

MEETING SHADOW HEALTH AND WELLBEING BOARD

DATE 27 FEBRUARY 2013

PRESENT COUNCILLORS SIMPSON-LAING (CHAIR),  
LOOKER, WISEMAN,

KERSTEN ENGLAND (CHIEF EXECUTIVE,  
CITY OF YORK COUNCIL)

DR PAUL EDMONDSON JONES  
(DIRECTOR OF PUBLIC HEALTH, CITY OF  
YORK COUNCIL)

PETE DWYER (DIRECTOR OF ADULTS,  
CHILDREN & EDUCATION, CITY OF YORK  
COUNCIL)

PATRICK CROWLEY (CHIEF EXECUTIVE,  
YORK TEACHING HOSPITAL NHS  
FOUNDATION TRUST)

CHRIS LONG (LOCAL AREA TEAM  
DIRECTOR FOR NORTH YORKSHIRE AND  
THE HUMBER, NHS COMMISSIONING  
BOARD)

RACHEL POTTS (CHIEF OPERATING  
OFFICER, VALE OF YORK CLINICAL  
COMMISSIONING GROUP)

CHRIS BUTLER (CHIEF EXECUTIVE,  
LEEDS AND YORK PARTNERSHIP NHS  
FOUNDATION TRUST)

TIM MADGWICK (CHIEF CONSTABLE,  
NORTH YORKSHIRE POLICE)

JANE PERGER (YORK LOCAL  
INVOLVEMENT NETWORK (LINK))

CATHERINE SURTEES (YORK COUNCIL FOR VOLUNTARY SERVICE (SUBSTITUTE FOR ANGELA PORTZ))

MIKE PADGHAM (CHAIR, INDEPENDENT CARE GROUP)

IN ATTENDANCE

JULIA MULLIGAN (POLICE AND CRIME COMMISSIONER FOR NORTH YORKSHIRE)

PROFESSOR DIANNE WILLCOCKS CBE DL

APOLOGIES

DR MARK HAYES (CHAIR, VALE OF YORK CLINICAL COMMISSIONING GROUP), ANGELA PORTZ (CHIEF EXECUTIVE, YORK COUNCIL FOR VOLUNTARY SERVICE)

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## **29. 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.

None were declared.

## **30. MINUTES**

RESOLVED: That the minutes of the meetings of the Shadow Health and Wellbeing Board held on 5 December 2012 and 30 January 2013 be signed and approved by the Chair as a correct record.

## **31. PUBLIC PARTICIPATION**

It was reported that there had been one registration to speak under the Council's Public Participation Scheme.

John Yates spoke about the challenge of “working together for and engaging with older people” which was included in Annex B of Agenda Item 7 (Performance Framework for the Health and Wellbeing Strategy). In relation to the challenge, he felt that it was often difficult to convince Older People, particularly once they had retired that they still had value in society and were not just dependent on it. He added that many voluntary services would not exist in their current form without the freely given efforts and time of Older People. He asked the Board what positive and tangible steps they could take to promote, acknowledge and encourage Older People to pass on their knowledge and expertise. He felt this could then add value to the general wellbeing of society.

**32. APPOINTMENTS TO LONG TERM CONDITIONS AND OLDER PERSONS BOARD**

Board Members considered a report which asked them to nominate two Councillors to the membership of the Long Term Conditions and Older Persons Programme Board.

The Chair suggested that nominations be sought from each of the party groups outside of the Committee meeting.

RESOLVED: That approval be given to the appointment of two Councillors to the Long Term Conditions and Older Persons Programme Board subject to coordination of the appointments by Democratic Services. <sup>1</sup>

REASON: In order to respond to the request of the Long Term Conditions and Older Persons Programme Board.

Action Required

1. To seek nominations from Party Groups.

JP

**33. POLICE AND CRIME PLAN**

Board Members received the Consultation Draft Police and Crime Plan 2013-17 for North Yorkshire.

The Police and Crime Commissioner for North Yorkshire, Julia Mulligan attended the meeting and presented the plan along with Tim Madgwick, the Temporary Chief Constable for North Yorkshire Police.

Julia Mulligan outlined that the Plan hoped to strike a balance between how to keep safe and how to make communities feel safe. She stated that all partners needed to be involved in both the formulation and delivery of the Plan, and that she would be receiving funding next year to commission victim services. She hoped that health partners could provide support in this area and provide their expertise around areas of alcohol and substance misuse. She highlighted the importance of early intervention in keeping vulnerable people feel safe.

She requested that Board Members and their organisations sent their responses to the Plan, as she was willing to fund additional work that they might propose. The Board were informed about a new one off Community Fund, from which voluntary organisations could obtain funds. She also spoke about how she was keen to develop Community Budgets between the Police and Health and Voluntary Sector partners, as it was evident that all partners would deal with similar groups in the community but each in a different capacity.

Discussion took place between Board Members and the Police and Crime Commissioner. Issues raised included;

- The desire to bring together the JSIA and JSNA.
- The need for greater alignment between the Police and the Board.
- Joint commissioning of services and sharing of expertise and capacity related to alcohol misuse, domestic violence and mental health.
- The importance of a “place of safety” to inform all processes carried out by partners represented on the Board for those in the community with mental health issues.
- The importance of tackling the ‘perception’ of crime, particularly in relation to Anti Social Behaviour.

In relation to the provision of a “place of safety” for those in the community with mental health issues it was reported that a recommendation to the Vale of York Clinical Commissioning Group (VOYCCG) on what they could do to provide this would be discussed the following week on from the meeting. Board Members requested that they be updated on the outcome from this at their next meeting in April.

Julia Mulligan urged Board Members to send her their comments on the Draft Police and Crime Plan and issues surrounding this before the end of the official consultation period on the 18<sup>th</sup> March. She also thanked the Board for inviting her to present the Draft Plan at the meeting.

RESOLVED: That the Draft Police and Crime Plan be noted.

REASON: In order to inform and update the Board on the Police and Crime Commissioner’s priorities for North Yorkshire.

#### **34. DRAFT HEALTH AND WELLBEING STRATEGY- PERFORMANCE FRAMEWORK**

Board Members received a report which updated them of the performance framework for the Draft Health and Wellbeing Strategy and asked them for their input into the further development of the framework.

Some Board Members felt that it was important to not compartmentalise challenges to specific Health and Wellbeing Partnership Boards. For example children and young people’s challenges to the YorOK Board, as these would affect other areas of the Health and Wellbeing Strategy. For instance, there was a correlation between the quality of parenting in the first two years of a person’s life and life expectancy.

Rachel Potts informed the Board that the one of the performance measures set out in the framework would align with what the VOYCCG (Vale of York Clinical Commissioning Group) would be included in their reports to the NHS Commissioning Board.

Further discussion ensued on how to measure and assess areas of transition, in areas such as;

- Serious Case Reviews
- From the Criminal Justice System back in to the community
- From the Military Life back into Civilian Life

Some Board Members felt that the idea of peer challenge should be added into the framework, so that it would not just be the Shadow Health and Wellbeing Board examining levels of performance. Others felt that there should be greater clarification that the framework would measure outcomes rather than which processes were used. For example they felt that Health Watch's reports, should be included in the framework, so that people's experiences could be reported back to the Board.

The Chair requested that if Board Members felt that certain areas had been missed out from the Performance Framework that they sent their comments to Dr Paul Edmondson-Jones and Helen Sikora.

- RESOLVED:
- (i) That the report be noted.
  - (ii) That the approach to performance outlined in the report be approved.
  - (iii) That further work to develop the framework along this direction of travel be supported by Board Members.

REASON: To ensure the performance framework will be sufficient to monitor the impact of the Health and Wellbeing Strategy.

### **35. HEALTH AND WELLBEING STRATEGY- FEEDBACK FROM THE CONSULTATION**

Board Members received a report which updated them on a number of themes that had emerged as a result of feedback from the consultation on the draft Health and Wellbeing Strategy.

In relation to more emphasis on the relationship between housing and health as set out in the report, it was felt that the viability of design of staircases in housing should be included within this area of strategy.

- RESOLVED:
- (i) That the report be noted.
  - (ii) That the current feedback as set out in the report be acknowledged.
  - (iii) That the feedback will be considered through the ongoing development of the strategy and the partnership boards.
  - (iv) That Board Members discuss the draft strategy with their management teams (if not already done so) to ensure their organisation an commit to its implementation once approved by the Board on 17 April 2013.

REASON: To ensure that feedback from the consultation will influence the Health and Wellbeing Strategy and the work of the partnership boards.

### **36. REPORT ON THE DRAFT VOLUNTARY, COMMUNITY AND SOCIAL ENTERPRISE STRATEGY**

Board Members received a report which informed them of York Council for Voluntary Service's (CVS) three year Voluntary, Community and Social Enterprise Strategy.

Catherine Surtees York CVS's Partnerships Manager presented the report and informed the Board that the strategy was currently in draft form because of an issue related to commissioning need to be resolved. It was reported that the CVS had to meet with City of York Council (CYC) to ensure that the proposals within the strategy followed procurement legislation correctly. It was also reported that the Living Wage needed to be inserted into the strategy's procurement practices.

In relation to commissioning, some Board Members suggested that a single commissioning hub approach amongst all voluntary organisations could be helpful to measure the outcomes of the strategy against the performance of the commissioned services.

Some Board Members felt that the draft strategy relied too much on other sectors, and that it should be more vibrant and independent. This would then allow for the Voluntary Sector to make a powerful statement about its work and ambition.

- RESOLVED
- (i) That the report and strategy be noted.
  - (ii) That Board Members support the actions contained in the strategy.
  - (iii) That Board Members and their organisations sign up to the York Compact.

REASON: To inform Board Members on the Draft Voluntary, Community and Social Enterprise Strategy.

### **37. REPORT ON STAFFORD HOSPITAL**

Board Members received a briefing paper from the Foundation Trust Network regarding the Final Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (often referred to as “The Francis Report”).

Patrick Crowley, the Chief Executive of York Hospital, who presented the paper, also circulated paper copies of slides from a PowerPoint presentation on York Hospital’s early response to the recommendations in the report. A copy of these slides was attached to the agenda, which was subsequently republished after the meeting.

He felt that the issue of resources or the system in which the Trust in Mid Staffordshire were working with had not been fully highlighted in the Francis Report, or in public debate following its publication. It was also emphasised that most of the symptoms displayed in the report, had to viewed as part of a wider context of events at the time.



In response to the Final Report Board Members were informed that;

- York Teaching Hospital NHS Foundation Trust had been one of the first Foundation Trusts in the UK to broaden out consultant recruitment and that a new process of Value Based Recruitment had been implemented to identify whether possible consultants would fit with the values of the hospital and the organisation.
- That the hospital always respected the needs of its staff as well as its patients.
- That whilst the Francis Report focused on acute care, hospitals were now working within a wider context.

Rachel Potts reported that the Vale of York Clinical Commissioning Group (VOYCCG) Governing Body would also be looking at the recommendations from the Francis Report. She informed the Board Members, that she could bring back conclusions from discussion at the Governing Body Board to a future Shadow Health and Wellbeing Board meeting. Patrick Crowley also said that he could bring a report, which he would presenting to the Health Overview and Scrutiny Committee in April, to a future meeting.

Further discussion took place around the briefing paper and the Francis Report. Board Members felt that it was incumbent on all partners to look at good practice as a result of the issues raised in the report. They added that they felt that the need and design of systems of care had changed rapidly, and that it was clear that the system needed to be re-designed. Further to this, ways of moving forward and changing the system would be found through co-operation with all the health care community.

Other Members felt that there was a need for wider co-ordinated leadership in public health. They added that it would be beneficial to develop a mechanism for all partners to bring their thoughts on systems of care together in order to create a local leadership model.

- RESOLVED:
- (i) That the briefing paper be noted.
  - (ii) That conclusions from the VOYCCG Governing Board's discussions be shared with the Board at a future meeting.

- (iii) That a report on the implications from the Francis Report which would be considered by the Health Overview and Scrutiny Committee be received by the Board at a future meeting.<sup>1</sup>

REASON: To ensure that the Board is updated on issues discussed by all partners in relation to the Final Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry.

Action Required

1. To update the Board's work plan.

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**38. PUBLIC SPEAKER-PROFESSOR DIANNE WILLCOCKS**

Professor Dianne Willcocks gave a presentation to the Board on ageing and inclusivity issues. Slides from her presentation were scanned and attached to the agenda, which was republished after the meeting.

Points raised from her presentation included;

- Britain's older population had greater challenges in today's society, because they had never been more healthy and economically independent than before.
- That talking about loneliness, particularly for older people could be liberating in that it could allow for issues such as supportive housing to be discussed more freely.
- That there were people suffering disproportionately at the moment from issues such as food poverty and pensions crises.
- There was a need to challenge gaps in data within all organisations, such as faith and sexuality and whether indeed this information mattered.
- That co-operation between partners in the community had in the past been too narrow, for example work carried out by the Dementia Society with the Police and British Transport Police to ensure the safety of dementia sufferers, showed how wider co-operation worked.

- The language of co-production needed to be shared within the community to allow for the liberation of all sections of society.

Some Board Members commented that co-production and co-operation needed to be highlighted. For instance it was noted that a lot of issues that the York Older People's Assembly (YOPA) were allied with the York Youth Council, and that if these two organisations communicated with one another that this would strengthen their voices.

The Chair, on behalf of the Board, thanked Professor Willcocks for her presentation and attendance at the meeting.

**RESOLVED:** That the presentation from Professor Willcocks be noted.

**REASON:** To inform the Board of current ageing and inclusivity issues.

Councillor T Simpson-Laing, Chair  
[The meeting started at 4.30 pm and finished at 6.35 pm].