
Meeting	Health and Wellbeing Board
Date	22 October 2014
Present	Councillors Cunningham Cross (Chair), Looker and Wiseman Siân Balsom (Manager, Healthwatch York) Kersten England (Chief Executive, City of York Council) Dr Mark Hayes (Chief Clinical Officer, Vale of York Clinical Commissioning Group) Tim Madgwick (Deputy Chief Constable, North Yorkshire Police) Matt Neligan (Director of Operations and Delivery, NHS England) Rachel Potts (Chief Operating Officer, Vale of York Clinical Commissioning Group) Mike Proctor (Deputy Chief Executive, York Teaching Hospital NHS Foundation Trust) (Substitute for Patrick Crowley)
Apologies	Chris Butler (Chief Executive, Leeds and York Partnership NHS Foundation Trust), Patrick Crowley (Chief Executive, York Teaching Hospital NHS Foundation Trust) and Mike Padgham (Chair, Independent Care Group)
In Attendance	Julie Hotchkiss (Director of Public Health, City of York Council) Guy van Dichele (Director of Adult Social Services)

10. Introductions

The Chair thanked the previous Director of Public Health and Wellbeing, Dr Paul Edmondson Jones who had recently left the Council, for all of the work he had carried out for Public Health and Adult Social Services in the city.

She welcomed the Director of Public Health, Julie Hotchkiss and the Director of Adult Social Services, Guy Van Dichele to the meeting.

The Chief Executive, Kersten England, suggested that as there were now three Directors on the Board from the Council that in order to avoid the perception of over dominance by Council Officers on the Board that she wished to step down as a Board Member.

11. Declarations of Interest

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

Dr Mark Hayes declared a personal interest as the Labour Party Prospective Parliamentary Candidate for the Selby and Ainsty constituency.

Councillor Wiseman declared a personal interest as the Chair of the Patient Participation Group at My Health Strensall.

No other interests were declared.

12. Minutes

Resolved: That the minutes of the Health and Wellbeing Board held on 16 July 2014 be signed and approved by the Chair.

13. Public Participation

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

14. Healthwatch Reports

The Board received three Healthwatch York reports on the following subjects:

- Access to Health and Social Care Services for Deaf People.
- Discrimination Against Disabled People in York.
- Loneliness: A Modern Epidemic and the Search for a Cure

The Chair suggested that a report be brought to the Board's next meeting regarding how each Board Member's organisation could deliver on the recommendations within in each report.

Resolved: (i) That the reports be noted.

- (ii) That a report be brought to the next meeting of the Health and Wellbeing Board in relation to how each partner organisation is implementing the recommendations from the reports.

Reason: To keep the Board informed on these subject areas.

15. Together York

The Board received a Powerpoint presentation from Tim Madgwick the Deputy Chief Constable of North Yorkshire Police in relation to the national mental health intervention scheme "Together: for Mental Wellbeing" and the implementation of this scheme in York.

Slides from the presentation were attached to the agenda following the meeting. This was then subsequently republished online.

Tim Madgwick explained how the pilot scheme was about addressing the vulnerability of individuals not identifying them. He felt that there was a need to look at the pilot scheme beyond the end of its 12 month operation. He stated that some of the individuals on the pilot schemes may be victims themselves so pathways needed to be found to care for them as well as other victims.

One Board Member asked why an out of area commissioner, Together, had been chosen to co-ordinate the project in York. They commented that voluntary organisations had never been able to access funding to support projects like the Together scheme. Therefore a question needed to be asked as to how money and opportunities could be brought to the city to shape services.

In response it was noted that the chosen commissioner had approached the Police with the idea for a pilot as they had picked up issues about mental health in the city over social media. The commissioner also had a good reputation for running pilots such as this one.

In regards to funding for the continuation of the scheme beyond a year, comprehensive financial estimates would be circulated to Board Members at a later date. The Director of Operations and Delivery from the NHS England Area Team for Yorkshire and the Humber commented that additional funding could be accessed from a bid to NHS England.

Resolved: That the presentation be noted.

Reason: So that the Board are kept informed of the implementation of the scheme in York.

16. Winterbourne Review Update

Board Members received a report which gave them an update on progress against reviewing the care of people with learning disabilities against the principles of the Winterbourne Concordat.

Janet Probert, the Director of Partnership Commissioning from the NHS Partnership Commissioning Unit was in attendance to answer Board Members' queries.

She gave an overview of the criteria that was used in North Yorkshire to identify those individuals who fell under the Winterbourne Concordat. These were individuals who had a learning disability or challenging behaviour requiring in patient care. She pointed out that there had not been enough focus on transforming pathways for the care of these individuals and to make sure proactive support is given.

The Director of Adult Social Services confirmed to the Board that plans were in place for individuals.

A variety of questions from Board Members included;

- How would the transition for young adults who had previously had significant care packages be managed?
- If people's care was being moved back into the York area would this be done proportionately?

The Board were told that as part of guidelines in the Concordat, 'pen pics' had to be produced in order for individuals to make sure that their care package was the least restrictive. In addition, what might be assumed to be near to the person's home might be out of a clearly defined boundary. For example, the person who would have the care package might not see themselves as living in York.

Resolved: (i) That the report be noted.

(ii) That the Board continue to promote integrated multi agency working on the Winterbourne Agenda and to support the Joint Commissioning Plan.

Reason: To keep the Board apprised of current progress locally against the Winterbourne Concordat.

17. The Better Care Fund

The Board received a report which updated them on the position of York's submission of the initial plan for the Better Care Fund (BCF).

The Chief Clinical Officer from the Vale of York Clinical Commissioning Group introduced the report and informed the Board that following review and moderation by NHS England it was expected that York's BCF bid would achieve the status of 'approved with support'. There would then be a process of further review in January 2015.

Resolved: That the Board is informed of the September 19th submission of the refreshed plan.

Reason: To keep the Board informed of the refreshed plan.

18. Health and Wellbeing Strategy Revision

The Board received a report which asked them to consider updated elements of the York Health and Wellbeing Strategy 2013-16.

The Director of Public Health introduced the report and informed the Board that although there was a good infrastructure for data sharing into the specific outcomes this had not been used yet. For example, the encouragement of the adoption of the living wage by all employers had still not been achieved. It was important for partners to talk about this with those who they contracted services with.

Regarding the five partnership boards beneath the Health and Wellbeing Board which were established around each strand in the Strategy, it was reported that the Health Inequalities Board did not manage to establish itself. It was therefore felt that some of the areas which it would have looked at could be taken on by the Fairness and Equality Board.

Further discussion took place around the following;

- Workforce Development Unit Training sessions “Making every contact count”.
- The need for joint training with all Board partners on Child Sexual Exploitation.

Officers reported that the training sessions had not been held yet but were on the Public Health Team’s work plan to follow up.

In regards to Child Sexual Exploitation, Councillor Looker reminded the Board that sexual abuse could take place in private at home. She added that the Children’s Safeguarding Board was currently looking to work with hotel proprietors, guest houses and other anonymous venues to develop innovative ways to combat this.

In response to a further question, Officers confirmed that outcomes of the strategy and proposals on measuring the outcomes would be considered by the Board at a later date.

Resolved: That the revisions to the Health and Wellbeing Strategy be agreed.

Reason: To lead the improvement of health and wellbeing outcomes for people in York.

19. Joint Strategic Needs Assessment (JSNA) Update

Board Members received a report which updated them on an overview of the planned “deep dives” to come and the recommendations from the information collated to date.

The Board highlighted the need to understand what risks existed for certain categories of people in the proposed “deep dives” and the need to respond in an appropriate manner. Others suggested there was a need for a scorecard with a number of risks attached which could then be used by organisations across the city. This idea had never been put alongside the JSNA itself.

The Chair suggested that Officers noted the comments raised and that risk management be added on to a future agenda.

Resolved: (i) That the Board note the contents of the reports attached as Annexes A and B and agree the forward plan.

(ii) That an item on the management of risks be added to a future agenda.

Reason: To update the Board on current recommendations and future work plan for the Joint Strategic Needs Assessment (JSNA).

20. Overview of the Care Act- status and requirements for implementation

Board Members received a paper which informed them of the key elements of the Care Act and highlighted to them the new and extended duties and responsibilities on local authorities in relation to care and support for adults.

The Director of Adult Social Services highlighted a number of additional points. These were that:

- The Act places a duty not only to assess carers but also to provide services for eligible needs.
- The Lincolnshire model was used to calculate anticipated costs in line with national requirements.
- Worksheets and a link on the Council website had been produced in order to inform the public about the Care Act.
- That the Safeguarding Board would now become a statutory body.
- There was a need to work collectively across health and social care to find innovative ways to meet requirements, for example for carers and carers' organisations within the voluntary sector.

The Healthwatch Manager commented that the most people who approached them wanted to talk about the Care Cap. She felt that better signposting to information and how to build community resilience were important.

Officers welcomed comments from Healthwatch and stated that it was important to invest into the care system and to support those who were already carrying out an informal care role.

One Board Member suggested that the wording of one of the report's recommendations be changed from 'protection of social care' to 'care'.

Resolved: (i) That the report be noted.

(ii) That the Board advocate and strengthen the joint working arrangements across York.

(iii) That the Board promote and engage fully in the development and implementation of the legislative requirements.

(iv) That the Board support the ~~protection of social care~~ care and the implications of the Care Act through the Better Care Fund programme.

Reason: In order to fulfil the new responsibilities of the legislation to deliver a whole systems approach.

21. Single Equalities Scheme Update and Refresh

Board Members received a report which informed them of the Single Equality Scheme 'A Fairer York'.

A Board Member commented that there was not a particular Health and Wellbeing Outcome for ~~those who had a disability~~ disabled people *[as amended at meeting on 3 December 2014]*.

Officers took on board the comments raised and stated that this would be made more explicit in the refreshed document.

Resolved: (i) That the report be noted.

(ii) That the Health and Wellbeing Board advise if they can support the Health and Wellbeing priority within the document/scheme.

(iii) That the needs of disabled people need to be considered for inclusion in the equality scheme and the refreshed document.

(iv) That the revised Equality Scheme partnership document and progress reports on the implementation of the scheme be received by the Board every six months.

Reason: To help ensure that relevant equality issues are reflected in the revised Equality Scheme.

22. Pharmaceutical Needs Assessment Update

Board Members received an update report which informed them of York's Pharmaceutical Needs Assessment (PNA).

Officers informed the Board that the period of consultation of the PNA was due to start on 31 October 2014 and that they would bring back comments from the consultation to the January meeting of the Board.

Discussion took place between Board Members, points raised included:

- NHS England's commissioning of pharmacy services in the city were different from others they commissioned. They were keen to approve pharmacies in under provisioned areas.
- That there was enthusiasm for Pharmacies to become community hubs, but that it was questionable as to whether the PNA survey was the right method to engage with people.
- That the use of the PNA would be used in the co-commissioning of primary care so it was vital for the CCG, NHS England and Healthwatch to work together on its implementation.

In reference to the final point raised, the Chair encouraged discussions to take place between NHS England, the CCG and Healthwatch.

Resolved: That the contents of the PNA be noted.

Reason: In order to keep the Board informed.

23. Urgent Business

23a) Changes to Terms of Reference and Membership

The Board received a report which asked them to agree to amend its terms of reference to bring it fully into line with Government legislation and to reflect the change in recent Officer positions at City of York Council.

Resolved: That the statutory appointments required as set out in Paragraph 6 of the report, together with the consequential changes to its membership details be noted.

Reason: To fulfil its statutory requirements.

Councillor L Cunningham-Cross, Chair
[The meeting started at 4.35 pm and finished at 6.20 pm].