
MEETING	SHADOW HEALTH AND WELLBEING BOARD
DATE	3 OCTOBER 2012
PRESENT	<p>COUNCILLORS SIMPSON-LAING (CHAIR), LOOKER, WISEMAN,</p> <p>KERSTEN ENGLAND (CHIEF EXECUTIVE, CITY OF YORK COUNCIL), PETE DWYER(DIRECTOR OF ADULTS, CHILDREN & EDUCATION, CITY OF YORK COUNCIL), PAUL EDMONDSON-JONES (DIRECTOR OF PUBLIC HEALTH AND WELLBEING, CITY OF YORK COUNCIL),SALLY BURNS (DIRECTOR OF COMMUNITIES & NEIGHBOURHOODS, CITY OF YORK COUNCIL)DOCTOR MARK HAYES (CHAIR,VALE OF YORK CLINICAL COMMISSIONING GROUP) RACHEL POTTS (CHIEF OPERATING OFFICER, VALE OF YORK CLINICAL COMMISSIONING GROUP), JANE PERGER (YORK LOCAL INVOLVEMENT NETWORK), CHRIS BUTLER(CHIEF EXECUTIVE, LEEDS AND YORK MENTAL HEALTH TRUST), ,MIKE PADGHAM (CHAIR, INDEPENDENT CARE GROUP),MICHAEL PROCTOR (DEPUTY CHIEF EXECUTIVE OFFICER, YORK TEACHING HOSPITAL NHS FOUNDATION TRUST) (SUBSTITUTE FOR PATRICK CROWLEY),CATHERINE SURTEES (YORK COUNCIL FOR VOLUNTARY SERVICE (CVS)) (SUBSTITUTE FOR ANGELA PORTZ)</p>
IN ATTENDANCE	<p>PROFESSOR STEPHEN HORSLEY (DIRECTOR OF PUBLIC HEALTH, NORTHAMPTONSHIRE)</p> <p>COUNCILLOR ROBIN BROWN (NORTHAMPTONSHIRE COUNTY COUNCIL)</p>

JOHN YATES (YORK OLDER PEOPLE'S ASSEMBLY)

JOHN BURGESS (YORK MENTAL HEALTH FORUM AND OCAY)

GRAHAM PURDEY (PUBLIC GOVERNOR, LEEDS AND YORK NHS FOUNDATION TRUST)

PROFESSOR PAUL KIND

APOLOGIES

CHRIS LONG (TEAM DIRECTOR, NORTH YORKSHIRE AND HUMBER, NHS COMMISSIONING BOARD)

PATRICK CROWLEY (CHIEF EXECUTIVE, YORK HOSPITAL)

9. **DECLARATIONS OF INTEREST**

Board Members were invited to declare any personal, prejudicial or disclosable pecuniary interests, other than their standing interests attached to the agenda, that they might have in the business on the agenda.

Catherine Surtees from York Council for Voluntary Service declared a personal interest

Councillor Looker declared a personal interest in the general remit of the committee as a member of the Corporate Parenting Board.

Councillor Simpson-Laing asked that her standing declaration of interests be amended, as she was no longer an employee of Relate.

Councillor Wiseman also asked that her standing declaration of interests be amended as she was no longer a governor of York NHS Trust.

No other interests were declared.

10. MINUTES

RESOLVED: That the minutes of the Shadow Health and Wellbeing Board held on 4 July 2012 be signed and approved by the Chair as a correct record subject to the following amendment;

Minute Item 7: Vale of York Clinical
Commissioning Group Overview of Strategy

“It was reported that *Neighbourhood Care Teams* had been introduced.”

Deletion: “*which would bring together expertise from GPs surgery such as Priory Medical Group and Haxby Medical Centre*”

11. PUBLIC PARTICIPATION

It was reported that there had been one registration to speak under the Council’s Public Participation Scheme.

Paul Kind spoke regarding the item on Implementing the Health and Wellbeing Strategy, in particular about the new partnership structure. He made reference to the YorOK Board (a partnership highlighted in Annex A), and questioned why its meetings would not be held in public. He felt concerned that any aspect of decision making about Health and Wellbeing in the city would be taken in private. He urged the Board to not adopt Appendix B to the report or to defer a decision on the report to allow for wider discussion to take place.

12. DRAFT HEALTH AND WELLBEING STRATEGY

Board Members received a report which provided them with an overview of York’s Draft Health and Wellbeing Strategy. It asked them to review the strategy and consider questions such as;

- If the scope was right
- If it included the right principles and actions
- If the principles and actions included would help achieve the Board’s priorities
- If the actions reflected the Board’s principles

- If there was anything missing, any comments or suggested improvements

Board Members were given a brief background in to the work that had taken place on the strategy, and it was highlighted that it sought to prioritise actions needed to carry out the strategy rather than covering each aspect involved in Health and Wellbeing in the city. It was also reported that the draft strategy, following comments made by the Board, would then be subject to further consultation and results from this would be examined by the Board at their December meeting.

Several comments from Board Members were raised about the draft strategy including;

- That one extent to which the strategy would be successful would be in how it would create jobs in the city. It was felt that this needed to be covered in the final document.
- That a scorecard needed to be included to show how the actions and principles outlined in the strategy had made an impact, and how they would be likely to in the next three years.
- That the wording around the aim of shifting the model of care away from hospital, residential or nursing care to support at home, needed to be clarified. This was because the emphasis of changing the model of care needed not only to be financial but about improving services.
- That there could be difficulties in sharing the document, as it would be constantly changing due to its nature as an ongoing dialogue.
- That a report by the York Fairness Commission needed to be incorporated in to the final strategy document.

In relation to the York Fairness Commission report, it was suggested that a presentation on this report and its effect on the Health and Wellbeing Strategy should be put on the agenda for the Board's December meeting.

The Board agreed to take more time over the strategy's development and it was hoped that the strategy would then be signed off in April 2013.

It was also noted that an updated draft of the strategy would also be returning for consideration by the Board in December.

- RESOLVED:
- (i) That the report be noted.
 - (ii) That the scope of the draft strategy is correct.
 - (iii) That the strategy includes the right principles and actions.
 - (iv) That the principles and actions will achieve the Board's priorities.
 - (v) That the actions in the strategy reflect the principles of the Board.

REASON: To ensure that the strategy reflects the future direction of health and wellbeing priorities in the city.

13. IMPLEMENTING THE HEALTH AND WELLBEING STRATEGY

Board Members received a report which provided them with an update of the some of the work that was progressing and was relevant to the Health and Wellbeing Strategy.

Discussion took place which related to the infrastructure, in particular the partnership bodies beneath the Board, which would carry out the implementation of the Health and Wellbeing Strategy in the city.

It was noted that recent government legislation had stated that all decisions must be made in public, unless there was special reason for it to be made in private. It was also noted that there would be occasions for when confidential matters needed to be discussed.

Some Board Members suggested that a decision on the implementation of the infrastructure should be deferred to a future meeting until further clarification was obtained on how the various boards would meet in public and how they would consider confidential items.

They added that they felt that the Terms of Reference for each of the partnership boards in the structure would need to be re-examined in light of a review. They suggested that the Terms of Reference as outlined in Annex B to the Officer's report, be withdrawn.

The Chair of the YorOK Children's Trust Board confirmed that she was happy for the meeting to take place in public. Other Board Members felt that there should be a presumption for all boards underneath the Shadow Health and Wellbeing Board to take place in public.

The Chair of the Board felt that the level of transparency and public involvement in development of the Health and Wellbeing Strategy, through partnership boards, should be reviewed at the Board's December meeting.

Some Board Members highlighted that the Children and Young People's Plan, that the YorOK Board had developed, did not include a section on finance. They were also informed that a work plan was being drafted which would allow for YorOK to monitor successful outcomes that came from their work.

In relation to Annex C to the report, which informed Board members about statistics relating to living and working in York, some Members questioned why the average earning figures were not the same as those presented in the Council's Local Plan. In response, Officers suggested that the Council's Business Intelligence Unit could investigate this.

In relation to Annex D to the report, the Vale of York Clinical Commissioning Group Integrated Plan 2012/13-2015/16, it was noted that there was a more up to date version than the one attached to the agenda. Discussion relating to the Plan took place which highlighted that it might be more helpful to include 2 year budget figures, and that census figures relating to the city's older population needed to be taken in to account.

The Chair of the Vale of York Clinical Commissioning Group spoke in relation to a comment raised about a 2 year budget, and stated that it was still unclear what funding the Group would receive given from the NHS Commissioning Group who would have responsibility for the budget.

It was suggested that Finance Officers from both the Council and the NHS should meet and bring further joint information to a future Board meeting.

Some Board Members also commented that it would be beneficial for the Plan to be produced in an easy read format, and that all documents which contributed to the Strategy should also be in that format to be consistent.

- RESOLVED:
- (i) That the report be noted.
 - (ii) That the Board confirm their support for the implementation of the partnership boards beneath them and the nominated Chairs of these boards.
 - (iii) That the terms of reference to be used by the partnership boards be reviewed and confirmed by the Board at their December meeting.
 - (iv) That the draft 'Dream Again' York's Strategic Plan for Children Young People and their Families 2013-2016 be noted.
 - (v) That the Vale of York Clinical Commissioning Group Integrated Plan be noted
 - (vi) That a joint approach to budget consultation be agreed.
 - (v) That a meeting between Finance Officers from both the Local Authority and the NHS be arranged in order to share information on upcoming budget or commissioning decisions which will impact across and could benefit from input across the Shadow Health and Wellbeing Board.

- (vi) That Finance Officers bring this information back to the Shadow Health and Wellbeing Board at an additional meeting to be arranged in January 2013.

REASON: To implement the Health and Wellbeing Strategy.

14. A JOINT APPROACH TO COMMUNITY ENGAGEMENT AND CONSULTATION

Board Members received a report which asked them to agree to a method of engagement and consultation to develop the Joint Health and Wellbeing Strategy.

The Director of Public Health explained that work had been carried out in the Council's Neighbourhood Management team on consultation on the Joint Health and Wellbeing Strategy. He urged the Board to approve Option A in the Officer's report, so as not to duplicate consultation that had already been carried out by Officers.

Discussion on how consultation would take place focused around points such as;

- That the public should not be overburdened by questions on what the Board think they want.
- There was a need to have a set of principles that informs and influences the strategy.
- That the language used needed to be altered to mention, co production rather than consultation. This was because it might feel as if the community were not finding solutions together.
- That the use of the word engagement rather consultation should also be used in associated documents as it was more open ended.

RESOLVED: (i) That the report be noted.

- (ii) That Option A to support a joint approach to engagement and co-production and commit to continuing to consult in the long term be agreed.
- (iii) That working towards on an overarching framework for engagement to agree what we will and won't work on together be agreed.
- (iv) That the Board jointly plan via the Health and Wellbeing Board Secretariat, a number of events relevant to the work of the Board.
- (v) That a mechanism for sharing feedback between partners from events or exercises, such as an engagement calendar be agreed.

REASON: In order to involve all residents of York in the production of the Joint Health and Wellbeing Strategy.

15. **ROUNDTABLE UPDATE ON HEALTH AND WELLBEING REFORMS**

The Board received verbal updates from various partners on a number of issues.

Vale of York Clinical Commissioning Group

Discussion between Board Members focused on the current general financial situation in the NHS.

It was reported that operation hours of minor injury units in Selby and Malton would be reduced. Additionally, out of area placements for Mental Health and Continuing Care had been eliminated and that these services would be redesigned with the intention of providing them locally.

It was reported that several challenges existed and that several principles needed to remain whilst examining cuts in funding such as;

- That developments should not take place this year which would and could not be continued in the next year.
- That all commissioned services should above all focus on patient safety
- That commissioners needed to make sure that they did not disengage clinicians.

Some Board Members felt that cuts in funding to some services could be used as an opportunity to reinvest in others. Other Members raised particular concerns about stopping prescribing Emergency Hormonal Protection for teenagers for a three month period, because it would remove the choice from young people to be able to access it and use it.

Further discussion took place on cost pressures in Adult and Social Care, how winter would affect this and how to make sure that costs were not being transferred into 2013.

National and Regional NHS Bodies

Discussion between Board Members took place on the NHS Commissioning Board.

It was reported that the Directors on the Commissioning Board who had been appointed had originated from the Humber region, but that further appointments were still to be made. Some Members felt that it was important to have a representative from the NHS Commissioning Board in attendance at Shadow Health and Wellbeing Board meetings.

Public Health

It was noted that Doctor Paul Edmondson-Jones, the Director of Public Health, had taken up his position at the Council along with a few staff from the Primary Care Trust (PCT). These people and the Director would form a team to deal with Public Health in the city over the next few months. It was also noted that a number of contracts from the PCT for which they had the responsibility for, still needed to be transferred over to Council control.

Local Health Watch

It was reported that the tender to run Local Health Watch had been put out the week previously and that this would be open for six weeks. It would be hoped that after this period had ended that the contract to run Health Watch would be awarded to the successful organisation within a month.

North Yorkshire and York Review

The Board were given an update as to the progress of a financial review into health services which had started in the year previously. It was reported that the consultants' report in to finances in Acute and Secondary Care had not yet been received.

RESOLVED: That the updates be noted.

REASON: In order to keep the Board up to date with how Health and Wellbeing reforms are being carried in the city.

16. ANY OTHER BUSINESS

The Chair requested that Board Members should appoint one or two named substitutes to attend meetings in their absence. She also suggested that the Chief Constable of North Yorkshire Police be co-opted on to the Board as a Member. She added that this would be consistent, given that the Chief Constable was already a member on the Safeguarding Adults Board.

Councillor Tracey Simpson-Laing, Chair
[The meeting started at 4.35 pm and finished at 6.25 pm].