

MEETING SHADOW HEALTH AND WELLBEING BOARD

DATE 4 JULY 2012

PRESENT COUNCILLOR SIMPSON-LAING (CHAIR)

COUNCILLOR WISEMAN

KERSTEN ENGLAND (CHIEF EXECUTIVE, CITY OF YORK COUNCIL)

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

TIM HUGHES (GP BOARD MEMBER, VALE OF YORK CLINICAL COMMISSIONING GROUP)

CHRIS LONG (CHIEF EXECUTIVE, NORTH YORKSHIRE AND YORK PRIMARY CARE TRUST)

MICHAEL PROCTOR (DEPUTY CHIEF EXECUTIVE OFFICER, YORK TEACHING HOSPITAL NHS FOUNDATION TRUST) (SUBSTITUTE FOR PATRICK CROWLEY)

JANE PERGER (YORK LOCAL INVOLVEMENT NETWORK(LINK))

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

SALLY BURNS (DIRECTOR OF COMMUNITIES, ADULTS AND NEIGHBOURHOODS, CITY OF YORK COUNCIL)

IN ATTENDANCE

HELEN MACKMAN (LEAD GOVERNOR,
YORK HOSPITAL, LAY MEMBER ON VALE
OF YORK CLINICAL COMMISSIONING
GROUP STEERING GROUP)

JUDY KENT (CHILDREN'S TRUST UNIT
MANAGER, CITY OF YORK COUNCIL)

GRAHAM TERRY (ASSISTANT DIRECTOR,
ADULT COMMISSIONING,
MODERNISATION AND PROVISION)

LESLEY WHITE (HEALTHY SCHOOLS AND
RISKY BEHAVIOUR CO-ORDINATOR, CITY
OF YORK COUNCIL)

JOHN BURGESS (YORK MENTAL HEALTH
FORUM)

JOHN YATES (YORK OLDER PEOPLE'S
ASSEMBLY)

GEORGE WOOD (YORK OLDER PEOPLE'S
ASSEMBLY)

APOLOGIES

COUNCILLOR LOOKER,

PETE DWYER (DIRECTOR OF ADULTS,
CHILDREN & EDUCATION, CITY OF YORK
COUNCIL)

PATRICK CROWLEY (CHIEF EXECUTIVE,
YORK HOSPITAL)

RACHEL POTTS (YORK LOCALITY
DIRECTOR, NHS NORTH YORKSHIRE AND
YORK)

RACHEL JOHNS (ASSOCIATE DIRECTOR
OF PUBLIC HEALTH AND LOCALITY
DIRECTOR, NHS NORTH YORKSHIRE AND
YORK)

DOCTOR MARK HAYES (CHAIR, VALE OF
YORK COMMISSIONING CONSORTIUM)

1. INTRODUCTIONS

The Chair gave a short introduction about the Shadow Health and Wellbeing Board and what it hoped to achieve.

She expressed her hope that Health and Wellbeing Boards would be key players in Public Health in their areas and not play solely discursive functions. She also stated that she was keen to meet with the Chairs of other Health and Wellbeing Boards across the region.

2. DECLARATIONS OF INTEREST

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

Councillor Wiseman declared a personal interest in the remit of the Committee as the Council appointed Member on the York Adoptions Panel.

Tim Hughes declared a personal interest in the remit of the Committee as a GP in Kirkbymoorside.

Kersten England stated in relation to her standing declaration of interest, that her husband was a director of a Social Enterprise “**Creating** Space 4 You” not “Clearing Space 4 You”.

No other interests were declared.

3. PUBLIC PARTICIPATION

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

Diana Robinson spoke on the general remit of the Committee. In particular she referred to the slides attached to Agenda Item 5 (Developing York’s Health and Wellbeing Strategy), that everyone should have access to health and social care services which they have helped to shape.

4. STAKEHOLDER EVENT- FEEDBACK AND INITIAL CONSULTATION ON THE EMERGING PRIORITIES

Board Members received a paper which asked them to consider feedback from the Health and Wellbeing Stakeholder event which was held on 29 May 2012.

Discussion between Board Members took place on the four emerging priorities for the Health and Wellbeing Strategy to concentrate on which were;

- Preparing for an older population
- Reducing Health Inequality
- Improving Mental Health and Intervening Early
- Enabling all children and young people to have the best start in life

In relation to the older population, it was commented that a concern for stakeholders was the provision of dementia services in the City. They also added that it was crucial that older people needed to be built into the design of all public services.

Regarding Health Inequality, it was noted that it would be beneficial to include the voluntary sector in the design of public services.

In relation to Improving Mental Health and Early Intervention priority, it was stated that a key concern that needed to be addressed was a need for greater communication amongst stakeholders such as schools and carers.

It was also noted that Bereavement and Depression can be identified as mental health concerns and that a wide variety of assistance was accessible. However, in order to access the assistance, people would have to admit that they needed help and that in itself would be challenging.

Board Members felt that more awareness raising needed to be done around Mental Health as it was often identified as the last taboo. A shift from specialist into preventative services was crucial to mental health treatment.

Some Board Members suggested that an update on the redistribution of funding into preventative pathways for mental health be provided at the next meeting of the Board in September.

They also added that the announcement from the Government relating to the end of Children's Cardiac Surgery provision in Leeds needed to inform the Health and Wellbeing Strategy.

RESOLVED: That the report be noted, and feedback be used to shape the Health and Wellbeing Strategy.

REASON: To keep the Board up to date with the emerging priorities that will inform the Health and Wellbeing Strategy.

5. DEVELOPING YORK'S HEALTH AND WELLBEING STRATEGY

Board Members received a presentation on the development of York's Health and Wellbeing Strategy. Slides from the presentation were attached to the agenda, which was subsequently republished after the meeting.

Discussion about the strategy took place and raised the following points;

- A key part of the strategy would be in monitoring progress, therefore it would be useful to continue to review it during its development.
- That examining the health and wellbeing needs of the older population, is only "challenging" because of the levels of current success towards fulfilling these needs. Therefore more positive language needed to be found.
- That there were issues such as loneliness that overlapped between the elderly and young population that the strategy needed to address, particularly given that it could detrimentally affect individuals' health.
- That the timeline of the strategy should be extended, as the success of the strategy would be more apparent at a much later date.

Officers updated the Board on developments that had taken place since the presentation had been compiled.

As highlighted in the presentation slides, it was suggested that the Board delegate some of their work in developing proposals to four Partnership Delivery Boards.

Chairs for these Boards would be provided from the Vale of York Clinical Commissioning Group and the Council. It was also suggested that Chairs of the Partnership Delivery Boards be invited to attend and present their work to the Health and Wellbeing Board on an annual basis.

Some Board Members felt that it was key that the strategy should underline the distinctiveness of the Board, and in order for success it would be crucial for engagement between the NHS and Local Authority partners to be clear.

- RESOLVED:
- (i) That the presentation be noted.
 - (ii) That the Health and Wellbeing Strategy be altered from three years to a longer timeframe be agreed.
 - (iii) That the vision of the Strategy as outlined in the slides be confirmed.
 - (iv) That following amendments to language, the draft priority areas for the Strategy be agreed.
 - (v) That the process for the development and the delivery of the priorities be agreed.
 - (vi) That the Board meet with the secretariat to discuss the priorities in more detail and for this to include a dedicated strategy session in early September.
 - (vii) That the timeline for the development of the Strategy be agreed and noted.
- REASON: To produce York's Health and Wellbeing Strategy.

6. HEALTH AND WELLBEING BUDGET CYCLES

Board Members received a paper which detailed the main health and wellbeing budgets for York which were held by City of York Council and the Vale of York Clinical Commissioning Group.

Questions were raised by some Board Members regarding access to information regarding the budget cycles. Other Board Members suggested that a public consultation could be held jointly by organisations represented on the Shadow Health and Wellbeing Board to allow for examination of the budgets.

The Chair confirmed that she had requested that a monitoring report of health and wellbeing budgets be a standing agenda item.

- RESOLVED:
- (i) That the paper be noted.
 - (ii) That further monitoring reports on health and wellbeing budgets in the city be received by the Board.
 - (iii) That the monitoring reports be added as a standing agenda item for future Board meetings.

REASON: To keep the Board up to date with the use and position of Health and Wellbeing budgets in York.

7. UPDATES ON HEALTH AND WELLBEING CHANGES

Board Members received a number of verbal updates on organisations and sectors involved in the Shadow Health and Wellbeing Board.

Local Health Watch

It was confirmed that verbal confirmation from the Department of Health stated that the Health Watch did not have to be a standalone organisation.

Additionally, discussions had taken place over joint commissioning for the complaints advocacy part of Health Watch, but it had been decided that a standalone service would continue in York.

It was noted that a Health Watch supplier event would take place at York Explore and that it was hoped that tender documentation for the Local Health Watch and NHS Complaints Advocacy Service would be issued in September.

Vale of York Clinical Commissioning Group Overview of Strategy

Board Members were informed about developments that had taken place in the Vale of York Clinical Commissioning Group (VOYCC). It was reported that Community Medical Teams had been introduced which would bring together expertise from GPs surgeries such as Priory Medical Group and Haxby Medical Centre. The teams would focus on families and would include hospital staff. It was reported that this would allow for greater collaboration in order to identify what health concerns were particularly important to patients, and that this could inform more precise commissioning of services, in order to be more financially sustainable.

Board Members requested that feedback from patients' perspectives should be brought to the Board, in order to gauge the progress of the Community Medical Teams.

In relation to Oliver House Care Home, it was reported that an Innovation Day would be held on 23 July 2012, which would seek to include stakeholders into examining how services could be offered in an alternative way.

Board Members were then informed about organisational developments that had taken place within the Leeds and York Partnership NHS Foundation Trust. It was noted that;

- The team of governors would now include a number of non-Executive Directors.
- That a Finance Officer and new Medical Director had been appointed to the Executive Director group.
- That there was an Associate Director for York.
- That if beds were not available for certain services (such as for mothers and babies) in York, that a service in Leeds would be offered. This would be a bespoke and fully staffed service.
- That the Partnership was in the process of recruiting a governor from Mental Health, but this was particularly different given the broad range and different experiences that the area brought.

Public Health

Board Members were informed about a consultation document that was currently in development with the Public Health teams in City of York Council (CYC) and North Yorkshire County Council (NYCC) regarding the structure of Public Health following the transfer of responsibility for it to Local Authorities. It was also reported that further consultation work would take place around Public Health Finances, between procurement teams in CYC and NYCC.

Discussion took place in relation to CYC's Fair Access to Care consultation. Some Board Members raised concerns that service users had expressed that they felt the length of consultation had been particularly short and that the definitions of different levels of care had not been hard to understand.

RESOLVED: That the verbal updates be noted.

REASON: In order to inform the Board of current developments in Health and Wellbeing.

8. ANY OTHER BUSINESS

Following a suggestion from the Chair, it was agreed that all future reports to be considered by the Board should follow the Council's Corporate Report Template.

Councillor T Simpson-Laing, Chair

[The meeting started at 4.35 pm and finished at 6.10 pm].