

Meeting

Health and Wellbeing Board

Date

7 March 2018

Present

Councillors Runciman (Chair), Cannon and Craghill

Sharon Stoltz (Director of Public Health, City of York Council)

Martin Farran (Corporate Director of Health, Housing and Adult Social Care, City of York Council)

Jon Stonehouse (Corporate Director of Children, Education and Communities, City of York Council)

Sarah Armstrong (Chief Executive, York CVS)

Sian Balsom (Manager, Healthwatch York)

Gillian Laurence (Head of Clinical Strategy, NHS England (North Yorkshire & the Humber))

Phil Mettam (Accountable Officer, NHS Vale of York Clinical Commissioning Group)

Mike Padgham (Chair, Independent Care Group)

Sheenagh Powell (Lay Member, Audit Committee, NHS Vale of York Clinical Commissioning Group) - Substitute for Keith Ramsay

Richard Anderson (Superintendent, North Yorkshire Police) - Substitute for Lisa Winward

Ruth Hill (Director of Operations (York and Selby), Tees, Esk and Wear Valleys NHS Foundation Trust) - Substitute for Colin Martin

Apologies

Keith Ramsay, Lisa Winward, Colin Martin, Patrick Crowley, Shaun O'Connell

127. Declarations of Interest

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

Sarah Armstrong declared an interest in the remit of the Board as she was a Governor at Leeds and York NHS Partnership Trust.

Sian Balsom reported that she had stepped down from her role as Chair of Scarborough and Ryedale Carer's Resource but was still on the Trustee Board.

Sheenagh Powell declared an interest in the remit of the Board as she was Vice-Chair and Chair of Audit at Harrogate and Rural District Clinical Commissioning Group.

Councillor Cannon declared a personal interest in the remit of the Board as she was a current patient at York Hospital.

128. Minutes

Resolved: That the minutes of the meeting of the Health and Wellbeing Board held on 24 January 2018 be approved and signed by the Chair as a correct record.

129. Public Participation

It was reported that there had been one registration to speak at the meeting in relation to the Pharmaceutical Needs Assessment (item 6) under the Council's Public Participation Scheme.

Gwen Vardigans spoke in relation to Item 6: *Pharmaceutical Needs Assessment (PNA)*. She noted the findings of a recent survey on rural health and noted that the PNA was timely following the winter pressures and flu outbreak. She expressed disappointment at the York public response rate and suggested that this small sample was a difficult basis on which to form recommendations. She drew attention to question 9 of the public engagement survey and made a number of comments concerning barriers to accessing pharmacies.

130. Reducing Health Inequalities Through Cultural Commissioning

The Head of Museum Development at York Museums Trust, supported by the Cultural Consortium for Wellbeing York's Culture and Wellbeing Co-ordinator, gave a presentation on the work of the Consortium to the Board. The report presented to the Board included details on how the Consortium was using culture to reduce health and wellbeing inequalities in York. Annex A outlined how the Cultural Consortium could help reduce inequalities in York and Annex B contained the PowerPoint slides from the presentation.

The Cultural Consortium for Wellbeing York was a partnership between York Museums Trust, National Centre for Early Music, York Theatre Royal, Pilot Theatre, Accessible Arts & Media, Converge (University of York St John), York Explore and York@Large. The partnership sought to encourage participation in those who may not have accessed arts and culture due to perceptions that it is not for them or due to health, social or financial barriers to participation.

The Chair invited questions following the presentation. In response to questions raised by the Board, the Head of Museum Development and Culture and Wellbeing Co-ordinator explained that:

- In order to demonstrate the impact of the work being undertaken by the Consortium, it would be working with York CVS to look at what activities were working and it was trying to use industry recognised outcomes. It was highlighted that the Consortium was a pilot programme and that all partners were community based. Those partners would examine barriers to access to the activities and were looking at opportunities to work with people in their own homes. It was

noted that the Consortium would be using the tools from the Warwick-Edinburgh Mental Well-being scale.

- To enable the further development of volunteering, all members in the partnership worked with volunteers and a number of organisations were looking at how to increase the involvement of non-traditional volunteers.
- The ambitions of the Consortium included looking at the reasons for non engagement, finding out what need there was (for example what activities were needed), and co-creation, collaboration and conversation between social prescribing and local area teams.
- The Health and Wellbeing Board could help the Consortium by providing advice and guidance on how to produce data to meet the needs of health and care organisations.
- As part of future development, the Consortium would like to increase the number of organisations in the partnership, and continue conversations with external organisations on what the partnership could deliver.

The Board thanked the Head of Museum Development and Culture and Wellbeing Co-ordinator for their presentation and welcomed the progress made by the pilot project.

Resolved: That

- i. The Health and Wellbeing Board considered and discussed the presentation and report from the Consortium including the following recommendations contained within Annex A:
 1. Cultural Wellbeing is integrated in policy making, written into council strategies and seen as a partner in the referral and delivery of wellbeing services in the city.
 2. For Arts organisations to become more integrated into Public Health and Voluntary Sector strategic frameworks for Mental Health, helping to alleviate NHS winter pressures through increased health and wellbeing and to deliver some of the relevant findings from the York Older People's Survey.
 3. To build on the foundation of the pilot programme into a longer-term approach with Arts Council support.

4. For Culture and Wellbeing York to be a partner in service design to ensure that arts and culture play their role in the health and wellbeing agenda.
 5. As arts and cultural specialists, we would be able to help align the sector to Health and Wellbeing strategies. We offer the board support through the procurement process to ensure that any arts and culture commissions are of the highest quality (from a cultural perspective).
- ii. In relation to the five recommendations above the Health and Wellbeing Board receive a report prepared by Council officers detailing work already happening that links to the recommendations the Cultural Consortium make; particularly around some of the corporate issues such as commissioning.
 - iii. The report be referred to the Cultural Leaders' Group for consideration and also to the new group being led by Cllr Hayes.
 - iv. The Health and Wellbeing Board receive a written report back from the Consortium outlining the work being undertaken, how this work fits in with work being undertaken by City of York Council officers and identifies gaps and areas that need strengthening; to be presented at a future meeting.

Reason: To explore how cultural commissioning can help reduce inequalities within the city.

131. Report from North Yorkshire Fire and Rescue Service

The Assistant Chief Fire Officer, North Yorkshire Fire and Rescue Service, presented a report that related to the prevention and early intervention elements of the joint health and wellbeing strategy 2017-2022. North Yorkshire Fire and Rescue Service published a health engagement strategy in 2017, the key principles of which were in Annex A of the report. During the presentation, the Assistant Chief Fire Officer highlighted the work being undertaken in relation to fire prevention, which included work in rural communities and safe

and well visits. The impact of social prescribing interventions was noted. It was reported that the North Yorkshire Fire and Rescue Service signposted people to a number of services and had some capacity to generate their own referrals.

Board Members welcomed the report and made a number of points:

- It was suggested that the Board could support the small working group set up to consider how to take the work forward. It was noted that other organisations could learn from the outreach work undertaken by the service, particularly with people not accessing other services.
- It was suggested that links could be made with the Falls Prevention Scheme pilot in terms of meeting people in their own homes.

Resolved: That the Board note the key principles of the North Yorkshire Fire and Rescue Service health engagement strategy in relation to the prevention and early intervention elements of the joint health and wellbeing strategy 2017-2022.

Reason: To explore how North Yorkshire Fire and Rescue Service can help with the delivery of the joint health and wellbeing strategy 2017-2022; in particular the focus on early intervention and prevention and reducing demand on statutory services.

132. Pharmaceutical Needs Assessment

The report updated the Board on the PNA (2018-2021) for the City of York and was presented by the Assistant Director of Public Health and the Public Health Practitioner. It was reported that there was no statutory duty to consult with the public and it was explained who had been consulted. Concerning the low response rate, although there was a reasonable spread of the population in the respondents, they would have liked an improved response rate. It was noted that pharmacies offered a wide range of services within communities and the new pharmacy contract offered the scope to examine this.

In response to Board Members' questions, it was clarified:

- How pharmacies were funded, including how the Heslington East pharmacy was funded.
- With reference to access and pharmacy opening hours, pharmacies were available in outlying areas. The PNA looked at bus routes and found little gaps between bus routes and access to pharmacies. It was noted that some pharmacies offered a repeat prescription delivery service.

The Assistant Director of Public Health and the Public Health Practitioner were thanked for their report and it was

Resolved: That the Health and Wellbeing Board approve the PNA report for publication and dissemination.

Reason: To fulfil their mandatory duty to have an up to date assessment of pharmaceutical need for the population of the City of York.

133. Healthwatch York Report: Access to Dental Services

The Board received a report from Healthwatch York entitled 'Filled to Capacity: NHS Dentistry in York'. The report was based on patients' experiences and was attached at Annex A to the report. The Healthwatch York Manager presented the report, drawing Board Members' attention to pages 3 to 5 of the report.

It was reported that NHS England commissioned dental services, and the Head of Clinical Strategy, NHS England (North Yorkshire & the Humber) explained that there were limited opportunities for points of negotiation on dental contracts, with negotiation on an uplift currently taking place to ensure the delivery of Units of Dental Activity (UDAs) by dentists. The Director of Public Health made the Board aware that an oral health strategy would look at a whole system approach to this. She reported that an Oral Health Action Group had been developed and she introduced Martin Ramsdale (Public Health Registrar – Dental) to the Board.

A Board Member asked if there was an opportunity for NHS England to meet the recommendations detailed in the report. The Head of Clinical Strategy, NHS England (North Yorkshire & the Humber) undertook to approach her team to see if up to date responses to the recommendations could be provided.

Discussion took place regarding access to dentistry. Following discussion it was:

Resolved: That

- i. The Health and Wellbeing Board received and commented on the report.
- ii. The Health and Wellbeing Board will receive an Oral Health Improvement Strategy and action plan at a future meeting.
- iii. Those Health and Wellbeing Board organisations with recommendations against their organisation's name are asked to formally respond to Healthwatch York by no later than the end of August 2018.
- iv. That the report be considered by the Health, Housing and Adult Social Care Policy and Scrutiny Committee.

Reason: To keep members of the Board up to date regarding the work of Healthwatch York.

134. Work Programme

Board members were asked to consider the Board's proposed work programme up to May 2018.

The Chair advised Members that there was the potential for a new way of working and further information about development sessions would be forwarded to Board Members.

Resolved: That the current 2017/18 work programme be noted.

Reason: To ensure that the Board has a planned programme of work in place.

Cllr C Runciman, Chair

[The meeting started at 4.30pm and finished at 6.25pm].