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Meeting	Health and Wellbeing Board
Date	16 July 2014
Present	Councillors Cunningham-Cross (Chair), Looker, Wiseman,  Kersten England (Chief Executive, City of York Council), Dr Paul Edmondson-Jones (Deputy Chief Executive and Director of Health and Wellbeing, City of York Council), Jon Stonehouse (Director of Education, Children's Services and Skills, City of York Council), Garry Jones (Chief Executive, York Council for Voluntary Service (CVS)), Siân Balsom (Manager, Healthwatch York), Matt Neligan (Director of Operations, NHS England), Patrick Crowley (Chief Executive, York Teaching Hospital NHS Foundation Trust), Rachel Potts (Chief Operating Officer, Vale of York Clinical Commissioning Group), Jill Copeland (Deputy Chief Executive and Chief Operating Officer, Leeds and York Partnership NHS Foundation Trust) (substitute for Chris Butler), Chief Inspector John Wilkinson (North Yorkshire Police) (substitute for Tim Madgwick
Apologies	Dr Mark Hayes (Chief Clinical Officer, Vale of York Clinical Commissioning Group), Mike Padgham (Chair, Independent Care Group) Tim Madgwick (Deputy Chief Constable, North Yorkshire Police)
In Attendance	Councillors Doughty and Funnell

## 1. 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 had in the business on the agenda.

No interests were declared.

## **2. Minutes**

Resolved: That the minutes of the Health and Wellbeing Board held on 2 April 2014 be signed and approved by the Chair.

## **3. Public Participation**

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

## **4. Draft Summary of the Annual Report of the City of York Safeguarding Children Board and Strengthening Safeguarding Arrangements-Joint Working between Boards Report**

Board Members received a report which gave them an indication of key areas of progress in implementing actions from the previous annual report and business plan between 1<sup>st</sup> April 2013 and 31<sup>st</sup> March 2014.

### Draft Summary of the Annual Report of the City of York Safeguarding Children Board 2013/14

The Independent Chair of the City of York Safeguarding Children Board (CYSCB) presented the summary report to the Board. He commented on how he had recently had conversations with the North Yorkshire SCB on having a written compact on safeguarding. He pointed out that a successful conference had been arranged between CYCSCB and NYSCB on Sexual Health and work was being carried out with the Police and Crime Commissioner about Domestic Abuse.

### Strengthening Safeguarding Arrangements- Joint Working between Boards

The Director of Children's Skills and Education spoke about how the protocol for joint working would strengthen existing relationships between all partners involved in Safeguarding.

Board Members commented on the importance of transition, particularly as there were joint agendas across both the Children's and Adult Safeguarding Boards. It was also noted that the Police were developing a Partnership Board around safeguarding.

The Chair suggested that information be brought back to the Board about all the aforementioned developments and issues raised through Board Members comments.

Resolved: (i) That the contents of the draft summary report be noted.

(ii) That Board Members provide verbal comments or written comments by 22 July for consideration by the Safeguarding Children Board on 23 July.

(iii) That a future item be added on to the Board's work plan to look at developments in joint working around safeguarding arrangements in the city.

Reason: (i) This provides an opportunity to challenge or contribute to the report before it is finalised and approve the priorities for 2014/15 and agree to provide leadership and support for these; integrating these into the work of the Board or its sub groups where appropriate.

(ii) This will demonstrate the Board's commitment to Safeguarding Children.

(iii) So that the Board are kept up to date with joint working arrangements in York.

## **5. Alcohol-Presentation from Public Health England and Discussion**

Board Members received a presentation on alcohol as a public health challenge from Clive Henn and Corrine Harvey from Public Health England.

Slides from their Powerpoint presentation were added to the agenda, which was subsequently republished. A number of key ways in which alcohol affected public health were;

- That no other substance contributed to a wide variety of medical conditions.
- Alcohol related issues cost the NHS £3.5 billion a year.
- £7 billion was lost nationally a year in productivity due to alcohol.
- There were fewer 15 and 16 year olds who were drinking, but those who already had started drinking consumed a larger amount than before.
- Liver disease was the only medical condition for which mortality was continuing to rise year on year.

The Interim Public Health Consultant spoke to the Board about how the Substance Misuse Budget was spent in York. She explained that a small percentage of the budget had been spent on prevention rather than treatment in previous years by the Primary Care Trust and when the Public Health Grant was transferred to the Local Authority there was no additional funds that could be allocated to prevention.

Discussion took place between Board Members and the presenters on what steps York could take to tackle the challenge from alcohol.

It was noted that a stocktake could help identify what York's level of need was and that a Public Health England regional team could facilitate this and provide a tool kit for the stocktake. The Director of Public Health and Wellbeing suggested a themed workshop for the Board around alcohol.

It was also noted that the Joint Strategic Needs Assessment (JSNA) could contribute to providing evidence and information about the drinking population in the city.

Resolved: (i) That the presentation be noted.

(ii) That a themed workshop around alcohol for the Board be arranged.

Reason: In order to inform future work of the Health and Wellbeing Board.

## **6. Joint Strategic Needs Assessment (JSNA) Update and Director of Public Health Report**

Board Members received a verbal update on the Joint Strategic Needs Assessment (JSNA) and also received an overview of the Annual Director of Public Health's report for 2013.

Questions from Board Members included;

- Why were the levels of girls aged 12-13 taking up the HPV vaccine not as good as hoped?
- How would key issues be prioritised by the Director of Public Health in order to address health inequalities?

It was unclear as to the reasons for the low take up of the HPV vaccine in girls. Some questioned whether the schools in York had the access to the vaccine. It was noted that immunisation was now the responsibility of Public Health England rather than the Local Authority.

In relation to prioritising which issues to tackle to address health inequalities, it was felt that focusing on the life expectancy gap was the most appropriate since this could be best understood at local levels.

It was highlighted that the current gap for life expectancy in York was 4-5 years for women and 8-9 for men. The figure for men was higher in York than we would expect to see in a City like York. However, it was noted that data from the past four years had shown that the life expectancy gap had narrowed for men and widened for women. One view given for why there was a wider gap for female life expectancy was that women had been more significantly affected by the recession than men. Some also questioned whether the larger amount of part time jobs being taken by women rather than by men could have also contributed to this.

One Board Member commented that there had been an historical underinvestment in mental health and that it would be helpful if the Joint Strategic Needs Assessment clearly set out what was needed in the city for mental health. It was reported that the Vale of York Clinical Commissioning Group's 'Discover' programme would identify where help was needed once information had been gathered from their 'deep dive' research.

Resolved: That the verbal update on the JSNA and overview of the Annual Director of Public Health's report for 2013 be noted.

Reason: In order to inform the future work of the Board.

## **7. Integration Update-Clinical Commissioning Group Planning and Better Care Fund**

Board Members received a verbal report on the integration between Health and Social Care and an update on the Better Care Fund (BCF).

The Director of Public Health and Wellbeing informed the Board that he had received communications from the Government regarding the BCF. In response to the bid itself, it had been commented that York should continue to move forward with its existing plans while awaiting further national guidance. It was reported that Government departments involved in the BCF were convinced that integrated social care was vital.

Further information would be received about three new strands of work related to the BCF;

- A performance strand- there will be updated guidance this as the only indicator that will be used to trigger the performance related payments will be in A & E attendances and acute admissions.
- An assurance strand- All areas would have to resubmit their plans this summer with additional data.
- Programme Office strand. Andrew Ridley will be the National Programme Director for BCF.

In relation to the Clinical Commissioning Group Planning, it was reported that the development of Care Hubs was in its early stages.

The Board's representative from NHS England informed the Board that York's BCF plan was good but a number of significant risks still existed. These risks included how to shift resources and the particular impact that this would have on acute hospitals.

The Chief Executive of York Hospital felt that there seemed to be a lack of evidence that integration on its own would lead to a sustainable health system. However, working together with other partners did increase and improve capacity. Well placed investment could also improve this, but it had to be sustainable and able to deal with other demands. He felt that there was a reluctance to act quickly at a national level. Further discussion between Board Members took place about attendances at hospital and the need to focus on resilience in current systems to deal with demand.

One Board Member commented that in order for this to happen a period of double funding needed to occur to resolve the issues around the BCF.

Resolved: That the verbal report and update be noted.

Reason: In order to inform the future work of the Board.

**8. Draft Framework-Working Relationships between Health Overview and Scrutiny Committee, Health and Wellbeing Board and Healthwatch York**

Board Members received a report which presented them with the draft of a framework setting out the working relationship between the Health and Wellbeing Board, Health Overview and Scrutiny Committee and Healthwatch York.

Resolved: That the report be noted and the draft framework approved.

Reason: To establish a robust working relationship between key Boards in the City.

**9. Annual Review of the Health and Wellbeing Board**

Board Members received a report which summarised the work of the Health and Wellbeing Board over the past year. It highlighted the Board's achievements, changes during the year as well as future challenges to the delivery of the Health and Wellbeing Strategy.

Discussion took place around governance arrangements for the partnership boards which sat below the Health and Wellbeing Board and how the topic of health inequalities was examined.

It was noted that discussions were currently underway with the Chair of the Fairness and Equalities Board in regards to how they could include health inequalities within their Terms of Reference and what changes they might have to make to their membership if they did.

Some Board Members felt that it would be pertinent to integrate the issue of health inequalities into the work of all the partnership boards. It might also provide a useful opportunity for the Board to look at refreshing the Health and Wellbeing Strategy. The Chair agreed with this sentiment and suggested that a refresh of the strategy be brought back for consideration by the Board at a later date.

Resolved: (i) That the report be noted.

(ii) That a refresh of the Health and Wellbeing Strategy be brought back to a future meeting of the Board.

Reason: To keep the Board apprised of progress to date.

Councillor L Cunningham Cross, Chair  
[The meeting started at 4.35 pm and finished at 6.25 pm].