

Meeting	Health and Wellbeing Board
Date	9 May 2018
Present	<p>Councillors Runciman (Chair) [items 1 - 5], Cannon, Craghill and K Myers [items 1 - 6]</p> <p>Dr Nigel Wells (Chair, NHS Vale of York Clinical Commissioning Group)</p> <p>Sharon Stoltz (Director of Public Health, City of York Council)</p> <p>Martin Farran (Corporate Director of Health, Housing and Adult Social Care, City of York Council)</p> <p>Jon Stonehouse (Corporate Director of Children, Education and Communities, City of York Council)</p> <p>Lisa Winward (Deputy Chief Constable, North Yorkshire Police)</p> <p>Sarah Armstrong (Chief Executive, York CVS)</p> <p>Gillian Laurence (Head of Clinical Strategy, NHS England: North Yorkshire and the Humber)</p> <p>Mike Padgham (Chair, Independent Care Group)</p> <p>John Clark (Chair, Healthwatch York) - Substitute for Siân Balsom</p> <p>Brian Coupe (Head of Service, Mental Health Services for Older People: York and Selby; Tees, Esk and Wear Valleys NHS Foundation Trust) - Substitute for Colin Martin</p>

Phil Mettam (Accountable Officer, NHS Vale of York Clinical Commissioning Group) -  
Substitute for Dr Kevin Smith

Apologies

Dr Kevin Smith (Executive Director for Primary Care and Population Health, NHS Vale of York Clinical Commissioning Group)

Colin Martin (Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust)

Siân Balsom (Manager, Healthwatch York)

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### **135. Chairing the Meeting**

Due to Chair's external commitment in relation to her portfolio of responsibilities, it was

Resolved: That Martin Farran, Corporate Director of Health, Housing and Adult Social Care, be elected to chair the meeting after the departure of the appointed Chair.

### **136. 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.

No additional interests were declared.

### **137. Minutes**

Resolved: That the minutes from the meeting of the Health and Wellbeing Board held on 7 March 2018 be approved and signed by the Chair as a correct record.

### **138. Public Participation**

It was reported that there had been one registration to speak at the meeting under the Council's Public Participation Scheme on general issues within the remit of the Board.

Rita Sanderson, York Racial Equality Network's (YREN) Director, welcomed the new Mental Health Strategy for York, highlighting that more work needed to be done to include the Black and Minority Ethnic (BME) residents' issues in its scope. She emphasised her willingness to share the YREN research on current state of mental health and wellbeing within the local BME community in order to contribute further to the strategy.

In view of the submission made by Ms Sanderson, the Chair requested that the Corporate Director of Health, Housing and Adult Social Care included her in relevant working groups in order to ensure her contribution to the delivery of the Mental Health Strategy.

### **139. Appointments to York's Health and Wellbeing Board**

Members considered a report asking the Health and Wellbeing Board (HWBB) to confirm new appointments to its membership and any other relevant membership changes.

The Board welcomed a new appointment of Dr Kevin Smith, the Executive Director for Primary Care and Population Health from NHS Vale of York Clinical Commissioning Group (CCG) whose insights across the whole demographics of the city would further increase the Board's efficiency.

The Chair thanked Keith Ramsay who stepped down as Lay Chair of NHS Vale of York CCG and was replaced by Dr Nigel Wells who became the first Clinical Chair of NHS Vale of York CCG.

The Chair also welcomed Cllr K Myers, the new Executive Member for Education, Children and Young People.

Resolved: That the above appointments be endorsed.

Reason: In order to make the relevant membership changes to the HWBB.

#### **140. Amended working arrangements for the Health and Wellbeing Board**

Members considered a report presenting the amended working arrangements for the HWBB. This included a proposal to revise the number of meetings and workshops it held in order to better achieve its ambition. Additionally, Members were asked to agree their work plan for the period June 2018 to May 2019 and a schedule of workshops for the same period.

Members supported the idea of introducing the structured approach toward the themed workshops. Some Members, however, were concerned that the workshops would not be held in public which could question transparency in relation to the HWBB's operation. It was clarified that all decision-making process would be exclusive to the public HWBB meetings and that the outcomes of the themed workshops would be reported through regular communication (on top of the existing newsletter). It was also highlighted that the workshops were designed with the aim of securing more meaningful engagement with service users who had experiences with issues that were within the remit of the HWBB's functions.

Members suggested that the Terms of Reference (ToRs) for the workshops should specifically include the fact that no decisions were to be made in closed meetings. It was also agreed that the amended working arrangements could be reviewed in less than a year's time.

Resolved: That the proposal to revise the number of the HWBB meetings and workshops be approved.

Reason: To explore more effective ways for the Health and Wellbeing Board to work.

#### **141. Performance Report**

*[Cllr Runciman left at this point in the meeting].*

Members were presented with a performance report that was designed to provide an overview of the suite of performance indicators accompanying the Joint Health and Wellbeing Strategy (JHWS) 2017-2022. The Senior Business Intelligence Officer and the Strategic Support Manager were in attendance to summarise the report and answer Members' queries.

In response to the questions posed by the Board, the following was clarified:

- 82% of children had their 12 month Health Visitor review visit by the age of 15 months;
- the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services was a standard national measure;
- a multi-agency group had been set up as part of the action plan to decrease the rate of hospital admissions for dental decay for 0-4 year olds in York; this was one of the highest public health priorities on the local agenda;
- the benchmarking data used in the report consisted of local authorities in Yorkshire and the Humber.

The following feedback in relation to future reports' content was noted:

- including the 30 month (2.5 years) Health Visitor performance indicators;
- including additional information on the proportion of older people (aged 65 and over) who were still at home 180 days after discharge from hospital into reablement / rehabilitation services;
- including waiting times for psychological therapies' referrals;

- including additional measures demonstrating clear progress in relation to the overall JHWS;
- implementing benchmarking progress against statistical neighbour authorities;
- including performance measures in relation to equalities over the life course (e.g. attainment gap comparison between children from more and less deprived areas);
- including measures that were not part of the Public Health Outcomes Framework.

It was suggested that a follow-up discussion on the anxiety and depression data be organised to gain additional insight into the local landscape of mental health and wellbeing.

It was also confirmed that the *Starting and Growing Well Joint Strategic Needs Assessment Inequalities* report on obesity, mental health and child poverty across the city would be presented to the Board during its next public meeting.

The Officers were thanked for their report and it was

- Resolved:
- (a) That the report be noted.
  - (b) That further information on specific areas of work as noted above be requested.
  - (c) That a forthcoming workshop around further development of a performance framework be focused.

- Reason:
- (a) To ensure understanding of the progress made against the JHWS.
  - (b)(c) To ensure Members have the required level of detail in relation to the performance.

## 142. Suicide Prevention Strategy

*[Cllr K Myers left at this point in the meeting].*

The report on the draft suicide prevention strategy was presented to Members by the Assistant Director of Public Health, the Suicide Prevention Lead Officer and the Public Health Specialist Practitioner. Members were asked to comment on the draft strategy and approve a 12-week-long public consultation on the draft. The Officers outlined the Living Works Suicide-Safer Community model as well as the key objectives and outcomes, two of which had been incorporated to cater for the local delivery of the agenda. It was reported that the development of an action plan had also started and that, should the public consultation be approved by the Board, the conference launching the strategy would be held in September 2018 and the *York Suicide Safer Community Workshop* on 5 July 2018.

In response to Members' questions, the following was explained:

- the Living Works model was based on community education and engagement (an asset-based approach) i.e. facilitating people to work together in order to achieve positive change by lived experience of the issues they experienced in their own lives, which was a key factor contributing to the success in the suicide prevention;
- the partnership organisations would be asked to contribute to the some of the resources needed to implement the strategy (e.g. for training);
- people at risk of suicide should be involved in every stage of shaping the strategy.

Members provided the following feedback on the draft strategy:

- issues pertinent to people under 18 years old should be appropriately represented, both in the high-level strategy as well as in the action and work plans;
- specific action outputs that were beneficial to the community (which was fundamental in the asset-based approach) should be included in the high-level strategy.

Members were complimentary about the Public Health Team's hard work, commenting in particular on the number of groups and organisations that had been working to create the draft strategy.

Resolved: That the initial draft of the Suicide Prevention Strategy be considered and further public and stakeholder consultation be agreed, before a final version is submitted to the Board for agreement.

Reason: To ensure that the HWBB is sighted on progress of the Suicide Prevention Strategy.

#### **143. Update on progress of the York Health and Care Place Based Improvement Board (PBIB)**

Members considered a report updating the Board on progress of the York Health and Care Place Based Improvement Board (PBIB). The Board welcomed the opportunity to contribute further to the improved health and wellbeing service provision in the city on a partnership basis. It was explained that any proposals made as part of that partnership would be referred to the HWBB as PBIB was not a decision-making entity.

Resolved:

- (a) That the fact that a first PBIB meeting had taken place be noted.
- (b) That Officers report back on the work of the PBIB to HWBB.
- (c) That the PBIB Terms of Reference be circulated to Members after the meeting.



Reason: To ensure that the HWBB is sighted on the development and the work of the PBIB.

Cllr C Runciman, Chair

*[The meeting started at 4.30pm and finished at 6.05pm].*

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