

Meeting	Health and Wellbeing Board
Date	18 May 2016
	Councillors Runciman (Chair), Brooks, and Looker (Substitute for Councillor Cannon)
	Marion Gibbon (Assistant Director, Consultant in Public Health, City of York Council) (Substitute for Sharon Stoltz)
	Jon Stonehouse, (Director of Children's Services, Education and Skills, City of York Council)
	Sarah Armstrong (Chief Executive, York CVS)
	Siân Balsom (Manager, Healthwatch York),
	Michael Melvin (Assistant Director, Adult Social Care, City of York Council) (Substitute for Martin Farran),
	Ruth Hill (Director of Operations, York and Selby, Tees, Esk and Wear Valleys NHS Foundation Trust) (Substitute for Colin Martin),
	Michelle Carrington (Chief Nurse, NHS Vale of York Clinical Commissioning Group) (Substitute for Mark Hayes),
	Keren Wilson (Chief Executive, Independent Care Group (Substitute for Mike Padgham),
	Richard Anderson (Superintendent, North Yorkshire Police) (Substitute for Tim Madgwick)
Apologies	Councillor Cannon, Sharon Stoltz, Patrick Crowley, Rachel Potts, Colin Martin, Mike Padgham, Mark Hayes, Martin Farran and

67. Declarations of Interest

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

No other interests were declared.

68. Minutes

Resolved: That the minutes of the Health and Wellbeing Board held on 20 April 2016 be approved as a correct record and then signed by the Chair.

69. Public Participation

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

John Yates shared comments with the Board on Agenda Item 8 (Alcohol Strategy). He felt that the document was not clear enough to be understood by those who had a problem with alcohol and because it was, in his opinion, poorly expressed, it could impact detrimentally on the main objectives of the strategy. He added that the language used in general public consultation documents had not been clear enough and asked that this be reviewed.

70. Appointment to York's Health and Wellbeing Board

The Board received a report which asked them to confirm a new appointment to its membership.

That;

- Helen Hirst, Interim Accountable Officer, NHS Vale of York Clinical Commissioning Group (CCG) be appointed as a second substitute for Dr Mark Hayes, Chief Clinical Officer, NHS Vale of York CCG.

Reason: In order to make this appointment to the Board.

71. Sustainability and Transformation Plans

Board Members received a report which updated them on the latest arrangements for the development of Sustainability and Transformation Plans (STP) in the NHS for the Vale of York area.

It was reported that it had been confirmed that York would be part of a large overarching Humber, Coast and Vale STP footprint based on patient flow. It would also be part of a mini York and Scarborough STP.

An event held for stakeholders about STPs had been attended by some Board Members. Some conclusions from this event were reported as being;

- The Integration and Transformation Board (ITB) would be based on the local footprint.
- The regional STP did not yet seem to make a priority of children and young people.
- Communicating in plain English would be challenging
- Co-production of STPs was key

It was felt that there had been no opportunity to debate the footprint itself. In addition, the paperwork regarding STPs was not publicly available and so those who wished to communicate were disadvantaged. Some Board Members asked whether the new STP was looking for savings and asking for people to travel out of area for treatment. It was reported that the idea behind the STP was transformation, providing better healthcare, and not savings.

The Chair requested that the Board receive a brief update on STPs at a future meeting.

Resolved: (i) That the report be noted.

- (ii) That an update report on STPs be received at a future meeting.

Reason: To keep the Health and Wellbeing Board informed of progress against the development of STPs.

72. Verbal Update on Better Care Fund

The Board received a verbal update on the Better Care Fund (BCF). Financial information on the CCG and CYC led schemes within the Better Care Fund was circulated at the meeting amongst Board Members.

Officers informed the Board that following the previous meeting held to consider the BCF they had continued to engage and explore arbitration with a number of agencies including NHS England, the Local Government Association, the Social Care Institute for Excellence (SCIE) and Association for Directors of Adult Social Services (ADASS). Discussions continued over full scale system transformation, but issues still to be resolved included a single commissioning strategy and streamlined governance. It was noted that the new deadline for the BCF was 3 June and that if not reached then external intervention could be brought in and a decision over the spending plan could be handed to an independent expert, or alternatively funding could be withdrawn for a period.

The Board were advised of continuing issues, such as the underperformance of last year's plan and the financial consequences of this which had directly impacted the Hospital and the CCG. It was reported that the CCG wished to see 1/3 of the plan monies spent on dealing with this underperformance, but this would mean consequential reductions in spending in other areas. However, if a particular scheme had been identified which could generate an equivalent return on the investment put in, then the Board were informed that the CCG may decide to make money available for this scheme.

The ambition of the plan was to look at health and adult social care services in York overall, but certain areas in which there needed to be a system focused approach had been specifically identified such as Continuing Health Care, Reablement, Early Discharges, and Equipment Hire.

Progress on whether an agreement between the Council and CCG was likely to be reached by the deadline was discussed.

Officers reported that current negotiations suggested that there was a determination to reach an agreement. In terms of lessons learnt for the future, it was felt that there ought to be greater involvement of local people at an earlier stage.

Further discussion took place during which the following comments were made;

- The BCF was originally conceived to protect adult social care, but was premised on generating efficiencies.
- The only way forward for health and adult social care was integration and transformation

It was acknowledged by Officers that consultations that had taken place could be revisited and the demand encountered was due to the way that the system was designed. It was also noted that the CCG was examining long term schemes.

Resolved: (i) That the verbal update be noted.

(ii) That a further update be received in July.

Reason: To ensure that the Board are kept aware of the progress of the Better Care Fund.

73. Alcohol Strategy

Board Members considered a report which asked them to agree approve a draft alcohol strategy for public consultation.

Officers advised the Board that the consultation questions would be published on the Council website, to accompany the strategy once approved. In that regard, the comments of the public speaker would be taken on board. To help wider understanding, consideration would be given to an Easy Read summary being produced.

A full discussion ensued on various factors including;

- The only data that was available to show if people were drinking alcohol responsibly was self reported data.
- It would be helpful to include information about empty calories in alcohol in the consultation questions.

- There was a necessity to make sure that appropriate relationships were in place with the Safer York Partnership Board.
- There were measurable aspects such as alcohol related crime and A & E attendance as well as awareness programmes, which could show whether the strategy had made an impact on individual choices.
- The Police welcomed the link with the strategy and the link with the Safer York Partnership but felt that the measures needed to be more robust.
- As Children and Young People commented they felt alcohol made York a less safe place to be, they needed to be consulted as part of the strategy.
- The strategy did not look at the licensing or economic aspects of alcohol such as minimum pricing.
- That alcohol had a significant impact on all types of health intervention.

The following Options were considered by Board Members:

Option 1: Agree that the draft alcohol strategy (Annex A) can go forward to public consultation using the proposed or slightly amended consultation questions (Annex B) and that the final sign-off of the strategy following any amendments post-consultation is delegated to the Chair of the Health & Wellbeing Board.

Option 2: Agree that the draft alcohol strategy (Annex A) can go forward to public consultation using the proposed or slightly amended consultation questions (Annex B) and that the final sign-off of the strategy following any amendments post-consultation is returned to the Health & Wellbeing Board for ratification.

Option 3: Delay public consultation pending further amendments to the draft strategy or consultation process.

In light of their comments, Board Members wished to reconsider the draft Strategy for ratification at a future meeting.

Resolved: That Option 2 be approved- to return the draft strategy for final ratification to the Health and Wellbeing Board following amendments post consultation.

Reason: This will allow for further work to be undertaken to develop the draft local strategy to provide clear direction and focus to reduce local alcohol harm ahead of the public consultation and allow the strategy to be reviewed by the Health and Wellbeing Board before its ratification.

74. Update on the York, Easingwold and Selby Integration and Transformation Board

The Board received a report which provided them with information on the York, Easingwold and Selby Integration and Transformation Board (YESITB).

It was noted that discussions were ongoing as to how the YESITB linked with the geographical STP footprint. Board Members were also told that the Terms of Reference for the YESITB were different from other partnership boards in that they referred to the expectations of the attendees.

Discussion took place around the recommendations of the report. It was suggested in order to better involve patients, service users and citizens in the formulations of YESITB's Plans, there needed to be single points of engagement and shared communication. It was suggested that collective communication be adopted. There also needed to be reports of how people would help deliver the health system needed, as sometimes by treating people for one matter hospitals left people with other long term health conditions, such as mobility problems.

It was felt that the main risks that the YESITB needed to consider whilst developing its plans were financial, in that proposals needed to be evaluated properly before funding was allocated. In addition, with the STP footprint being wider than just the Vale of York area, partnership work could inevitably be territorial. They also felt there needed to be a workforce strategy to shape and breakdown professional boundaries.

Resolved: (i) That the report be noted.

- (ii) That a quarterly report be received on the work of the YESITB at future Health and Wellbeing Board meetings.
- (iii) That the YESITB Terms of Reference and proposed governance and reporting arrangements be agreed.
- (iv) That when YESITB involve patients, service users and citizens in the formulations of its Plans collective communication be adopted.

Reason: To keep the Health and Wellbeing Board up to date with the progress made by the recently established YESITB.

75. Building The Right Support Across York and North Yorkshire

Board Members received a report which informed them of the Building the Right Support (BTRS) agenda.

The Board were informed that the Building the Right Support Plan had been signed off by the Board and submitted to NHS England (NHSE) by 24 June.

The Board raised the following points on the report;

- The plan was not without risk and the health and social care market needed to be ready. As a consequence, the NHS may find more beds blocked with people who should not be there.
- That it was not always the cheapest option to have people with complex needs cared for in the community.
- Parents were worried about the wellbeing of children, as they themselves were getting older. There were particular concerns around the transitions from one age group to another.
- If case studies were shown about the closure of inpatient provision this would provide a positive opportunity to explain what action had been taken.

It was understood that there were plans to use the STP footprint for specialist services.

Board Members were encouraged to share the Building Right Support Across York and North Yorkshire Draft Plan and provide feedback.

- Resolved: (i) That the plan's visionary principles, underlying ethos and main objectives be supported.
- (ii) That the associated challenges and risks associated with BTRS delivery.
- (iii) That NHSE's requirement for the Transforming Care Partnership's plan to be approved (via local governance arrangements) and finalised by 24 June be noted.
- (iv) That the Chair of HWBB and the Chair of the Mental Health and Learning Disabilities Partnership Board be nominated to approve the plan outside of the formal HWBB schedule- the final plan to achieve the NHSE 24 June deadline.

Reason: To meet the NHS England guidelines in relation to the Building the Right Support Programme.

76. Forward Plan

Board Members were asked to consider the Board's Forward Plan.

The Chair reported that as part of Health and Wellbeing Board's governance review she would be meeting a number of non Executive Directors these were;

- Keith Ramsay, Lay Chair Vale of York CCG
- Sue Symington, Chair of York Teaching NHS Foundation Trust
- Lesley Bessant, Chair Tees, Esk and Wear Valleys NHS Foundation Trust

Resolved: That the Forward Plan be approved subject to the following amendments;

- An update report on STPs
- A further update on the BCF

- An update on the draft alcohol strategy

Reason: To ensure that the Board have a planned programme of work in place.

Councillor C Runciman, Chair

[The meeting started at 4.30 pm and finished at 6.45 pm].