

Meeting	Health and Wellbeing Board
Date	15 July 2015
Present	<p>Councillors Runciman (Chair), Brooks, Cannon and Craghill,</p> <p>Guy Van Dichele (Director of Adult Social Care CYC)</p> <p>Julie Hotchkiss (Acting Director of Public Health - CYC)</p> <p>Tim Madgwick (Deputy Chief Constable, North Yorkshire Police)</p> <p>Jon Stonehouse (Director of Children's Services - CYC)</p> <p>Siân Balsom (Manager, Healthwatch York),</p> <p>Mark Hayes (Chief Clinical Officer, Vale of York Clinical Commissioning Group)</p> <p>Rachel Potts (Chief Operating Officer, Vale of York Clinical Commissioning Group)</p> <p>Mike Proctor (Deputy Chief Executive, York Teaching Hospital NHS Foundation Trust (Substitute for Patrick Crowley))</p>
Apologies	<p>Chris Butler (Chief Executive, Leeds and York Partnership NHS Foundation Trust)</p> <p>Patrick Crowley (Chief Executive, York Teaching Hospital NHS Foundation Trust)</p> <p>Mike Padgham (Chair of Independent Care Group)</p> <p>Julie Warren (Locality Director (North) NHS England)</p>

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## **1. Introductions**

Introductions were carried out.

## **2. Declarations of Interest**

Board Members were invited to declare any personal or disclosable pecuniary interests that they might have had in the business in the agenda, other than those listed in their standing declarations. None were declared.

## **3. Minutes**

Resolved: That the minutes of the Health and Wellbeing Board meeting held on 11 March 2015 be signed and approved by the Chair as a correct record subject to the following insertion;

- Julie Warren- Locality Director (North) NHS England under apologies.

## **4. Public Participation**

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

John Yates made a number of comments in relation to Agenda Items 14 (Healthwatch York Reports) and 9 (Update made on Progress to Health Inequalities). He commended Healthwatch on the information they had provided in the reports and felt that they provided an excellent service and that partners should ensure that they maintained communication and financial arrangements with them. In relation to Action 9, about alcohol use and smoking in the Health Inequalities report, he made a comment about the large space given over to cheap alcohol in supermarkets and about how replacement cigarettes were based on nicotine rather than tobacco.

In response, Julie Hotchkiss, the Acting Director of Public Health stated that there were licensing regulations that stipulated that alcoholic products be placed at the back of the shop.

She added that although e-cigarettes did not contain carcinogens and tar caution must still be taken before they were deemed to be safe.

Tim Madgwick, the Deputy Chief Constable of North Yorkshire Police reported that one local authority, Ipswich reduced access to high strength alcohol which had helped in the short term but did not translate in the longer term. He felt that there had been mixed messages about the harm that alcohol had caused and that an alcohol strategy was needed to provide a clear message, as current statistics showed that binge drinking in York was above average for the size of the city.

## **5. Patient Story**

Two users of the HEAL (Health Exercise Activity Lifestyle) Programme were in attendance to discuss with Board Members their experiences of COPD (Chronic Obstructive Pulmonary Disease) focused physical activity sessions at Clifton Moor.

The two users shared their personal experiences with COPD. One previously had been admitted to hospital at last three times and year and has not been admitted since starting the session, she could even use stairs now. She underlined the social aspect that the sessions gave to users who might not otherwise have the time or opportunity to do so with people in a similar situation.

The other user informed the Board that he started attending the sessions as he kept being readmitted into hospital over the winter. His physio suggested that he attend the sessions. Since attending his admissions to hospital have greatly reduced.

The Council's HEAL Development Officer informed the Board that a number of groups had been set up for conditions such as COPD and practice nurses and GPs could refer patients to the sessions. It was noted that there was one class a week and an average attendance of nine people. Both service users felt that it would be useful to increase the number of sessions on offer as they were so beneficial.

## **6. Children and Young People's Emotional Health and Wellbeing**

Board Members considered a report which set out the vision and strategy for supporting the emotional and mental health of children and young people in York.

The six recommendations in the report had been proposed to secure the continued good progress of the local strategy to improve the emotional and mental health outcomes for children and young people in York.

It was noted that the task and finish group referred to in recommendation v could be a working group of either the Children's Trust Board (YorOK Board) or the Health and Wellbeing Board.

Discussion took place on the report during which different Board Members shared their experiences of their agencies' interactions with children and young people in York.

Several concerns were raised which included;

- Whilst there was a huge amount of good work going on in the city we could not afford to become complacent
- Issues of extremism and safeguarding responsibilities.
- Training for colleagues across all agencies
- Limited capacity particularly for out of hours services
- Anxiety around transitions

Board Members welcomed a multiagency approach but noted that it needed to be adopted in difficult financial circumstances. They were however optimistic about the change in the provider of the Child and Adolescent Mental Health Services (CAMHS). They felt it was important to look at the wider context, develop a shared approach to commissioning that demonstrated impact and ensure that children with a mental health condition were not criminalised in any way.

Resolved: (i) That the multi-agency CAMHS Executive group be endorsed as key reference point for the commissioning and development of comprehensive CAMHS services for the City of York.

- (ii) That there is a clearly delineated City of York analysis and proposal set out in the wider VOYCCG (Vale of York Clinical Commissioning Group) Transformation Plan.
- (iii) That this plan should seek to maximise the potential of the strong multi agency partnership to address gaps and strengthen further the preventative early intervention approach already well established in the City.
- (iv) That contract monitoring arrangements for the delivery of the new CAMHS (Child and Adolescent Mental Health Services) specification by Tees, Esk and Wear Valleys NHS Foundation Trust should include some direct representation from the CAMHS Executive Group (in addition to direct health commissioners).
- (v) A task and finish group be established to consider revised governance arrangements across the VOYCCG and CYC in relation to the future delivery of multi agency CAMHS. Such an arrangement should reflect the rapidly changing policy landscape and to ensure that the current high level of engagement from across the community of wider children's services (including schools) is sustained.
- (vi) That a further report on the progress of this work be presented to a future meeting of this Board.

Reason: So that the Board is kept informed of the work that is being undertaken to support the emotional and mental health of children and young people in York.

## **7. Update on the Healthy Child Service 0-19 years**

The Board received a report which provided them with an update on the transfer of the Healthy Child Programme 0-5 years from NHS England to City of York Council on 1 October 2015 and the proposal to establish an integrated 0-19 Healthy Child Service for York.

Officers highlighted that gaps existed where there could be greater integration around;

- Emotional wellbeing- it was particularly important to start bonding parenting work, pre birth.
- Children's healthy weight- it was often difficult for families to understand the importance of healthy weight and there was work to do over sensitive communication, as there was no co-ordinated family approach to tackle childhood obesity.
- School nursing was only commissioned up to age 16 and this meant that there was a gap for young people.
- There was a greater need for improvement in data sharing and to unpick some of the barriers that are stopping this from happening effectively

It was noted that the YorOK Board were overseeing this programme of work but a further report would come to the Health and Wellbeing Board in the future.

Resolved: That the contents of the report be noted.

Reason: So that Board be apprised of the progress being made for the transfer of the Healthy Child Programme 0-5 to City of York Council on 1 October 2015 and plans for the establishment of an integrated 0-19 Healthy Child Service.

## **8. Safeguarding Children-Update June 2015**

Board Members considered a report which updated them on key safeguarding activity. They also received a report from the Independent Chair of York Safeguarding Children Board.

The Independent Chair, Simon Westwood, commented on the gaps in safeguarding activity in the city and added that he was concerned by capacity and the short term nature of support for victims of domestic abuse. However he was heartened, having listened to the debate on the previous reports on this agenda to hear that partnership working was strengthening and agendas were being aligned.

Tim Madgwick spoke about how the Police were often confronted with having to make judgments on cases with large amounts of data in a rapid amount of time.

Jon Stonehouse reported that the Council's waste operatives had recently been trained to spot signs of child sexual exploitation. It was felt that it was important for awareness training to be offered to a number of other people such as those who worked in bars and pubs.

Discussion then took place on information sharing and the significance of an agreement from agencies to do so, and how this worked in practice. The Chair thought that this was an issue that the Health and Wellbeing Board should look at and requested that each Board Member send their protocols on information sharing to the Health and Wellbeing Partnerships Co-ordinator along with details about what barriers they faced on sharing this information. The Board would then receive this information at a future meeting.

In addition to this there was discussion around:

- The Annual Report of the Children's Safeguarding Board needed to be received and minuted by the Health and Wellbeing Board at their October meeting
- Transitions is an area that needs to be included in the refresh of the Joint Health and Wellbeing Strategy

Resolved: (i) That the report be noted.

(ii) That protocols on information sharing be sent to the Health and Wellbeing Partnerships Co-ordinator and considered at a future meeting of the Board.

(iii) That the Annual Report of the Children's Safeguarding Board be received and minuted by the Health and Wellbeing Board at their October meeting

Reason: To ensure that strategic leadership for safeguarding children is strengthened and that key priorities are shared and understood.

## 9. Update made on Progress to Health Inequalities

Board Members received a report which provided them with an update and information on progress made towards the actions on 'Reducing Health Inequalities' as outlined in the 'Improving Health and Wellbeing in York- Our Strategy 2013-16'.

Julie Hotchkiss added to the report and informed Board Members that;

- The Sport and Active Leisure Team in Public Health ran a Deaf Badminton club.
- The term 'Healthwatchers' was no longer being used.
- On Action 9- the Alcohol Needs Assessment would be coming to the Board in October.
- The Chair of the Board, Councillor Runciman, had agreed to Chair the Tobacco Alliance.

Discussion took place over the matters within the report. Comments and questions raised included;

- The National Living Wage would not apply to under twenty fives.
- Where were the risks of inequality most acute?
- The inequality of health reflected poverty.
- There needs to be a mechanism for the voluntary sector and the public to challenge and feed into the health inequalities agenda; it is essential that we co-develop and co-design to reduce health inequalities in the city

It was noted that some of these concerns could be addressed within the forthcoming refresh of the Joint Health and Wellbeing Strategy.

Resolved: That the report be noted.

Reason: To keep the Health and Wellbeing Board up to date with progress made against delivering on the Health Inequalities theme of the Joint Health and Wellbeing Strategy.



## **10. Update on the Better Care Fund**

Board Members considered a report which asked them to note progress made and to support the implementation and delivery of the Better Care Fund plan.

Rachel Potts, Chief Operating Officer of the Vale of York Clinical Commissioning Group stated that early indications showed that there was an increase in hospital admissions but this needed to be put in the context of integration. Individual schemes were reducing admission numbers but this was not translating across at system level.

Discussion of the paper indicated that the Board wished to be more involved in the broader context of the integration work and that a paper should come to a future meeting of the Board.

Resolved: (i) That the report be noted and the strategic direction of travel for the Better Care Fund and wider system integration be supported.

(ii) That a paper on the wider integration programme come to a future meeting of the Board.

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

## **11. Performance Update July 2015**

Board Members considered a report which asked them to note the latest available performance figures for the indicators agreed at the December 2014 meeting.

Officers reported that the low proportion of adults with a learning disability having a health check figure was a recording issue and the evidence suggested that anecdotally this figure was much higher.

Some Board Members felt that longer term indicators should be measured as it would give a better sense of outcomes.

Resolved: That the latest performance data for the agreed suite of indicators be noted.

Reason: To monitor the latest performance information for the Health and Wellbeing Board.

## **12. Joint Health and Wellbeing Strategy Refresh**

Board Members considered a report which asked them to approve the process and timescales for the Joint Health and Wellbeing Strategy and Refresh.

Councillor Runciman agreed to be the Board's lead to work with Officers on Strategy development.

Resolved: (i) That Option B be approved to allow the refresh process to start immediately.

(ii) That Councillor Runciman be the Board's lead in the work.

Reason: To allow for the Joint Health and Wellbeing Strategy process to commence.

## **13. Governance Arrangements for the Health and Wellbeing Board**

Board Members received a report which updated and reminded them of their current governance arrangements.

Resolved: That the report be noted.

Reason: To remind Board Members of the remit of the Board and their duties in relation to deputies.

## **14. Healthwatch York Reports: Patient Led Assessments of the Care Environment (PLACE), Who's Who in Health and Social Care**

The Board received two reports from Healthwatch York; Who's Who in Health and Social Care and Consistency and Confidence in Patient Led Assessments of the Care Environment (PLACE).

It was agreed to have a discussion on the reports at the next meeting. Siân Balsom informed the Board of an upcoming PLACE inspection and a meeting she would be having with NHS England and the Department of Health in respect of this.

Resolved: That the reports be noted and discussion of the reports be deferred until the next meeting.

Reason: To keep Board Members up to date with the work of Healtwatch.

## **15. Forward Plan**

Board Members were asked to consider the Board's Forward Plan for 2015-16.

Resolved: That the Forward Plan be approved.

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

## **16. Urgent Matters**

The Chair reported that she had recently spoken to Professor Dianne Willcocks, Chair of the Fairness and Equalities and Board (FEB). She was intending to ask FEB to look at undertaking a piece of work around Healthy Lifestyles and Fitness at Work in order to be able to brief the Health and Wellbeing Board in six months time and bring a full report in a year's time. Siân Balsom confirmed that she would be the link between the Health and Wellbeing Board and FEB in this work.

## **Vote of Thanks**

It was announced that this would be the final meeting for Guy van Dichele and Julie Hotchkiss. The Chair thanked them on behalf of the Board for all their hard work, and wished them well for the future.

Councillor C Runciman, Chair  
[The meeting started at 4.30 pm and finished at 6.40 pm].