

Meeting	Health and Wellbeing Board
Date	20 July 2016
Present	<p>Councillors Runciman (Chair), Brooks, Funnell (Substitute for Councillor Cannon)</p> <p>Sharon Stoltz (Director of Public Health, City of York Council)</p> <p>Martin Farran (Director of Adult Social Care, City of York Council)</p> <p>Jon Stonehouse (Director of Children's Services, Education and Skills, City of York Council)</p> <p>Helen Hirst, Interim Accountable Officer, NHS Vale of York Clinical Commissioning Group (Substitute for Rachel Potts)</p> <p>Sarah Armstrong (Chief Executive, York CVS)</p> <p>Patrick Crowley (Chief Executive, York Teaching NHS Foundation Trust),</p> <p>Mike Padgham (Chair of Independent Care Group),</p> <p>Julie Warren (Locality Director (North) NHS England),</p> <p>Siân Balsom (Manager, Healthwatch York),</p> <p>Richard Anderson (Superintendent, North Yorkshire Police) (Substitute for Tim Madgwick)</p> <p>Brian Coupe (Head of Service, Mental Health Services for Older People, Tees, Esk and Wear Valleys NHS Foundation (York and Selby) (Substitute for Colin Martin)</p>

## **Part A- Matters Dealt with under Delegated Powers**

### **1. 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.

Councillor Funnell declared a personal interest in the remit of the Board as a Board Member of Be Independent, a social enterprise which provided equipment and a telecare response service to support people to live independently in their own homes.

No other interests were declared.

### **2. Minutes**

Resolved: That the minutes of the Health and Wellbeing Board held on 18 May 2016 be approved as a correct record and then signed by the Chair.

### **3. Public Participation**

It was reported that there had been one registration to speak at the meeting under the Council's Public Participation Scheme. Sally Hutchinson from York VCS Forum wished to share her thoughts in regards to the absence of a substructure under the Board for older people and people with long term conditions.

The Chair suggested that the Public Participation slot was not an appropriate point at which to discuss this topic and suggested that the speaker be invited back to a future Board meeting.

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

The Board received a report which asked them to confirm the appointment of a Vice Chair to the Board and a number of substitutes.

Resolved:

That;

- Keith Ramsay, lay Chair of NHS Vale of York Clinical Commissioning Group be appointed as both a Board Member and Vice Chair.
- Sheenagh Powell, Lay Member and Audit Committee Chair of NHS Vale of York Clinical Commissioning Group (CCG) be appointed as a first substitute for Keith Ramsay
- David Booker, Lay Member and Chair of the Quality and Finance Committee of NHS Vale of York Clinical Commissioning Group as a second substitute for Keith Ramsay
- Brian Coupe, Head of Service, Mental Health Services for Older People (York and Selby), Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust be appointed as a second substitute for Colin Martin, Chief Executive, Tees, Esk and Wear Valleys, NHS Foundation Trust.

Reason: In order to make these appointments to the Board.

#### **5. Presentation from the Independent Care Group- Social Care in 2016**

Consideration was given to a report and presentation from the Chair of the Independent Care Group about Social Care.

They were told that;

- Recruitment and retention remained a major issue in the independent care sector.
- The independent care sector employed more staff than the NHS, however there needed to be additional higher quality staff and with this came the need for higher wages.
- The independent care sector did not feel engaged with the Better Care Fund.

- As the Care Quality Commission were not looking at small independent care providers, the sector felt that another instance of a social care provider failure might occur.
- The independent care sector felt that they had not been able to influence the Local Enterprise Partnership (LEP).

The Chair commented that the economic gain brought by the independent care sector needed to be made more visible. She added that she would raise the concerns identified by the Independent Care Group at the next meeting of the Education and Skills LEP Board of which she was a member.

Resolved: That the report and presentation be received and noted.

Reason: To keep members of the Board up to date regarding the Independent Care Sector.

## **6. Older People's Survey**

Board Members received a report which asked them whether they wanted to revise and repeat an Older People's Survey which was last held in 2008.

The Director of Adult Social Care introduced the report to the Board, and informed them that the key question of the survey would be what would keep older people out of the health care system.

Board Members made the following comments;

- Effort should be made to survey people where they felt comfortable and could talk easily, such as community centres and lunch clubs.
- The survey needed to be owned by the Health and Wellbeing Board and a commitment made to use the information that arose from the survey
- All agencies around the Health and Wellbeing Board table were invited to help shape the questions
- A peer approach to the survey was important
- Were we being ambitious enough about the number of people we were intending to survey? Mention was made of the Acute Trust's membership being included

It was suggested that a small group be formed to support the survey.

The following Options were considered by the Board:

Option 1 – support a refreshed survey taking place and indicate the timescale in which they would like this to happen

Option 2 – request that no further action be taken in relation to a survey of older people for the time being

Resolved: (i) That Option 1 be supported and a refreshed Older People's Survey take place.

(ii) That a small group be formed to carry out the survey.

Reason: To ensure that the needs of the older population are fully understood when re-commissioning services.

## **7. Update on Service Delivery for Dementia Care in York and Selby**

Board Members received an update report from the Head of Service for Mental Health Services for Older People from Tees, Esk and Wear Valleys NHS Foundation Trust on service delivery for Dementia/Cognitive Impairment in York.

It was noted that;

- The refurbishment of Peppermill Court was now complete and the unit would be reopening at the end of August.
- Tees, Esk and Wear Valleys NHS Foundation Trust had developing relationships with care homes to reduce Delayed Transfers of Care.
- The Trust were also working with voluntary services.

Board Members raised the following points;

- There were currently low levels of dementia diagnosis in the Vale of York compared to other areas. The Board

questioned whether the system would cope if diagnosis levels increased.

- Whilst dementia was not an inevitable consequence of ageing; prevention against dementia was key to ageing well.
- Dementia needed to be borne in mind in the refresh of the Joint Health and Wellbeing Strategy. It also needed to be focused on across the Sustainability Transformation Plan (STP).
- People with dementia appreciated being told their diagnosis, as this allowed them to put things into perspective.

Resolved: That the report be received and noted.

Reason: To keep the Board up to date in relation to mental health services for older people.

## **8. Annual Report-Safeguarding Adults Board**

The Board received the 2015/16 Annual Report of the City of York Safeguarding Adults Board.

The Independent Chair of the City of York Safeguarding Adults Board presented the report and informed the Board that;

- The Care Act did not distinguish between someone reporting a safeguarding concern to the council and a full formal investigation.
- Elderly people were most at risk from abuse in their own homes.
- A Suicide Prevention Coordinator had been recruited following a Lessons Learned Review into an adult suicide. Their report would be received by the City of York Safeguarding Adults Board.
- The City of York Safeguarding Adults Board wanted to work with the voluntary sector in the city, particularly in regards to publicising how people could keep themselves safe from harm.

It was reported that a draft protocol was being drawn up between the City of York Safeguarding Adults Board and the City of York Children's Safeguarding Board given that the safeguarding issues encountered by both groups overlapped.

The Board were informed that the City of York Safeguarding Adults Board had a three year strategic plan and an annual action plan of improvement.

Resolved: That the City of York Safeguarding Adults Board Annual Report be noted.

Reason: To keep the Board apprised of the work of the City of York Safeguarding Adults Board.

## **9. Monitoring and Managing Performance**

Board Members received a report which set out some suggestions to strengthen performance management to improve outcomes and the effectiveness of the health and social care system.

Questions about the report included how would the performance management framework would be implemented and how could the data be understood if there was a lack of solid intelligence. Concerns were also raised about oversight in the proposals and the current governance structure.

Officers thanked Board Members for their comments and confirmed that they would bring further information to a future Board development session. The aim was to begin the next financial year with a new performance management framework.

Resolved: That the report and work to date be noted.

Reason: To start the conversation about strengthening the performance management framework for the Health and Wellbeing Board.

## **10. Sustainability and Transformation Plans**

Board Members received a report which updated them on the latest arrangements for the development of Sustainability and Transformation Plans (STP) in the NHS for the Vale of York area.

In regards to the plans for the Vale of York area, the Board were informed that full plans would be submitted to NHS England in September 2016.

An update on finances was provided and it was reported that there would be a £20-30m deficit over the STP area during the current year.

It was reported that the STP was a planning tool and had as its aim to return providers to financial sustainability. However, it was noted that as it was driven nationally it might not be what the community wanted and was therefore challenging.

Concerns were raised by Board Members about what the STP would do for the Health and Wellbeing Board. It was also felt that there had been little time for public engagement over the plans. As a result some Board Members suggested the word 'co-production' to be removed from documents.

Resolved: That the report be noted.

Reason: To keep Health and Wellbeing Board apprised of progress against the development of STPs.

## **11. Healthwatch York Report- Access to GP Services**

The Board received a new Healthwatch York report entitled 'Access to GP Services'. The Board thanked Healthwatch York for the report.

Resolved: That the report be referred to the Joint Strategic Needs Assessment /Joint Health and Wellbeing Board Strategy Steering Group to be discussed further.

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

## **12. Progress in York with implementation of the Care Act 2014**

Board Members received a report which updated them on York's implementation of the Care Act 2014.

The Director of Adult Social Care introduced the report. He informed Board Members that he would circulate Stocktake 6 via email, which was the final national review of progress towards implementation of the Care Act 2014.

It was noted that there still remained no national guidance around finance.

It was suggested that a report on universal information and advice be brought to a future meeting of the Board.

Resolved: (i) That the future monitoring of progress through the performance management arrangements across the health and social care system be agreed.

(ii) That a further report at the point that Phase 2 is confirmed to be implemented, highlighting the potential impact be received.

(iii) A report on universal information and advice be brought to a future meeting of the Health and Wellbeing Board

Reason: (i) To ensure the Act is considered a fundamental part of our system's approach to care in both detail and spirit of the Act.

(ii) To allow the Health and Wellbeing Board to understand the impact of Phase 2 across the health and social care system.

## **13. Better Care Fund Submission 2016/17**

Board Members received an update report on progress to finalise a submission for the Better Care Fund in 2016/17 and beyond.

They were informed that;

- There was now a balanced plan that met NHS England's requirements.
- In order to meet the requirements, systems resilience schemes had not been included.
- The challenge of integration remained as did the creation of a financially sustainable base.
- There was a need for a risk management plan.
- The Integration and Transformation Board (ITB) would take on ownership and oversight of the BCF. They would regularly report to the HWBB and minutes from their meetings would be shared amongst Board Members.
- However, the ITB needed strong resources and a strong link with the Provider Alliance.

The draft narrative submission and details of the current financial position (which included spend on the various schemes included within the BCF) were circulated amongst Board Members.

A question was asked about what the BCF would mean for residents and how they would be able to tell it was making a difference. A response was given that indicated that risk analyses had taken place that showed that taking away schemes within the BCF would have an impact on the whole system. There was a need to inform the public that their behaviours could have an impact on the system as a whole and self management and self care would lessen the impact on the system and allow them to retain independence.

The Chair thanked all those who had been involved in the work and negotiations around the Better Care Fund.

- Resolved: (i) That the intensive drive to deliver a balanced plan be noted.
- (ii) That subject to agreement reached between senior managers from the Council and the Clinical Commissioning Group ahead of the meeting, the draft spending plan for submission to NHS England on 29 July 2016 be agreed.

(iii) That joint delegated authority be provided for the Chair of HWBB and Chair of the CCG Governing Body to authorise any final alterations to the narrative part of the submission, after receiving comments from members of the Board.

(iv) That the Chief Operating Officer and Director of Adult Social Care report the agreement to their respective executive management teams.

Reason: To keep the HWBB abreast of progress and to seek a decision from the Board in relation to a joint spending plan for 2016/17 and advise of the intention to submit the BCF documentation subject to local authorisation by delegated parties by the required deadline.

#### **14. Forward Plan**

Board Members were asked to consider the Board's Forward Plan for 2016/17.

Resolved: That the Forward Plan be approved.

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

### **Part B- Matters Referred to Full Council**

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

The Board received a report which asked them to confirm the appointment of a Vice Chair to the Board and;

Recommend: That Keith Ramsay, lay Chair of NHS Vale of York Clinical Commissioning Group be appointed as Vice Chair of the Health and Wellbeing Board.

Reason: In order to make the appointment of a Vice Chair to the Board.

*To note that: The Vice Chair of the Health and Wellbeing Board  
will always be the lay Chair of the NHS Vale of York  
Clinical Commissioning Group.*

Councillor C Runciman, Chair

[The meeting started at 4.30 pm and finished at 7.05 pm].