

Meeting	Health and Wellbeing Board
Date	2 April 2014
Present	<p>Councillors Simpson-Laing (Chair) and Looker,</p> <p>Kersten England (Chief Executive, City of York Council),</p> <p>Tim Madgwick (Deputy Chief Constable, North Yorkshire Police)</p> <p>Mike Proctor (Deputy Chief Executive, York Teaching Hospital NHS Foundation Trust) (Substitute for Patrick Crowley),</p> <p>Jon Stonehouse (Director of Children's Services, Education and Skills),</p> <p>Siân Balsom (Manager, Healthwatch York)</p> <p>Dr Mark Hayes (Chief Clinical Officer, Vale of York Clinical Commissioning Group),</p> <p>Rachel Potts, (Chief Operating Officer, Vale of York Clinical Commissioning Group),</p> <p>Mike Padgham (Chair, Independent Care Group),</p> <p>Jill Copeland (Deputy Chief Executive and Chief Operating Officer, Leeds and York Partnership NHS Foundation Trust), (Substitute for Chris Butler)</p>
Apologies	<p>Councillor Healey,</p> <p>Dr Paul Edmondson-Jones (Deputy Chief Executive and Director of Public Health and Wellbeing, City of York Council),</p>

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

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

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

43. Introductions

The Chair opened the meeting by informing the Board and the members of the public present that the meeting was being webcast for the first time.

44. 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 had in the business.

None were declared.

45. Minutes and Matters Arising

Resolved: That the minutes of the Health and Wellbeing Board held on 29 January 2014 be signed and approved by the Chair.

It was noted that a Health Inequalities Update report would be presented at the Board's meeting in July.

46. Public Participation

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

47. Pharmacy Services

Board Members received two presentations in relation to pharmacy services on a new inspection model for pharmacies and the role of community pharmacies. Following the meeting slides from both presentations were put online with the published agenda.

Mark Voce, the Head of Inspection from the General Pharmaceutical Council (GPhC) and Professor Richard Parish gave presentations to the Board on a new inspection model for pharmacies and the role of Community Pharmacies.

New Inspection Model for Pharmacies

Members were told that the new inspection model was the first time that pharmacies had been inspected against set regulated standards for registered pharmacies. It was noted that following an inspection, feedback was given by the inspector and all the members of pharmacy team were informed of this rather than just the main pharmacist. It was hoped that inspection reports would be published in the future but that further work needed to be done before this could occur.

Questions from the Board in respect of the first presentation included;

- Would lay people be involved in pharmacy inspections?
- If standards were set individually by each pharmacy would this have an effect on the safety of patients?

In response it was reported that;

- The GPhC were keen to see how to involve more people in inspections.
- That the new model would encourage innovation but with a focus on consistency and outcomes.

The Role of Community Pharmacies

It was highlighted that the role of the Community Pharmacy was not to compete with GP surgeries but was about collaboration in providing patient care.

Community Pharmacies could act as the “NHS on the High Street” and for example could help patients with Long Term Conditions who may not have accessed either a GP’s surgery or an Accident and Emergency Department beforehand.

Questions from the Board on Professor Parish’s presentation included;

- How was customer insight being measured, how aware of the pharmacy of the local community? For example how much of a relationship did Police Community Support Officers (PCSO’s) have with local pharmacies?
- It was not known if York had a Healthy Living Pharmacy, but what might the barriers be to having one?
- Had additional work been carried out regarding mental health training for pharmacists to support residents?
- What was the ownership model of a pharmacy, could it have vested interests?

In response it was reported that;

- Pharmacies hitting an ‘excellent’ mark would play a wider role in the community, for example they would notice migration changes.
- Independent pharmacists had been keen to collaborate and form Healthy Living Pharmacies.
- Larger companies that operated pharmacies tended to want consistency across all their stores, but this could make it difficult to be as responsive to local circumstances as other pharmacies.

It was felt that more action needed to be taken on investigating the role of pharmacies within the Care Hub model outlined in the Better Care Fund.

The Chair agreed and suggested that it be discussed at the next meeting. She thanked both presenters for their presentations and attendance at the meeting and pointed out that York was the first Health and Wellbeing Board that had been visited by the GPhC.

Resolved: (i) That the presentations be noted.

- (ii) That further action be taken to consider the place of pharmacy in Care Hubs within the Better Care Fund.

Reason: In order to inform future work of the Health and Wellbeing Board.

48. The Better Care Fund Plan

Board Members received a report which introduced them to the latest version of York's Better Care Fund (BCF) plan which would be sent to NHS England on 4 April 2014.

It was reported that there would be two further stock takes of the plan before it was finalised. Several changes had taken place since the initial plan was drafted. For example;

- The language used within the plan had been changed in order to make the plan easily readable.
- The metrics used had been updated with new targets to achieve .
- More details had been added in on individual schemes that the BCF would help to deliver.

Officers reported that following discussion on the Pharmacy item on the agenda, that further work would take place in regards to including pharmacies within the proposed Care Hubs. In response to a concern about outcomes for care homes, Officers reported that these would be picked up within the next refresh of the BCF

Some Board Members pointed out that the role of the Independent Care Sector played in providing care in York had not been referenced in the plan. This sector wanted to play a significant role in the development and direction of the plan.

The Board were told that the Better Care Fund was money from existing funding and that the aim of the plan was not to cut services but to deliver them in a different manner.

Resolved: (i) That the report be noted.

- (ii) That the Better Care Fund plan be agreed.

- (iii) That it be accepted that work will continue to fine tune the plan up until the NHS deadline of 4 April 2014.
- (iv) That the Chair formally sign off the Better Care Fund final plan on behalf of the Health and Wellbeing Board.

Reason: (i) So that the Health and Wellbeing Board can take full and formal ownerships of York's integration plan and the use of the Better Care Fund.

- (ii) It is a requirement that Health and Wellbeing Boards sign off the Better Care Fund plans before they are submitted to NHS England.

49. Strengthening Safeguarding Arrangements-Joint Working between Boards

Board Members received a report which proposed a protocol to be agreed to strengthen and clarify the alignment of accountabilities between the Health and Wellbeing Board (HWBB), its sub group, the Children's Trust YorOK Board (YorOK) and the City of York Safeguarding Children Board (CYSCB).

Resolved: That a lead Board Member be nominated as soon as possible to negotiate and agree a written protocol based on the draft attached at Annex A to the report, with the safeguarding Children Board.

Reason: This will provide greater transparency and a robust structured framework for understanding of roles and accountability between the Health and Wellbeing Board, YorOK Board and the Safeguarding Children Board.

Resolved: (i) That the protocol is considered formally for approval at the next meeting of the Board.

(iii) That a report be commissioned from the YorOK Board on the effectiveness of the help being provided to children and families, including early help to inform the CYSCB Annual Report 2013/14.

Reason: This will enable planned scheduling of reporting for the forthcoming municipal year.

50. Annual Report- Adult Safeguarding Board

Board Members received a report which provided them with information on the work of the Safeguarding Adults Board over the course of 2013. Kevin McAleese CBE, the Independent Chair of the Safeguarding Adults Board (SAB) attended the meeting to present the report.

It was reported that from 2015 that the Safeguarding Adults Board would have the same statutory role as the City of York Safeguarding Children Board.

The Board were informed that there had been 580 safeguarding alerts reported over the previous year in York and that this was above the national average. This had raised an issue of capacity. It was reported that the most common source of abuse was within the home.

The aim of the SAB was to make safeguarding personal, i.e. not counting safeguarding activity but also tracking outcomes as a result of that activity. It was reported that each Board meeting started with the consideration of an actual Adult Safeguarding Case Study.

In addition, the Strategic Plan for 2014-15 was available online at the SAB's website and that all reports considered by the Board would be allied with the tax year rather than municipal year and would include individual contributions.

Discussion of the report between Board Members took place. It was noted that a main area of challenge was that of transitions between ages, particularly between the ages of 18-65.

It was reported that there would be greater integration of safeguarding services in the Council and that preparatory work was taking place. The Board were told that joint meetings of the Safeguarding Children's Board and Safeguarding Adults Board had been arranged.

Resolved: That the report be noted.

Reason: To keep the Board apprised of the work of the Safeguarding Adults Board.

Councillor T Simpson-Laing, Chair

[The meeting started at 4.35 pm and finished at 6.45 pm].