

Meeting	Health and Wellbeing Board
Date	29 January 2014
Present	<p>Councillors Simpson-Laing (Chair), Looker and Healey,</p> <p>Kersten England (Chief Executive, City of York Council),</p> <p>Dr Paul Edmondson-Jones (Deputy Chief Executive and Director of Public Health and Wellbeing, City of York Council),</p> <p>Siân Balsom (Manager, Healthwatch York),</p> <p>Chris Long (Local Area Team Director for North Yorkshire and the Humber, NHS England),</p> <p>Patrick Crowley (Chief Executive, York Hospital NHS Foundation Trust),</p> <p>Rachel Potts (Chief Operating Officer, Vale of York Clinical Commissioning Group),</p> <p>Chris Butler (Chief Executive, Leeds and York Partnership NHS Foundation Trust),</p> <p>Tim Madgwick (Deputy Chief Constable, North Yorkshire Police) (Substitute for Dave Jones),</p> <p>Mike Padgham (Chair, Independent Care Group)</p>
Apologies	<p>Dr Mark Hayes (Chief Clinical Officer, Vale of York Clinical Commissioning Group),</p> <p>Dave Jones (Chief Constable, North Yorkshire Police)</p>

34. 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 had in the business on the agenda.

None were declared.

35. Minutes and Matters Arising

Resolved: That the minutes of the Health and Wellbeing Board held on 4 December 2013 be signed and approved by the Chair.

The Chair also updated the Board in reference to Minute Item 32 (Progress Report- Section 136 Place of Safety). It was confirmed that building work had been completed and that the Place of Safety would be open on Monday 3 February 2014.

36. Public Participation

It was reported that there had been two registrations to speak under the Council's Public Participation Scheme.

David Smith from the Retreat spoke in regards to the recent Mental Health Strategy launched by the Government. He commented that he felt that it was the most positive strategy for years. He remained curious as to how implementation of the strategy would be monitored at a local level.

John Yates from York Older People's Assembly raised a number of issues in relation to Agenda Item 7 (Urgent Care and Delayed Transfers of Care Update). He congratulated the Clinical Commissioning Group (CCG) on information supplied to the public about how they intended to use the Winter Pressure money given to them by the Government. He also spoke about a media release that the CCG had recently been issued on a Winter Proofing Scheme regarding the use of Emergency Care Practitioners to treat people in their homes.

He detailed how this release did not include information on how individuals could contact this service.

He also felt that the service should operate for 24 hours and seven days a week. If the service was to be run by GPs it should be available for access over the holidays and at weekends. Finally, he spoke about older people who were living by themselves and that their special requirements should always be considered when setting up this service. This was because in his opinion, home might not always be the best option for someone without relatives or other care provision on hand.

37. "If You Could Do One Thing"(Local Actions to Reduce Health Inequalities)-Professor Kate Pickett and Professor Alan Maynard, University of York

Board Members received a report and PowerPoint presentation from Professor Kate Pickett and Professor Alan Maynard on current findings of health inequalities. Slides from the PowerPoint were attached to the agenda, which was subsequently republished following the meeting.

During Professor Maynard's presentation he told the Board;

- There must be greater evidence in policy making. In his view most policy had been an unevidenced experiment on people, and investment in certain areas would always have a knock on effect in depriving other sections of society.
- He felt it was un-ethical and against the public benefit if rigorous examination using evidence and evaluation of practice in Health and Social Care was not always used.
- There was a need for collation and pooling of data across all sectors of public life, not just in the health service but also in education and in justice services for example.
- South Somerset for example had merged all data for individuals and attached costs in regards to their needs. They had also added in details such as Long Term Conditions to the data. He felt this could be done by the Council and that York would be behind the pace if this was not done.

- Great data collation could enable greater demand management and allow for Government ministers to not “fly free” when presenting policy.

During Professor Pickett’s presentation she told the Board that there was now a 25 year difference in life expectancy between the richest and poorest in the richest and poorest boroughs of London. She also reported that it was estimated that 40% of all health problems were socially determined.

She shared with the Board the 9 key local policy changes that were recommended in the British Academy report on Health Inequalities. These responses were;

- Living Wage: There was a need to implement a living wage, for example Local Authorities could use their procurement powers to stimulate this across the public sector.
- Giving Children the Best Start in Life: Resources should be focused as early as possible in a child’s life.
- 20 mph Speed Limits in all Residential Areas: 20 mph speed limits imposed on 30 mph zones would be easy to enact at a local level. This might reduce the number of fatalities, in particular child fatalities.
- Tackle Worklessness: To overcome worklessness, more focus should be made on a person’s individual health situation rather than getting them a job as quickly as possible.
- Use of Participatory Budgets: Using participatory budgets in mental health provision to make decisions. The process of participation in intervention does make an impact on the individual.
- Improve Further and Adult Education: Further and Adult Education could reduce health inequalities and could lower mortality rates.
- Better Focus on Ethnicity: Ethnicity had been substantially neglected in discussions about health inequalities.
- Friendly Environments for Older People: It was necessary to create Older Friendly Environments, as place matters in greater social integration.
- Rigorous Evaluation and Use of Evidence: This had been discussed already in the presentation by Professor Alan Maynard.

Discussion between took place on the two presentations. The following points were raised;

- That often when looking for examples of good international practice there was a tendency to look towards the United States, which had a poorer health and social care system in comparison.
- That there was always research available for service providers and commissioners to use, but there always seemed to be reluctance to access this.
- That there were people who had a job but were in poverty.
- Income inequity was a driver in health inequality, and although York had high levels of growth there was a worsening picture of income inequality in the city.
- There was a necessity to look at the whole family when examining mental and emotional health. In some cases, it might be better for one parent to not work.
- Unless a community was 'healthy, learning and safe' it would fall behind more prosperous communities.

Board Members asked what work would be done to push the momentum raised by Professor Pickett's report. They added that data sharing required more work and that all partners needed to have the courage to evaluate their practices. The Board were told that a Health Inequalities Board had been established which would look at having a wider discussion with partners in the city. It was noted that an update would be given on this at the next Board meeting.

Resolved: (i) That the report and presentations be noted.

(ii) That an update on the work of the Health Inequalities Board be given at the next meeting.

Reason: In order to inform future work of the Health and Wellbeing Board.

38. Building the Relationship between the Health and Wellbeing Board and the Health Overview and Scrutiny Committee

Board Members received a report which asked them to consider their working relationship with the Health Overview and Scrutiny Committee (HOSC). The report put forward some suggestions as to how this could be progressed.

It was underlined that the HOSC now had the role to hold to account commissioners and providers of care in the city, not just the Local Authority and NHS Bodies.

The Chair suggested that along with the report's recommendation that the Chairs of the Health and Wellbeing Board, Health Overview and Scrutiny Committee and Healthwatch York meet to look at each other's Terms of Reference and Functions to avoid duplicating work.

Resolved: (i) That Option (i) be developed and a further report be submitted to future meetings of this Board and HOSC, setting out a proposed framework.

(ii) That the Chairs of Health and Wellbeing Board, Health Overview and Scrutiny Committee and Healthwatch York meet to discuss each other's Terms of Reference and Functions.

Reason: In order to establish a strong working relationship between HOSC, HWBB and the patient voice in York.

39. Urgent Care and Delayed Transfers of Care Update

Board Members received a report which provided them with a summary of how the national Winter Pressures Money allocation had been used to support the local health and social care economy. The report outlined the schemes which had been agreed by the local Urgent Care Working Group (UCWG) and how the Vale of York Clinical Commissioning Group (CCG) is monitoring outcomes.

In response to points raised by John Yates under Public Participation. The Chief Operating Officer of the CCG reported

that they were looking at a single point of access to Emergency Care Practitioners (ECP). Some Board Members felt that the public needed to know more about ECP's and make it clear what the service was.

Members were informed that due to the Winter Pressures Money, York Hospital's targets at the last quarter had improved significantly in the light of the last three, where there had been reported failure. Given that they had not reached targets in the previous three months, this showed that it was not solely a winter phenomenon.

In regards to Delayed Transfers, it was reported that at the end of December 20 people had been delayed in York; ten of these were the responsibility of the NHS and ten the responsibility of Social Care. This was a small decrease on the October figure. The bulk of delays in acute care were the responsibility of the NHS while the bulk of delays in mental health and non acute care were the responsibility of social care.

Resolved: That the report be noted.

Reason: So that the Health and Wellbeing Board are kept informed.

40. Clinical Commissioning Group Strategic Planning Update

Board Members received an update report on the NHS Vale of York Clinical Commissioning Group's (CCG) strategic planning process.

The Chief Operating Officer of the CCG confirmed that they had held a stakeholder event and would be consulting further with the community in March in relation to Resident Centred Health and Care Models.

Board Members from Healthwatch York and Centre for Voluntary Service informed the rest of the Board that they had received excellent feedback from attendees at the public consultation events hosted by the CCG. They wished to receive the dates for the next consultation events as soon as possible, as they were keen to get involved.

Some Members raised concerns about similar language being used by different partners, often to mean different things. They suggested that this should be tightened up to stop any confusion that might occur as a result of this.

Resolved: That the update report be noted.

Reason: So that the Board are kept informed.

41. Integrating Health and Social Care- Draft Integrated Plan

Board Members received a report which accompanied York's draft submission of the initial plan for the Better Care Fund (BCF).

The Chief Operating Officer from the CCG and the Chief Executive of York Hospital NHS Foundation Trust shared some additional comments with the Board. These were;

- That the plan needed to be presented in Plain English, without unnecessary jargon.
- It needed to be recognised that as the money provided by the BCF was from existing funds that there would be challenges in redistribution.

Officers who put together the initial plan accepted that the language used was not particularly accessible, but would continue to work with partners to refine this. The aim of the plan was to prevent local residents from always having to use Accident and Emergency departments as the first response.

One of the elements of the plan was to pilot Intensive Support Teams. This concept had been developed because it was felt that there was a need for health and social care providers in the city to develop high intensive support teams on a geographical basis that had good diagnostic tools in order to support those people who needed to remain or return home into the community. Once high intensive support teams had been piloted with intensive users of health and social care services, this would be rolled out across other areas in the city, dependent on the findings of the evaluation.

Board Members raised several issues about the plan and the proposed model for health and social care in the city. These included;

- That no Mental Health Liaison currently existed in A & E departments.
- The Police as another Out of Hours Service, needed training about the plan and model so that they could respond to those who contacted their control rooms.
- That engagement with the voluntary and independent care sector was crucial.
- That there was a need for examination and evaluation of the impact of the plan at the end of the first quarter of implementation.

The Chair commented that other areas in the country were getting their plans together quickly but urged caution about rushing implementation as this was not helpful.

Resolved: That the Board;

- (i) Review the draft submission for the Better Care Fund.
- (ii) Agree with the approach set out in the Better Care Fund draft submission.
- (iii) Agree that final approval for the Better Care Fund initial plan will be delegated to the Chair on behalf of the Board.

Reason: So the Health and Wellbeing Board can take full and formal ownership of our integration plan and our approach to the use of the Better Care Fund. It is a requirement that Health and Wellbeing Boards sign off the Better Care Fund plans before they are submitted to NHS England.

42. Local Safeguarding Children Arrangements- Changes and Developments

Board Members received a report which covered recent activity undertaken in respect of child safeguarding. It also asked the

Board to consider the format in which they would like to receive future reports.

The Chair of the Independent Children's Safeguarding Children Board, the Assistant Director for Children's Specialist Services and the Interim Director of Children and Education presented the report.

They explained that the Children's Safeguarding Board's guidance stated that that Board should have a productive relationship with the Health and Wellbeing Board. Therefore they wished to develop a framework which would allow for reports to be brought to the Board particularly as the Children's Safeguarding Board was also statutory.

The Chair suggested that a Joint meeting of both the Adult Safeguarding Board and Children Safeguarding Board be set up to recognise that there are overlaps in their agendas. One Board Member felt that was particularly crucial for those in transition from childhood to young adulthood. He added that there should not be any children incarcerated in the city with mental health issues. It was noted that the Children's Safeguarding Board championed the provision of a Section 136 Place of Safety to avoid this situation.

Another Board Member asked that the 'data run' from January 2014, which was mentioned in the report, be circulated to the Board following the meeting.

- Resolved:
- (i) That the attached scrutiny report be noted.
 - (ii) That the Board receive further updates and the method of how this is done is discussed between partners at the next Health and Wellbeing Board meeting.
 - (iii) That a joint meeting of the Adult Safeguarding Board and Children's Safeguarding Board be arranged.
 - (iv) That the January 2014 'data run' be circulated to Board Members.

Reason:

- (i) To note current progress of child safeguarding.
- (ii) To maintain awareness of current issues in child safeguarding.
- (iii) To acknowledge the overlap between the Adult Safeguarding and Child Safeguarding agendas.

Councillor T Simpson-Laing, Chair

[The meeting started at 4.35 pm and finished at 6.50 pm].