



City of York YorOK Board
10 November 2014

TITLE: Trust Update

This item relates to all CYPP priorities and outcomes.

1. Purpose of the Report

This is a standard item on the agenda of the YorOK Board that summarises actions and issues arising since the last Board meeting. It is provided for Board members' information to ensure that all parties are fully aware of the progress in implementing our children's trust arrangements and priorities. It may be supplemented on the day by a verbal update.

2. Early Help Outcomes Report

A first draft of this report has been circulated separately to Board members for information and comment, with feedback to Judy Kent requested by 21 November.

The YorOK Early Help Strategy sets out our vision and aspirations for the provision of effective early help in the City. Delivery of the strategy is supported by the Early Help Action Plan which is monitored through the YorOK Integrated Working Implementation group (IWIG). The purpose of the Early Help Outcomes report is to show how Early Help arrangements and provision are making a difference to outcomes for children, young people and families in the city.

Board members are invited to comment on this draft version, and comments are sought particularly in relation to:

- Structure and content;
- Any gaps, and to provide the requisite text;
- If / how impact and effectiveness are conveyed;
- Future shared priorities.

The final version of the Early Help Outcomes report will be tabled at the January meetings of the YorOK Board and Children's Safeguarding Board.

3. YorOK Board Annual Report

Along with other subgroups of the Health and Wellbeing Board, the YorOK Board is required to produce an annual report. Attached at Annex A is a first draft of the first YorOK Annual Report. Whilst emphasising that this report is in draft format, and still 'work in progress', it is attached at this stage for information and initial feedback.

It is intended that the Annual Report will be tabled at the Health and Wellbeing

Board on 3 December, which plans to have a child focussed agenda. Key messages will be presented using a PowerPoint presentation, supplementing the full report.

The report provides information about the YorOK Board and how it works, progress against key YorOK / CYPP priorities and objectives, impact and outcomes and future challenges. The report also provides a key opportunity to highlight potential cross cutting areas that may benefit from the strategic leadership of the H&W Board and a wider collaborative approach.

Board members are asked to:

- a) give feedback on the structure and content of the report;
- b) consider work strands that may benefit from the strategic leadership of the H&W Board;
- c) establish / confirm key messages to be conveyed to the H&W Board.

Headline verbal feedback will be taken at the YorOK Board meeting, and Judy Kent would welcome any further detailed feedback by 18 November.

4. No Wrong Door Conference 2014

The 2014 YorOK No Wrong Door conference is scheduled on the 4th November 2014 from 9am to 4pm at York Racecourse. This years No Wrong Door will replicate the successful elements from previous events and will bring a sharper focus to key themes. Bookings have now closed with all 250 places taken.

Themes for this years event include:

- Sexual exploitation (input from Nazir Afzal OBE, Chief Crown Prosecutor, CPS North West);
- Early help (input from Donna Molloy, Head of Implementation, Early Intervention Foundation);
- Neglect (input from Emma Smale, Head of Policy and Research, Action for Children);
- Local perspective on key priorities from Julia Mulligan, North Yorkshire and York Police and Crime Commissioner.
- Voice of the child;
- Emotional well-being.

Local perspectives and implications of al the above will be highlighted through formal inputs and / or workshops.

This year, conference planning has included extending the reach of the conference both in terms of engaging those unable to make the event and also ensuring a legacy of impact beyond the day itself, including:

- Newsletters focussed on the themes of the conference have been widely

distributed across the YorOK workforce;

- Videos of the conference will be publicised and available through the YorOK website;
- Greater use of social media will enable messages from the day to be shared widely and provide a platform for future partnership working. A group for the conference has been created on the LinkedIn social network and the hashtag of #nowrongdoor will be used.

5. From the Health & Wellbeing Board 22 October 2014

The agenda and papers from the October meeting of the Health and Wellbeing Board can be accessed at <http://democracy.york.gov.uk>

The following items from the meeting are highlighted for Board members:

Together York, a report of Tim Madgwick, Deputy Chief Constable, North Yorkshire Police, outlined proposals for the local delivery of the national mental health intervention scheme “Together: for Mental Wellbeing”. Whilst the proposals relate to adults, the scheme may be of benefit to local families, and dialogue is underway between the scheme and the Family Focus, Troubled Families Team, in recognition of the opportunities for joint working.

Many individuals experiencing mental distress do not meet service thresholds for ongoing support and intervention, resulting in repeat presentations to emergency services, increased costs, and worsening distress.

Together: for Mental Wellbeing has developed a model of intervention called the Pathways Approach with the aim to provide *early, targeted assessment and intervention for those experiencing mental distress and complex needs*, Working in partnership with emergency services, and with key voluntary and statutory agencies in York, the approach seeks to achieve key objectives of the Crisis Care Concordat, delivering:

- Psychologically informed practical support around individuals’ key concerns, using a therapeutic intervention tool.
- Better use of mental health services, both acute and emergency, through reducing inappropriate and costly demand on services
- Prevention of crises through timely identification, pathway facilitation and support
- Facilitation of increased interagency liaison, collaboration, planning and delivery to improve wellbeing, prevent crises, and manage and learn from crises together.

A supplementary presentation, including proposed funding for this scheme is available via the link above.

Health and Wellbeing Strategy Revision: The York Health and Wellbeing Strategy

2013-16, launched in April 2013, has now been in operation for 18 months, and has been updated and amended to reflect the current position and emerging issues. Feedback from the YorOK Board has informed the refreshed strategy, which was approved by the Health and Wellbeing Board.

JSNA Update & Deep Dives: A proposed 18 month plan has been identified in relation to quarterly deep dive topics for the period of October 2014 through to June 2016. In relation to the interests and priorities of the YorOK Board, the following topics are highlighted:

- Alcohol - Alcohol needs assessment required to inform the development of a City wide Alcohol Strategy due for publication July 2015.
- Early Years - There is currently a review of urgent care for the Under 5s due to the high number of attendances and admissions at the Emergency Dept - leading to a zero length of stay. Publication March 2015.
- Self Harm - Identified we need to increase knowledge about Self Harm and how this impacts on members of our population. Publication September 2015.
- Student health - Identified the student population is approximately 10% of our population and our knowledge and understanding about the health and wellbeing of our students could be improved. Publication June 2016.

6. Child Poverty – Child Poverty Strategy 2014 -2017 - Consultation on the 2020 Persistent Child Poverty Target

City of York contributed to this consultation, the results of which are now published at <https://www.gov.uk/government/consultations/setting-the-2020-persistent-child-poverty-target>.

To note in the response:

‘The Government has carefully considered the representations made during the consultation. It was the view of the majority of respondents that the persistent child poverty target should be set at a lower level than that proposed in the consultation. However, the Government is ultimately not persuaded by the arguments put forward to justify a target lower than less than 7 per cent. When the existing Act targets were set to end child poverty by 2020, they represented a high degree of ambition. The Government remains convinced that a persistent child poverty target of less than 7 per cent is consistent with this high level of ambition and with meeting the other three targets set out in the Act.

The Government has listened to the range of views set out by the respondents to the consultation. The Government recognises that persistent poverty can be particularly damaging to children’s life chances and it will continue to focus action on breaking the cycle of persistent poverty, exploring what further steps can be taken to reduce it as far and as fast as possible. The Government’s view remains that a target of less than 7 per cent is most consistent with the relative poverty target, giving the most

coherent overall package of targets, and driving continued efforts to address persistent child poverty. The Government will therefore now lay affirmative regulations in Parliament for debate and approval by both Houses on this basis. The Government will keep the degree of ambition of the target itself under close review.'

7. Publications – for information

Health and Wellbeing in York: Director of Public Health Annual Report 2013/14.

The report covers many aspects of health and wellbeing and includes emerging issues that include domestic abuse, alcohol, the York 300 project, mental health and poverty, and is available at:

http://www.york.gov.uk/info/200170/health_and_wellbeing/1469/director_of_public_health_annual_report

NHS Five Year Forward View

The 'Forward View', written by The NHS Chief Executive, Simon Stevens, was published in October 2014 and represents the view of the NHS national leadership, highlighting their view of why change is needed and what that change would look like. It notes that some of what is needed can be brought about by the NHS itself, other actions require new partnerships with local communities, local authorities and employers. Some critical decisions – for example on investment, on various public health measures, and on local service changes – will need explicit support from the next government.

In addition, it sets out how the health service needs to change, arguing for a more engaged relationship with patients, carers and citizens to promote wellbeing and prevent ill-health.

The Executive Summary states that “the first argument we make in this Forward View is that the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health. Twelve years ago Derek Wanless’ health review warned that unless the country took prevention seriously we would be faced with a sharply rising burden of avoidable illness. That warning has not been heeded – and the NHS is on the hook for the consequences...The NHS will therefore now back hard-hitting national action on obesity, smoking, alcohol and other major health risks.”

The Executive summary and full report can be found at:

<http://www.england.nhs.uk/ourwork/futurenhs/5yfv-exec-sum/>

<http://www.england.nhs.uk/2014/08/15/5yfv/>

Warm Well Families

Warm Well Families is a research project conducted by the Centre for Health and Social Care Research at Sheffield Hallam University. The research was conducted in Rotherham and Doncaster in partnership with the Local Authorities and the NHS. The Warm Well Families project aimed to explore factors influencing the abilities of households with children with asthma to keep warm at home in winter and access help.

Living in a cold home harms the health of babies, children and teenagers. Growing up in a cold home can impact on weight gain, development and emotional wellbeing. Living in fuel poverty directly affects people's ability to afford decent food. The likelihood of suffering from respiratory illnesses such as asthma is more than doubled for children living in a cold home. Teenagers are more likely to participate in risk taking behaviours outside the home and their risk of developing multiple mental health problems is increased by cold homes. Educational achievement can be negatively affected as living in overcrowded or damp housing means children are more likely to miss school. Cold homes are also known to impact on resilience and emotional well-being which will ultimately worsen life chances. Ultimately growing up in cold damp homes will have a real effect on a child's health, learning and enjoyment of life.

Reports are available from Sheffield Hallam University Research Archive (SHURA):

- For the Rotherham Final Report go to <http://shura.shu.ac.uk/7906>
- For the Doncaster Final Report go to <http://shura.shu.ac.uk/7905/>

Marmot Indicators 2014: A Preliminary Summary with Graphs

Fair Society, Healthy Lives, the Marmot Review was published in 2010. The review set out the key areas that needed to be improved to make a significant impact in reducing health inequalities. The report found that the social conditions in which we are born, live, work and age determine variations in health and life expectancy. The summary provides an update on progress to reduce inequalities in health, and against the Institute of Health Equity's 6 key policy recommendations.

A [Summary](#) is available at www.instituteofhealthinequality.org/projects/marmot-indicators-2014

Statistics on Smoking, England 2014

This statistical report presents a range of information on smoking which is drawn together from a variety of sources. The report aims to present a broad picture of health issues relating to smoking in England and covers topics such as smoking prevalence, habits, behaviours and attitudes among adults and school children, smoking-related ill health and mortality and smoking-related costs.

The report highlights several key facts including the following:

- Amongst 11 to 15 year olds in 2013, less than a quarter of pupils reported that they had tried smoking at least once. At 22 per cent, this is the lowest level recorded since the data were first collected in 1982, and continues the decline since 2003, when 42 per cent of pupils had tried smoking. (The main source of data for smoking prevalence among children is the Smoking, Drinking and Drug Use among Young People Survey 2012.)

The Report and Data can be found at www.hscic.gov.uk

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