

Meeting	Health and Wellbeing Board
Date	11 March 2015
Present	Councillors Cunningham (Chair), Looker, Cuthbertson and Wiseman, Luke Barnett (Chief Executive, York Centre for Voluntary Service) Michelle Carrington (Chief Nurse, Vale of York Commissioning Group) Guy Van Dichele (Director of Adult Social Care CYC) Julie Hotchkiss (Acting Director of Public Health - CYC) Tim Madgwick (Deputy Chief Constable, North Yorkshire Police) Jon Stonehouse (Director of Children's Services - CYC)
In attendance	Lynn Parkinson (Deputy Chief Operating Officer for Leeds and York Partnership NHS Foundation Trust)
Apologies	Sian Balsom (Manager, Healthwatch York) Chris Butler (Chief Executive, Leeds and York Partnership NHS Foundation Trust) Patrick Crowley (Chief Executive, York Teaching Hospital NHS Foundation Trust) Mark Hayes (Chief Clinical Officer, Vale of York Clinical Commissioning Group) Mike Padgham (Chair of Independent Care Group)

46. Introductions

Board Members were informed that the Vale of York Clinical Commissioning Group had nominated Michelle Carrington, Chief Nurse, as one of their substitute members on the Health and Wellbeing Board. Board Members were asked to confirm the substitute appointment.

Resolved: That the appointment of Michelle Carrington as a substitute member of the board be confirmed.

Introductions were carried out.

The Chair stressed the importance of ensuring that Board Members had named substitutes in place.

47. Declarations of Interest

Board Members were invited to declare any personal, prejudicial or disclosable pecuniary interests in the business on the agenda, other than those listed in their standing declarations. No further interests were declared.

48. Minutes

Resolved: That the minutes of the Health and Wellbeing Board meeting held on 21 January 2015 be signed and approved by the Chair as a correct record.

49. Public Participation

It was reported that there had been no registrations to speak at the meeting under the Council's Public Participation Scheme.

50. Patient Story

A previous user of Mental Health services was in attendance to discuss his past experiences as a patient. He detailed the difficulties that he had experienced in accessing support for his depression and the desperate situation in which he had found himself. The following issues were of particular concern:

- The bureaucracy involved in accessing support, including the referral process. It had not been possible to access help at the point of need and geographical factors had been an issue.
- The Police did not have access to medical records.
- In order to access help it had been necessary to use the emergency services.
- The patient had not felt that he had been listened to or reassured whilst waiting for treatment at the hospital.

Board Members expressed their appreciation of the patient's willingness to share his experiences.

Tim Madgwick, Deputy Chief Constable of North Yorkshire Police, informed the Board that he had been aware of the patient's experiences and, although progress had been made over the last year to address some of the issues, there was still more work to be done. Although children with mental health issues would not be taken into police cells, the situation had not yet been reached whereby it could be guaranteed that alternative provision would be made for all adults with mental health issues.

Board Members agreed that the Street Triage service was carrying out valuable work and were also pleased to note that discussions were taking place regarding the provision of telephone or online support for people with mental health issues. Nevertheless they remained concerned that if a patient presented themselves for assistance in an area outside of where they lived, this was being refused. There were also issues in respect of information sharing that needed to be addressed.

Resolved: That, at one of the Board's Development Days, consideration be given to practical ways of addressing the concerns that had been raised by the patient, including the cross-boundary issues that had been experienced and the implications in respect of

information sharing. These should also be reported back to a future meeting of the Health and Wellbeing Board.

Reason: To ensure that services can learn from patients' experiences.

51. Governance and Assurance Arrangements for the Health Protection Function of City of York Council

Board Members considered a report that detailed the proposed direction of travel for the implementation of the assurance arrangements for health protection for the City of York. It was recommended that this responsibility be exercised by creating a local Health Protection Assurance Board, which would be accountable to the local authority through the Director of Public Health and the Health and Wellbeing Board.

The Acting Director of Public Health and the Interim Consultant in Public Health gave a presentation on the report *[a copy of the presentation is attached to the online agenda papers for the meeting]*.

Concerns were expressed regarding the robustness of the national data that was provided. Often the data received was late and it was not sufficiently detailed to enable it to be broken down to particular groups or communities in order to target strategies and interventions.

- Resolved:
- (i) That the risks and complexity of the health protection responsibilities of the Director of Public Health, as detailed in the report, be noted.
 - (ii) That the Board supported the creation of a Health Protection Assurance Board in the terms described in the report.
 - (iii) That, as a priority, the Health Protection Assurance Board be requested to consider the issues that had been raised in respect of data including:
 - ascertaining the data that was available
 - consideration as to how this data is being shared

- determining what additional data was required to enable effective targeting of resources
- and report their findings to the Health and Wellbeing Board.

Reason: To ensure that health protection responsibilities are adequately undertaken.

52. Annual Report of the Mental Health and Learning Disabilities Partnership Board

Board Members considered a report which presented the Annual Report of the Mental Health and Learning Disabilities Partnership Board (MHLDPB). The Chair of the Partnership Board was in attendance to present the report.

Board Members were informed that considerable work had taken place to ensure that delivery against the “Improving Mental Health and Intervening Early” element of the Joint Health and Wellbeing Strategy had been as co-ordinated as possible.

Details were given of the key principles set out within the recently refreshed strategy, as outlined in Annex A of the report.

Discussion took place around the following priorities:

- The expected increase in the numbers of people affected by dementia, reflecting the increasing ageing population. Tim Madgwick stated that he had recently been appointed as the national lead for the Police in respect of dementia and offered his support. It was noted that the national expectations regarding diagnosis of dementia had not yet been met but that there had been some successful bids for funding to address this issue.
- Support for those on the autism spectrum
- Procurement of Mental Health and Learning Disability Services
- Implementation of the North Yorkshire and York Mental Health Strategy
- The mental health and wellbeing of the student population
- Implementation of the Crisis Care Concordat
- Communication with people with learning disabilities
- Access to the city’s facilities by people with learning disabilities

Board Members noted that letters had been sent to all GP practices regarding the completion of Annual Health Checks for those with a learning disability.

Board Members welcomed the development of North York and York Mental Health Strategy and expressed their hope that this would also incorporate children's mental health. They were also pleased to note the proposal to hold a joint development session with the YorOK Board to look at issues including transition.

Resolved: That the contents of the Annual Report from the Mental Health and Learning Disabilities Partnership Board be noted.

Reason: To keep the Health and Wellbeing Board apprised of the work of Mental Health and Learning Disabilities Board.

53. Engagement and Consultation

Board Members considered a report which presented the Health and Wellbeing Board with information on a selection of engagement events held to date and their findings. It also set out guidance and advice on future engagement and consultation and suggestions for the direction that the Health and Wellbeing Board may wish to take.

Attention was drawn to the four key emerging concerns that were frequently highlighted at consultation events:

- Communication, information sharing and advice (including shared care records)
- Voluntary sector involvement
- Carers
- Mental health

Board Members were asked to consider:

- (i) Whether they wished to hold a Joint Health and Wellbeing Board Stakeholder event in May/June 2015 or whether they wished to wait until they were ready to start the engagement and consultation process for the next Joint Health and Wellbeing Strategy 2016-19. It was noted that the new strategy was due to be in place by April 2016.

- (ii) Whether they wished to develop a formal action plan for engagement, consultation and communications that encompasses the work of all organisations represented on the Board.

It was suggested that it would be helpful for a portal to be in place to enable partners to share information obtained from engagement events.

Appreciation was expressed for the work that the voluntary sector played in arranging consultation events.

- Resolved:
- (i) That a Joint Health and Wellbeing Board Stakeholder event not be held in May/June 2015.
 - (ii) That a formal action plan be developed for engagement, consultation and communications that encompasses the work of all organisations represented on the Board; to be presented to the Health and Wellbeing Board twice a year.
 - (iii) That all members of the Board take feedback contained within the report back to their respective organisations.

Reason: To report back on engagement events held to date and to plan for future events.

54. Final Pharmaceutical Needs Assessment

Board Members considered a report that presented the final Pharmaceutical Needs Assessment for adoption by the Board.

Board Members noted that the city was generally well-served in terms of pharmacy provision. The only gap in the current provision would be that services should be more readily accessible to the student (and other) population on the University of York campus. A pharmacy was, however, available within a twenty-minute walk. Board Members noted the doctors' surgery on the campus was not currently permitted to dispense.

Board Members agreed that student health was an issue that they would wish to consider at a future meeting.

Resolved: That the Final Pharmaceutical Needs Assessment be accepted and adopted.

Reason: There is a legal requirement on the Health and Wellbeing Board to publish a Pharmaceutical Needs Assessment.

55. Winterbourne Review Update

Board Members considered an update report following the previous report to the Health and Wellbeing Board on 8 October 2014.

Board Members noted that there were only a very small number of these patients but that work was on target. Because of their complex needs it was sometimes very difficult to predict the outcome when they moved to different settings and hence partners were working together very closely to take forward this agenda.

Resolved: (i) That the report be noted.

(ii) That members of the Health and Wellbeing Board continue to promote integrated multi-agency working on the Winterbourne Agenda.

(iii) That the Health and Wellbeing Board receive a further update in three months time.

Reasons: (i) Due to the national importance of the Winterbourne Concordat the contents of this report should be noted by the Health and Wellbeing Board.

(ii) The national importance of the Winterbourne Concordat.

(iii) To keep the Board informed of the progress under this agenda.

56. Operational Plan 2015/16 for Vale of York Clinical Commissioning Group

Board Members considered a report that provided an overview of the Vale of York Clinical Commissioning Group's Operational Plan for 2015/16 which supported the on-going development of the five year strategic plan.

More detailed information on the plan would be circulated following the meeting and Board Members were asked to forward any comments on the plan to Caroline Alexander – Head of Strategic Planning at NHS Vale of York Clinical Commissioning Group.

Resolved: That the report be noted.

Reason: To keep the Board apprised of the Vale of York Clinical Commissioning Group's refreshed strategic plan.

57. York Better Care Fund Update

Board Members considered a report that gave an update on progress with the Better Care Fund approval process and which gave an insight on performance monitoring and performance delivery to date.

Board Members were updated on the progress that had been made in respect of the refreshed plan and were informed that overall the work was going well. The refreshed plan had been taken through the Nationally Consistent Assurance Review process and had been approved with support. This was a significant move forward since the last assessment.

Resolved: That the Board note the report and would continue to support the implementation and delivery of the Better Care Fund Plan.

Reason: To ensure that the Board is kept informed on progress on the Better Care Fund programme.

58. Verbal Update on Progress Made On Producing an Alcohol Strategy

A verbal update was given on the progress made on producing an alcohol strategy. Board Members were informed that a project board had been established and was chaired by Phil Cain. The project board had put in place a strategy with the following aims:

- To reduce health related issues from alcohol
- To make the city more safe
- To make people take more responsibility for their drinking and those of others
- Addressing the economic impact on the city

Progress on the production of an alcohol needs assessment had been less rapid but this was due to be completed by July 2015.

Board Members commented on the difficulties faced in reconciling licensing law with the need to address issues in respect of binge drinking in the city. It was suggested the Licensing Policy needed to be reviewed.

Board Members requested that they had the opportunity to have input into the draft Alcohol Strategy as soon as possible and prior to its presentation to the board in July.

Resolved: That the update be noted.

Reason: To ensure that the Health and Wellbeing Board is kept informed on progress made in producing the alcohol strategy.

59. Forward Plan

Board Members were asked to consider the Board's Forward Plan for 2015-2016 and were invited to put forward items for inclusion on the plan.

Resolved: That the Board's Forward Plan be approved.

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

60. Urgent Business

The Chair informed Board Members that she had been notified of two items of urgent business:

(i) York Hospital Inspection

York Hospital would be inspected by the CQC the following week. Board Members were asked to participate in the process through attendance at an engagement event that was to be held at York St John University, details of which would be circulated.

(ii) Vanguard Application

Board Members were informed that although the Vanguard application had not been successful on this occasion, the drive would continue to achieve the targets in the application.

Chair

[The meeting started at 4.30 pm and finished at 6.15 pm].