<table>
<thead>
<tr>
<th>City of York Council</th>
<th>Committee Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Meeting</strong></td>
<td>Health and Wellbeing Board</td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td>12 July 2017</td>
</tr>
<tr>
<td><strong>Present</strong></td>
<td>Councillors Runciman (Chair), Cannon, Craghill and Rawlings</td>
</tr>
</tbody>
</table>

- Martin Farran (Corporate Director of Health, Housing and Adult Social Care, City of York Council)
- Keith Ramsay (from 4:40pm)
- Jon Stonehouse (Corporate Director of Children's Services, Education and Communities)
- Phil Mettam (Accountable Officer, NHS Vale of York Clinical Commissioning Group (CCG))
- Colin Martin (Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust)
- Lisa Winward (Deputy Chief Constable, North Yorkshire Police)
- Sarah Armstrong (Chief Executive, York CVS)
- Julie Warren (Locality Director (North) NHS England)
- Siân Balsom (Manager, Healthwatch York)
- Fiona Phillips (Assistant Director, Consultant in Public Health) - Substitute for Sharon Stoltz)
- David Booker (Lay Member, Chair of Quality and Finance Committee) - Substitute for Keith Ramsay
- Keren Wilson (CEO Independent Care)
Apologies

Keith Ramsay (arrived at 4:40pm), Sharon Stoltz, Mike Padgham, Patrick Crowley

72. 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.

There were no further declarations.

73. Minutes

Resolved: That the minutes of the meeting of the Health and Wellbeing Board held on 17 May 2017 be approved as a correct record and signed by the Chair.

74. Public Participation

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

75. Appointments to the Health and Wellbeing Board

Board members received a report which asked them to confirm new appointments to its membership.

Resolved: That Dr Shaun O’Connell, Medical Director at NHS Vale of York Clinical Commissioning Group, be appointed as the clinical representative for the CCG and Dr Andrew Phillips, Medical Director at NHS Vale of York Clinical Commissioning Group, be appointed as the first substitute for Dr Shaun O’Connell, Medical Director at NHS Vale of York Clinical Commissioning Group.

Reason: In order to make these appointments to the Health and Wellbeing Board.
Members received a report from the Corporate Director of Children’s Services, Education and Communities that presented them with the progress on the starting & growing well theme of the joint health and wellbeing strategy 2017-2022. Members were asked to note the progress made.

The Corporate Director of Children’s Services, Education and Communities presented the report and highlighted the following points:

- The new locality teams would develop a closer understanding of the communities which they served and would take an early intervention approach to working with families;
- There was a Headteacher led project on improving pupil attendance and a focus in Key Stage 2 (KS2) on writing;
- The Corporate Director of Children’s Services, Education and Communities would report back on the progress of educational outcomes with reference to ‘Narrowing the Gap’;
- The Children’s Safeguarding Board which had met that day received a report on dental health and improvements to the service for vulnerable mothers;
- The need to ensure that York was a breast feeding friendly city was noted.

Board members welcomed the report and made a number of responses which are summarised below:

- The Assistant Director - Consultant in Public Health explained that the reason for the high number of dental extractions for under 5 year olds was not known and a deeper needs assessment may need to be undertaken to assess this. The Manager of Healthwatch York advised that Healthwatch York would be compiling a survey on dental health. Board members were requested to assist with the distribution of the survey;
- With regards to the staffing of the Healthy Child Service, the Corporate Director of Children’s Services, Education and Communities advised the Board that the structural changes would be in place from August. He explained that it had been a complicated restructure process with some movement of people. However, there was a strong complement of staff with experience and there would be further recruitment;
• With regards to the support for the parenting group, on being asked whether there were resources available to develop parenting mentors, it was explained that the Local Area Teams had been set up to include capacity for the provision of this.

• It was clarified that the Healthy Child Service would be examined by the Children, Education & Communities Policy & Scrutiny Committee.

Resolved: The Health and Wellbeing Board noted the report.

Reason: To keep the Health and Wellbeing Board informed as to progress on delivery against the starting and growing well theme of the joint health and wellbeing strategy 2017-2022.

77. Performance Management: Starting & Growing Well Theme of the Joint Health and Wellbeing Strategy

Board members received the Starting and Growing Well Performance Report from the Corporate Director of Children, Education and Communities. The report detailed a performance summary that outlined the current position against a set of indicators in respect of the starting and growing well theme within the joint health and wellbeing strategy 2017-2022.

The Corporate Director of Children, Education and Communities provided an update on the School Wellbeing Service and gave an explanation of how this was funded. He also drew attention to the outcome data for young people’s emotional health and wellbeing.

The Chair thanked the Corporate Director of Children, Education and Communities for the report. A Board member asked whether it would be a useful time to capture the activities of what is going on for the 11 to 12 year old age group. The Corporate Director of Children, Education and Communities advised that York was well placed with activities in the city and suggested that he could look into the work of Ward Committees and Shine magazine. He further suggested that the YorOk Board could be asked to undertake an audit of activities and report back to the HWBB at a future meeting. The Chief Executive of York CVS mentioned their intention to map what was happening in the city against all themes and priorities of the joint health and wellbeing strategy in order to identify gaps. This
was being done as part of the ageing well operational activity and would take place later this year. This would be reported back to the Health and Wellbeing Board at a future meeting.

In response to a question relating to outcome data for young people’s mental health, a Board member asked if there was potential research on why young people’s mental health was getting worse in order to identify the causes of this. The Corporate Director of Children, Education and Communities explained that the mental health of young people in York was less good than it was 10 years ago. He added that the Schools Wellbeing Service was helping with this and there was also a need to listen to what was happening elsewhere to gain a better understanding.

Resolved: That the Board;

1. Note the content of the performance report.
2. Request any further information on specific areas of work.

Reason:

1. To ensure understanding of the progress made against the Health and Wellbeing Strategy.
2. To ensure Board members have the required level of detail.

78. **Student Health Needs Assessment**

Board members gave consideration to a report on the recently completed York Student Health Needs Assessment (SHNA). The report asked the Board to approve the publication and dissemination of the SHNA. The report also asked the Board to support the main recommendation from the SHNA which was the formation of a multi-agency partnership to continue to develop the student health agenda based on the SHNA findings.

In presenting the report, the Public Health Specialist Practitioner Advanced explained that the SHNA had been a valuable piece of work with a focus on those students attending higher education institutions. He reported that 15% of the population in York were students in further or higher education and that there had been 1827 survey responses. He gave a summary of the SHNA findings to the Board.
Board members welcomed the SHNA findings and made the following comments:

- The Chair asked if, as a result of this piece of work, things were improving in relation to student health and it was confirmed that they were;
- The health needs of international students were included within the needs assessment;
- A Board member queried if the educational institutions in the city contributed financially to the police or health services for the increased demand on services from students. The Chair responded by saying that they didn’t necessarily do this but the University of York and York St John University had spent money on supporting their students in other ways such as investing in student mental health services at the University of York and setting up a drop in centre at York St John University;
- A Board member highlighted the findings for students’ mental health and the Public Health Specialist Practitioner Advanced advised that more detailed data on this was available;
- A Board member asked if health services in the city received resources to support the 31,000 students in addition to the permanent York population. It was explained that GP surgeries received funding based on their practice population. The North Yorkshire Police Deputy Chief Constable explained that the funding formula for the police did not take into account the transient population and only included the permanent population;
- The SHNA report had been distributed to key people in York’s educational institutions;
- The Chair suggested that information could be provided during Freshers’ weeks. The Manager of Healthwatch York suggested that this could be picked up by Healthwatch York. It was further suggested that students who were campus community champions could present such information at Freshers’ weeks.
- It was suggested that the HWBB (or representatives of) present the SHNA to the Higher York Board
- For recommendation two in the report (re: formulating a multi-agency partnership) the HWBB felt that rather than setting up a wholly new body, the existing York Student Mental Health Network (YSMHN) could be re-purposed to address student health and wellbeing more broadly. This group already contained most of the key student health agencies in York. Links could also be made to other existing groups where appropriate.

Board members thanked the Public Health Specialist Practitioner Advanced for his report.

Resolved: That the Health and Wellbeing Board:
1. Approved the SHNA report for publication and dissemination;
2. Supported a multi-agency partnership leading this work;
3. Agreed to receive an annual report from the multi-agency partnership at the next Starting and Growing Well themed meeting;
4. That the HWBB (or representatives thereof) present this report to the Higher York Board

Reason: To keep the Health and Wellbeing Board up to date in relation to the work around student health needs.

79. **Update from the JSNA/JHWBS Steering Group**

The Board received a report from the Deputy Chair of the Joint Strategic Needs Assessment/Joint Health and Wellbeing Strategy Steering Group. The report provided the Board with an update on the work that had been undertaken by the Joint Strategic Needs Assessment/Joint Health and Wellbeing Strategy Steering Group since it last reported to the Board in March 2017. The Board was asked to note the update and;

i. Approve the Terms of Reference for the Health and Wellbeing Board (HWBB) Steering Group and the Joint Strategic Needs Assessment (JSNA) Working Group at Annexes A and B,

ii. Approve the draft integrated impact assessment at Annex C and indicate if any further steps were needed.

The Deputy Chair of the Steering Group gave an overview of the new
HWBB Steering Group’s draft Terms of Reference. She referred Board members to the membership of the HWBB Steering Group and asked Board members whether, when HWBB Steering Group members could not attend meetings their nominated HWBB substitutes could represent them. The Board broadly agreed with this.

In relation to the draft minutes for the JSNA Working Group it was suggested that a data representative from TEWV be included in the membership.

Under the Key Responsibilities of the HWBB Steering Group, the Deputy Chair of the JSNA/JHWBS Steering Group highlighted that a key responsibility was to develop a Pharmaceutical Needs Assessment in accordance with national guidance. She confirmed that the Pharmaceutical Needs Assessment would be completed in March 2018. She suggested the addition of a further bullet point under section 4 of the draft HWBB Steering Group Terms of Reference to read: ‘to receive and consider notifications of changes to and applications for pharmaceutical services in York and respond to these where appropriate’.

Board members welcomed the report and made the following comments:
- Board members noted the need to ensure that the JSNA aligned with the Joint Strategic Intelligence Assessment (JSIA);
- The HWBB Steering Group would report to the Health and Wellbeing Board and a report would be added as a standing item to HWBB agendas;
- The minutes of the HWBB Steering Group meetings would not be published but a summary of them would be included in update and progress reports to the Health and Wellbeing Board;
- In relation to the integrated impact assessment for the joint health and wellbeing strategy the following two suggestions were made:
  1. there should be clinical input to the integrated impact assessment
  2. once completed both the integrated impact assessment and the joint health and wellbeing strategy should be taken to senior level boards within all organisations represented at the Health and Wellbeing Board.

Resolved: That the Health and Wellbeing Board;
1. Noted the update;
2. Approved the Terms of Reference for the HWBB Steering Group and the JSNA Working Group at
Annexes A and B with the suggested amendments;
3. Approved the draft integrated impact assessment and agreed that there should be clinical input and once completed this should be shared with HWBB organisation’s senior boards;
4. Agreed that a progress/update report from the new HWBB Steering Group should be a standing item at future HWBB meetings.

Reason: To update the Board in relation to the work of the JSNA/JHWBS Steering Group

80. Better Care Fund Update

The Health and Wellbeing Board received a report from the Joint Chair(s) of the York Better Care Fund (BCF) Performance and Delivery Group. This was a status report on the draft Better Care Fund (BCF) Plan for 2017/19 that updated the Board on progress in relation to the development of the BCF submission for 2017/19.

The Director of Joint Commissioning NHS Vale of York Clinical Commissioning Group updated Board members on the process for compiling the report. She advised that the planning guidance had been issued on 4 July 2017 and the BCF submission would be rewritten in line with the newly received guidance.

The Director of Joint Commissioning NHS Vale of York Clinical Commissioning Group reported that good progress was being made towards the draft investment schedule and there was a balanced investment plan against the £15.3million budget. In response to a question from a Board member she explained the process of agreement and expenditure of the balanced plan. Board members were advised that the investment plan had been taken to and supported by the Better Care Fund Task Group.

In terms of existing schemes support from the Local Government Association (LGA) and NHS England to ensure monitoring and effectiveness remained a part of ongoing arrangements, the intention was to invest in those schemes which were already in place and then add to the scope and spread of services. There was no intention to establish a risk sharing agreement this year. It was reported that the BCF submission needed to be submitted to NHS England by 11 September 2017 and this would be brought to the HWBB meeting on 6
September for sign off by the Board.

The Director of Joint Commissioning NHS Vale of York Clinical Commissioning Group reported that in terms of guidance, there was a requirement to:

i. Agree the delayed transfers of care; and

ii. Approve a minimum reduction of 3.5% by 21 July 2017.

It was noted that the template for this hadn’t been received and it wasn’t known where the baseline for this would be taken from; it was therefore difficult for the Board, at this stage, to approve the minimum reduction.

The Accountable Officer, NHS Vale of York Clinical Commissioning Group (CCG) explained that nationally, there had been a good alignment of the Better Care Fund. He commended the work of the Corporate Director Health, Housing and Adult Social Care, City of York Council’s team and he thanked Corporate Director Health, Housing and Adult Social Care, City of York Council and his team for their work.

Director of Joint Commissioning NHS Vale of York Clinical Commissioning Group confirmed that the LGA and NHS England would produce the baseline figure. A number of Board members expressed concerns as to the timescales and the 3.5% reduction when it was not known what the baseline figure would be.

Resolved: That the Health and Wellbeing Board note the issues set out in the report.

Reason: HWBB oversight of BCF.

81. Mental Health and Learning Disabilities Partnership Board

Board members considered a report on the future of the Mental Health and Learning Disabilities Partnership Board

The report set out a proposed way forward in light of recent governance changes to the Health and Wellbeing Board (HWBB), the launch of the joint health and wellbeing strategy 2017-2022, the development of a new mental health strategy for York and the proposal to develop a learning disabilities strategy for York.
The Board was recommended to approve a proposal to split the Mental Health and Learning Disabilities Partnership Board into two separate groups, with one focused around mental health and another around learning disabilities.

Resolved: That the Board approved the proposal to split the Mental Health and Learning Disabilities Partnership Board into two separate groups, with one focused around mental health and another around learning disabilities.

Reason: To enable successful delivery against the joint health and wellbeing strategy, the mental health strategy and the forthcoming learning disabilities strategy.

82. All Age Autism Strategy

Board members welcomed a report that asked them to ratify the All Age Autism Strategy and receive annual updates from the All Age Autism Strategy Group.

In presenting the report the Commissioning Manager from the Directorate of Housing, Health and Adult Social Care and Specialist Advisory Teacher highlighted the following points:

- The key areas of work were diagnostic support, inclusive communities, transitions, training/education, employment and parent/carer support;
- Behind the Strategy sat action plans for each area of work which were owned by sub-groups for each priority area. The action plans were working documents and updated on an ongoing basis
- The sub-groups had been set up and met three times a year, reporting to the All Age Autism Strategy Group, which held responsibility for operational delivery of the actions plans.

Board members thanked the Commissioning Manager from the Directorate of Housing, Health and Adult Social Care and the Specialist Teacher Physical Disabilities/Health Needs for their work on the report.

Resolved: That the Health and Wellbeing Board;

1. Ratified the All Age Autism Strategy
2. Receive annual updates from the All Age Autism Strategy Group.

Reason: To give a formal mandate for the All Age Autism Strategy and allow work to progress in achieving the actions within the Strategy.

83. Healthwatch York Annual Report; Stakeholder Evaluation; Awareness Survey

Board members received and considered the Healthwatch York Annual Report and Independent Evaluation. Comments were invited and a Board member noted that it was a good piece of work.

Resolved: That the Annual Report be accepted.

Reason: In accordance with the Health and Wellbeing Board’s role in supporting public and patient engagement activity.

84. Director of Public Health’s Annual Report

Board members received and noted the Annual Report of the Director of Public Health.

Resolved: The Board noted the presentation.

Reason: To give all members of the Board an overview of the Annual Report of the Director of Public Health and a shared understanding of the issues highlighted.

85. York Skills Plan (Online Only)

Board members received the draft York Skills Plan 2017-2020. Members were encouraged to comment on the draft plan if they had not already done so.


Reason: In accordance with the Board’s role in supporting the York Skills Plan.
86. **Work Programme**

Board Members were asked to consider the Board’s Forward Plan for 2017/18.

Resolved: That the Forward Plan be approved.

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

87. **Urgent Business**

The Corporate Director of Health, Housing and Adult Social Care, City of York Council, reported that York was one of 12 sites subject to a review of the Health and Social Care system. This would be led through the Care Quality Commission (CQC). He reported that there were no agreed Terms of Reference or methodology for the review to date.

The Corporate Director of Health, Housing and Adult Social Care advised that it was not known when the review would take place. He added that the review could take up to 14 weeks.

Board members were advised that there were six key metrics included in the review:
1. Emergency admissions for the 65+ population
2. 90th percentile length of stay
3. Total delayed transfers of 91 days
4. Proportion of people at home after discharge
5. Proportion of older people receiving rehabilitation
6. Weekend discharges

The Corporate Director of Health, Housing and Adult Social Care reported that a core group would need to be established for the review. He further reported that Healthwatch York would be a part of the review and the Manager of Healthwatch York responded that she would welcome a partnership approach to this.

Resolved: That the Board noted that York was one of 12 sites subject to a review of the Health and Social Care system.

Reason: To keep the Board informed of the review of the York and Health and Social Care system.
Cllr Runciman, Chair
[The meeting started at 4.30 pm and finished at 6.40 pm].