

Meeting	Health and Wellbeing Board
Date	10 July 2013
Present	<p>Councillors Simpson-Laing (Chair), Looker, and Healey</p> <p>Dr Paul Edmondson -Jones (Director of Public Health and Wellbeing, City of York Council)</p> <p>Kevin Hall (Interim Director of Adults, Children and Education, City of York Council)</p> <p>Garry Jones (Chief Executive, York Council for Voluntary Service (CVS))</p> <p>Siân Balsom (Manager, <del>York HealthWatch</del> Healthwatch York) [as amended at meeting on 2 October 2013]</p> <p>Chris Long (Local Area Team Director for North Yorkshire and the Humber, NHS Commissioning Board) ,</p> <p>Patrick Crowley (Chief Executive, York Teaching Hospital NHS Foundation Trust)</p> <p>Rachel, Potts (Chief Operating Officer, Vale of York Clinical Commissioning Group)</p> <p>Tim Madgwick (North Yorkshire Police) (Substitute for Dave Jones)</p>
Apologies	<p>Kersten England (Chief Executive, City of York Council),</p> <p>Dave Jones (Chief Constable, North Yorkshire Police),</p> <p>Mark Hayes (Chair, Vale of York Clinical Commissioning Group)</p>

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Mike Padgham (Chair, Independent Care Group)

Chris Butler (Chief Executive, Leeds and York Partnership NHS Foundation Trust)

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## **1. Introductions**

The Chair welcomed Garry Jones, the new Chief Executive of York Council for Voluntary Service (CVS) to the Board.

## **2. Declarations of Interest**

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

Garry Jones declared a standing interest in the remit of the Board as the Chief Executive of York Council for Voluntary Service(CVS). York CVS had been awarded the contract to run York Health Watch.

Councillor Looker requested that her personal interest as a Governor of Canon Lee be taken off the list of Registered Standing Interests.

No other interests were declared.

## **3. Minutes**

Resolved: That the minutes of the Health and Wellbeing Board held on 17 April 2013 be signed and approved by the Chair as a correct record.

## **4. Public Participation**

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

## 5. The Voice and Influence of Carers

During this item Board Members received a presentation from Carers and Young Carers. They also considered a report which asked them to endorse and sign up to the Carers Charter.

Two carers shared their experiences of their roles with the Board.

The first carer, who was a young woman, informed the Board about how she had looked after her brother and mother for 16 years. She praised the support she had received from York Carer's Centre, which she felt was more than in other areas of the country. She informed the Board that with the Carer's Centre's help she had been able to move away from home to attend University.

The second carer informed the Board about the various roles that she had alongside caring for her child. These roles ranged from being a mother, wife, houseperson, employee, carer for other relatives, a volunteer for a charity and being a keyworker. She admitted that her role as a keyworker took up more time than her other roles and that she could not sleep as a result of the work that was associated with this. She added that as a carer she needed to be constantly prepared for any circumstance, and that she lived in debt and admitted that she needed help. However, she still had a personal attitude of carrying on regardless of this.

The Chair thanked the two carers for sharing their experiences. It was also underlined that Carers should always be considered and involved in all aspects of Health and Social Care.

The Board endorsed the proposal for Carers Champions and it was reported that discussions would take place outside of the meeting to decide on who would take on this role.

- Resolved:
- (i) That the Carers Charter be endorsed.
  - (ii) That the voice of carers should be represented on the Health and Wellbeing Board and the sub groups that sit below it, by having Carer Champions, rather than additional Board Members.

- (iii) That how the Board will make sure that supporting carers, a 'cross cutting theme' will be embedded across the work of the Health and Wellbeing Board be collectively agreed.

Reason: To ensure that Carers, who make such a valuable contribution in the city, having meaningful voice and influence within the local health and wellbeing system.

## **6. Disabled Children's Charter**

Board Members considered a report which asked them to review the Disabled Children's Charter for Health and Wellbeing Boards, the accompanying document 'Why sign the Disabled Children's Charter for Health and Wellbeing Boards' and to sign up to the national and local charter.

Two parents of disabled children attended the meeting and shared their experiences of caring for their children with Board Members. They shared the positive experiences and support that they had encountered with local services for Disabled Children in York and urged Members to sign the City of York Disabled Children's Charter.

Discussion took place around costs of out of city placements and Education and Care Plans for Disabled Children.

In relation to costs around placements outside of the Local Authority, it was reported that costs had risen due to those children having more complex needs. There was also a general expectation from schools that those children with a disability and more complex needs should have 1 to 1 Assistance, which had a greater cost attached to it.

Officers agreed that they were also concerned with mental health issues of those children with disabilities and Special Educational Needs (SEN), given that it was a poorly understood area nationally and that statistics were not always systematically recorded in the city.

It was suggested that further collaborative work with the YorOK Board was needed to get information out about mental health for Disabled and SEN children in a consistent manner. Officers confirmed that they had further data about SEN children in York.

The Chair thanked the parents for sharing their experiences with the Board and requested that the additional data about SEN in York be circulated to Board Members.

- Resolved:
- (i) That the report be noted.
  - (ii) That it be agreed that the Board sign up to the national Charter and agree to achieving its 7 commitments.
  - (iii) That the Board sign up to the local City of York Charter for Disabled Children.
  - (iv) That further data on SEN children be circulated to Board Members.

Reason: That the Health and Wellbeing Board demonstrate a commitment to improving the lives of disabled children young people and their families.

## **7. Refreshing York's Joint Strategic Needs Assessment (JSNA)**

Board Members considered a report which asked them to review proposals for refreshing York's current Joint Strategic Needs Assessment (JSNA) and carrying out a number of more detailed needs assessments to increase understanding of the local population's health and wellbeing.

Board Members were informed that in terms of a light refresh of the JSNA, it was hoped that this would be completed by September 2013. However, a pre meeting with North Yorkshire and East Riding Health and Wellbeing Boards, would take place before a regional meeting of Chairs of Health and Wellbeing Boards to discuss alignment of the three JSNAs. This pre meeting would discuss issues arising from all three JSNAs and so the timescale of signing off the JSNA might change.

Discussion between Board Members took place on issues that any refresh of the JSNA needed to be aware of such as;

- The need for data for national funding for events such as the Special Olympics.
- The new responsibilities that would be taken on by the Council's Education Services regarding Special Educational Needs (SEN) and Disabilities.
- Upcoming significant changes in the Probation Service.
- Implications arising from the Government's Compulsory Spending Review (CSR) in regards to 'top slicing' of funding for CCG's, for example, the difference between what would be deemed necessary currently and then what partners would be mandated to do following the CSR.
- The refresh of the NHS Mandate by the Secretary of State in regards to care of the Frail and Elderly.
- The Launch of a consultation from NHS England on what people want from the NHS in the next ten years.

In response to the options presented in the report, Board Members decided that they preferred to continue to consider needs assessments in the Health and Wellbeing Sub-Boards. It was suggested that specific needs assessments could be presented at Health and Wellbeing Board meetings themed around those specific areas.

- Resolved:
- (i) That the report be noted.
  - (ii) That a light refresh of the current JSNA be carried out as per the proposals set out in the Officer's report.
  - (iii) That more detailed needs assessments be carried out for the following:
    1. Mental Health
    2. Young People
    3. Travellers
    4. Frail elderly
    5. Anti-poverty (cross cutting)

- (iv) That these needs assessments be carried out by the Health and Wellbeing Sub Boards and each be presented at a themed meeting of the Health and Wellbeing Board.

Reason: To fulfil its duty to understand the health and wellbeing needs of the local population, by preparing and publishing a Joint Strategic Needs Assessment.

## **8. Place of Safety Verbal Update**

Board Members received a verbal update from the Vale of York Clinical Commissioning Group (VOYCCG) on the provision of a Place of Safety for York.

In the verbal update from Doctor Cath Snape, Board Members were informed that the CCG had agreed funding for a Place of Safety in York and a recent meeting had been held at Bootham Park Hospital to investigate providing a building for this. It was reported that the CCG and Police had been commended for their approach, and that the Home Secretary and Health Secretary would open the suites at Bootham Park Hospital.

Board Members asked how the Crime and Community Safety agenda linked with Health, and if a partnership forum had been established between these two partners.

The Police and Crime Commissioner, Julia Mulligan, who was in attendance at the meeting responded that Community Safety Forums were being reformed to meet this need, and that further work was still needed as to how these would connect with the Health and Wellbeing Board.

Board Members were informed that the idea of a Place of Safety and the use of a Section 136 order was part of a wider health agenda, and that by the provision of a Place of Safety in the city, this could prevent other agencies being needlessly involved.

Resolved: That the update be noted.

Reason: To ensure that the Board are informed on the Place of Safety for York.

## **9. Integrating Health and Social Care**

Board Members received a report which set out the clear directive for integrating health and social care and updated them on work that is being carried out to achieve this.

Some Board Members felt that the work of the York Collaborative Transformation Board needed to be made more explicit from the outset, particularly in its work on the mapping of care pathways for the frail and elderly. They commented that the only person who would understand the pathway would be the user, so it was vital to make sure how it would affect their lives. Others felt that this work and future work should underline how all those in health and social care could strive to do better.

The Chair added that she wished for the Collaborative Transformation Board to provide updates and challenges in their work at each Health and Wellbeing Board meeting.

- Resolved:
- (i) That the report and clear directive from the government to integrate health and social care by 2018 be noted.
  - (ii) That current local progress to achieve integration notably the North Yorkshire and York Integrated Commissioning Board and York Integrated Commissioning Board, the bid to become a Pioneer Site for integration and the York Collaborative Transformation Board be noted.
  - (iii) That regular updates and challenges from the York Collaborative Transformation Board be received by the Health and Wellbeing Board.

Reason: To fulfil their duty and commitment to integrating health and social care to achieve co-ordinated care and support at the point of delivery.



## 10. Anti Poverty Work-Update

Board Members received a report which asked them to support a proposed vision for a poverty free York and proposals for an anti-poverty programme.

Discussion took place on the outcomes under the Healthy City objective. ~~One Board Member~~ *Councillor Healey* [as amended at meeting on Wednesday 2 October 2013] felt that if the Council's policy to reduce the gap in life expectancy between richest and poorest focused on the bottom ~~percentile~~ *quartile* [as amended at meeting on Wednesday 2 October 2013] of the population, this needed to be made more explicit in the proposed poverty targets.

Officers clarified that proposed targets would not only enable equal access to services but to give all residents the equal ability to benefit from services.

Further discussion highlighted that organised serious crime in deprived areas accentuated health inequalities through the distribution of unregulated alcohol and cheap cigarettes. Other Board Members pointed out that further partnership working, and joined up services were needed across all those involved in Health and Social Care.

- Resolved:
- (i) That the report be noted.
  - (ii) That the Board support the proposed vision for a poverty free York and the proposals for an anti-poverty programme.
  - (iii) That the Council's success in gaining a place on the Systems Leadership- Local Vision Programme be noted.
  - (iv) That Board Members agree to work with the Leadership Programme to develop effective partnership leadership of initiatives to deliver the poverty-free Vision for the city.

Reason: This work will support the delivery of one of the five priorities in York's Health and Wellbeing Strategy- Reducing Health Inequalities.

## 11. **Joint Response to the Francis Report**

Board Members received a report which set out the joint local response to The Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (the Francis Report). The response had been jointly prepared by Leeds and York Partnership NHS Foundation Trust and the NHS Vale of York Clinical Commissioning Group.

Beverley Geary, the Chief Nurse from York Teaching Hospital NHS Foundation Trust and Carrie Wollerton from Leeds and York Partnership NHS Foundation Trust presented the report.

Board Members were informed that the following actions had taken place at York Teaching Hospital as a result of the Francis Report;

- The advanced skills nurses had been introduced so that patients could be treated quickly.
- Early indicator tools such as staffing and the recording of falls and incidents at ward level were in development.
- A Friends and Family test had been introduced in April to give feedback on ward strategy.
- That a review had taken place to include patients in decision making about their own care.
- That discussions were underway with the Clinical Commissioning Group about carrying out joint quality visits to hospitals to talk to patients about their experiences and opinions of the care they had received.
- That patient stories and voices were now shared at the Hospital Board level.
- A change in the hospital's nursing management strategy had taken place to clarify the lines of management.

A question was raised regarding the level of qualifications required to carry out care work in hospital, in that patients often could not distinguish between nurses, care staff and cleaners. For example, had the care assistant role been overlooked in changes to nursing standards?

It was reported that all Health Care Assistants (HCA) at York Hospital were expected to take an assessment and a robust appraisal system for staff was in place. It was also reported that all Hospital staff were registered with the Royal College of Nursing.

The Chief Executive of York Teaching Hospital, Patrick Crowley, informed the Board that the Hospital had chosen to alter its process of recruitment of HCAs, to a 'values based' approach. For example, all HCAs were required to attend an open day and were expected to provide attention to detail, be open and receptive in their dealings with patients.

It was also noted that a large percentage of the most vulnerable people in York were cared for in Care Homes and that sometimes there were instances of unnecessary hospital admissions of patients from Care Homes. The Board suggested that the Chair of the Independent Care Group, Mike Padgham, spoke to the Board at their next meeting in response to this.

- Resolved:
- (i) That the report be noted.
  - (ii) That the work undertaken to date towards implementing the recommendations in the Francis Report be noted.
  - (iii) That the Independent Care Group be invited to share their response to the Francis Report with the Board at their meeting in September.

Reason: To keep the Board apprised of ongoing work in the city around implementing the recommendations contained in the Francis Report.

Councillor T Simpson-Laing, Chair  
[The meeting started at 4.35 pm and finished at 6.55 pm].