

Meeting	Health and Wellbeing Board
Date	8 March 2017
Present	Councillors Runciman (Chair), Brooks and Cannon Siân Balsom (Manager, Healthwatch York) David Booker (NHS Vale of York CCG) - substitute for Keith Ramsey Martin Farran (Corporate Director - Health, Housing & Adult Social Care, CYC) Ruth Hill (Tees, Esk and Wear Valleys NHS Foundation Trust) - substitute for Colin Martin [agenda items 6 to 12] Jane Hustwit (York CVS) - substitute for Sarah Armstrong Phil Mettam (Accountable Officer, NHS Vale of York Clinical Commissioning Group CCG) [agenda items 1 to 6 and 8 to 9] Bill Scott (North Yorkshire Police) - substitute for Lisa Winward Wendy Scott (York Hospital NHS Foundation Trust) - substitute for Patrick Crowley) Sharon Stoltz (Director of Public Health, CYC) Jon Stonehouse (Corporate Director Children, Education and Communities, CYC)

Julie Warren (Locality Manger (North) NHS England)

Apologies

Keith Ramsay, Councillor Denise Craghill, Patrick Crowley, Colin Martin, Rachel Potts, Lisa Winward, Sarah Armstrong and Mike Padgham

Chair's Comments

The Chair welcomed students from South Korea who were observing the meeting as part of their studies for Masters Degree in Public Administration.

Part A - Matters Dealt with Under Delegated Powers

51. 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.

Councillor Cannon declared a personal interest in the remit of the Board as her husband was a current outpatient at York Hospital.

52. Minutes

Resolved: That the minutes of the meeting of the Health and Wellbeing Board held on 18 January 2017 be approved as a correct record and signed by the Chair.

53. Public Participation

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

Mr Dave Merrett spoke in respect of agenda item 6 – Update on the work of the Joint Strategic Needs Assessment/Joint Health and Wellbeing Strategy Steering Group. He drew Members' attention to the impact of air pollution on health and wellbeing,

including childhood development, asthma and premature babies. Mr Merrett stated that he was concerned that this very significant issue had not been included in the updated strategy and he requested that the document be amended to reflect its importance.

The Chair clarified that this was a new strategy and was a high level strategic document. Air quality was an issue which could be brought into a number of areas of the strategy. Some of the public health budget was being used for air quality monitoring.

The Director of Public Health stated that the aim of the strategy had not been to cover every issue in detail as this was a high level report grouping the main priorities that had come out of the consultation. Air quality would fit under the wider determinants of people's health and wellbeing referred to in the strategy. The Director of Public Health stated that she had had discussions with the Executive Member for the Environment regarding air quality and the use of some of the public health budget to support the work that was taking place. The Public Health Team would also be working with the Public Protection Team to carry out more detailed work looking at the impacts of air quality.

54. Appointment to York's Health and Wellbeing Board

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

Resolved: That Gillian Laurence, Head of Clinical Strategy, NHS England be appointed as a second substitute for Julie Warren, Locality Director (North) NHS England.

Reason: In order to make this appointment to the Health and Wellbeing Board.

55. Governance Arrangements for the Health and Wellbeing Board

[See also Part B minute]

The Board received a report which asked them to formally approve recommendations which would make amendments to

the Board's membership, Terms of Reference and the delivery mechanism for the Joint Health and Wellbeing Strategy.

Board Members' attention was drawn to paragraph 7 of the report, which detailed the proposed changes, and to Annex A of the report which detailed the proposed amended Terms of Reference for the York Health and Wellbeing Board. Board Members were informed that, since the report had been published, further discussions had taken place and it was now proposed to include the wording "*To approve and make recommendations to the Executive and the Clinical Commissioning Group in respect of use of Better Care funding based upon jointly agreed plans*".

Board Members gave consideration to the structure which would be in place to enable the effective delivery of the new Joint Health and Wellbeing Strategy. Named Health and Wellbeing Board members would take responsibility for each of the themes within the new Strategy, as detailed in paragraph 16 of the report. Each of these members would be the HWBB's point of contact and assurance in terms of delivery.

The Chair paid tribute to the contribution that Councillor Brooks had made to the Board and assured her that the proposed change in membership to include the Portfolio Holder for Education, Children and Young People was not a reflection on the work that she had carried out.

Officers clarified that the proposed membership of the Health and Wellbeing Board was as detailed in paragraph 8 of the report. The proposed Terms of Reference (Annex A) would be amended accordingly.

Board Members agreed that it was appropriate for the HWBB to have some responsibilities in respect of the Better Care Fund (BCF) and noted that there may be a need to reflect the BCF Guidance once this was issued.

The Manager of Healthwatch York stressed the importance of ensuring that members of the public were aware of who to contact if they wished to raise an issue and that having Lead Members would make this clearer. The Director of Public Health stated that a HWBB newsletter would be produced and that the first edition would include governance information and an introduction to the main leads and their priorities.

Board Members noted that mapping had already started to identify groups in the city who could help with the delivery of the strategy.

It was noted that the proposed revised Terms of Reference would be forwarded to Council for consideration.

- Resolved: (i) That the amendments to the membership of the Health and Wellbeing Board be approved.
- (ii) That the delivery mechanism for the Joint Health and Wellbeing Strategy be approved.

Reason: To complete the review of the HWBB governance arrangements.

56. Update on the work of the Joint Strategic Needs Assessment/Joint Health and Wellbeing Strategy Steering Group

Board Members received a report which provided them with an update on work that had been undertaken by the Joint Strategic Needs Assessment/Joint Health and Wellbeing Strategy Steering Group since it last reported to the Board in September 2016. Board Members were asked to consider whether the information presented in the report gave sufficient assurance and to identify any additional information they would wish to see in future reports. Board Members commented that it would be useful for action plans with ratings to be presented to the Board to enable it to better monitor the new Joint Health and Wellbeing Strategy's implementation.

Board Members noted that the report included an update on the work programme of the Steering Group.

Board Members' attention was drawn to Annex B of the report which was the final draft of the new Joint Health and Wellbeing Strategy 2017-2022. Board Members were asked to sign off the final draft to allow for the new Strategy to be launched and for work to begin on delivering its priorities. Board Members also noted the project timeline for refreshing the JSNA, as set out in the report.

Board Members were also asked to consider the way forward for the management of future Healthwatch York reports. It was

noted that it was a requirement of Healthwatch York's service specification for an annual report to be presented. Board Members agreed on the importance of ensuring that Healthwatch reports were made public but gave consideration as to whether they should all be discussed by the Board or just be received for information. The manager of Healthwatch York stated that she welcomed the fact that the reports were presented to the Board as it gave them a degree of status and demonstrated that people were being heard. Further consideration could, however, be given as to how the recommendations contained within the reports were dealt with and managed. Referring to step 2 in paragraph 24 of the report, it was agreed that it was not necessary for the Chair of the HWBB to write to the organisations concerned. It was agreed that the process for receiving Healthwatch York reports should be reconsidered by officers.

Board Members noted Annex C of the report – the All Age Autism Needs Assessment. They acknowledged the huge amount of collaborative work that had gone into the assessment. Board Members commented on the need to ensure that there was clarity as to who was actioning aspects of the plan. Board Members agreed that it was useful for them to receive such documents but as their role was strategic it would not be appropriate for them to consider in detail documents which were largely operational.

Jane Hustwit, York CVS, gave details of a leaflet that had been prepared on "Ways to Wellbeing". She stated that York CVS was improving its communications resources and would be pleased to support the delivery of the Joint Health and Wellbeing Strategy in this way.

- Resolved:
- (i) That the update be noted.
 - (ii) That the Joint Health and Wellbeing Strategy 2017-2022 be approved.
 - (iii) That the project timeline for refreshing the JSNA be noted.
 - (iv) That the recommendations arising from the All Age Autism Needs Assessment be agreed.
 - (v) That the progress for Healthwatch York reports be noted.

Reason: To update the Board in relation to the work of the JSNA/JHWBS Steering Group.

57. Monitoring the Performance of the Joint Health & Wellbeing Strategy

The Board considered a report which set out different options by which it could maintain oversight of progress and performance against York's Joint Health and Wellbeing Strategy 2017-2022 (JHWBS). The Board was asked to give an opinion on the different formats and breadth of performance data that was available.

Board Members' attention was drawn to the annexes of the report, which including an example of a scorecard and the use of infographics.

Board Members requested the following additional information to enable them to make an informed decision:

- Information as to what could be delivered within existing resources.
- Details of the collaboration that would take place with other parties.
- Revised terminology to replace "gold, silver and bronze standard".

Resolved: That further consideration be given to this issue at the next meeting when the requested information had been made available.¹

Reason: To ensure the most appropriate Performance Management Framework is put in place, within available resources, to monitor the progress against the Joint Health and Wellbeing Strategy.

Action Required

1. Include on work plan

TW

58. NHS Vale of York Clinical Commissioning Group's Operational Plan 2017/18 - 2018/19

Board Members received a report which presented NHS Vale of York Clinical Commissioning Group's (CCG) Operational Plan 2017/18 – 2018/19.

Board Members noted that, in accordance with the requirement for all CCGs to produce a plan detailing their work and focus for the next two years, this plan had been produced by Vale of York and submitted to NHS England (NHSE). Board Members were informed that formal approval from NHSE was awaited but the plan was in the public domain and had been presented to all three Local Authorities. The Medium Term Financial Strategy would be brought to the next HWBB meeting and would sit alongside the Operational Plan.

A briefing note had been circulated and Phil Mettam and Caroline Alexander from Vale of York CCG went through the key issues.

Board Members were informed that the CCG was about to embark on a series of public engagement events and was seeking to be open and transparent in setting out its priorities for the next two years.

Board Members' attention was drawn to the three gaps in outcomes detailed in the plan:

- Gap 1: Health and Wellbeing Outcomes
- Gap 2: Care and Quality Outcomes
- Gap 3: Financial Gap

Consideration was given to the proposals in respect of the financial gap, with a forecast financial deficit of £44.1m for 2017/18. It was acknowledged that there was a need for the CCG and its partners to plan for a different way for the population to access services and for changes in the organisation and delivery of services. The deficit had to be addressed and the costs of services better aligned to the CCG allocation of funding. Details of the financial recovery plans had been included in the document. An updated financial plan had also been circulated.

Board Members attention was drawn to the medium term strategy detailed in the plan. They were also informed of the six

key priorities contained within the plan. Work had already started on four overarching areas and Board Members were asked to consider how they could be involved in developing these programmes of work.

The Director of Public Health stated that she welcomed the scale of the ambition reflected in the plan but asked how confident the CCG was in its ability to deliver the plan taking into account the need to deliver savings and in the context of cuts to budgets. The Accountable Officer, NHS Vale of York CCG, gave details of recent discussions that had taken place regarding shared responsibilities and stated that he was optimistic that this would lead to a new approach. He outlined some of the ways in which this could take place and care and support be provided in a different way. He acknowledged that the CCG did not have a good track record for delivering efficiencies but explained that an agenda programme which the CCG had agreed and developed with the Foundation Trust was making impressive progress.

The Locality Manager (North) NHS England explained the national context and informed Board Members that the planning had been brought forward by five months and that there would be further submissions.

Councillor Cannon stated that she was pleased to note that citizens would be involved in the process but expressed concern that this had not happened sooner and that the plan was not easily accessible. She suggested that there was a need for it to be simplified and that there was greater clarity and reality when references were made to collaborative approaches. The Accountable Officer, NHS Vale of York CCG, stated that he accepted the comments that had been made but that the plan that had been presented was not the version that would be prepared for the public. Healthwatch York had been asked to support the CCG in preparing an engagement programme and a summary document would be prepared to present the information in a more accessible format. He stated that he was optimistic that there was a new and better relationship between the Local Authority and the CCG and that this joint working would help achieve the ambitions that had been set.

David Booker, NHS CCG, stated that this was a period of unprecedented pressures and there was a need to do things

differently. There was a real opportunity to work together and move forward.

In response to questions from Board Members, details were given of the Accountable Care System (ACS). It was noted that although there was no formal governance in place at present, it was a developing mechanism by which organisations were working together with a focus on locality populations and how services could be delivered in these areas. Bill Scott stated that North Yorkshire Police would hope to be one of the agencies that were included.

The CYC Corporate Director – Health, Housing and Adult Social Care, stated that he believed that there had been a missed opportunity to take a real joined-up approach. The systems that were in place did not enable agencies to work together and share information in the way they would wish. There was an added issue in the Vale of York because there were three Local Authorities. The HWBB should ask for these issues to be raised as there was a need to look at a whole system approach. The challenge to the system was enormous and demands were increasing.

The Manager of Healthwatch York, stated that she was looking forward to receiving and sharing the simplified plan and being involved in the engagement activities. Conversations were taking place with groups which it was hoped would use services differently but there were some suspicions and concerns regarding the impact on these services.

Jane Hustwit, York CVS, expressed concern that some groups may not be able to continue and that there was a lack of information on this issue.

Wendy Scott, York Hospital NHS Foundation Trust, stated that she accepted the comments that had been made regarding the way in which the document had been presented but it was important that the HWBB supported the delivery of the plan and supported the CCG in whatever way it could.

The Chair acknowledged that there was a willingness to work together but stated that unfortunately this had not happened previously. She requested that the wording in the plan be amended to reflect that, although there was a commitment to working together moving forward, this had not happened

previously. Whilst it was the intention of everyone to support the plan, this could not happen unless formal and informal discussions took place. The Chair expressed her regret that the plan had been published by the CCG on its website before it had been forwarded to the Council who should have been involved throughout the process. The Chair requested that the plan be brought back to the HWBB once it had been approved by NHS England.¹

The representatives from the CCG explained that, prior to publication, the plan had been shared with the Chairs of the HWBBs for their comments. Unfortunately the timescale for submission had been very tight. The plan was being presented at the meeting for discussion by the HWBB.

- Resolved: (i) That the unapproved two year CCG Operational Plan be received.
- (ii) That, when approved by NHS England, the plan be brought back to the HWBB.

Reason: For information and engagement while awaiting full approval from NHSE.

Action Required

1. Include in work plan

TW

59. Status Report on the Better Care Fund (BCF) Programme

The Board received an update report on progress in relation to the Better Care Fund (BCF) programme for 2016/17 and 2017/19.

Board Members were informed that the BCF national guidance was still awaited.

Referring to 2016/17, the Accountable Officer, NHS Vale of York CCG, stated that progress had been made in working in a more focussed and effective way. There was, however, uncertainty as to the extent to which the NHS would be required to match its previous contributions which was a real concern. An emergency meeting had recently been convened to try to find a resolution to these issues. Preparations were taking place for a

system-wide value assessment of schemes to enable an evidence-based approach to be taken on the benefits to those involved in the programmes. This information would be shared with all parties.

Board Members' attention was drawn to Annex 1 of the report which listed the BCF Schemes for 2016/17. It was noted that the Council and CCG were expecting not to be able to deliver some of the schemes. No decisions had yet been made and hence discussions had not yet taken place with the organisations concerned but it was appreciated that this was a cause of concern. Services could not just cease from 1 April.

Board Members commented on the opportunities to better utilise the BCF. Referring to paragraph 9 of the report, the Accountable Officer, NHS Vale of York CCG explained that the Accountable Care System was seeking to take a more locality based structure. It was hoped to utilise the BCF to strengthen the third sector and to work more closely with City of York Council. The arrangements for next year would be transitional.

Board Members stressed the importance of asking citizens about the services they wanted to be provided and how they should be delivered. The Director of Public Health stated that decisions had not yet been taken as to which of the services could be continued but there had to be an effective exit strategy and transition plan in place. Attention was drawn to the risks of just ceasing a service without putting mitigation in place. Risk analysis impacts needed to be carried out.

Bill Scott, North Yorkshire Police, informed Board Members of a mental health meeting that had taken place in January 2017 and which had brought services together to identify priorities and develop integrated services. The key was to translate this into service delivery. It was important to sustain or extend this provision to protect those who were the most vulnerable.

Referring to paragraph 5 of the report which stated that the majority of the schemes in the BCF had made a positive contribution, the Chair expressed concern that cuts in funding would have the opposite effect. Funding for the services could not just cease. More detail was required before decisions were taken. The Chair also queried whether Equality Impact Assessments had been carried out in view of the significant impact on equalities.

Board Members agreed on the importance of working together to address this issue. They requested that more detailed information be presented to them as to how services would be sustained or how the needs of people currently using the services would be met.

- Resolved: (i) That the issues set out in the report be noted.
- (ii) That more detailed information be presented at the next meeting.¹

Reason: To enable the HWBB to have oversight of the BCF.

Action Required

1. Include item on work plan

TW

60. Healthwatch York Reports

Board Members considered the following Healthwatch York reports:

- Continuing Healthcare,
- Support for Adults with Attention Deficit Hyperactivity Disorder (ADHD)
- Making York Work for People Living with Dementia.

Board Members' attention was drawn to a number of the recommendations. Details were given of the mechanism by which the recommendations would be managed. It was agreed that it would be reasonable for Healthwatch York to receive feedback on actions arising from the recommendations within six months of the publication of the report by the HWBB.

- Resolved: (i) That the reports from Healthwatch York (annexes A, B and C of the report) be received.
- (ii) That organisations be requested to respond to the recommendations in the Healthwatch York reports within six months of the publication of the report.

Reason: To keep members of the Board up to date regarding the work of Healthwatch York.

61. Meeting Work Programme

Board Members were asked to consider the Board's Meeting Work Programme.

Members agreed that it would be useful to receive further information from the CVS on "Ways to Wellbeing".

Board Members were informed that the DCLG had recently announced that additional funding would be administered through the BCF. Notification of the funding allocation had not yet been received but further information would be forwarded to the Board when this became available.

Resolved: That, subject to the inclusion of the following items, the work plan be approved:

- "Ways to Wellbeing"
- Further information in respect of Monitoring the Performance of the Joint Health and Wellbeing Strategy (May 2017 meeting)
- Vale of York CCG Operational Plan (when approved by NHS England)
- Update on BCF and implications for schemes (May 2017 meeting)

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

Part B - Matters Referred to Council

62. Governance Arrangements for the Health and Wellbeing Board

[See also Part A minute]

The Board received a report which asked them to formally approve recommendations which would make amendments to the Board's membership, Terms of Reference and the delivery mechanism for the Joint Health and Wellbeing Strategy.

Board Members' attention was drawn to paragraph 7 of the report, which detailed the proposed changes, and to Annex A of the report which detailed the proposed amended Terms of Reference for the York Health and Wellbeing Board. Board

Members were informed that, since the report had been published, further discussions had taken place and it was now proposed to include the wording “*To approve and make recommendations to the Executive and the Clinical Commissioning Group in respect of use of Better Care funding based upon jointly agreed plans*”.

Recommended: That the amendments to the Health and Wellbeing Board’s Terms of Reference be approved.

Reason: To complete the review of the Health and Wellbeing Board governance arrangements.

Councillor Runciman, Chair
[The meeting started at 4.30 pm and finished at 6.45 pm].

This page is intentionally left blank