
Meeting	Health and Wellbeing Board
Date	23 November 2016
Present	<p>Councillors Runciman (Chair), Brooks, Cannon and Craghill</p> <p>Keith Ramsay (Lay Chair of NHS Vale of York Clinical Commissioning Group)(Vice-Chair),</p> <p>Sharon Stoltz,(Director of Public Health) (City of York Council),</p> <p>Martin Farran, (Corporate Director- Health, Housing and Adult Social Care),City of York Council</p> <p>Jon Stonehouse,(Corporate Director- Children, Education and Communities),City of York Council,</p> <p>Phil Mettam, (Accountable Officer, NHS Vale of York Clinical Commissioning Group),</p> <p>Colin Martin, (Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust),</p> <p>Sarah Armstrong, (Chief Executive, York CVS),</p> <p>Julie Warren, (Locality Director (North) NHS England),</p> <p>Siân Balsom (Manager, Healthwatch York),</p> <p>Richard Anderson (Superintendent, North Yorkshire Police) (Substitute for Tim Madgwick)</p> <p>Mike Proctor (Deputy Chief Executive, York Teaching Hospital NHS Foundation Trust) (Substitute for Patrick Crowley),</p>

Keren Wilson (Chief Executive, Independent Care Group), (Substitute for Mike Padgham)

Apologies

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

Tim Madgwick (Deputy Chief Constable, North Yorkshire Police)

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

Mike Padgham (Chair, Independent Care Group)

27. Declarations of Interest

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

Keren Wilson declared that Independent Care Group received funding from City of York Council.

No other interests were declared.

28. Minutes

In regards to Minute Item 22) Update on the work of the Joint Strategic Needs Assessment/Joint Health and Wellbeing Strategy Steering Group:

It was reported that consultation on the draft Joint Health and Wellbeing Strategy was currently live on the Council's website. Consultation was open until 22 January 2017 and the final version of the Strategy would be presented at the March 2017 meeting of the Health and Wellbeing Board. All Health and Wellbeing Board partners were encouraged to respond and were asked to share the consultation within their own organisations and networks. The Chair asked Officers to bring the consultation to the attention of all Councillors.

Resolved: That the minutes of the last meeting of the Health and Wellbeing Board held on 7 September 2016 be approved as a correct record and then signed by the Chair.

29. Public Participation

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

30. City of York Safeguarding Children Board Annual Report 2015/16 and Safeguarding Update

Board Members received a report which presented them with the City of York Safeguarding Children Board's (CYSCB) Annual Report 2015/16 and provided an update on key issues between April and October 2016.

The Independent Chair of CYSCB reported that developments had occurred since the report had been written. These included, government changes through the Children and Social Work Act 2016. As these were expected to become law in 2018, Local Authorities would have a year after this in which to finalise their safeguarding arrangements. He also reported that CYSCB were currently being inspected and to allow for the outcomes of this to be discussed the Board's development day had been rescheduled from November to February.

Comments were made around the progress on CYSCB priorities, specifically around the rise in neglect.

Board Members were assured that this was seen as a major issue by the CYSCB who took this very seriously.

Board Members were informed that the rise in neglect was seen as a major issue by the CYSCB. They now had a draft neglect strategy and had held an event for practitioners around the issue in July. More information around neglect would appear in the next annual report.

In regards to whether the draft neglect strategy could be added to the Board's work plan, it was suggested that a progress report from the Safeguarding Adults Board could be received instead.

The Chair of CYSCB notified Board Members that safeguarding support systems would be maintained in the year 2017/18. In addition, whenever there was a service restructure the CYSCB always asked whichever organisation was carrying out the restructure that the safeguarding children was considered.

It was also reported that the Police and Crime Commissioner for Yorkshire had given increased investment for a new case file management system.

Resolved: (i) That the Annual Report of the Independent Chair of the City of York Safeguarding Children Board be received and that the key messages and priorities be reflected on when considering plans.

(ii) That the progress on safeguarding priorities between April and October 2016 be noted.

Reason: To ensure the Health and Wellbeing Board demonstrates it gives full consideration to the advice from the City of York Safeguarding Children Board.

31. "Everybody's Business Conference"-One Year On

The Board received a report which summarised the feedback received at the "Everybody's Business" conference on Young People's mental health on 25 November 2015.

The Consultant Early Intervention Psychiatrist & Deputy Medical Director for Tees Esk & Wear Valleys NHS Foundation Trust introduced the report and informed the Board that there had been a national rising incidence of a worsening of student mental health problems. He highlighted that one of the key themes from the conference, transitions was vital in regards to support for young people from who moved from one location to another. It was noted that in regards to mental health there was a need for support for the workforce. The Board were informed about a resource in development by the Council's Public Health Team which could be used and explored which was called the Student Health Needs Assessment.

Questions were asked about funding for mental health for non attendees to school.

The Chair asked if an update on this be given to the YorOK Board.

Resolved: That the progress and direction in addressing the issues raised by the "Everybody's Business" conference in November 2015 be noted and the subsequent report to the Board in March 2016 be considered.

Reason: To keep the Health and Wellbeing Board aware of progress made.

32. Strengthening Safeguarding Arrangements through an Inter Board Protocol

Consideration was given by the Board to a report which presented them with an inter board protocol to strengthen safeguarding arrangements between the Health and Wellbeing Board, YorOK Board, City of York Safeguarding Children Board, City of York Safeguarding Adults Board and the Safer York Partnership.

The Vice Chair felt that by endorsing the protocol promoted transparency and joined up values. He also added that by endorsing it the Board would give assurance on the delivery of the arrangements and adoption of the principles.

Resolved: That the Board agree to the Chair of the Health and Wellbeing Board signing the inter board protocol and adopting its principles.

Reason: To ensure an effective working relationship between the Boards.

33. Update on Suicide Prevention: City of York Suicide Audit - a review of deaths by suicide within the City of York between 2010 and 2014

Consideration was given to a report and a Powerpoint presentation (attached) which informed Board Members of results of an audit of deaths by suicide as recorded by the York Coroner Service during 2010-2014.

The Council's Suicide Prevention Lead presented the report and informed the Board that there had been 60 deaths by suicide in the city between 2010 and 2014 and that middle aged men were at particularly high risk of suicide. Self harm and mental ill health were also indicators of risk, as was loss in its various forms, social isolation and drug and alcohol misuse.

The nature and causes of suicide were wide ranging and complex and the opportunities to tackle it were also wide ranging and complex however; suicide could be reduced at an individual and population level and was largely preventable.

Conducting research through a suicide audit was a starting point and has helped identify some of the risks and issues associated with suicide. Using the information gathered all stakeholders, partners and organisations have a responsibility to work with our communities to reduce suicide. Whilst Public Health can provide the leadership in relation to suicide prevention it requires input and commitment from all partners. York's Director of Public Health now chairs the countywide North Yorkshire and York Suicide Prevention Task Group which gives partners, as a collective, the opportunity to make real progress in relation to suicide prevention across the county as a whole, not just in York.

Current rates of suicide and in particular student suicides were comparatively high and recent figures from the Department of Health suggest that suicides in York were high compared with the majority of places in the country. There were a number of national strategies, guidelines and support for local authorities and partner organisation which were useful when trying to structure work around suicide prevention. Whilst York was doing reasonably well in terms of background work and building the foundation for suicide prevention work, there wasn't room to be complacent, particularly about the numbers of suicides there have been. The Task Group were beginning to work towards Safer Suicide Community accreditation and would like to work with all partners to put a framework in place to achieve this status. The ambition was to develop a suicide prevention plan, a framework where all stakeholders could bring their expertise, their specific areas of knowledge and resources to look at where they can help save lives. Collaborative working, information sharing and organisational expertise were absolutely crucial in successful suicide prevention work.

Other recent work around suicide prevention, which is detailed in the report, included holding a conference at York University and implementing Safetalk training sessions.

Board members discussed the report and presentation and made the following comments:

- In relation to student suicide rates clarity was sought on whether the students the audit referred to were over 18 and what responses had been received from higher and further education providers. It was confirmed that all were adult students over 18 and with one exception all were students at York University. Partners were working closely with both universities and the University had increased their investment in support services for students.
- Whilst, this had been identified as a cluster, with the exception of the similarity in organisation and living arrangements, there was no suggestion of contagion when one death had led to another. It is hoped that this was very much an isolated series of incidents.
- Healthwatch York informed board members that Safetalk training was now compulsory for their staff
- Clarity was sought around the reference in the audit report to a lack of contact with substance misuse services.

It was reported that this did seem unusual but an assumption was made, when analysing the information in the Coroner's files, that some were dependent on alcohol.

- Clarity was sought on the regularity of future suicide audit work and it was confirmed that this would be undertaken as regularly as possible.
- The work of the City of York Children's Safeguarding Board was highlighted as having a direct relationship to the early intervention element of the suicide prevention work.
- As part of the Suicide Safer Communities work Safetalk training would be offered to City of York Council staff and some sessions had already been provided. It was hoped that the organisations represented at the Health and Wellbeing Board would encourage their staff to attend the Safetalk training and support the Task Group further to develop this. Longer term it was hoped that, working with CVS and other partners, Safetalk training could be made available to anyone who wanted to access it.

Resolved: That the;

- (i) City of York Suicide Audit 2010-2014 report be received and its publication as one of a suite of documents supporting the Joint Strategic Needs Assessment for York be approved.
- (ii) The intention to repeat the audit process to review death by suicide in the City of York over the period 2015-2019 be noted.
- (iii) The recommendation from the suicide audit that the findings be used to inform a local suicide prevention action plan for the City be supported and that the responsibility for this be delegated to the Chair of the North Yorkshire and York Suicide Prevention Task Group.
- (iv) The vision and direction of travel for the City of York to become a Suicide Safer Community be endorsed.
- (v) Annual reports detailing progress on implementation of the local suicide prevention action plan be received by the Health and Wellbeing Board, highlighting any key areas of concern.

Reason: To support the work on suicide prevention and the vision for York to become a Suicide Safer Community.

34. Health Protection Assurance

Consideration was given to a report which described the health protection responsibilities for local authorities which came into force on 1 April 2013, including local arrangements for delivery and assurance of the local response to the revised regulations.

The Director of Public Health informed the Board that although York appeared to have a higher than national average infection rate of HIV, there was a low overall rate of HIV in the city, but a late diagnosis rate. She reported that there could be an 8 year delay to exposure and treatment but work was ongoing with York Sexual Health Clinic and the Health and Adult Social Care Policy and Scrutiny Committee would receive a more detailed report on screening indicators.

Questions from Board Members related to the uptake of the flu vaccine and infection control in care homes.

It was noted that the uptake of the flu vaccine was lower and that the only data collated was from Public Health England (PHE) within groups who received the free vaccination. The Director of Public Health wished to establish a Health Protection Group to enable data to be collated without the need to rely on PHE statistics. She added that the serious nature of flu needed to be underlined, in that death could occur from the virus.

It was reported that the Health Protection Team wanted to focus on local working, data from care homes on infection rates would therefore be crucial as current data collected by PHE was not shared.

Resolved: (i) That the report be received and noted.

(ii) That the intention to include a more detailed report on the Forward Plan for the Health and Adult Social Care Policy and Scrutiny Committee on those health protection outcomes requiring

improvement and the actions being put in place to address these be noted.

- (iii) That the establishment of a local Health Protection Group to support a multi-agency approach to addressing health protection issues for the City of York be approved and for this to be led by the Director of Public Health.

Reason: To enable the Health and Wellbeing Board to be assured that there are effective health protection arrangements in York that meet the health needs of the local population.

35. Progress report from the Integration and Transformation Board

Board Members received a progress report from the Integration and Transformation Board (ITB).

The Corporate Director for Health, Housing and Adult Social Care introduced the report.

Board Members were informed of a number of unresolved governance issues remained for the Vale of York Integration and Transformation Board such as, whether Pocklington services were covered, when Easingwold and Selby were.

A workshop on 8 December would discuss issues such as this and would reveal the governance structure for the recently published Humber, Coast and Vale Sustainability and Transformation Plan (STP), of which the ITB would contribute to. The expectation was that the workshop would enable providers and commissioners to co-create future plans for service delivery. The Chair requested that organisations involved in the Health and Wellbeing Board be invited to workshop if not already so.

In regards to the Humber, Coast and Vale STP, the Accountable Officer from NHS Vale of York Clinical Commissioning Group added that the proposed themes for the STP would be focused on prevention, joint responsibility and 'accountable care' (organisations taking responsibility for the services they deliver).

Discussion took place on how to make the STP more open, following questions from Board Members on how the previous STP meetings had been held in private, and whether there was a written record.

It was reported that the STP had been established at a high level and so there had not been space for this. Minutes were taken at the meetings but they were not verbatim and were focused on actions. If a York only ITB was established then how meetings were recorded would need to be discussed.

Some Board Members questioned what was meant by 'co-creation'. They also wondered whether planning services on a regional level meant the closing of other services on a local level.

The Locality Director (North) from NHS England confirmed that as the STPs were strategic, each would be developed at a local level.

Other Board Members felt that the ITB would enable different statutory organisations to come together, and would allow for each organisation to reflect on the how the health and social care system affected all organisations. However, as this was a major service change, it was suggested that the ITB local plan be developed as soon as possible along with a clear definition. This definition also needed to be backed up along with an official Social Care Institute for Excellence (SCIE) for co-production.

- Resolved: (i) That the work to conclude the Section 75 agreement be noted and endorsed.
- (ii) That the Joint Commissioning Strategy receive comments.
- (iii) That the progress in relation to producing a single transformation plan for the Vale of York be noted.
- (iv) That the ITB local plan be developed as soon possible along with the SCIE definition for co-production.

Reason: To keep the HWBB updated on progress being made by the Integration and Transformation Board.

36. Update on Mental Health Facilities for York

Board Members received a report which updated them on Mental Health Facilities for York.

The Chief Executive for Tees, Esk and Wear Valleys NHS Foundation Trust introduced the report and informed the Board about the plans to move the Community Mental Health Teams out of their existing buildings into three community hubs. This was because they needed to address functional design aspects of some of the buildings that they owned.

The Accountable Officer for NHS Vale of York Clinical Commissioning Group spoke regarding the Public Consultation about the new mental health hospital for York. He notified the Board that fifty ways had been used for consulting, and these had been carried out twice weekly. The main theme had been that location was not important for the new mental health hospital, supporting the community was crucial.

Resolved: (i) That the update around mental health estate provision be noted.

(ii) That the Board contribute to the current consultation around the new hospital.

Reason: To keep the Health and Wellbeing Board up to date in relation to in patient facilities for mental health services in York.

37. Healthwatch York Reports

Consideration was given to a report which asked Board Members to receive two new reports from Healthwatch York namely:

- a. Antenatal and Postnatal Services in York (Annex A)
- b. Closure of Archways: Changes to Intermediate Care Services in York (Annex B)

The Chair reminded the Board that they would receive the reports and then delegate them to the JSNA/JHWB Steering Group to consider ways of implementing the recommendations.

The Deputy Chief Executive of York Teaching Hospital NHS Foundation Trust commented on the Antenatal and Post Natal Services report, in particular in relation to the sample size and group polled. He stated that the key issue missed when the hospital stopped face to face ante natal classes, was social interaction with other young mothers. He confirmed that a number of recommendations had been followed up, such as the ante natal educational video which would be redone in 2017.

Resolved: (i) That the Healthwatch Reports at Annex A and B to the report be received and comments on them noted.

(ii) That the report be delegated to the Joint Strategic Needs Assessment/Joint Health and Wellbeing Board Strategy (JSNA/JHWBS) for further consideration.

(iii) That the two specific recommendations at Annex B for the Health and Wellbeing Board be agreed, these being;

(iv) For future service changes, plans for consultation and engagement with the public/other agencies to be developed at the earliest stage.

(v) Commit to co-design and co-production (in line with the Social Care Institute of Excellence definition).

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

38. Bootham Park Hospital Scrutiny Review Final Report

The Board received the final report of the Bootham Park Hospital Scrutiny Review and information around actions taken to restore full mental health services to York.

Resolved: (i) That the contents of the report and the recommendations arising from the scrutiny review be received and noted, specifically those that their organisations are asked to respond to.

(ii) That the following organisations are asked to respond to the Health and Adult Social Care

Policy and Scrutiny Committee within three months time;

NHS England should ensure that:

- i. The NHS nominates a named person to be responsible for the overall programme of sustained improvements to mental health services in York. That person to provide regular progress reports to the Council and meet this Committee when requested to review progress;
- ii. Specific details are provided of all mental health services currently provided or planned in the City of York area, with timescales for provision or replacement where appropriate;
- iii. Commissioning agents sign up to an understanding that they are more proactive in engaging with people to avoid the sudden closure of health facilities.

Tees, Esk and Wear Valleys NHS Foundation Trust and the Vale of York Clinical Commissioning Group:

- iv. Carry out a full and robust consultation process ahead of the procurement of a new mental health unit in York and that details are shared with this Committee.

Reason: So Members are aware of the work undertaken by the Health & Adult Social Care Policy & Scrutiny Committee in relation to the closure of Bootham Park Hospital and the measures taken to re-establish services in York.

39. Forward Plan

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

It was suggested that an update be given to the Board on the Sustainability Transformation Plan. It was felt that it could be included as part of the Integration and Transformation Board item at January's meeting.

Resolved: That the Board's Forward Plan be approved with the following amendments;

- A progress report from the City of York Safeguarding Adults Board.

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

Councillor Runciman, Chair

[The meeting started at 4.30 pm and finished at 6.45 pm].