

MEETING

HEALTH AND WELLBEING BOARD

DATE

17 APRIL 2013

PRESENT

COUNCILLORS SIMPSON-LAING (CHAIR),  
LOOKER & WISEMAN,

KERSTEN ENGLAND (CHIEF EXECUTIVE,  
CITY OF YORK COUNCIL)

DR PAUL EDMONSON-JONES (DIRECTOR  
OF PUBLIC HEALTH, CITY OF YORK  
COUNCIL)

KEVIN HALL (INTERIM DIRECTOR OF  
ADULTS, CHILDREN & EDUCATION, CITY  
OF YORK COUNCIL)

PATRICK CROWLEY (CHIEF EXECUTIVE,  
YORK TEACHING HOSPITAL NHS  
FOUNDATION TRUST),

RACHEL POTTS (CHIEF OPERATING  
OFFICER, VALE OF YORK CLINICAL  
COMMISSIONING GROUP),

CHRIS BUTLER (CHIEF EXECUTIVE,  
LEEDS & YORK PARTNERSHIP NHS  
FOUNDATION TRUST),

TIM MADGWICK (TEMPORARY CHIEF  
CONSTABLE, NORTH YORKSHIRE  
POLICE),

ANGELA PORTZ (CHIEF EXECUTIVE,  
YORK COUNCIL FOR VOLUNTARY  
SERVICE (CVS)),

MIKE PADGHAM (CHAIR, INDEPENDENT  
CARE GROUP)

SIAN BALSOM (MANAGER,  
HEALTHWATCH YORK)

IN ATTENDANCE      PROFESSOR CHRIS BENTLEY,  
  
ANDREW COZENS,  
  
DR CATH SNAPE (VALE OF YORK  
CLINICAL COMMISSIONING GROUP),  
  
JULIA MULLIGAN (POLICE & CRIME  
COMMISSIONER FOR NORTH  
YORKSHIRE)  
  
JOHN BURGESS (YORK MENTAL HEALTH  
FORUM),  
  
MATT NELLIGAN (NHS ENGLAND),  
  
GEORGE WOOD (YORK OLDER PEOPLE'S  
ASSEMBLY),  
  
LESLEY PRATT (HEALTHWATCH YORK)

APOLOGIES      DR MARK HAYES (CHAIR, VALE OF YORK  
CLINICAL COMMISSIONING GROUP),  
  
CHRIS LONG (AREA DIRECTOR,  
YORKSHIRE & HUMBER AREA TEAM, NHS  
ENGLAND)

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### **39.      INTRODUCTIONS**

The Chair welcomed new Board Members, Sian Balsom who represented York Health Watch and Kevin Hall who had recently been appointed as Interim Director of Adults, Children & Education for City of York Council.

She also underlined the significance of the meeting, as from 1 April, the responsibility for Public Health in England had been transferred to Local Authorities. This meant that the Board's title would change to Health and Wellbeing Board rather than Shadow Health and Wellbeing Board.

#### **40. DECLARATIONS OF INTEREST**

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

Sian Balsom declared two personal interests in the general remit of the Committee as the Vice Chair of Scarborough and Ryedale Carers Resource and as a shareholder in the Golden Ball Community Co-operative Pub.

No interests were declared.

#### **41. MINUTES**

RESOLVED: That the minutes of the meeting of the Shadow Health and Wellbeing Board held on 27 February 2013 be signed and approved by the Chair as a correct record.

#### **42. PUBLIC PARTICIPATION**

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

#### **43. HEALTH AND WELLBEING STRATEGY**

Board Members received a report which asked them to formally approve York's Health and Wellbeing Strategy.

Discussion took place around the strategy in which the following points were raised;

- That the effectiveness of the Strategy would be shown in how often it was used in day to day discussions between all partners on the Board.
- That all Board Members and their organisations needed to take responsibility for it, and if amendments needed to be made to suggest these to the Board.

- The timescale for refreshing the Joint Strategic Needs Assessment (JSNA), which would then feed into the Strategy.

Dr Paul Edmondson Jones outlined his wish for the JSNA to be used by all partners, and for it to be fed into the Health and Wellbeing Strategy to become a 'living' resource for all people in York.

Board Members were also informed about the work of the Academic Health Sciences Network, and how they were developing a mechanism around innovation, health and wealth. Some Board Members suggested that these studies could be worth examining in relation to developing the JSNA and the Strategy.

RESOLVED: (i) That the report be noted.  
(ii) That the Health and Wellbeing Strategy be approved.

REASON: To fulfil its duty to lead the improvement of health and wellbeing outcomes for people in York and so we can move towards its implementation.

#### **44. HEALTH AND WELLBEING STRATEGY-PERFORMANCE FRAMEWORK**

Board Members considered a report which updated them on the performance framework for the Health and Wellbeing strategy following feedback of received at the Board's last meeting on 27 February.

Some Board Members made reference to an Exception Report which would be presented at every Health and Wellbeing Board meeting, which would identify data or trends that were not expected from across Health, Social Care and Public Health to notify Board Members of issues that required further investigation and action. They asked that the report also include positive data and trends alongside negative ones.

Other Board Members suggested that the performance framework be used as a tool between partners to hold one another to account for their performance.

The Chair urged the Board to contact Officers if they had any further suggestions for how the scorecard could be used and developed.

- RESOLVED:
- (i) That the report be noted.
  - (ii) That support be given to ongoing work to progress the development of the performance framework.

REASON: To ensure that the Health and Wellbeing Board is updated on how we plan to monitor the impact and outcomes of the Health and Wellbeing Strategy.

#### **45. HEALTH AND WELLBEING PARTNERSHIP BOARDS**

Board Members received a report which updated them on the development of the three new Health and Wellbeing Partnership Boards; the Mental Health and Learning Disabilities Partnership Board, the Older People and People with Long Term Conditions Partnership Board and the Health Inequalities Partnership Board.

It was reported that the Mental Health and Learning Disability Partnership Board had recently met, and had considered issues around user voice.

Regarding the Older People and People with Long Term Conditions Partnership Board, Rachel Potts reported that the Chairmanship of this Board needed to be reviewed as Dr Tim Hughes (the current Chair) was reducing his commitments at the Vale of York Clinical Commissioning Group.

Some Board Members questioned whether the Chairs of the Partnership Boards would produce written reports of the work of their Board for the Members to consider. Other questions related to whether the Chairs of the Partnership Boards would meet up together and if certain issues could be examined across a number of different Board (such as Carers issues).

**RESOLVED:** That the Health and Wellbeing Board be updated on the work of the three health and wellbeing partnerships that sit below the Board.

**REASON:** To ensure that the Health and Wellbeing Board is assured that plans are in place to ensure the delivery of the Health and Wellbeing Strategy and they are updated on the work and progress of the three partnership boards.

#### **46. VERBAL UPDATE- PLACE OF SAFETY**

The Board received a verbal update from Doctor Cath Snape of the Vale of York Clinical Commissioning Group (VOYCCG) on the commissioning of a Section 136- Place of Safety within North Yorkshire and York.

Board Members were informed that the only facility in North Yorkshire to house people who had been detained as part of Section 136 of the Mental Health Act was in Scarborough. This was deemed to not be sufficient, and a project lead, the Police and Crime Commissioner and a newly established working group would seek for a longer term solution. The Board were told that Accident and Emergency departments, the Police and Mental Health providers would be updated on this.

Tim Madgwick felt that the current interim arrangements needed to be strengthened, as Police staff were often taking on responsibility for detainees. He felt that a police custody block or cell was not suitable. The Board were informed that Police work hours had increased as a result of not having suitable accommodation. He also felt that admitting people to Hospital Accident and Emergency departments was not a viable solution, as it was very expensive.

In response Cath Snape informed the Board that Mental Health providers in North Yorkshire did not have appropriate facilities or funding to provide appropriate care for those with mental health issues who had been detained under a Section 136. Board Members were informed that the CCG was seeking legal advice on this.

Other Board Members felt that the interim arrangements at Scarborough were not sustainable due to the geography and population of the area. They suggested that the Police be supported more, particularly by NHS partners, and requested that monthly reports be circulated to the Board to show what actions were being taken to provide a more suitable Place of Safety.

Some Board Members suggested that all partner organisations should share the risks associated with commissioning, as the Vale of York CCG felt that they could not be the sole commissioners.

RESOLVED: (i) That the update be noted.

(ii) That updates be circulated to the Board in regards to action taken to commission a Section 136-Place of Safety in North Yorkshire and York.

REASON: In order to keep the Board informed of the commissioning of a Section 136.

#### **47. PUBLIC SPEAKER-ANDREW COZENS**

Board Members received a Powerpoint presentation from Andrew Cozens on options for integrating Social Care and Health across North Yorkshire and York.

Andrew Cozens shared a number of his thoughts with the Board which included;

- Longer term structural solutions would not work, but a framework solution around patients and service users would assist in integration.
- Confusion existed between integration of the National Health Service with itself and the Health Service with Social Care.
- That he felt existing providers of health care should not extend themselves into commissioning care due to complex regional boundaries.

- That Health and Wellbeing Boards should strive to produce an overall framework to encourage individual approaches to the provision and commissioning of Social Care and Health.

Some Board Members felt that further integration was difficult as more tended to recognise older county borders rather than regional boundaries, and so would expect their services to continue to be provided on this basis.

Board Members suggested that they meet with both the North Yorkshire and East Riding of Yorkshire Health and Wellbeing Boards to discuss this issue, and possibly have joint meetings.

- RESOLVED:
- (i) That the presentation be noted.
  - (ii) That investigations take place into the possibility of holding joint meetings with North Yorkshire and East Riding of Yorkshire Health and Wellbeing Boards.

REASON: To keep the Board updated on Social Care and Health across North Yorkshire and York.

#### **48. PUBLIC SPEAKER-PROFESSOR CHRIS BENTLEY**

Board Members received a presentation from Professor Chris Bentley about Health and Wellbeing Boards and their role in tackling Health Inequalities in York.

During his presentation Professor Bentley raised the following points;

- That the previous Government's targets to narrow the gap in health inequalities had been successful in some areas, such as in the North West who had continued to measure and highlight areas where there were higher rates of inequality in health outcomes.
- York had a good position in regards to mortality rates, but pockets of deprivation still existed in the city. Due to this it was crucial to tackle the inequalities that did exist in the city.



Discussion around the presentation took place and the following points were raised;

- That any Health Inequalities Strategy needed to be stratified to examine all levels of the population.
- Licensing and bylaws could assist in reducing health inequalities.
- Actions to reduce inequalities needed to be done a larger scale and systematic method.
- By the measurement and identification of wider health concerns in the population, solutions could not be reached.
- The population areas of most concern, was not in clearly defined social groups but in individuals who did not fall into this classification.

RESOLVED: (i) That the presentation and Professor Bentley's research and recommendations into reducing health inequalities in York be noted.

(ii) That his work inform the role and work of the Board to influence York's approach to tackling health inequalities.

(iii) That it is also used to inform the work of the Health Inequalities Partnership Board.

REASON: In order to inform and provide the Board with an update into work to reduce health inequalities in York.

Councillor T Simpson-Laing, Chair  
[The meeting started at 4.35 pm and finished at 7.05 pm].