogate and District NHS Foundation Trust
Adele Coulthard	Tees Esk & Wear Valleys NHS Foundation Trust
Janet Waggott	Ryedale District Council

Appendix 3 – Standard front sheet for HWB agenda items

Agenda item X

Health and Wellbeing Board
North Yorkshire

Insert title of item

Insert date of Board meeting

Presented by:

Summary:

[Max 200 words]

Which of the themes and/or enablers in the North Yorkshire Joint Health & Wellbeing Strategy are addressed in this paper?

[List all]

How does this paper fit with other strategies and plans in place in North Yorkshire?

[Bullet point list – max 4 things]

What do you want the Health & Wellbeing Board to do as a result of this paper?

[Bullet point list – max 4 things]

Health & Wellbeing Board (HWB), Delivery Board (DB) and Commissioner Forum (CF)

WORK PROGRAMME/CALENDAR OF MEETINGS 2016/2017 - Updated 16 February 2016

Date	Meeting	Details	Item (contact)
March 2016	**Commissioner Forum** *Report Deadline Tuesday 1 March*	Time: 2.00 pm Date: Thursday 10 March Venue: Sovereign House, York	<u>Strategy</u> • Update on 0-5 Years Healthy Child Programme follow up from 10/12/15 meeting (Pete Dwyer) • System Planning re Better Care Fund and Sustainability and Transformation Plans <u>Assurance</u> <u>Information Sharing</u>
April 2016	**Delivery Board** *Report Deadline Tuesday 5 April*	Time: 2.00pm Date: Thursday 14 April Venue: Sovereign House, York	<u>Strategy</u> • LD Strategy • Building the Right Support – LD Autism <u>Assurance</u> <u>Information Sharing</u>

Date	Meeting	Details	Item (contact)
May 2016	**Health & Wellbeing Board** *Report Deadline Friday 22 April*	Time: 10.30am Date: Friday 6 May 2016 Venue: The Cairn Hotel, Harrogate	Strategy • JHWS Theme: Focus on Dying Well (Sponsor tbc) • People with LD Strategy – HWB approval (Sue Carty) • Harrogate Vanguard (Amanda Bloor) • Better Care Fund Plan 2016/17 (ratification or full approval depending on national timetable – full guidance still awaited as of 16/2/16) Assurance • Review of winter 2015/16 (Richard Webb/Amanda Bloor) • JHWS Performance Framework • Report on HWB structures (Reference group) • Implementation of Mental Health Strategy – Update (Kathy Clark) Information sharing • Work programme
	Commissioner Forum *Report Deadline Tuesday 3 May*	Time: 2.00pm Date: Thursday 12 May Venue: Sovereign House, York	Strategy Assurance Information Sharing
June 2016	**Commissioner Forum** *Report Deadline Tuesday 31 May*	Time: 2.00pm Date: Thursday 9 June Venue: Sovereign House, York	Strategy Assurance Information Sharing

Date	Meeting	Details	Item (contact)
July 2016	**Delivery Board** *Report Deadline Tuesday 6 July*	Time: 2.00pm Date: Thursday 14 July Venue: Sovereign House, York	Strategy • JHWS Theme: Focus on Start Well (Pete Dwyer) Assurance Information Sharing
	Health & Wellbeing Board *Report Deadline Tuesday 5 July*	Time: 10.30 am Date: Friday 15 July Venue: Sovereign House, York	Strategy Assurance Information Sharing • Verbal feedback from meeting of Delivery Board (which meets the day before the Board)
August 2016	**Commissioner Forum** *Report Deadline Tuesday 2 August*	Time: 2.00pm Date: Thursday 11 August Venue: Sovereign House, York	Strategy Assurance Information Sharing
September 2016	**Commissioner Forum** *Report Deadline Tuesday 30 August*	Time: 2.00pm Date: Thursday 8 September Venue: Sovereign House, York	Strategy Assurance Information Sharing
	Health & Wellbeing Board *Report Deadline Tuesday 6 September*	Time: 2.00pm Date: Wednesday 14 September Venue: Sovereign House, York	Strategy Assurance Information Sharing

October 2016	**Delivery Board** *Report Deadline Tuesday 4 October*	Time: 2.00pm Date: Thursday 13 October Venue: Sovereign House, York	Strategy Assurance Information Sharing
November 2016	**Commissioner Forum** *Report Deadline Tuesday 1 November*	Time: 2.00pm Date: Thursday 10 November Venue: Sovereign House, York	Strategy Assurance Information Sharing
	Health & Wellbeing Board *Report Deadline Tuesday 15 November*	Time: 10.30 am Date: Friday 25 November Venue: Sovereign House, York	Strategy Assurance • Future in Mind: Transforming Support for Children and Young People's Mental Health and Wellbeing Information Sharing • DB Notes of 13th October
	Commissioner Forum *Report Deadline Tuesday 29 November*	Time: 2.00pm Date: Thursday 8 December Venue: Sovereign House, York	Strategy Assurance Information Sharing

2016/17 Health and Wellbeing Board dates
Wednesday 18 January 2017
Friday 17 March 2017

2016/17 Commissioner Forum/NYDB dates
Thursday 12 January 2017 - Delivery Board
Thursday 9 February 2017 - Commissioner Forum