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Meeting	Health and Wellbeing Board
Date	18 January 2017
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) (apart from Minute Items 49 &amp; 50)</p> <p>Sharon Stoltz (Director of Public Health, City of York Council),</p> <p>Martin Farran (Corporate Director-Health, Housing and Adult Social Services, City of York Council),</p> <p>Jon Stonehouse (Corporate Director-Children, Education and Communities) ,</p> <p>Phil Mettam (Accountable Officer, NHS Vale of York Clinical Commissioning Group)</p> <p>Sarah Armstrong (Chief Executive, York CVS)</p> <p>Tim Madgwick (Deputy Chief Constable, North Yorkshire Police),</p> <p>Siân Balsom, (Manager, Healthwatch York),</p> <p>Mike Proctor, (Deputy Chief Executive, York Teaching Hospital NHS Foundation Trust) (Substitute for Patrick Crowley),</p> <p>Ruth Hill (Director of Operations (York and Selby) (Tees, Esk and Wear Valleys NHS Foundation Trust)) (Substitute for Colin Martin)</p> <p>Keren Wilson (Chief Executive, Independent Care Group) (Substitute for Mike Padgham)</p>

## **Chairs Comments**

The Chair announced to the Board that it was Tim Madgwick's last meeting. She thanked him on behalf of all Board Members for his valuable contributions and wished him well.

### **40. Declarations of Interest**

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

Councillor Brooks declared two personal interests in the remit of the Board in that; she was a member of the Mental Health and Learning Disabilities Partnership Board and a governor of Leeds and York Partnership NHS Foundation Trust.

Councillor Cannon declared a personal interest in the remit of the Board as her husband was a current outpatient at York Hospital.

### **41. Minutes**

Resolved: That the minutes of the last meeting of the Health and Wellbeing Board held on 23 November 2016 be approved as a correct record and then be signed by the Chair.

### **42. Public Participation**

It was reported that there had been two registrations to speak under the Council's Public Participation Scheme in relation to issues within the remit of the Board.

Sheena Foxwell from Defend our NHS York spoke about how black, red and OPEL alerts were now being triggered in Accident and Emergency (A & E) departments and hospitals.

This situation meant that hospitals were unable to deliver care and patient safety could be compromised due to overwhelming demand. She also commented that the Care Quality Commission (CQC) had identified that York Hospital had breached its 4 hour waiting time in A&E for the past two years. In addition, inpatient beds across the country were being cut without facilities in the community to replace them. She highlighted the loss of 22 inpatient beds from the closure of Archways and cuts to the adult social care budget and delayed discharges which she felt had compounded bed losses. She questioned what proposals had been put forward to resolve the situation.

Anne Leonard also from Defend our NHS York spoke about obesity and the rationing of medical care for those who were obese or overweight. She informed the Board that obesity was largely a social issue. She felt that obesity would not be lessened by the rationing of services and neither would blaming obese people themselves. In her opinion, this masked the real problem which was that services were not capable of being stretched any further. She urged the Board to investigate the issue further.

In response to the speakers a number of Board Members commented;

The Deputy Chief Executive of York Hospital NHS Foundation Trust informed the Board that there had been unforeseeable increases in admissions to the hospital over the Christmas period. For example there had been an 11% rise in ambulance arrivals and a 22% rise in attendance at A&E. There was spare care capacity in the community which had been made available from the removal of inpatient beds.

The Director of Public Health informed the Board that the causes of obesity were complex and it was a societal issue. She intended to develop a Healthy Weight and Active Lives Strategy along with partners this year.

Two Members of Council spoke, one was concerned with the cuts to NHS budgets and services and how comments raised about how there was not sufficient money within the wider system for transformation in the NHS seemed to not be taken

on board. The other referred to a recent motion approved by Council which objected to NHS Vale of York CCG's decision to ration access to services to those who smoked or were obese. The Accountable Officer from NHS Vale of York CCG noted that demand for services were often outstripping financial resources and therefore in order to meet the challenge a better joined up system was needed.

The Chair also noted that, in reference to an item later on the agenda, Community Pharmacies might help to keep patients out of A&E. In regards to the obesity issues raised by the speaker, she suggested that the Health and Adult Social Care Policy and Scrutiny Committee might wish to investigate this further. She thanked the speakers for their comments.

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

Board Members received a report which asked them to consider updating two appointments to its membership.

Resolved: That;

- (i) Sue Collins, Director of Development at York CVS be appointed as a substitute to replace Catherine Surtees.
- (ii) Lisa Winward replace Tim Madgwick as the North Yorkshire Police representative on the Board.

Reason: In order to ensure proper representation on the Health and Wellbeing Board.

#### **44. Future in Mind**

Board Members received a report which updated them on the progress of the Future in Mind local transformation plan, and the plan's refresh and update.

The Senior Commissioner from the NHS Partnership Commissioning Unit presented the report and underlined how the Future in Mind local transformation plan was a living document with a focus on the continuous improvement of children's mental health.

It was noted that the School Wellbeing Service which had been partly funded by Future In Mind (FIM) had been a success in that it had been a genuine collaboration between partners. The main concerns from headteachers had been the ability to respond to emotional health of children in school. Even though the Government had mentioned that FIM funding had reached its intended places, remaining areas still needed funding. These remaining areas would not be funded through FIM, but through a partnership of Schools Forum and council funding.

A new strategic partnership led by CYC and the CCG was developing following a realignment in Child and Adolescent Mental Health Services (CAMHS) through FIM, in that the single point of access (SPA) would align with the Local Area Team (LAT) arrangements.

Board Members questioned if school changes would have implications on the delivery of the service. In addition, it was questioned if all schools, including Multi Academy Trusts would engage with the agenda. It was felt that all schools regardless of their type would engage with the FIM agenda.

Concerns over additional pressures such as the small amount of spending on CAMHS (Children and Adolescent Mental Health Services) in relation to other areas were raised. It was felt that this would be the marker to the success of the Future in Mind plan.

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

(ii) That the Future in Mind Transformation Plan at the time of writing be received and noted.

Reason: To keep the Health and Wellbeing Board up to date with the Future in Mind workstream.

#### **45. The Role of Community Pharmacy in Health and Wellbeing**

The Board received a report and PowerPoint presentation on the role of Community Pharmacy in Health and Wellbeing. Jack

Davies, Chief Executive Officer and Tracey Chambers (Committee Member) from Community Pharmacy North Yorkshire presented the report.

The main points arising from the presentation were;

- Most people lived within 10 minutes of a community pharmacy
- 100 hour pharmacies (those that opened seven days a week) were now in operation, Sunday was the most popular day of use.
- That community pharmacies could offer personal care- case studies were given; how medication was ordered for a patient who had forgotten to reorder, a patient's blood pressure checked due to medication change and attending a social event following a bereavement.

Questions from Board Members related to;

- Cross Charging- where the costs of the services used were used by non York residents, but were not charged back to the area where the user was normally resident. Could data be recorded to the areas in which the charges needed to be made to?
- Minor illness and ailments- would the business attracted from a service offered for these two particular issues sustain a business model?
- What were the consequences for pharmacies if they did not achieve Healthy Living Pharmacy Status?

It was reported that postcodes had previously been used when collating data on cross charging. However, it was a challenging issue as budgets were stretched and the council did not have the facilities to cross charge.

Minor ailments were often self referred to pharmacies, but it was felt that there would be advantages of having a minor ailments service. Healthwatch York, had been informed that people had been interested in a minor ailments scheme and had referred to it online.

However, those people who needed it the most could not access it. It was the hope that all pharmacies would achieve Level 1 of the Healthy Living Pharmacy Status.

Resolved: That the report and presentation be noted.

Reason: To update the Board on the role of Community Pharmacy in Health and Wellbeing in the city.

#### **46. York Pathways**

Board Members received an update report from York Pathways, a partnership who were committed to improving the response to individuals experiencing 'complex distress' placing a high demand or at risk of placing high demand on services. These individuals were often those who had mental health challenges and suffered with alcohol and drug problems.

Tim Madgwick introduced the presenters and informed the Board that the Pathways project had been nationally recognised. However, it could no longer rely on unsustainable funding resources.

Sarah Owen Rafferty and Samantha Durrant from Together York presented the report and informed the Board using sound clips that it was often difficult to actively listen to service users because of the way that they presented themselves to services. They carried out an exercise amongst Board Members which asked them to think of vulnerable people in York and write down their priorities.

Following the exercise, it was noted that break down in relationships and reliance on alcohol were some of the issues faced by service users in York. However, it was felt, that attention needed to be paid to those groups who did not currently use services.

Some further areas that were important to service users identified were;

- Resilience
- Wellbeing
- Motivation
- Change
- Interpersonal Trust
- Hope

Prior to Pathways, service users showed negative responses across all of these areas, and seemed worse than other groups surveyed such as prisoners. Therefore it was felt that a more holistic intervention approach was needed.

Sarah and Samantha shared a service user's story with the Board.

The Chair informed the presenters that although the Board supported the work and aims of Pathways, they did not have a budget.

The issue of social prescribing was raised and it was felt further discussion was needed, in regards to positive outcomes from further individual interventions, it was noted that there were those who felt their needs were not addressed by any services and work to bring services together, could only be a positive thing.

It was noted that that City of York Council and NHS Vale of York Clinical Commissioning Group had developed a way forwards in regards to a Mental Health Strategy for the city and the work of the Pathways project should link into this. Early low level intervention it was felt should be brought back within an action plan.

Tim Madgwick underlined the significance of the Pathways work in that it worked with groups who were often regular presenters at A&E. It was about making use of the two years worth of work, and about working in an interagency way, particularly given that there was not an infinite amount of money.

Sarah Armstrong volunteered to meet with the representatives from Pathways and report back to the Chair regarding this.

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

(ii) That the learning from the meeting be followed up and future discussions take place in an additional informal meeting between the Pathways presenters and the Chief Executive of York CVS, on behalf of all Health and Wellbeing Board Members.

Reason: The learning from the evaluation in process and strategic board partners informs us that we need to focus on addressing system wide issues if York's

ambitions are to be achieved. Embedding system change at all levels, including those who are directly supporting service users and their managers. We will do this by seeking permission from agency CEO's (for example health, housing, police, substance misuse, third sector) for Pathways to engage with their staff on a regular basis over the year.

It is imperative that we reach relevant Boards and forums to articulate parts of the system that we know are not working and help prevent the potential misalignment of resources. As a result we want to see a shift in a system focused on budgets and outcomes to a system that has the service user at the heart and is fully accountable for individual journeys.

#### **47. Progress Report from the Integration and Transformation Board**

Board Members received a progress report into work undertaken by the Integration and Transformation Board (ITB).

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

Board Members were informed that governance issues had now been agreed such as the Terms of Reference. The Vale of York ITB would become one of two or three locality area boards reporting to an Accountable Care Partnership Board for the Vale of York footprint.

Questions from Members included;

- Who would be the independent sector providers mentioned within the Joint Commissioning Strategy?
- Were Accountable Care Systems (which were modelled on US systems) allowing private healthcare providers into the public healthcare sphere?

It was suggested that Board Members receive a Membership list of who was on the Accountable Care Partnership Board.

Resolved: (i) That the Joint Commissioning Strategy be endorsed.

(ii) That the progress in relation to creating an Accountable Care System for the Vale of York be noted.

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

#### **48. Progress report on the 2016/17 Better Care Fund (BCF) programme: risks and issues**

Board Members received a progress report on the Better Care Fund.

The Interim Director of Joint Commissioning and Accountable Officer from NHS Vale of York Clinical Commissioning Group presented the report.

Board Members were informed that;

- The contribution to the delivery of the BCF last year had not been effective as at present. There would be named leadership going forward.
- The plan for 2016/17 was not made until late into the year.
- The BCF for 2017/18 was expected to be a two year plan, but guidance was awaited from NHS England and the Government. This had still not been released.
- The two measures doing less well amongst all the schemes within the BCF were Non Elective Admissions (NEA) and Delayed Transfers of Care (DTC).

Discussion ensued during which the following points were raised;

- The metrics or names used for the schemes were not helpful. In regards to DTC it was better to refer to patients as being stranded in hospital. This focused more on the action rather than on the definition.
- Although national guidance was still awaited, there was the opportunity to create a local measure, and to carry out predictive work.

- What was the implication with the £1m risk for the Council? Would it involve releasing staff?
- With £1.2m below the line, the alternative was to find money elsewhere or to cease funding services.
- Members could not factor in the amount of risk share to the Council into their budget discussions, and needed to know the details as soon as possible as the Council were due to set its budget.
- In regards to DTOC, public messages needed to be got across that there was often not a choice as to where you went. There were not enough spaces in care homes, and people might have to take a place in an alternative care home whilst they awaited a bed in the home of their choice. This needed to be communicated, especially if it saved lives in the process.

Resolved: That the report be noted.

Reason: So that the Health and Wellbeing Board has oversight of the Better Care Fund.

#### **49. York Information and Advice Strategy**

The Board received a report and presentation on the review of Information and Advice services in York and the development of a new Information and Advice Strategy, informed by the 'Just Works' consultants' report.

The Council's Head of Commissioning (Early Intervention, Prevention & Community Development) and Jeanette Thompson from Just Works were in attendance to present the report and answer Board Members' questions.

They highlighted that there were 87 groups who provided information on health and social care to a website in the city and some organisations were happy to provide leaflets for free. Others needed financial assistance to inform the public. It was felt that a digital inclusion strategy was needed as websites were static, they had so much information for example it was difficult to know what was valid. In addition, they had not been adapting to change.

It was suggested that a task and finish group be convened to carry out an action plan as suggested in the report. It was noted

that advocacy groups would not get involved with the action plan unless the partnership governance arrangements were packaged into smaller groups.

Resolved: (i) That the prioritised action plan and how it might be effectively delivered, reflecting partnership governance arrangements and organisational resources be considered.

(ii) That an operational task and finish group, reporting to the Integration and Transformation Board, is convened to progress the delivery of the action plan.

Reason: To keep the Health and Wellbeing Board up to date on progress against this work stream.

## **50. Meeting Work Programme**

Board Members were asked to consider the Board's meeting work programme.

Resolved: That the meeting work programme be approved.

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

Councillor C Runciman, Chair

[The meeting started at 4.35 pm and finished at 7.15 pm].