

Meeting	Health and Wellbeing Board
Date	21 January 2015
Present	Councillors Cunningham (Chair), Cuthbertson, Looker and Wiseman,  Siân Balsom (Manager, Healthwatch York),  Patrick Crowley (York Teaching Hospital NHS Foundation Trust),  Dr Mark Hayes (Chief Clinical Officer, Vale of York Clinical Commissioning Group),  Rachel Potts (Chief Operating Officer, Vale of York Clinical Commissioning Group),  Guy van Dichele (Director of Adult Social Care, City of York Council)  Luke Barnett (Chief Executive, York CVS)
Apologies	Chris Butler (Chief Executive, Leeds and York Partnership NHS Foundation Trust),  Tim Madgwick (Deputy Chief Constable, North Yorkshire Police),  Mike Padgham (Chair, Independent Care Group),  Julie Hotchkiss, (Acting Director of Public Health, City of York Council),  Jon Stonehouse (Director of Children's Services, Education and Skills, City of York Council)

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### **36. Introductions**

Introductions took place and the Chair introduced Councillor Looker, Cabinet Member for Education, Children and Young People and Luke Barnett, Chief Executive of York Centre for Voluntary Service, who had recently been appointed to the Board.

### **37. Declarations of Interest**

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

Luke Barnett declared a standing personal interest as the Chief Executive of York Centre for Voluntary Service (CVS) which holds the contract for Healthwatch York and the Independent Living Scheme.

No other interests were declared.

### **38. Minutes**

Resolved: That the minutes of the Health and Wellbeing Board held on 3 December 2014 be signed and approved as a correct record by the Chair.

### **39. Public Participation**

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

George Wood spoke about his work as a lay person in the development of York's Joint Strategic Needs Assessment since 2012 and made a number of comments in relation to Health and Wellbeing Inequalities and the journey that this had taken since first being identified as a key priority in York's Joint Strategic Needs Assessment in 2012.

The intention in the Joint Health and Wellbeing Strategy had been to establish a Partnership Board with delegated responsibility for delivering one of the Joint Health and Wellbeing Strategy's priorities to "reduce health inequalities" but this did not happen. The work had now fallen within wider equalities work and the remit of the Fairness Equalities Board, a sub partnership of the Without Walls Board.

However, he felt that the issues and solutions for health inequalities were both complex and so asked if the Board had any responsibility for the implementation of the health inequalities agenda and what arrangements it had in place to report on its progress.

#### **40. Public Health England-Sugar**

Alison Patey, the Health and Wellbeing Lead for Yorkshire from Public Health England gave the Board a Power Point presentation on sugar reduction.

She reported that Yorkshire was the fourth worst region in England for tooth decay. In relation to obesity levels in Year 6 the figure in York was 22.8% as opposed to 28.6 % nationally, however this was an increase from reception year. She therefore felt something was happening before the children reached Year 6 and that this tallied with consumption of sugar.

Discussion took place between Board Members during which the following points were raised;

- The confusing nature of advice available, i.e. sugar substitutes and sugar free.
- There was a greater need for clearer measurements and simple guidance for things such as Recommended Dietary Allowance (RDA).
- There was an emotional dimension about the pressure put on food.
- There was an avoidance of proactive action for fear of being labelled as a "nanny state". However, if not buying sugary cereals was shown as a way of saving money this could have more successful results.
- Caution needed to be taken that any advice given was independent and not commercially sponsored.

The Chair, on behalf of the Board, thanked Alison for her presentation.

Resolved: That the contents of the presentation be noted.

Reason: To ensure that the Board are kept informed of the role that sugar plays in public health.

#### **41. Annual Report (2013/14) of the Collaborative Transformation Board**

The Board received the Annual Report of the Collaborative Transformation Board (CTB).

The Chair of the Board and Director of Adult Social Care, Guy van Dichele, presented the report. He informed the Board how there was a need to look at the CTB's accessibility and that this would form the basis of a future report to the Board.

One Board Member urged caution on governance issues that had been detailed in the reports, particularly in relation to Care Hubs and the Joint Delivery Group that reported up to the Collaborative Transformative Board.

Resolved: That the Annual Report of the Collaborative Transformation Board (CTB) be noted.

Reason: To keep HWBB apprised of the work of CTB.

#### **42. Better Care Fund Update**

The Board received a report which updated them with the position on York's submission of the initial plan for the Better Care Fund (BCF).

Dr Mark Hayes, the Chief Clinical Officer from the Vale of York Clinical Commissioning Group, commented that he had heard verbally that the expected result from NHS England of York's Better Care Fund plan for 2015 was 'approved with support'. He explained that the CCG was applying to be a 'vanguard' site and expressions of interest will be submitted by February for further social care integration.

Patrick Crowley, the Chief Executive of York Hospital, spoke about the plan to reduce non elective admissions by 11.7 % in respect of the recent hospital crisis. In order to prevent increasing admissions and to be able to continue care outside he felt that it was key to make sure that care was not deferred. He felt the care hub model was the right way forward but it would be remiss of the Board to forget that the demands and assumptions placed on them in the delivery of this were risky.

Resolved: That the update be noted and that the Board continue to support the implementation of the Better Care Fund plan.

Reason: To be kept informed of progress on the Better Care Fund programme.

#### **43. Joint Strategic Needs Assessment (JSNA) Update**

The Board received a report which provided them with an update on progress on the JSNA since they last met in December 2014. Recommendations arising from the process to date were detailed in Annex A which accompanied the report, along with proposed leads.

It was reported that York LGBT Forum and Healthwatch had currently been conducting some work on Recommendation 2 which included working with local service providers to ensure that they record information on protected characteristics (in this particular case) about their staff and clients/patients, such as gender re-assignment, civil partnership, gender and sexual orientation, in order to inform service provision to reduce health inequalities. The Chair suggested that perhaps a scrutiny committee could investigate further into this issue.

The Board suggested that wording at Recommendation 8 around Stroke, Transient Ischemic Attacks and vascular diseases which can lead to stroke be amended to reflect that the lead on this responsibility should be taken collectively by both the CCG and York Hospital.

Resolved: (i) That the report be noted and that the responsibility for each of the JSNA recommendations as set out in Annex A to this report be agreed.

- (ii) That lead responsibility for the recommendation around Stroke, Transient Ischemic Attacks and vascular diseases which can lead to stroke be collectively assumed by both Vale of York Clinical Commissioning Group and York Teaching Hospital NHS Foundation Trust.

Reason: To update the Board on progress made with the JSNA.

#### **44. NHS Vale of York Clinical Commissioning Group (CCG)- Planning Refresh-Verbal Report**

The Board received a verbal report from the Chief Operating Officer from NHS Vale of York Clinical Commissioning Group on the refresh of their 5 year strategic plan. She informed the Board that their refresh would continue to focus on the integration of care and further improvement of mental health and improvement on health inequalities. A refreshed plan would be presented to the Board at their next meeting.

Resolved: That the verbal updated be noted.

Reason: So that the Board is kept apprised of the very latest information from NHS Vale of York Clinical Commissioning Group in relation to the refresh of their 5 year strategic plan.

#### **45. Forward Plan**

Board Members were asked to consider the Board's Forward Plan for 2014-15 and were invited to put forward items for inclusion on the plan.

The Chair suggested that regular reports be brought from the Fairness and Equalities Board, but that Board Members should also examine what roles they wanted to discharge to that Board.

The Chief Executive of York Hospital also suggested that it would be useful to have a time in each Board meeting to give each partner the chance to share with the Board what activities they had been undertaking and what their current situation was.

Finally the Board were informed that there would be a Development Session on 2 February.

Resolved: That, subject to the inclusion of the items detailed above, the Board's Forward Plan be approved.

Reason: To ensure that there is a planned programme of work in place.

Councillor L Cunningham, Chair

[The meeting started at 4.30 pm and finished at 5.50 pm].