

Notice of a public meeting of

Health and Wellbeing Board

To: Councillors Simpson-Laing (Chair), Looker and Healey

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), Kevin Hall (Director of Adults, Children & Education, City of York Council), Dave Jones (Chief Constable, North Yorkshire Police), Garry Jones (Chief Executive, York Council for Voluntary Service), Siân Balsom (Manager, York HealthWatch), Chris Long (Local Area Team Director for North Yorkshire and the Humber, NHS Commissioning Board), Patrick Crowley (Chief Executive, York Teaching Hospital NHS Foundation Trust), Mark Hayes (Chair, Vale of York Clinical Commissioning Group), Rachel Potts (Chief Operating Officer, Vale of York Clinical Commissioning Group), Chris Butler (Chief Executive, Leeds and York Partnership NHS Foundation Trust) and Mike Padgham (Chair, Independent Care Group)

Date: Wednesday, 2 October 2013

Time: 4.30 pm

Venue: Hudson Board Room, 1st Floor, West Offices, York

AGENDA

1. Introductions

2. Declarations of Interest (Pages 3 - 4)

At this point in the meeting, Members are asked to declare:

- any personal interests not included on the Register of Interests
- any prejudicial interests or
- any disclosable pecuniary interests

which they may have in respect of business on this agenda. A list of general personal interests previously declared is attached.

3. Minutes (Pages 5 - 16)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on Wednesday 10 July 2013.

4. Public Participation

It is at this point in the meeting that members of the public who have registered their wish to speak can do so. The deadline for registering is by **5.00pm on Tuesday 1 October 2013**.

To register please contact the Democracy Officer for the meeting, on the details at the foot of this agenda.

5. Progress Report - Section 136 Place of Safety (Pages 17 - 24)

This report asks the members of the Health and Wellbeing Board to note and make comment on the progress made on providing a Place of Safety for York and North Yorkshire. An update has been provided and is at **Annex A** to this report.

6. Integrating Health & Social Care - Integration Transformation Fund (Pages 25 - 32)

This report sets out current government policy and direction on the move towards Integrated Health and Social Care and the creation of the Integrated Transformation Fund.

7. Accident and Emergency Winter Money (Pages 33 - 38)

This report presents the Health and Wellbeing Board with some information about some additional monies to support hospitals through winter.

Rachel Potts, the Chief Operating Officer at the Vale of York Clinical Commissioning Group and Mike Proctor from York Teaching Hospital NHS Foundation Trust will give a verbal update at the meeting as at the time of writing the report there is very little detail available.

8. The Independent Care Sector's Response to the Francis Report (Pages 39 - 42)

This report asks the Health and Wellbeing Board to consider the Independent care sector's response to the Francis Report. Mike Padgham, the Chair of the Independent Care Group will present this response at the meeting.

9. Joint Strategic Needs Assessment (JSNA) - Progress Update (Pages 43 - 50)

This report presents information on progress against refreshing the JSNA.

10. Mental Health and Learning Disabilities Partnership Board - Terms of Reference and Appointments to the Board (Pages 51 - 62)

This report asks members of the Health and Wellbeing Board to agree the Constitution, Terms of Reference and Membership for the Mental Health and Learning Disabilities Partnership Board.

11. Any Other Business

Any other business which the Chair considers urgent under the Local Government Act 1972.

Democracy Officer:

Name- Judith Betts

Telephone No. – 01904 551078

E-mail- judith.betts@york.gov.uk

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting:

- Registering to speak
- Written Representations
- Business of the meeting
- Any special arrangements
- Copies of reports

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The purpose of all scrutiny and ad-hoc scrutiny committees appointed by the Council is to:

- Monitor the performance and effectiveness of services;
- Review existing policies and assist in the development of new ones, as necessary; and
- Monitor best value continuous service improvement plans

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Health & Wellbeing Board Declarations of Interest

Cllr. Tracey Simpson-Laing, Deputy Leader of City of York Council

- Member of Unison
- Safeguarding Adult Board, CYC – Member
- Peaseholme Board – Member
- Governor of Carr Infant School

Kersten England, Chief Executive of City of York Council

My husband, Richard Wells, is currently undertaking leadership coaching and development work with consultants in the NHS, including Yorkshire and the Humber, as an associate of Phoenix Consulting. He is also the director of a Social Enterprise, 'Creating Space 4 You', which works with volunteer organisations in York and North Yorkshire.

Patrick Crowley, Chief Executive of York Hospital

None to declare

Dr. Mark Hayes, (Chair, Vale of York Clinical Commissioning Group)

GP for one day a week in Tadcaster.

Rachel Potts, Chief Operating Officer, Vale of York Clinical Commissioning Group)

None to declare

Garry Jones, Chief Executive York Council for Voluntary Service

As the Council for Voluntary Service has the contract to run York Health Watch

Chris Butler, Chief Executive of Leeds and York Partnership NHS Foundation Trust

None to declare

Mike Padgham, Chair Council of Independent Care Group

- Managing Director of St Cecilia's Care Services Ltd.
- Chair of Independent Care Group
- Chair of United Kingdom Home Care Association
- Commercial Director of Spirit Care Ltd.
- Director of Care Comm LLP

Siân Balsom, Manager Health Watch York

- Vice Chair of Scarborough and Ryedale Carer's Resource
- Shareholder in the Golden Ball Community Co-operative Pub

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City of York Council

Committee Minutes

Meeting

Health and Wellbeing Board

Date

10 July 2013

Present

Councillors Simpson-Laing (Chair), Looker and Healey

Dr Paul Edmondson-Jones (Director of Public Health & Wellbeing, City of York Council)

Kevin Hall (Interim Director of Adults, Children & Education, City of York Council)

Garry Jones (Chief Executive, York Council for Voluntary Service (CVS))

Siân Balsom (Manager, York HealthWatch)

Chris Long (Local Area Team Director for North Yorkshire and the Humber, NHS Commissioning Board)

Patrick Crowley (Chief Executive, York Teaching Hospital NHS Foundation Trust)

Rachel Potts (Chief Operating Officer, Vale of York Clinical Commissioning Group)

Tim Madgwick (North Yorkshire Police)
(Substitute for Dave Jones)

Apologies

Kersten England (Chief Executive, City of York Council),

Dave Jones (Chief Constable, North Yorkshire Police),

Mark Hayes (Chair, Vale of York Clinical Commissioning Group)

Mike Padgham (Chair, Independent Care Group)

Chris Butler (Chief Executive, Leeds and York Partnership NHS Foundation trust)

1. Introductions

The Chair welcomed Garry Jones, the new Chief Executive of York Council for Voluntary Service (CVS) to the Board.

2. 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 in the business on the agenda.

Garry Jones declared a standing interest in the remit of the Board as the Chief Executive of York Council for Voluntary Service(CVS). York CVS had been awarded the contract to run York Health Watch.

Councillor Looker requested that her personal interest as a Governor of Canon Lee be taken off the list of Registered Standing Interests.

No other interests were declared.

3. Minutes

Resolved: That the minutes of the Health and Wellbeing Board held on 17 April 2013 be signed and approved by the Chair as a correct record.

4. Public Participation

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

5. The Voice and Influence of Carers

During this item Board Members received a presentation from Carers and Young Carers. They also considered a report which asked them to endorse and sign up to the Carers Charter.

Two carers shared their experiences of their roles with the Board.

The first carer, who was a young woman, informed the Board about how she had looked after her brother and mother for 16 years. She praised the support she had received from York Carer's Centre, which she felt was more than in other areas of the country. She informed the Board that with the Carer's Centre's help she had been able to move away from home to attend University.

The second carer informed the Board about the various roles that she had alongside caring for her child. These roles ranged from being a mother, wife, houseperson, employee, carer for other relatives, a volunteer for a charity and being a keyworker. She admitted that her role as a keyworker took up more time than her other roles and that she could not sleep as a result of the work that was associated with this. She added that as a carer she needed to be constantly prepared for any circumstance, and that she lived in debt and admitted that she needed help. However, she still had a personal attitude of carrying on regardless of this.

The Chair thanked the two carers for sharing their experiences. It was also underlined that Carers should always be considered and involved in all aspects of Health and Social Care.

The Board endorsed the proposal for Carers Champions and it was reported that discussions would take place outside of the meeting to decide on who would take on this role.

- Resolved:
- (i) That the Carers Charter be endorsed.
 - (ii) That the voice of carers should be represented on the Health and Wellbeing Board and the sub groups that sit below it, by having Carer Champions, rather than additional Board Members.

- (iii) That how the Board will make sure that supporting carers, a 'cross cutting theme' will be embedded across the work of the Health and Wellbeing Board be collectively agreed.

Reason: To ensure that Carers, who make such a valuable contribution in the city, having meaningful voice and influence within the local health and wellbeing system.

6. Disabled Children's Charter

Board Members considered a report which asked them to review the Disabled Children's Charter for Health and Wellbeing Boards, the accompanying document 'Why sign the Disabled Children's Charter for Health and Wellbeing Boards' and to sign up to the national and local charter.

Two parents of disabled children attended the meeting and shared their experiences of caring for their children with Board Members. They shared the positive experiences and support that they had encountered with local services for Disabled Children in York and urged Members to sign the City of York Disabled Children's Charter.

Discussion took place around costs of out of city placements and Education and Care Plans for Disabled Children.

In relation to costs around placements outside of the Local Authority, it was reported that costs had risen due to those children having more complex needs. There was also a general expectation from schools that those children with a disability and more complex needs should have 1 to 1 Assistance, which had a greater cost attached to it.

Officers agreed that they were also concerned with mental health issues of those children with disabilities and Special Educational Needs (SEN), given that it was a poorly understood area nationally and that statistics were not always systematically recorded in the city.

It was suggested that further collaborative work with the YorOK Board was needed to get information out about mental health for Disabled and SEN children in a consistent manner. Officers confirmed that they had further data about SEN children in York.

The Chair thanked the parents for sharing their experiences with the Board and requested that the additional data about SEN in York be circulated to Board Members.

- Resolved:
- (i) That the report be noted.
 - (ii) That it be agreed that the Board sign up to the national Charter and agree to achieving its 7 commitments.
 - (iii) That the Board sign up to the local City of York Charter for Disabled Children.
 - (iv) That further data on SEN children be circulated to Board Members.

Reason: That the Health and Wellbeing Board demonstrate a commitment to improving the lives of disabled children young people and their families.

7. Refreshing York's Joint Strategic Needs Assessment (JSNA)

Board Members considered a report which asked them to review proposals for refreshing York's current Joint Strategic Needs Assessment (JSNA) and carrying out a number of more detailed needs assessments to increase understanding of the local population's health and wellbeing.

Board Members were informed that in terms of a light refresh of the JSNA, it was hoped that this would be completed by September 2013. However, a pre meeting with North Yorkshire and East Riding Health and Wellbeing Boards, would take place before a regional meeting of Chairs of Health and Wellbeing Boards to discuss alignment of the three JSNAs. This pre meeting would discuss issues arising from all three JSNAs and so the timescale of signing off the JSNA might change.

Discussion between Board Members took place on issues that any refresh of the JSNA needed to be aware of such as;

- The need for data for national funding for events such as the Special Olympics.
- The new responsibilities that would be taken on by the Council's Education Services regarding Special Educational Needs (SEN) and Disabilities.
- Upcoming significant changes in the Probation Service.
- Implications arising from the Government's Compulsory Spending Review (CSR) in regards to 'top slicing' of funding for CCG's, for example, the difference between what would be deemed necessary currently and then what partners would be mandated to do following the CSR.
- The refresh of the NHS Mandate by the Secretary of State in regards to care of the Frail and Elderly.
- The Launch of a consultation from NHS England on what people want from the NHS in the next ten years.

In response to the options presented in the report, Board Members decided that they preferred to continue to consider needs assessments in the Health and Wellbeing Sub-Boards. It was suggested that specific needs assessments could be presented at Health and Wellbeing Board meetings themed around those specific areas.

- Resolved:
- (i) That the report be noted.
 - (ii) That a light refresh of the current JSNA be carried out as per the proposals set out in the Officer's report.
 - (iii) That more detailed needs assessments be carried out for the following:
 1. Mental Health
 2. Young People
 3. Travellers
 4. Frail elderly
 5. Anti-poverty (cross cutting)

- (iv) That these needs assessments be carried out by the Health and Wellbeing Sub Boards and each be presented at a themed meeting of the Health and Wellbeing Board.

Reason: To fulfil its duty to understand the health and wellbeing needs of the local population, by preparing and publishing a Joint Strategic Needs Assessment.

8. Place of Safety Verbal Update

Board Members received a verbal update from the Vale of York Clinical Commissioning Group (VOYCCG) on the provision of a Place of Safety for York.

In the verbal update from Doctor Cath Snape, Board Members were informed that the CCG had agreed funding for a Place of Safety in York and a recent meeting had been held at Bootham Park Hospital to investigate providing a building for this. It was reported that the CCG and Police had been commended for their approach, and that the Home Secretary and Health Secretary would open the suites at Bootham Park Hospital.

Board Members asked how the Crime and Community Safety agenda linked with Health, and if a partnership forum had been established between these two partners.

The Police and Crime Commissioner, Julia Mulligan, who was in attendance at the meeting responded that Community Safety Forums were being reformed to meet this need, and that further work was still needed as to how these would connect with the Health and Wellbeing Board.

Board Members were informed that the idea of a Place of Safety and the use of a Section 136 order was part of a wider health agenda, and that by the provision of a Place of Safety in the city, this could prevent other agencies being needlessly involved.

Resolved: That the update be noted.

Reason: To ensure that the Board are informed on the Place of Safety for York.

9. Integrating Health and Social Care

Board Members received a report which set out the clear directive for integrating health and social care and updated them on work that is being carried out to achieve this.

Some Board Members felt that the work of the York Collaborative Transformation Board needed to be made more explicit from the outset, particularly in its work on the mapping of care pathways for the frail and elderly. They commented that the only person who would understand the pathway would be the user, so it was vital to make sure how it would affect their lives. Others felt that this work and future work should underline how all those in health and social care could strive to do better.

The Chair added that she wished for the Collaborative Transformation Board to provide updates and challenges in their work at each Health and Wellbeing Board meeting.

- Resolved:
- (i) That the report and clear directive from the government to integrate health and social care by 2018 be noted.
 - (ii) That current local progress to achieve integration notably the North Yorkshire and York Integrated Commissioning Board and York Integrated Commissioning Board, the bid to become a Pioneer Site for integration and the York Collaborative Transformation Board be noted.
 - (iii) That regular updates and challenges from the York Collaborative Transformation Board be received by the Health and Wellbeing Board.

Reason: To fulfil their duty and commitment to integrating health and social care to achieve co-ordinated care and support at the point of delivery.

10. Anti Poverty Work-Update

Board Members received a report which asked them to support a proposed vision for a poverty free York and proposals for an anti-poverty programme.

Discussion took place on the outcomes under the Healthy City objective. One Board Member felt that if the Council's policy to reduce the gap in life expectancy between richest and poorest focused on the bottom percentile of the population, this needed to be made more explicit in the proposed poverty targets.

Officers clarified that proposed targets would not only enable equal access to services but to give all residents the equal ability to benefit from services.

Further discussion highlighted that organised serious crime in deprived areas accentuated health inequalities through the distribution of unregulated alcohol and cheap cigarettes. Other Board Members pointed out that further partnership working, and joined up services were needed across all those involved in Health and Social Care.

- Resolved:
- (i) That the report be noted.
 - (ii) That the Board support the proposed vision for a poverty free York and the proposals for an anti-poverty programme.
 - (iii) That the Council's success in gaining a place on the Systems Leadership- Local Vision Programme be noted.
 - (iv) That Board Members agree to work with the Leadership Programme to develop effective partnership leadership of initiatives to deliver the poverty-free Vision for the city.

Reason: This work will support the delivery of one of the five priorities in York's Health and Wellbeing Strategy- Reducing Health Inequalities.

11. Joint Response to the Francis Report

Board Members received a report which set out the joint local response to The Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (the Francis Report). The response had been jointly prepared by Leeds and York Partnership NHS Foundation Trust and the NHS Vale of York Clinical Commissioning Group.

Beverley Geary, the Chief Nurse from York Teaching Hospital NHS Foundation Trust and Carrie Wollerton from Leeds and York Partnership NHS Foundation Trust presented the report.

Board Members were informed that the following actions had taken place at York Teaching Hospital as a result of the Francis Report;

- The advanced skills nurses had been introduced so that patients could be treated quickly.
- Early indicator tools such as staffing and the recording of falls and incidents at ward level were in development.
- A Friends and Family test had been introduced in April to give feedback on ward strategy.
- That a review had taken place to include patients in decision making about their own care.
- That discussions were underway with the Clinical Commissioning Group about carrying out joint quality visits to hospitals to talk to patients about their experiences and opinions of the care they had received.
- That patient stories and voices were now shared at the Hospital Board level.
- A change in the hospital's nursing management strategy had taken place to clarify the lines of management.

A question was raised regarding the level of qualifications required to carry out care work in hospital, in that patients often could not distinguish between nurses, care staff and cleaners. For example, had the care assistant role been overlooked in changes to nursing standards?

It was reported that all Health Care Assistants (HCA) at York Hospital were expected to take an assessment and a robust appraisal system for staff was in place. It was also reported that all Hospital staff were registered with the Royal College of Nursing.

The Chief Executive of York Teaching Hospital, Patrick Crowley, informed the Board that the Hospital had chosen to alter its process of recruitment of HCAs, to a 'values based' approach. For example, all HCAs were required to attend an open day and were expected to provide attention to detail, be open and receptive in their dealings with patients.

It was also noted that a large percentage of the most vulnerable people in York were cared for in Care Homes and that sometimes there were instances of unnecessary hospital admissions of patients from Care Homes. The Board suggested that the Chair of the Independent Care Group, Mike Padgham, spoke to the Board at their next meeting in response to this.

- Resolved:
- (i) That the report be noted.
 - (ii) That the work undertaken to date towards implementing the recommendations in the Francis Report be noted.
 - (iii) That the Independent Care Group be invited to share their response to the Francis Report with the Board at their meeting in September.

Reason: To keep the Board apprised of ongoing work in the city around implementing the recommendations contained in the Francis Report.

Councillor T Simpson-Laing, Chair
[The meeting started at 4.35 pm and finished at 6.55 pm].

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Health and Wellbeing Board**2nd October 2013**

Report of the Director of Health and Wellbeing

Progress Report – Section 136 Place of Safety**Summary**

1. This report asks the members of the Health and Wellbeing Board to note and make comment on the progress made on providing a Place of Safety for York and North Yorkshire. An update has been provided and is at **Annex A** to this report.
2. Partners from appropriate organisations will be in attendance at the meeting to answer any questions that the Board may have.

Background

3. The Health and Wellbeing Board gave a commitment in their Joint Health and Wellbeing Strategy to provide a more fit for purpose Place of Safety for York and North Yorkshire.
4. There has been progress made towards providing the Place of Safety at Bootham Park Hospital and the Health and Wellbeing Board received verbal updates at both their April 2013 and July 2013 meetings on what has been happening.

Consultation

5. Consultation and discussion has taken place between appropriate partner organisations which has led to Bootham Park being the chosen building to house the Place of Safety.

Options

6. There are no specific options for the Board to consider, however they are asked to note the update at **Annex A** and make any comments they feel necessary to move this project forward.

Analysis

7. Not applicable

Council Plan 2011-2015

8. This report is directly linked to the 'protect vulnerable people' link of the Council Plan 2011-2015.
9. It is also a priority identified in the Joint Health and Wellbeing Strategy 2013-16.

Implications

10. **Financial** – Vale of York Clinical Commissioning Group have agreed funding for the Place of Safety.
11. **Human Resources (HR)** - None
12. **Equalities** - We need to ensure that those detained under the Mental Health Act are treated with respect and dignity. As we currently do not have a Place of Safety those detained may well be detained in police custody and this is inappropriate. Establishing a Place of Safety for York and North Yorkshire will stop the need for this to happen.

Risk Management

13. There is a risk that vulnerable adults will continue to be inappropriately detained in police custody if a Place of Safety is not provided.

Recommendations

14. Members of the Health and Wellbeing Board are asked to note and comment on the report and its associated annex.

Reason: In order to inform the Health and Wellbeing Board of progress made towards providing a Place of Safety for York and North Yorkshire.

Contact Details

Author:

Tracy Wallis
Health and Wellbeing
Partnerships Co-ordinator
Tel: 01904 551714

Chief Officer Responsible for the report:

Dr Paul Edmondson-Jones
Director of Health and Wellbeing
Tel: 01904 551993

**Report
Approved**

Date

24
September
2013

Specialist Implications Officer(s)

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A – Update on progress

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Partnership Commissioning Unit

On behalf of
Hambleton, Richmondshire and Whitby CCG
Harrogate and Rural District CCG
Scarborough and Ryedale CCG
Vale of York CCG



Vale of York

Clinical Commissioning Group

**Meeting: York Health and Wellbeing Board
2nd October 2013**

Report From: Dr Cath Snape, GP MH Lead for Vale of York Clinical Commissioning Group (VOYCCG)
Judith Knapton, Head of Mental Health and Vulnerable Adults, Partnerships Commissioning Unit

Report Subject: Section 136 Health Based Place of Safety

1. Introduction

1.1 The purpose of this paper is to update the York Health and Wellbeing Board on developments regarding s136 Health Based Place of Safety (HBPOS).

1.2 The intention is to commission a HBPOS from Leeds and York Partnership Foundation Trust (LYPFT) as part of the overall crisis service provision. The facility will be located on the main site in Bootham Park Hospital in York, adjacent to acute care facilities. However, the site requires capital works to achieve the specification required for the S136 service. NHS Property Services (NHSPS) have been working with Commissioners and LYPFT to progress this work since 30th July 2013.

2. Background and local context

2.1 If a Police Officer finds, in a place to which the public have access, a person who appears to be suffering from a mental disorder, and to be in immediate need of care or control, the Police Officer can, if he/she thinks it necessary to do so in the interests of that person, or for the protection of other persons, remove that person to a place of safety where the person may be detained for up to 72 hours. (MHA 1983 Section 136). The purpose of Section 136 is to allow a joint assessment by a doctor and by an AMHP (Approved Mental Health Professional) and to make any other arrangements that may be needed for the person's treatment and care.

**Partnership Commissioning Unit**

On behalf of
Hambleton, Richmondshire and Whitby CCG
Harrogate and Rural District CCG
Scarborough and Ryedale CCG
Vale of York CCG

**Vale of York*****Clinical Commissioning Group***

2.2 There is no HBPOS in North Yorkshire and York. Those detained under section 136 are usually cared for in the police custody suite. For those detained in and around the York area they are taken to Fulford Police Station, York. If someone has an overriding physical health problem they will be taken to the Accident and Emergency Department at York Hospital.

2.3 The lack of a HBPOS has been a concern in North Yorkshire and York for a considerable length of time. A high profile death in custody in the force area highlighted the risks associated with the current situation. One of the first actions of the newly appointed Police and Crime Commissioner was to raise the concerns that North Yorkshire was the only force in the country not to have a HBPOS

2.4 The provision of a s136 HBPOS was agreed to be a priority by NHS Vale of York Clinical Commissioning Group, North Yorkshire Police, City of York Council, North Yorkshire County Council and local health service providers, York District Foundation Trust and LYPFT

2.5 In July 2013 the VOYCCG Governing Body agreed to commission a HBPOS as part of an overall crisis service from Leeds York Partnership Foundation Trust.

3. Actions Taken

3.1 Service specification has been written and with LYPFT for agreement.

3.2 LYPFT have started the recruitment process

3.3 Assessment of building requirements has been completed. Louise Ramsay, Local Area Team Manager (North Yorkshire & Humber NHS Property Services Limited) has been working with principal contractor Mansell (Balfour Beatty construction) and their supply chain to scope and cost the capital work required for this service development.

- 3.4 Dr Cath Snape has liaised with Darren Richardson (Director of City and Environmental Services) and Cllr Tracey Simpson-Laing-Deputy Leader of the Council, Cabinet Member for Health Housing & Adult Social Service Chair Health & Wellbeing Board to progress discussions regarding planning permission.
- 3.5 The budget cost for the refurbishment work has been confirmed at £90K and this is now in the process of being refined as the detailed scope is being worked up.
- 3.6 NHS Property Services Limited has secured approval, with the support of NHS England, to Department of Health capital being available to cover the budget cost identified.
- 3.7 In working up the scheme, however, it has become apparent that in order to achieve Building Regulations compliance, mechanical ventilation will need to be installed to the bedrooms. This will in turn require external condensers to be affixed to the external walls of this Grade II listed building. Indications are that planning consent may not be required but listed building consent may still be required from English Heritage, which may cause a delay. Partners continue to work together to explore solutions, which would mitigate any delay to the scheme.
- 3.8 The s 136 Working Group has been established including the Partnerships Commissioning Unit (on behalf of VOY, SR, HRW and HaRD CCGs), North Yorkshire Police, LYPFT, Tees Esk and Wear Valleys Foundation Trust, Yorkshire Ambulance Service, City of York Council, North Yorkshire County Council, Public Health, York and Scarborough Foundation Trust and Medacs. The purpose of the group is to establish an 'Agreement of Operation' to ensure the effective implementation of the services for those within North Yorkshire and York and a mechanism for on-going monitoring of effectiveness.



Partnership Commissioning Unit

On behalf of
Hambleton, Richmondshire and Whitby CCG
Harrogate and Rural District CCG
Scarborough and Ryedale CCG
Vale of York CCG



Vale of York

Clinical Commissioning Group

4. Next Steps

- 4.1 The PCU and VOYCCG are keen that this service is put in place as quickly as possible aiming for a start date in November. The main risk to this is if listed building consent is needed which may delay the start until mid to end of December.
- 4.2 NHS Property services are working closely with colleagues in English Heritage to mitigate the risk of delay to completion.
- 4.2 LYPFT will provide support to training for police officers on s136 implementation in October.
- 4.3 Completion and sign off of the Agreement of Operation between partners and agreement and circulation of dataset and recording systems is to be completed by November.

5. Recommendations

For the Health and Wellbeing Board to note the content of this paper.



Health & Wellbeing Board**2nd October 2013**

Report of the Director of Health and Wellbeing

Integrating Health & Social Care – Integration Transformation Fund**Summary**

1. This report sets out current government policy and direction on the move towards Integrated Health and Social Care and the creation of the Integrated Transformation Fund. It outlines the local response to these initiatives and the Board will be asked to:
 - (1) Note the national direction of travel towards health and social care integration with the creation of Integration Pioneers and the establishment of the Integrated Transformation Fund.
 - (2) Endorse the creation of the Collaborative Transformation Board which will oversee the creation of the Integration Plan for the Vale of York CCG footprint working alongside the Integrated Commissioning Board for NYCC area.
 - (3) Note the timetable for preparing the Integrated Plan and note that the final Plan will be brought to the Health and Well-being Board for initial approval on 29 January 2014 and then for final approval on 2 April 2014.

Background

2. A collaborative of national partners recently set out an ambitious vision of making person centred coordinated care and support the norm across the health and social care system in coming years. *Integrated Care and Support: Our Shared Commitment*, published in May 2013, sets out how the National Collaboration for Integrated Care and Support will work together to enable and encourage local innovation, address barriers and disseminate learning in support of better integration for the benefit of patients who use services, residents and local communities.

3. As part of the June 2013 Comprehensive Spending Review, the Government announced that £3.8 Billion would be set aside from 2015-16 onwards to ensure closer integration between health and social care. The funding is described as a “single pooled budget for health and social care to work more closely in local areas, based on a plan agreed between the NHS and Local Authorities. This will be called the Integration Transformation Fund (ITF).

Integrated Care Pioneers

4. The National Partnership recognised that, while each locality must develop its own model and plans for integration based on local need, there are barriers at national, regional and local level that get in the way. Expressions of interest were therefore sought from local areas that wanted to become part of the first wave Integration Pioneers who could drive forward local change at a pace and scale from which the rest of the country could benefit. There is a plan to stimulate successive cohorts of pioneers over the next few years to enhance accelerated learning across the country.

North Yorkshire and York Integrated Framework Agreement

5. North Yorkshire County Council (NYCC) and City of York Council (CYC) serve the biggest area geographically in England. This presents significant challenges around bringing together numerous organisations across multiple boundaries and a mixture of urban and rural communities. The NHS has been subject to significant financial constraints across the area for a number of years and this has led to a significant lack of investment in community based services and to some fragmentation of services.
6. NYCC and CYC agreed to work together with the NHS and other local partners to create an Integrated Framework Agreement (ITA) that would reflect the commitment of local government and NHS commissioners in North Yorkshire and York to work together to bring services together to significantly improve outcomes and eliminate the fragmentation of services across health, care and support for patients, residents, services users and carers.
7. The ITA sets out a consistent approach to the key issues around governance, accountability, resources and leadership. It will enable models for integration of commissioning and services to be developed appropriate to the group, activities and locality.

The ITA will be owned by the Integrated Commissioning Board (ICB) which will report to the North Yorkshire H&WB Board and by the Collaborative Transformation Board (CTB) which will report to the City of York H&WB Board.

8. Implementation plans will be developed under this overarching framework for each individual CCG area (Vale of York, Harrogate & Rural, Hambleton, Craven, Scarborough & Ryedale, Richmondshire and Whitby). The ICB and CTB will have the responsibility to work together to take forward not just the joint work under the Integrated Framework Agreement but particularly the individual plans for their respective CCGs on a day to day basis.
9. NYCC and CYC were unsuccessful in their bid to be a first wave Integration Pioneer but will continue to work together under the Framework Agreement and will seek to be a second or subsequent wave Pioneer.

Collaborative Transformation Board for Vale of York Footprint

10. The CTB has now met twice and will oversee the development of integrated care and support across the Vale of York footprint. It will oversee the creation of a 5 year strategy and lead the delivery of an implementation plan for whole system change across all appropriate care and support services in the Vale of York. It will ensure that the strategy and plans are deeply rooted in patient/carer experience as well as the needs and views of local residents. It will work on the principles of co-production and co-design and ensure that the individual who is receiving care and support is at the heart of the integration.
11. The CTB has a representative from every NHS organisation and local authority operating within the Vale of York as well as a representative from NHS (England), Health watch and the CVS. In addition, places on the Board may also be made available to any other organisation or individuals that it is felt can add value to the work of the Board. The CTB is chaired by The Director of Health & Well-being from CYC who will provide a direct link to the wider work across York and North Yorkshire as a member of the NYCC Integrated Commissioning Board.

Integrated Transformation Fund for Health & Social Care

12. The £3.8Bn Integrated Transformation Fund will be top sliced in 2015-16 from CCG budgets and transferred locally into a “single pooled budget for health and social care services to work more closely together in local areas”. Of that sum, approximately £1.9Bn is existing funding (carers breaks, reablement, capital grants) continued from 2014-15 while an additional £1.9Bn, including funding to cover demographic pressures in adult social care and some of the costs associated with the Care and Support Bill, will be available from 2015-16 onwards.
13. Plans for the use of the pooled funds will need to be developed jointly by the VOYCCG and CYC along with NYCC and East Riding Council, signed off by each of these organisations and by the Health & Well-being Board. £1 Billion of the funding will be performance related with half paid on 1 April 2015 based on performance against targets in 2014-15 and the other half released in the second half of 2015-16 based on in year performance.
14. Early indications are that the nationally determined conditions that will have to be fulfilled in order to access the ITF include:
 - Plans to be jointly agreed
 - Funding allocated to social services in order to cover demographic pressures and other costs associated with the Care Bill
 - 7 day working in health and social care to support discharge
 - Better information sharing between NHS& LA using NHS number
 - Joint approach to assessments and care planning
 - Nominated accountable professional for all integrated packages of care
 - Risk sharing principles and contingency plans if targets not met
 - Agreement on consequential impact of changes in acute sector

15. It is clear that success can only be achieved through genuine partnership, not just between the NHS and Local Authorities but between different elements of the NHS locally and between the three Local Authorities that serve the Vale of York population. There are four nationally derived challenges as well as the more specific local one. These national challenges are:
- Finding the extra NHS investment will not be easy on top of efficiency savings and will require redeployment of funds from existing NHS services. This will need careful local management.
 - Flexibility must be retained within the plan to protect existing adult social care services and to enable local authorities to meet the demographic pressures they face and the additional costs that will be consequent on the Care Bill.
 - The pooled funds must be targeted to best effect and must deliver improvements across both health and social care in a way that has the biggest impact in terms of outcomes for people.
 - The scale of investment that CCGs are required to make into the pooled budget cannot be delivered without service transformation. There must be clear agreement on how to manage the impact of any subsequent disinvestment in acute services

Integrated Health & Social Care Plans

16. It is intended that the Health & Well-being Board should formally sign off the plans which will need to have been agreed by the VOY CCG, CYC, NYCC and East Riding Council. There will be an assurance process that involves NHS England in order to assure Ministers.
17. These plans cannot be made in isolation and will need to take account of:
- Local joint health and well-being strategies
 - Other priorities set out in NHS Mandate and NHS Planning Framework due out in November or December this year
 - City of York Plan 2011-15 and other Local Authority priorities

18. The outline timetable for developing the pooled budget plans in 2013-14 is:

- August to October: Initial planning and discussions
- November – December: NHS Planning Framework issued
- December – January: Completion of Plans
- 29 January 2014: Initial Plan approved by York H&WB Board
- March: Plans assured by NHS England and Ministers
- 02 April 2014: Final Plan approved by York H&WB Board

Options

19. There are no specific options for the Board to consider, however the Board are asked to:

- (i). Note and comment on this report and progress made to date
- (ii). Ensure that all partners of the Health and Wellbeing Board are committed to and support the process outlined in this report.

Analysis

20. The purpose of this report is to update the HWBB on progress made to date with developing an Integrated Health & Social Care Plan.

Council Plan 2011-2015

21. The HWBB have ensure that the Integrated Plan takes proper account of the Council Plan objectives

Implications

22. It will not be easy to find the extra NHS investment on top of efficiency savings and this will require redeployment of funds form existing NHS services. This will need careful local management.

Risk Management

23. Success can only be achieved through genuine partnership, not just between the NHS and Local Authorities but between different elements of the NHS locally and between the three Local Authorities that serve the Vale of York population. Failure to work together and produce viable plans that can demonstrate good local progress against targets could result in poorer health and social care outcomes for residents and/or loss of local determination or autonomy over use of funds and/or reputational loss for local NHS organisations and Local Authorities.

Recommendations

24. The Board is asked to:

- (1) Note the national direction of travel towards health and social care integration with the creation of Integration Pioneers and the establishment of the Integrated Transformation Fund.
- (2) Endorse the creation of the Collaborative Transformation Board which will oversee the creation of the Integration Plan for the Vale of York CCG footprint working alongside the Integrated Commissioning Board for NYCC area.
- (3) Note the timetable for preparing the Integrated Plan and note that the final Plan will be brought to the Health and Well-being Board for initial approval on 29 January 2014 and then for final approval on 2 April 2014.

Reason: To ensure that the Health & Wellbeing Board has full and formal ownership of the Integrated Plan and use of the Integrated Transformation Fund.

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**Report
Approved**

Date 24
September
2013

Specialist Implications Officer(s) None

Wards Affected: *List wards or tick box to indicate all*

All

For further information please contact the author of the report

Background Papers:

None

Annexes

None



Health and Wellbeing Board**2nd October 2013**

Report of the Director of Health and Wellbeing

Accident and Emergency Winter Money**Summary**

1. This report presents the Health and Wellbeing Board with some information about some additional monies to support hospitals through winter.
2. Rachel Potts, the Chief Operating Officer at the Vale of York Clinical Commissioning Group and Mike Proctor from York Teaching Hospital NHS Foundation Trust will give a verbal update at today's meeting as at the time of writing there is very little detail available.

Background

3. The Vale of York Clinical Commissioning Group has worked with York Teaching Hospital NHS Foundation Trust, City of York Council and other partners through the work of the Urgent Care Board to secure additional resources to support and ease pressures on services through the winter period across York and Scarborough.
4. The additional resource available will complement current plans to support an integrated approach to care closer to home and allow health organisations to build additional resilience into the system to sustain the delivery of national standards for Accident and Emergency waiting times.
5. The funding allocations for the 53 successful hospitals can be found at **Annex A** to this report

Consultation

6. In terms of a wider transformation programme, changes will be required across the system including; primary care, ambulance services, integrated health and social care teams, 7 day working and intermediate tier services. Service users and the voluntary sector will be consulted as part of this programme.
7. The Health and Wellbeing Board are also asked to take into consideration ongoing work being undertaken by the Council's Scrutiny Committees around the night time economy; in particular the work of the Health Overview and Scrutiny Committee around the night time economy which includes the impact on the Accident and Emergency department at peak times.

Options

8. There are no specific options for the Board to consider, however they are asked to note and comment on the discussion and updates given at today's meeting.

Analysis

9. Not applicable.

Council Plan 2011-15

10. This report and its recommendations are directly linked to the protect vulnerable people element of the Council Plan 2011-15.

Implications

Financial

11. These funds will help ease the inevitable financial pressures that the winter months can bring to the local health and social care system in the City of York.

Risk Management

12. The winter months bring their own health risks and financial stresses for both the city's residents and the health organisations working within it.

Recommendations

- 13. The Board are asked to note and comment on this report and the updates given at today's meeting.

Reason: To keep the Board up to date with winter funding allocations

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**Report
Approved**

Date

24
September
2013

Specialist Implications Officer(s) None

Wards Affected: *List wards or tick box to indicate all*

All

For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A – Funding Allocations

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Funding allocations

Annex A

London	Barking, Havering & Redbridge University Hospitals NHS Trust	7,000,000
London	Barnet & Chase Farm Hospitals NHS Trust	5,120,000
London	Barts Health NHS Trust	12,800,000
London	Croydon Health Services NHS Trust	4,500,000
London	Ealing Hospital NHS Trust	2,900,000
London	North Middlesex University Hospital Trust	3,800,000
London	North West London Hospitals NHS Trust	6,400,000
London	South London Healthcare NHS Trust	7,700,000
London	Whittington Health NHS Trust	2,960,000
London	West Middlesex University Hospital NHS Trust	2,300,000
		55,480,000
Midlands and East	Basildon and Thurrock NHS FT	2,490,000
Midlands and East	Bedford Hospital NHS Trust	3,734,000
Midlands and East	Derby Hospitals NHS FT	4,487,000
Midlands and East	Heart Of England NHS FT	9,289,000
Midlands and East	Kettering General Hospital NHS FT	3,919,000
Midlands and East	Mid Essex Hospital Services NHS Trust	2,869,000
Midlands and East	Mid Staffordshire NHS FT	3,747,000
Midlands and East	Milton Keynes Hospital NHS FT	2,763,000
Midlands and East	Northampton General Hospital NHS Trust	4,000,000
Midlands and East	Peterborough and Stamford NHS FT	5,050,000
Midlands and East	Sandwell and West Birmingham Hospitals NHS Trust	4,218,000
Midlands and East	Shrewsbury and Telford Hospital NHS Trust	4,000,000
Midlands and East	The Queen Elizabeth Hospital, King's Lynn. NHS FT	3,990,000
Midlands and East	The Princess Alexandra Hospital NHS Trust	5,700,000
Midlands and East	United Lincolnshire Hospitals NHS Trust	8,000,000

Funding allocations

Annex A

Midlands and East	University Hospital Coventry and Warwickshire NHS Trust	4,000,000
Midlands and East	University Hospital Of North Staffordshire NHS Trust	3,460,000
Midlands and East	University Hospitals Of Leicester NHS Trust	10,000,000
Midlands and East	Worcester Acute Hospitals Trust	1,000,000
		86,716,000

North	Aintree University Hospital NHS FT	1,520,000
North	Airdale NHS FT	1,450,000
North	East Lancashire Hospitals NHS Trust	1,403,000
North	Lancashire Teaching Hospitals NHS FT	914,000
North	Leeds Teaching Hospitals NHS Trust	1,890,000
North	Northern Lincolnshire and Goole Hospitals NHS FT	1,044,000
North	North Cumbria University Hospitals NHS Trust	2,292,000
North	Southport & Ormskirk Hospital NHS Trust	4,042,000
North	Stockport NHS FT	1,530,000
North	Tameside Hospital NHS FT	2,475,000
North	University Hospitals of Morecambe Bay NHS FT	1,257,000
North	York Teaching Hospital NHS FT	2,061,000
		21,878,000

South	Brighton and Sussex University Hospitals NHS Trust	2,326,000
South	Dartford and Gravesham NHS Trust	4,080,000
South	East Sussex Healthcare NHS Trust	2,300,000
South	Hampshire Hospitals NHS FT	3,302,000
South	Heatherwood and Wexham Park Hospitals NHS FT	6,644,000
South	Medway NHS FT	6,120,000
South	North Bristol NHS Trust	5,900,000
South	Oxford University Hospitals NHS Trust	10,207,000
South	Plymouth Hospitals NHS Trust	5,500,000
South	Portsmouth Hospitals NHS Trust	1,427,000
South	Royal United Bath Hospitals NHS Trust	4,426,000
South	Weston Area Health Trust	4,800,000
		57,032,000



Health and Wellbeing Board**2nd October 2013**

Report of the Director of Health and Wellbeing

The Independent Care Sector's Response to the Francis Report**Summary**

1. This report asks the Health and Wellbeing Board to consider the Independent care sector's response to the Francis Report. Mike Padgham, the Chair of the Independent Care Group will present this response at today's meeting.

Background

2. The Francis Report sets out the findings of a public enquiry into serious failings at the Mid Staffordshire NHS Foundation Trust along with 290 recommendations.
3. At their July 2013 meeting the Health and Wellbeing Board received a presentation on a joint response to the Francis Report prepared by Leeds and York Partnership NHS Foundation Trust, York Teaching Hospital NHS Foundation Trust and the Vale of York Clinical Commissioning Group.
4. After taking this presentation into consideration the Health and Wellbeing Board noted that many of the most vulnerable people in the city were cared for in care homes run by the independent sector. It was acknowledged that sometimes there were instances of unnecessary hospital admissions for those from these care homes. The Board, therefore, requested that the Chair of the Independent Care Group present the independent care sector's response to the Francis report at today's meeting.

Consultation

5. Not applicable

Options

6. There are no specific options for the Board, however Board members are asked to consider, note and comment upon today's presentation.

Analysis

7. Not applicable

Council Plan 2011-15

8. The content of this report is directly linked to the 'protecting vulnerable people' element of the Council Plan 2011-15.

Implications

9. There are no known implications associated with the recommendations within this report. However implications may arise for all partner organisations when implementing the recommendations from the Francis Report.

Risk Management

10. There is a risk that patient safety could be compromise should the recommendations in the Francis Report not be acted upon.

Recommendations

11. The Board are asked to note and comment on the independent care sector's response to the Francis Report.

Reason: To keep the Board apprised of ongoing work in the city around implanting the recommendations contained within the Francis Report.

Contact Details

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**Report
Approved**

Date

24
September
2013

Specialist Implications Officer(s) None

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

The Francis Report

<http://www.midstaffspublicinquiry.com/report>

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Health & Wellbeing Board**2nd October 2013**

Report of the Director of Health and Wellbeing

Joint Strategic Needs Assessment (JSNA) - Progress Update**Summary**

1. This report presents information on progress against refreshing the JSNA. The Health and Wellbeing Board are specifically asked to:
 - (i) Note the update information about JSNA progress
 - (ii) Ensure that all partners of the Health and Wellbeing Board commit the relevant resources to support the deep dive work where this is specifically related to their own commissioner or provider responsibilities e.g. all local NHS and Local Authority Commissioners and Providers

Background

2. Under the Health & Social Care Act 2012 the production of a JSNA is a joint responsibility for local authorities and Clinical Commissioning Groups (CCGs). The York Health and Wellbeing Board (HWBB) has set up a process for an update of the JSNA in 2013. This report provides an update against the broad objectives of a refresh of the JSNA and completion of 'deep dives' in 5 key areas as identified by the HWBB namely; mental health, young people, older people, travellers & gypsies, and poverty.
3. On the whole the health and wellbeing priorities identified in the City of York JSNA in 2012 which led to the York Health and Wellbeing Strategy (HWBS), remain current. However, there are areas where significant new data, such as the census data from 2011 on population structure, should be updated. In addition the JSNA identified areas where there was a lack of routine data, or where more in depth analysis and interpretation was required to support delivery of the priorities identified in the HWBS.

4. At the July 2013 Health & Wellbeing Board, proposals for a 'light touch' refresh of the JSNA were agreed with a rolling programme of 'deep dive' needs assessments to support the HWBS priorities. It was also proposed that work should proceed to transform the JSNA into a web based portal to include access to high level summary data for March 2014 as well as the more detailed analyses as a rolling programme.
5. The work on the JSNA will lead to the following being undertaken:
 - JSNA 'refresh' sections on Population Structure & Projections and Lifestyles by October/ November 2013
 - JSNA live web based resource by April 2014
 - JSNA deep dive sections to address the five priority areas agreed by the HWBB jointly produced between October 2013 – March 2014 including:
 - Mental Health;
 - Frail Elderly;
 - Young People;
 - Gypsies and Travellers
 - Poverty
6. The responsibility for the JSNA for areas of the Vale of York Clinical Commissioning Group (VOYCCG) that are geographically co-terminus with North Yorkshire County Council or East Riding of Yorkshire Council, will be produced under the respective Health and Wellbeing Boards for those Local Authorities.
7. Joint working approaches to producing sections with other Local Authority area JSNAs that are relevant to the VOYCCG practice geographies will be considered e.g. sharing mental health data resources with the North Yorkshire JSNA Project Team.
8. City of York Council (CYC) has established a JSNA Steering Group which will also seek to determine a mechanism whereby the VOYCCG has access to a single source of JSNA information and recommendations over the fullness of time.

The JSNA process and how the work will be undertaken

9. The JSNA Steering Group will be led by Dr Martin Hawkings, Consultant in Public Health at CYC with project management support from Nick Sinclair, Pathways Officer, CYC.

The production of the JSNA will be overseen by a JSNA Steering Group reporting into the Health & Wellbeing Board by way of regular update reports (of which this is the first). The JSNA process will continue as a rolling programme of content update and priority 'deep dive' needs assessment as agreed by the HWBB.

10. The JSNA Steering Group will meet on a monthly basis with core aims to:
 - Co-ordinate production of an annual JSNA on behalf of the HWBB
 - Maintain and develop a website to host the full JSNA
 - Support the prioritisation and delivery of a rolling programme of JSNA topic reviews as agreed by the HWBB
 - Support JSNA topic health needs assessment working groups and partnership boards to source, collate and interpret data and track progress against project plans
11. In order to deliver the JSNA, nominated members have been requested for the JSNA Steering Group from statutory organisation partners of the HWBB. JSNA sub-groups linked to each of the deep dive areas are key to the delivery of the JSNA work.
12. It is necessary that steering group and sub group members have the authority and resources to support the jointly agreed process, including where those resources may entail the delivery of products through their contracts with other organisations e.g. the Yorkshire and Humber Commissioning Support Unit (CSU).

The JSNA Steering Group and its sub groups

13. The JSNA Steering Group has been set up with members from CYC, CSU, Public Health England (PHE), the VOYCCG and the voluntary sector to oversee progress against refreshing content and the areas of 'deep dive'.
14. Progress against each 'deep dive' area has followed one standard approach: setting up a working group of key stakeholders to identify areas of focus for the deep dives for approval and oversight from the appropriate partnership board:
 - (i). The mental health needs assessment steering group has submitted shortlisted topic areas for consideration by the Mental Health & Learning Disabilities Board

- (ii). Young People – The YorOK Board are yet to identify a focus for the deep dive. A small stakeholder group will meet to discuss options and take these to the next YorOK Board meeting
 - (iii). Older People – a working group meeting has been scheduled to discuss a possible focus for the deep dive work. Recommendations from this will be taken to the Older People and People with Long-term Conditions Partnership Board in October
 - (iv). Poverty – A review of the Poverty Action Group analysis has recently begun to identify areas of focus. The Poverty Action Group which was identified to oversee this work has been disbanded
 - (v). Travellers & gypsies - A health needs assessment is underway. Stakeholders are currently being identified to progress this work. The Health Inequalities Board identified to oversee this work has yet to convene
15. Layperson involvement in the JSNA has been arranged. Following an advert for layperson involvement, 4 members of the public have been recruited, 2 to support areas of 'deep dive' and 2 to support the overall process and sit on the JSNA Steering Group.

Other progress updates

16. CYC's IT department have agreed to develop a website by March 2014 to host the JSNA. Website specification is currently being developed.
17. A consistent data set offer is currently being defined with colleagues in North Yorkshire to provide a core data set at GP practice level across both area's JSNAs. The intention is that this will ensure the JSNA is relevant to CCGs and allows CCGs to use the JSNA to compare evidence across boundaries. When complete, this will also be shared with East Riding of Yorkshire Council for consideration in their JSNA plans.
18. Work to refresh the JSNA data is underway. Given the significant changes to the health and social care system there are areas where access to data is no longer possible. The JSNA Steering Group is in the process of identifying data sources and alternative data sources.

Emerging issues

19. There are ongoing conversations between partner organisations around resources available for elements of the deep dive work that still need to be resolved. This could have resource implications for the public health team and the delivery timescales for the JSNA deep dive work.

Consultation

20. To date consultation has happened in the following ways:
 - A JSNA Steering Group has been set up with members from CYC, CSU, PHE, CCG, Healthwatch and Voluntary Sector representatives to oversee progress against refreshing the content of the JSNA and the areas of 'deep dive'.
 - Sub-groups for each deep dive area, with representatives from Partnership Boards, key stakeholders and the voluntary sector are being established
 - Reports have been circulated to the CCG and Partnership Boards to inform them and ensure oversight of the process
 - Voluntary sector organisations have been invited to comment and contribute through the Healthwatch newsletter
 - A range of consultation has taken place among key stakeholders and contributors to the 2012 JSNA have been asked to provide content via templates asking for updates to information and changes to be highlighted.
 - Heads of Department within CYC and key stakeholders have been invited to attend JSNA content sessions which have reviewed the structure and content of the JSNA for appropriateness and identified areas of additional focus that the JSNA should cover.
 - Lay person representation on the JSNA Steering Group has been established with 4 members of the public now linked into the process.
 - Wider consultation will follow in late 2013 / early 2014 linked into the HWBB consultation event already in planning with the aim of seeking feedback on what has been produced in the refresh.

Options

21. There are no specific options for the Board to consider, however the Board are asked to:
 - (i). Note and comment on this report and progress made to date

- (ii). Ensure that all partners of the Health and Wellbeing Board commit the relevant resources to support the deep dive work where this is specifically related to their own commissioner or provider responsibilities e.g. all local NHS and Local Authority Commissioners and Providers

Analysis

- 22. The purpose of this report is to update the HWBB on progress made to date with updating the JSNA.
- 23. The HWBB are requested to confirm that it is a joint responsibility of statutory organisations to work to commit resources to deliver the JSNA, in particular resources in those areas where the JSNA is fundamental to their commissioning responsibilities.

Council Plan 2011-2015

- 24. The HWBB have a statutory duty to ensure the production of a fit for purpose JSNA. The JSNA will include assessment of need against council plan objectives and ensure that these are included within it.

Implications

- 25. The partners of the HWBB should understand that the timescales and outputs within this update will only be delivered if they balance their joint responsibilities to deliver the JSNA with their own programmes of work and commissioning priorities.

Risk Management

- 26. There is a risk that the information requirements for commissioning services and developing strategies to meet the health and healthcare needs of the city's population will not be met if there are elements of the JSNA plan that are not adequately resourced.

Recommendations

- 27. The Board is asked to:
 - (i). Note the progress updates in this report
 - (ii). Ensure that all partners of the Health and Wellbeing Board commit the relevant resources to support the deep dive work where this is specifically related to their own commissioner or

provider responsibilities e.g. (health care, CCG and social services, local authority).

Reason: To keep the Board apprised of ongoing work to update the Joint Strategic Needs Assessment

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**Report
Approved**

Date 24
September
2013

Specialist Implications Officer(s) None

Wards Affected: *List wards or tick box to indicate all*

All

For further information please contact the author of the report

Background Papers:

None

Annexes

None

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Health and Wellbeing Board

2nd October 2013

Report of the Director of Health and Wellbeing

Mental Health and Learning Disabilities Partnership Board – Terms of Reference and Appointments to the Board

Summary

1. This report asks members of the Health and Wellbeing Board to agree the Constitution, Terms of Reference and Membership for the Mental Health and Learning Disabilities Partnership Board.

Background

2. The Health and Wellbeing Board (HWBB) had previously agreed to set up four sub-boards to ensure the delivery of certain key actions arising from the Health and Wellbeing Strategy.
3. The Mental Health and Learning Disabilities Partnership Board (MHLDPB) is an informal sub-board of the HWB. The MHLDPB has now met on several occasions and very recently met for the first time in public where it agreed its Constitution, Terms of Reference and membership.
4. The Constitution and the Terms of Reference can be found at **Annex A** to this report.
5. The Board have over several meetings carefully considered what the most appropriate membership would be and have now agreed the following:
 - (i). Vale of York Clinical Commissioning Group (Chair) [*currently vacant*]
 - (ii). CYC - Assistant Director Assessment and Safeguarding [*Kathy Clark*]
 - (iii). CYC – Assistant Director, Adult Commissioning, Modernisation and Provision [*Graham Terry*]
 - (iv). CYC – Consultant in Public Health [*Martin Hawkings*]

- (v). CYC – Elected Member [*Councillor Helen Douglas*]
 - (vi). York Council for Voluntary Service – Partnerships Manager [*Catherine Surtees*]
 - (vii). York Mind – Chief Executive [*currently vacant but Deputy Chief Executive acting as substitute*]
 - (viii). Mental Health Voluntary Sector Forum – Chair of the Forum [*John Burgess*]
 - (ix). Voluntary Sector Forum for Learning Disabilities – Forum Member [*Rachel Barber*]
 - (x). Valuing People Partnership – Independent Co-Chair [*Ruth Hicks*]
 - (xi). Healthwatch York – Healthwatch Manager [*Siân Balsom*]
 - (xii). Partnerships Commissioning Unit – Mental Health Lead [*Judith Knapton*]
 - (xiii). Partnerships Commissioning Unit – Associate Director of Partnerships [*Janet Probert*]
 - (xiv). Leeds and York Partnership NHS Foundation Trust – Chief Operating Officer [*Jill Copeland*]
 - (xv). Leeds and York Partnership NHS Foundation Trust – Lead Manager for Learning Disability Services [*Victoria Pilkington*]
6. The appointments are all on an unspecified term of office and will be until such a time as natural vacancies arise.
7. In addition to approving the Constitution, Terms of Reference and Membership for the Partnership Board the Health and Wellbeing Board are asked to note that the Vale of York Clinical Commissioning Group's place on the MHLD PB is currently vacant (the current Chair having stepped down from the Vale of York Clinical Commissioning Group at the end of September).
8. There had been an understanding in the past that of the four Partnership Boards (sub-boards) that sit under the HWBB two would be chaired by CYC and two by the Vale of York Clinical Commissioning Group. The HWBB are asked to confirm with the Vale of York Clinical Commissioning Group that they are willing to carry on chairing the MHLD PB and if so, to clarify who will be chairing future meetings.

Consultation

9. Not applicable

Options

10. The Health and Wellbeing Board are asked to:
 - Formally establish the Mental Health and Learning Disabilities Partnership Board
 - Approve the Constitution/Terms of Reference and the Partnership Board's membership
 - Clarify the Vale of York Clinical Commissioning Group's willingness to continue chairing the MHLDB

Analysis

11. Not applicable

Council Plan 2011-2015

12. One of the key responsibilities of the Mental Health and Learning Disabilities Partnership Board is to ensure the delivery of the actions around mental health and learning disabilities within the Health and Wellbeing Strategy. These actions are relevant to the protecting vulnerable people strand of the Council Plan 2011-15.

Implications

13. There are no known implications associated with the recommendations within this report however it should be noted that the HWBB's own terms of reference give it the authority to set up sub-groups and thus agree the membership and Terms of Reference for those sub-groups.

Risk Management

14. In compliance with the Council's risk management strategy there are no known risks associated with the recommendations within this report.

Recommendations

15. The HWB are asked to:
 - a. Formally establish the Mental Health and Learning Disabilities Partnership Board

- b. Approve the Constitution/Terms of Reference and the Partnership Board's membership
- c. Clarify the Vale of York Clinical Commissioning Unit's willingness to continue chairing the MHLD PB

Reason: To finalise the arrangements for setting up this Partnership Board

Contact Details

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**Report
Approved**

Date

24
September
2013

Specialist Implications Officer(s) None

Wards Affected: *List wards or tick box to indicate all*

All

For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A – Constitution, Terms of Reference and Membership

Mental Health and Learning Disabilities Partnership Board Draft Constitution

1 Constitution

This constitution and terms of reference were adopted by the Mental Health and Learning Disabilities Partnership Board on 17th September 2013. They will be reviewed annually.

1.1 Name

The name of the Board is the Mental Health and Learning Disabilities Partnership Board.

1.2 Status

The Mental Health and Learning Disabilities Partnership Board operates as a sub-group of the York Health and Wellbeing Board.

1.3 Membership of the Board

Responsibility for leading and supporting the Board is shared between the key commissioning organisations for health and wellbeing in York, i.e. City of York Council and the Vale of York Clinical Commissioning Group (VOYCCG).

Board members will be required to represent their organisation with sufficient seniority and influence to take forward the Board's shared vision and agenda and to take decisions within their own organisations in a manner consistent with that vision.

Membership of the Board will consist of:

Organisation	Position
VOYCCG	Member of VOYCCG (Chair)
City of York Council	Assistant Director Assessment and Safeguarding
City of York Council	Assistant Director, Adult Commissioning, Modernisation and Provision
City of York Council	Consultant in Public Health
City of York Council	Elected Member Representative
York Council for Voluntary Service	Partnerships Manager
York MIND	Chief Executive
Mental Health Voluntary Sector Forum	Chair of the Forum
Voluntary Sector Forum for Learning Disabilities	Forum Member

Valuing People Partnership	Independent Co-Chair
Healthwatch York	HealthWatch Manager
Partnerships Commissioning Unit	Mental Health Lead
Partnerships Commissioning Unit	Associate Director of Partnerships
Leeds and York Partnership NHS Foundation Trust	Chief Operating Officer
Leeds and York Partnership NHS Foundation Trust	Lead Manager for Learning Disability Services

Board membership will be reviewed periodically and can be amended at any stage with the agreement of existing Board members. Partner organisations may substitute for their named Board representative with the prior agreement of the Chair. Colleagues from across the partnership can attend the Board for specific agenda items with the prior agreement of the Chair.

All Board members will have equal status. Board Members shall ensure that appointments to the Board have been made in a fair way having due regard to the Nolan principles of public life.

1.4 Chair and Vice Chair

The Chair and Vice Chair of the Board will be nominated from City of York Council and the Vale of York Clinical Commissioning Group in consultation with Board members.

The Chair is responsible for determining the forward plan and agenda items (with assistance from the Lead Officer), ensuring the efficient running of the meeting, maintaining focus and facilitating and enabling participation of all those present and ensuring that confidential items are handled accordingly.

1.5 Lead Officer

The Lead Officer will assist the Chair and Vice Chair in determining the forward plan, prioritising, scheduling and coordinating agenda items. They are responsible for ensuring that appropriate reports, presentations and attendees are available for items tabled and act as a contact point for enquiries.

1.6 Secretariat

Board meetings will be serviced by a secretariat.

The secretariat is responsible for planning and coordinating meetings and venues, maintaining an up to date register of Board members and their contact details, publicising agendas and papers to Board members in advance of meetings, taking and publishing minutes of Board meetings and acting as a contact point for enquiries.

1.7 Other support for the Board

The City of York Council and Vale of York Clinical Commissioning Group will ensure that the Board receives the necessary support to enable the Board to discharge its responsibilities effectively. This will include financial and legal advice and specific support to monitor and review performance.

1.8 Making decisions

The Board will not exceed its powers and will comply with any relevant obligations imposed by its members. Members will seek to achieve consensus through discussion. Any vote will be by a simple majority of members in attendance with the exception of proposals to alter or amend the Constitution (see 1.12 below). The Chair has a casting vote if needed.

1.9 Interests of Board members

Board members must declare any personal or organisational interest in connection with the work of the Board. Where there is a potential conflict of interest for individual Board members, this should be openly and explicitly declared. At the Chair's discretion the Board member may be excluded from the discussion and / or decision making related to that particular agenda item.

1.10 Leaving the Board

A person shall cease to be a member of the Board if s/he resigns or the relevant partner agency notifies the Board of the removal or change of representative.

1.11 Meetings

The Board will normally meet on a two-monthly basis i.e. 6 meetings per annum. The Board will be quorate when at least five members, including at least one representative from City of York Council or Vale of York Clinical Commissioning Group, and from two other partners, are present. If the meeting is not quorate in may proceed at the discretion of the Chair but may not take any decisions that would require a vote.

1.12 Changing the Constitution

Subject to the following provisions of this clause, this constitution and annexes may be altered by a resolution passed by not less than two thirds of the members present and voting at a meeting of the Board. The notice of the meeting must include notice of the resolution, setting out the terms of the alteration proposed.

No amendment may be made to this constitution which would conflict with any legislation, regulations or standing orders of City of York Council or the Vale of York Clinical Commissioning Group. Significant changes to the membership or constitution will also need to be ratified by the Health and Wellbeing Board, who will have the final authority in the event of any dispute. The Health and Wellbeing Board may also itself recommend changes to the membership or constitution of the Mental Health and Learning Disabilities Partnership Board Board.

This constitution was adopted on the date noted above by the relevant Chief Executives/Leaders.

Signed _____

Organisation _____

Mental Health and Learning Disabilities Partnership Board Draft Terms of Reference

2 Terms of Reference

2.1 Purpose of the Mental Health and Learning Disabilities Partnership Board

The Board is accountable to the Health & Wellbeing Board for delivering certain Health & Wellbeing Strategy priorities and objectives. The Board has several specific responsibilities in relation to mental health and learning disabilities.

1. Taking joint leadership and responsibility for Mental Health and Learning Disabilities for the population of the City
2. Setting priority objectives, not only for health and wellbeing but also for any other matters relevant to mental health and learning disabilities, i.e. employment or housing.
3. Collating an understanding of need, for use in Joint Strategic Needs Assessments
4. Investigating joint commissioning and shared budget arrangements
5. Overseeing whole system pathway redesign
6. Ensure individual organisation plans / spending reflect priorities
7. Monitoring outcomes
8. Setting up task and finish groups to undertake particular detailed work
9. Ensuring planning, commissioning and delivery is informed by community and patient voice.
10. Producing an annual report for the Health and Wellbeing Board.

2.2 Involving residents, communities and individuals who use our services

The Board expects that the views and involvement of residents, communities and individuals who use our services will influence the work of the Board and its sub groups at all stages. It will ensure that the views of residents, communities and individuals who use our services inform planning, commissioning, design and delivery of service provision. It will link in with several engagement mechanisms in the city to ensure that community priorities are delivered, and actions are influenced by local intelligence.

2.3 What the Board doesn't do

The Board is not directly responsible for managing and running services but it does consider the quality and impact of commissioning and service delivery across partner organisations. It does not have direct responsibility for budgets, except where these have been delegated to it.

2.4 Accountability and reporting

The Mental Health and Learning Disabilities Partnership Board is formally accountable to the Health and Wellbeing Board for York. The Chair of the Board may or may not be member of the Health and Wellbeing Board; however, it is expected that he or she will establish and maintain effective links with the Health and Wellbeing Board to ensure alignment of the strategic objectives of both Boards.

The Mental Health and Learning Disabilities Partnership Board may establish subgroups, or “task and finish” groups as appropriate to deliver its agenda and priorities. These subgroups will be accountable to the Board and will report at least annually to the Board. Working groups and subgroups may also be set up in conjunction with other Partnership Boards to work on cross cutting issues for e.g. housing, employment, volunteering. Accountability and reporting lines for such groups will need to be agreed at the point at which they are established.

2.5 Expert advice and support for the Board

Financial and legal advice will be available to the Board from within the Local Authority and the Vale of York Clinical Commissioning Group ICG to ensure that decisions taken are both permissible and in accordance with proper accounting procedures.

Performance and management information and advice will be provided by the Local Authority and the Vale of York Clinical Commissioning Group to enable the Board to fulfil its performance and outcome monitoring role.

2.6 Culture and values: how the Board exercises its responsibilities and functions

The Board will take into account the following behaviours and values in exercising its functions. Board Members will:

- Participate on the basis of mutual trust and openness, respecting and maintaining confidentiality as appropriate;

- Work collaboratively, ensuring clear lines of accountability and communication;
- Share expertise and intelligence and use this synergy to provide creative solutions to complex issues;
- Take account of any particular challenges, policies and guidance faced by individual partners;
- Have regard to the policies and guidance which apply to each of the individual partners;
- Adhere to and develop their work based on the vision statement approved by the Board;
- Where decisions of the Board require ratification by other bodies the relevant Board Member shall seek such ratification in advance of any meeting of the Board or promptly following Boards recommendations;
- The Board shall exercise its functions so as to secure the effective cooperation of partners and the provision of high quality integrated services for children, young people and their families.
- Adhere to the Nolan principles on the conduct of public life.

2.7 Public participation

Members of the public will have a right of access to the Mental Health and Learning Disabilities Partnership Board's meetings, agendas, reports, background papers and minutes. These will be available 5 clear working days before the meeting and will appear in the Health and Wellbeing section of the Council's website and also on the Vale of York Clinical Commissioning Group's website. Alternatively you can telephone Tracy Wallis (Health and Wellbeing Partnerships Co-ordinator) on 01904 551714 or Angela Pacey (Team Administrator) on 01904 555770 and request a copy be sent to you by e-mail or post.

Anyone wishing to address the Partnership Board about a matter within their remit can do so in person at the meeting, in writing or in a format appropriate to their needs. Both Registrations to speak at the meeting and any written questions/submissions must be received at least 2 clear working days before the meeting so a response can be prepared by the Board.

Speakers will be given a maximum of 3 minutes to speak, with a sum total of 20 minutes being allocated to the public participation section of the meeting.

Submissions can be made in the following ways:

- By telephoning Tracy Wallis on 01904 551714
- By e-mail to tracy.wallis@york.gov.uk
- By post to Tracy Wallis, Health and Wellbeing Partnerships Co-ordinator, Public Health Team, Second Floor, West Offices, Station Rise, York, YO1 6GA.