Care and Independence Overview and Scrutiny Committee

10th November 2011

Establishing North Yorkshire's Health and Wellbeing Board

Summary

1. This paper sets out proposals for the establishment of a shadow Health and Wellbeing Board (H&WB) for North Yorkshire to meet the requirements of the White Paper *Equity and Excellence: Liberating the NHS,* and of the Health and Social Care Bill 2011 which is expected to achieve Royal Assent later this year. It advises the committee of the outcome of a recent consultation. It considers issues around the proposed membership and constitution for the H&WB, which will formally be a Committee of the Council.

Background

2. The Government's health reforms are far-reaching. Clinical Commissioning Groups will be responsible for commissioning the majority of health services, resulting in the abolition of Primary Care Trusts (PCTs). Local authorities will have a new, direct accountability for health improvement, and the public health function will transfer from PCTs in 2013. LAs will also have responsibility for ensuring that the commissioning of health and social care is "joined up". Finally, the patient voice will be championed through a new "HealthWatch" body that will replace the Local Involvement Networks (Links). The Local Authority will be required to act as the leader in improving the health and well-being of the population within its geographical boundaries.

3. The expectation is that a Health and Well-being Board will be in place in "shadow" form from April 2012. Preparations for this have so far been overseen by a multi-agency Transition Board, chaired by the Chief Executives of the Council. The purpose of this paper is to present the recommendations in relation to the H&WB; however as all aspects of the reforms are interlocking, it may be worth first offering a brief update on the other key components:
    - Attached at appendix 1 is the list of key NHS partners this authority will be collaborating with in shaping the health and social care landscape. Members will be aware that a number of the proposed clinical commissioning groups will cross North Yorkshires Boundaries. A number of our NHS Acute hospital providers are outside our boundaries as are our mental health providers.
    - However irrespective of boundaries the H&WB, as committee of this local authority, will clearly be responsible only for the population within our North Yorkshire boundary. But we can anticipate that there will be the need for collaborations with other cross border health and well-being boards.

4. A consistent theme running through all of the health and social care reforms is the enhanced role for councils. This will be most obviously visible through the establishment of the Health and Wellbeing Board: a new statutory partnership set up, unusually, as a Committee of Full Council. This will give a key role for elected Members in helping to improve the health of the local population, complementing the responsibilities of the Health Overview and Scrutiny Committee (OSC). The H&WB's focus will be strategic, whilst the Health OSC will continue to call partners to account for the delivery of the strategy, and to focus on key areas for improvement.

5. The H&WB's key functions, as set out in the Bill, will be to:

- Encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner,
- Provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements in connection with the provision of such services,
- Encourage persons who arrange for the provision of health-related services in its area to work closely with the health and wellbeing board,
- Encourage persons who arrange for the provision of any health or social care services in its area and persons who arrange for the provision of any health-related services in its area to work closely together.

6. It is that the key function of the H&WB will be to oversee the production of the local Joint Strategic Needs Assessment (JSNA); to ensure that all relevant partners sign up to the JSNA and a strategy for improving health and wellbeing; to monitor progress towards its delivery (identifying key risks and challenges); and to ensure that we have the right local arrangements for integrated commissioning and delivery. An exercise to refresh our existing JSNA has already underway and staff from across the Partnership are working to enable this to be presented to an early meeting of the shadow H&WB. This in turn will be the basis of a Health and Wellbeing strategy for later in the year but in time for the financial round 2012/13.

7. Each clinical commissioning consortium (CCG) will be required to consult with H&WBs when drawing up its annual plan "setting out how it proposes to exercise its functions in that year". Additionally the Bill says H&WBs may group together to discharge their functions. It is however perhaps important to make clear that the H&WB will not of itself be a commissioning body, except to the extent that functions may be delegated to it from Council. There will be an escalation process to the NHS Commissioning Board and the Secretary of State, who will retain ultimate accountability for NHS commissioning decisions.

8. The Bill prescribes a core minimum membership for each H&WB: at least one elected Member, a representative of the Clinical Commissioning Group, the Director of Public Health, the Director of Adult Social Services, the Director of Children's Services, a representative of local HealthWatch, and, where appropriate (probably on an ad hoc basis) the participation of the NHS Commissioning Board.

Consultation

9. As a Council we have consulted widely on the provisional recommendations of the Transition Board. A summary of the responses is attached at ***Annex 1***. This involved a web site approach, emails and a large number of face to face engagements.

10. In short summary, the main views expressed have been supportive of the notion of keeping the Board slim and strategic. However some expressed the view that the initial propositions should be reconsidered and the key areas for consideration included:

    - The proposal to have a Board receives wide support.
    - The need to strike a balance between elected representatives and a large Clinical Commissioning Group entitled to a presence;
    - The strong representation to have a public health representative on the board
    - All understand the need to get the balance right in the representation on the board and in the main there is good support for our proposals to have a tight strategic focussed board.
    - There are a numbers of pleas for a seat on the board. By far the strongest of these comes on behalf of the voluntary sector with both the voluntary sector itself making this plea but also a number of agencies and elected members also offering support.

- The second group seeking a seat is the Independent Care Group [providers of residential, nursing home and home care services] followed closely by requests on behalf of NHS providers. Also seeking a seat are representatives of our Armed Forces, Probation and Police.
- There may be disappointed about the lack of voice from our young people and clearly we need to be more effective in engaging in their communication channels.
- Many others see the benefit of a wide network and are happy to be involved at that level but are keen we get the communication right.

11. Much of the representation and desire to be actively engaged can be achieved at other levels beneath the board. The challenge will be to maintain simple yet meaningful two way communication.

Options and Analysis

12. In developing proposals for establishing the Board there are not really discrete options, but rather a series of principles to consider, which are outlined below.

13. One key principle is the *size of the Board*. Some LAs have gone for very broad, inclusive bodies of 20+ Members. Our recommendation is that the Board will function better if it is kept relatively small and strategic. There is a strong desire to see a *balanced approach* to both 'health' and 'well-being' matters and between elected and appointed roles.

14. A further important issue is whether or not to include *provider representatives* on the Board. A number of LAs have deliberately not done so while others such as our neighbours in York have done so. The complex nature of North Yorkshires health and care market makes this a challenge and presents difficulties of fairness and issues of perceived unfair market advantages. Some can be accommodated in the next level down rather than directly at the board itself. The proposal to have an adult partnership trust arrangements similar to the Children's Trust could address this issue. However given the agenda of NHS transformation as required by the *Independent Review of the NHS North Yorkshire and York* the Council may wish to consider the option of having, at least for an initial period, NHS Provider representation. This might see the Board co-opting an Acute NHS Provider and a NHS Mental Health Provider selected by the providers themselves.

15. There seems to be very strong support for our proposals to have a wider health and well-being network building on the many boards and forums already in existence in North Yorkshire. Much further work will be needed in this area in the coming months, and the relationship of all of these bodies to the Council's own Overview and Scrutiny Committee will also need to be defined.

16. At ***Annex 2*** is our depiction of the proposed North Yorkshire Health and Wellbeing network. The question for the Board with limited capacity will be how best to utilise and manage this resource of skills, knowledge and energy available to it.

17. Taking account of these principles, the Executive will be asked to consider the proposed Membership for North Yorkshire's H&WB.

18. There are many other detailed issues to be decided, such as frequency of meetings; quoracy; Vice Chair; deputising and so forth. Our proposals were set out in the draft TOR attached at ***Annex 3*****.**

19. The Executive will in particular want to confirm that in principle, in common with all such NYCC committee meetings; meetings of the H&WB will be held in public, with the right to address the meeting subject to the normal rules.
20. We suggest all these arrangements start to take effect from April 2012 in shadow form. However, from December, we propose that the Board meets as diary allows in less formal mode (and not in public) to work on its own development and ways of operating, and to lay the groundwork for some key early priorities, including:
    - Communications and engagement with external stakeholders;
    - Development of the key Sub-groups and relationships with other Partnership bodies;
    - Preparation of a refreshed Joint Strategic Needs Assessment for North Yorkshire;
    - Response to the financial review of NHS North Yorkshire;
    - Commissioning of HealthWatch
    - Establishing early priorities of work

Implications

(a) **Financial** Although some aspects of the health reforms, especially the transfer of public health, may have significant financial implications, the costs arising from the establishment of the H&WB are minimal and can be accommodated within existing budgets.

(b) **Human Resources (HR)** *None: Note however there will be in respect of public health functions*

(c) **Equalities** The new H&WB will be expected to promote equality of outcomes for all groups**,** especially those for whom there are at present demonstrably unequal health outcomes.

(d) **Legal** *The underpinning legislation is still passing through Parliament. Until the legislation comes into force the Shadow Health and Well Being Board will have no formal legal status but will, in effect, act as a working group. The Bill proposes that the H&WB will be a committee of the Council. It will be unique though in that its membership will include Officers and representatives of other agencies. In addition the Councillors on the H&WB will be nominated by the Leader rather than by Council and the Leader or the Board.*
The Bill includes Regulation making powers which will be used to disapply or amend other legislation which normally applies to Committees. The current draft Constitution assumes that the public will have the same rights of access to meetings as they do for other Council meetings. It assumes that the law will allow specific provisions in relation to quorum so as to require representation from the Council, the Commissioning Group and HealthWatch. Board members will be subject to similar rules as to conduct as apply to Councillors. There will be a need to review the draft Constitution once the legislation is finalised and any regulations issued to ensure that it remains complaint.

Risk Management

21. The risks arising from the contents of this report are yet to be determined. Failure to establish a credible Health and Wellbeing Board, in good time, would lead to significant reputational damage. The Board will be required to address some very challenging issues which will need to be address in a manner which wins the support of the Community.

Recommendations

22. The Committee is asked to note that the Executive will be asked to approve the arrangements for establishing a shadow Health and Wellbeing Board for North Yorkshire as set out in this paper, and to consider
    - The proposed membership of the Board
    - The summary feedback from the consultation and the many representations;
    - The principle that from April 2012, meetings of the H&WB should be held in public.
    - And to give consideration the issue of NHS Provider representation and advice on the preferred approach.

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Summary Table of Comment Extracts received in consultation on North Yorkshire's Health and Well-being Board

Ref No	Individual of agency	Tight Board	More inclusive board	Condition required	Alternative Proposal
1	Public Health Colleagues at NHS NY&Y	No comments.	No Comments.	Inc Marmot Domains: A. Give every child the best start in life. B. Enable all children, young people and adults to maximise their capabilities and have control over their lives. C. Create fair employment and good work for all. D. Ensure healthy standard of living for all E. Create and develop healthy and sustainable places and communities. F. Strengthen the role and impact of ill health prevention.	To incorporate the Marmot domains into it either as discrete work streams (instead of using existing partnerships / networks) - or to ensure that each network / partnership is clear how it is contributing to any of them.
2	On behalf of the collective of NY District Councils	The relatively tight Core Strategic Health and Well-being Board does seem to be broadly the right approach.		District representation agreed and the formal communication between Districts will take place at the District Council Network. The DCN needs to be formally recognised in the listed H&W networks. There is a need for the Districts to formalise how the Member would network amongst the Districts and for the Member to know what is expected of them. Same with officer.	1. Need for link between the District based (local) strategic partnerships and community plans 2. The membership to include one Leader and one District CX's from the Districts is welcome. 3. The proposed membership would benefit from being consistent either names and roles or names only. 4. Clarity re which officers attend in an advisory capacity.
3	Health & Safety Risk Manager	No comments.	No comments.		One of RoSPA's (the Royal Society for the Prevention of Accidents) key campaigns is to make accident prevention a public health priority, eg accidents in the home
4	Learning Disability	Content that the		1. Learning Disability Network will wish to	

	Partnership Board Co-chair 1 Co-chair 2	proposal for a tight Board and wide network is essentially right. That if everyone sending comments sent a representative for the Health & Well-Being Board it would be too big.		make representations to the Board frequently and across a wide range of subjects. They will want to do this without jumping through hoops and the challenge initially is to make the process simple and do-able with your officers taking a lead in passing the result of discussions to the Board without the need to do too much paperwork. 2. The real task however is to make sure that the Board listens to the representations and communicates back to the source. It is possible that on occasion personal presentation to the Board will be more useful than the usual channels. Suggests we have a normal sized Board and smaller 'consultation' groups working alongside	
5.	HMP GSi	The board would be most effective if membership was restricted to the core groups you have identified with the facility for key/expert contribution from other groups/agencies as required or when the agenda dictates.		If Board were discussing or issues were emerging around a particular group or type of treatment the key/expert involvement would be invited to the relevant meeting.	Suggest that a broader group meeting takes place annually as a means of maintaining involvement and informing the associated stakeholders, equally I would suggest that minutes of the meeting be circulated to this broader group and not restricted to core membership
6.	Head of Safeguarding, Yorkshire Ambulance Service	Seems to suggest ..YAS could not attend.		The biggest challenge/issue, is that Yorkshire Ambulance Service (YAS) is a regional Trust and works with all partner agencies across Yorkshire. They have a Memorandum of Agreement with the Lead Commissioners in Bradford and Airedale PCT, that safeguarding designated professionals from PCT's will act as a conduit for information sharing on all safeguarding children and adult boards. Want the same across North Yorkshire.	
7.	Inclusion North	Perceive to be an		At Inclusion North we think it is be crucial that	

		approach that is trying to balance inclusivity & strategic decision making.		boards such as the Learning Disability Partnership understand their role in the H&WB governance structure & therefore how they can positively contribute & influence.	
8.	Vice Chair H'gate Deaf & Hard of Hearing Group	No comments.	No comments.	I feel Communication on North Yorkshire's Health and Well Being a very big issue, but most of it's down to finances.	
9.	Councillor Richmond District Council		Seeking more inclusivity.	I have looked at the draft proposal, can you confirm whether there will be a member from each DC or one selected to represent all? If it is the second option then my view is that you will not get the engagement you indicate you need.	
10.	NY Forum for Older People		Concern at the possible make up as it was felt that there would not be a representative thereon who specialized in the older person's health and well being.	That the Board would set up specialist sub groups to report to them; ..... It was felt that at the very least we should be represented on the sub group dealing with the older person.	Also serious concern about the effects of personal budgets on sustainability of voluntary sector.
11.	Ryecat	No comments.	No comments.	Sought to emphasise the vital role that community transport plays in the health and wellbeing of isolated residents of the county..... In economic, humanitarian and quality of life terms, it is right to support people to live in their own homes as long as is practicable. Of value to your proposed group to engage someone who is well versed in such residents' transport needs.	
12.	NHS North Yorkshire and York (PCT)	The [proposed] membership seems ok, it is bound to be sizeable.		Obviously the picture is very complicated with so many groups operating across the patch. It will be important to be very clear about the role and purpose of the H&W Board, as if it starts to hold all of the other Boards to account it could easily fall into just being an information sharing meeting. The H&W being Board needs to set some specific objectives across adults and children as to what it needs to achieve and then use some of the existing groups to support delivery of these objectives.	
13.	Trading Standards	Do not want to		Areas Trading Standards have input into are:	

	(BES) NYCC	clog it up with NYCC representation ..... that said, Trading Standards have a significant influence on the health agenda		'Alcohol' - under age sales - local initiatives have been the very successful Alcohol Respect Campaign. Tobacco - worked with the D of H and still receive some funding from them in respect of tobacco enforcement - both underage and illicit. Also enforce the compositional standards of the Food Safety Act and so have influence in areas such as nutrition and food composition. Worked recently carried out includes working with the manufacturing industry to reduce salt in processed food. Also worked with businesses and food establishments in reducing trans fatty acids in food and excessive additives. Such work hits areas of health concerns around obesity, strokes and hyperactivity.	
14.	Chief Executive City of York Council	Proposals similar to York emphasising that the H&WB should be a relatively tight and strategic body, meeting maybe 4-6 times a year, and linked to a wider network of other groups. We seem to have a similar view as to the remit and functions of the H&WB.		You have a greater number of Members and Council Officers on your Board than ours. This is, of course, partly a necessity that comes about because you are a two-tier authority. Our original proposal had been to have just one elected Member on our Board; however we are currently discussing the possibility of increasing this to three. So in the end we may not look too dissimilar in this respect.	We have always envisaged our Board having providers as well as commissioners around the table, and we have therefore invited York Hospital Trust, Leeds Mental Health Partnership, and the Independent Care Group to join the Board. This is a key distinction between us, which we will need to attribute to localism! It will be interesting to see which direction becomes the national norm.
15.	Independus	No comments - though seems to accept need for sub groups.		Would like to see that the rules of eligibility to represent each partnership board are fair. That is the representatives require advocacy or mentoring support that this be given. That each board is confirmed as being representative and that all representatives are eligible, that they meet the criteria of each board. Thinks it leaves a huge gap to have no voluntary sector rep.	

16	Ryedale District Council Member	Welcomes the concept of a tight group as a strategic body, but feel there could be potential pitfalls (see comments).		a) The very wide remit covering so many diverse groups has the potential for enormous complexity..... the aim should be for clarity and cohesion at all levels. Procedures should be as comprehensive as possible and have the understanding and support of all involved. In other words take people with you. b) It has been suggested that the Board might disseminate information through existing groups of Chief Executives and Leaders, but ..... many of these people already have huge workloads. c) Agree with concept of having District Council representation but query whether just one when the urban areas of Scarborough, Harrogate and Selby have very different needs from the rural areas of Craven, Richmondshire, Hambleton and Ryedale. d) There is some concern that there will not be an adequate number of people with a sound background of experience in the social service/voluntary sector/special needs etc. e) In times of austerity will there be adequate staff resources to service the needs of the new structures? f) Is there a case for having a small purely strategic Board with a sub- group of experienced and knowledgeable people to deal with the nuances of recommendations and actions and receiving input from grass root organisations.? This could help avoid the “ivory tower versus us” syndrome which has sometimes hindered progress in the past. How is networking to be managed between strategic groups in Health, Social Care, Public Health etc.?	
17.	Carer - Learning Disability Interests	Seems to support a strategic board.		It is clear that from the make-up and frequency of meetings of the HWB Board they will only be able to deal with the broadest of strategic issues.	

				Hopefully a simple strategic plan will result, stripped of pious intentions, consisting of firm, costed, timed commitments. It is clearly impractical for such a Board composed of busy people each with their own specialities and expertise to scrutinise the detailed plans of the vast array of organisations which provide for the well being of the public. I have two suggestions 1. To support the strategic plan: Each provider group would prepare a summary, strictly limited to one page, of its assessment of need and its costed plan to meet these needs. Each consumer group (such as the Learning Disability Partnership Board) would prepare its own independent one page summary of its priority aspirations in line with government set priorities with targets for each sector. Taken together these succinct summaries would give the HWB Board an overall balanced picture in the form of a mosaic of the situation facing it. 2. To overcome the conviction in many consumer groups that their needs do not carry much weight: Each consumer group would have a member of the HWB Board nominated as its special representative. This person would be outside the line management for that area and would be expected to take a fresh look at burning issues which the group feels need the backing of the HWB Board. In this respect the Board might act as a Court of Appeal challenging if necessary ill conceived or outdated government policies.	
18.	Social Care Assessor NYCC	No comments.	No comments.	Wants to know how people can become involved - in such things as Health Action	

				Groups	
19	Area Flood Risk manager	No comments.	No comments.	Seemed to accept proposals	
20	Member of the Community Filey	I agree that the proposal is correct.		However does not agree with proposed membership: suggests it should be weighted in favour patient representatives.	Would want to see other groups in the network inc Social Landlords, tenants and residents groups; Also: Town and Parish councils. Should be a local person (HealthWatch) to act as conduit of information to communities. H&WB should seek ways of involving people in its decision making. Must take account of Multiple Indices of Deprivation if it is to win faith of communities. Suggest needs for mental health crises and supported housing. Strong call for integration of services and avoiding 'buck passing'. Wants patient voice engaged in JSNA process. And a wider range of communication methods as not all have computers.
21	A Director On behalf of York and North Yorkshire probation Trust	Seems supportive of a tight board notes it is a difficult balance to get right, with the particular challenges presented by a large geographical area like North Yorkshire, potentially adding additional complexities. Given the strong		The establishment of Board is seen as a positive step by the Trust, enabling key partners to work more effectively together Improving the health and well-being of people in the Criminal Justice System, and their families, is an important element of the health inequalities and reducing re-offending agenda. In recognising the need for a cross government approach to system reform ....Probation Trusts have a key part to play in working alongside Public Health Services, and other partners, in improving education and access to public health services for offenders and their families, a typically high risk, but	Proposal: Board membership is reviewed to include Probation Trust Representation on the Board at Chief Executive/Director level. Proposal: Reducing Re-offending Board is included in proposed network . The following options could be considered to support engagement between the Board and its linked networks: • Lead SPOC identified on

		interdependency between public health issues, offender health, and crime reduction, YNYPT would seek to be represented on the proposed Board, at either Chief Executive or Director level.		hard to reach, priority group. As a 'responsible authority' under Multi Agency Public Protection Arrangements, (MAPPA), Probation Trusts also work alongside other 'duty to co-operate partners', to manage offenders that present a high risk of harm, many of whom present with complex mental health/health issues. As noted in NYCC Consultation papers, the NY Health and Well-Being Board is expected to both influence and steer the effective use of health and social care resources; providing a mechanism through which joint commissioning, pooled budgets, and integrated approaches to service delivery are taken forward. It is within this context that YNYPT offers the following views and feedback.	each Forum/Board; • Alignment as far as possible of business planning processes to support and progress a more integrated approach to improving priority outcomes; • Agreed process for exception reporting to the Board, from key linked networks/Boards; • Awareness raising/education of the Board and linked networks of their respective roles and influences on this agenda; • Annual Board/Network event (subject to resources) – perhaps link in with existing event e.g. NYSP; • Website access to minutes/developments/news /on line practice forums; • Approaches to service user engagement/consultation and feedback to be agreed to inform needs/gap analysis and strategic planning.
22	Ryedale Voluntary Action	That practically speaking it is good to have a tight strategic Board approach with wider networks which feed in.		Concerned to note that there is no specific seat given to the voluntary & community sector (VCS). It would appear from the jig-saw diagram that the proposal is that the HealthWatch representation is included with the VCS representation - although this is not clear from the list of Board seats in the table. If this is the intention, then it should at least be made clearer. The lack of a specific VCS seat highly concerns the sector as the issues/views of individuals and patients (HealthWatch) will sometimes necessarily be different from those of organised community groups, charities and	We would suggest that a seat be given for the Chief Executive of the NYY Forum in order that the voluntary sector can be appropriately represented through this channel in North Yorkshire. In relation to wider networks, ---- we believe that this is a good model for considering how the voluntary sector is best engaged and given every opportunity to participate and contribute in an area with rural isolation / deprivation as well as

				faith groups which are represented through the central 'Voice' function of the NYY Forum via RVA and its Membership and our own forums and networks.	urban deprivation ..proposing a recognition of locality networks Suggest that the H&WB Board consider how they could link to locality networks as they develop .. with feedback from these networks could be facilitated formally through the NYY Forum if the CEx occupied a seat on the Board. Locality networking groups will function as consultation and communication hubs for the various GP CC Boards Seeks financial support for locality networks.
23	Business Development Lead (Care Group) Mears Group	Seems to suport a tight group but wants the Board to include a seat for service providers.		Mears welcomes the establishment of Health and Wellbeing Boards as a key element of the health and social care reforms. We believe that the Boards can be agents of change to: give communities a greater say in the services needed to provide care for local people, join up local health and social care services and tackle the wider influencers of health. However, this will only be realised if the Boards are properly implemented and take full advantage of local intelligence, experience and enthusiasm for change. We believe that providers of services have a depth of understanding and knowledge of how services operate on the ground that will prove crucial to overcoming barriers to integration and to ensuring seamless, complimentary services designed around people and delivered efficiently and effectively Mears encourage, for many reasons, North Yorkshire Council to consider the inclusion of service providers on the Board under Section 191 (2) (g) of the Health and Social Care Bill.	Pleased to see Housing and Supporting People involved. Mears seek assurances that providers of Domiciliary and Home Care services will form part of the Adult Strategic Partnership and therefore the network and will be recognised for the wealth of experience, knowledge and understanding they represent in the health and social care arena. Encourage the council to consider involving sport, leisure and cultural services representation in the network. Involvement in these, universal, community based services is imperative for social inclusion, prevention and a reduction in the need for access to the more expensive elements of healthcare. It should be written into the Board's Terms of Reference that the Board is accountable to the members of the Network for

					evidencing how it has considered and included the views of the Network in decision making. Responses must be made that show how the Network has influenced decisions and priority setting and where its views could not inform change/decisions, why not. It is proposed that a quarterly 'Provider Day' where opportunities will be given to individual providers to present innovative, creative ideas directly to the Board would ensure that the creativity, knowledge and understanding of providers is not lost to the Board. We believe this is necessary if the Board is to achieve the improvements and gains it is capable of.
24.	Manager Northallerton & District Vol Service Association	On the relatively tight core strategic health and well-being board linked to wide network of groups: • There was a general view that this model would be appropriate.		It was felt that, for this model to work, the networks would have to be very structured. There should be a voluntary sector rep on the H & W Board and NYYF would seem appropriate'. (This view was widely supported) There was a request that the Board use the well-established voluntary sector links and forums. Clarity on the role of Healthwatch - they do not necessarily represent the views of the VCS.	On the two way engagement between the Board and it's linked networks: • It was felt essential to link with the voluntary sector in the early stages rather than 'down the track'. • One group asked that there be identified 'leads' for all the networks, with the Board having specific responsibilities to link with networks. You could possibly use structured email groups. • Will it be possible for the Board to receive written questions, issues and proposals from the wider networks and for there to be

					a formal written response to any communication received? • Groups were keen that their role in working with the public health agenda is recognised. • The health element has to be wider than merely a medical model.
25.	Chief Officer NY Pharmaceutical Committee	yes we agree this is broadly the right approach as too big a board would be unproductive.		It is not clear from the forums and boards diagram where the LRCs fit in.	Need to find a smart way of working that doesn't entail board members being full-time meeting attenders for all the different forums - some sort of NHS Network forum perhaps?
26.	Carers Resource	A tight core membership (in relative terms - see below for further comment) is a sensible option. This should be linked to wider networks.		However the current structure has such a vast array of networks, all of which will need to feed into the board, that it may become overwhelming and diluted. Whilst it seems sensible to keep a tight core for decision making purposes and manageability, this needs to be seen as a relative term. It is noted there are at least nine statutory members from the council and a further eight or nine from health. However there is only a solo place for HealthWatch as a representative of the general public and no representation of the voluntary, community and faith sector. The HealthWatch participation would have to be very, very effective. .... a common sense approach would suggest that having at least one or two seats to offer views and representation from VCS sector would be appropriate and inclusive. We urge the council strongly to consider allocating places to the VCS and creating a more structured system of involvement, ensuring greater inclusivity.	A potential structure which may help the two way flow of information would be to have a Health and Wellbeing Partnership sitting underneath the Health and Wellbeing Board. This is strongly argued for. This could capture the input other statutory and voluntary sector networks and groups. It would enable a better focus for the feeding in of information and offer the board a better basis from which it could co-opt members when required for particular specialisms. This Partnership would also have a key role to play in developing the JSNA. Whilst we salute the intentions of the Carers Forum which features towards the centre of the NY diagram, there are concerns that it may be representative of many carers. NY has invested in its carers

					centres for 15 years and our experience, outreach and inclusivity could be better used to the benefit of carers and vulnerable people, planners and commissioners.
27.	Bradford NHS Airedale, Wharfedale & Craven Shadow CCG	Seems to favour tight membership but has additional comments.		Presumably the tight Board membership is the reason for limiting the District Council representation but wonder whether there is a role for the District councils as intermediaries to ensure a comprehensive locality input and therefore this representation needs to reflect the diverse communities across North Yorkshire and avoid the danger of favouring a minority interest. The Shadow HWB will have a role in the authorization of CCGs and we wondered whether this needs to be formally included in the Roles section.	Suggest that the membership from the CCGs should be defined as a clinical CCG Board member to ensure the Board gets the right level of decision maker.
28.	Next Steps (mental health charity)	Again seems to support tight membership with caveat		Whilst the Board has to have formal representation from the organisations proposed, it would be improved if there was direct representation at Board level from the voluntary sector.	• Information from the Board is key to involving any partners, users, or those with a general interest in health and wellbeing. The Board urge to establish a network, most suitably via electronic means, to keep people informed in the form of a regular 'news bulletin' style of communication would be straightforward and relatively simple to do. • If it is proposed to group various aspects of health and wellbeing into forums then it would be preferable for these to have some support to enable them to meet and have a meaningful input. as is smaller meeting involving groups with shared interests as it would encourage member groups

					to keep involved.
29.	Equality and Community Engagement Officer NYCC	No comments.	No Comments.	The Equality and Dignity Group would like to propose that the Health and Well-being Board provides visible leadership on Dignity in Care by: a) including Dignity in Care in the principles and objectives of the Board b) consideration of specific priorities and targets to support performance of Dignity in Care (such as inclusion of Dignity objectives in the specification and procurement of HealthWatch). c) each member of the Board to sign up as a Dignity Champion as an expression of commitment.	Would like to propose that further consideration be given to the community voice on the Health and Well-being Board. Feel proposals do not give sufficient weight to the community's voice nor space for it to be heard. Without a clear expression of how community voice will be included in the networks, there is a risk that it will be diluted or lost. We would like to suggest that further consideration be given to this.
30	S/W/R Cancer Patient Involvement Group	No Comments.	No Comments.		The group believe that we have much to offer and are experienced in gathering opinions in regard to health promotion, service planning and service delivery.
31.	Scarborough Borough Council On behalf of the Partnership Group	No comments.	No comments.	Clarity is required on how locality issues will be addressed. And how the Board will link with Locality Health Partnerships in a meaningful sense.	Decisions based on per capita approaches and the Board is encouraged to make us of data on need as highlighted in the JSNA
32.	South Tees Hospitals NHS Foundation Trust	No comments.	No comments.	Nothing in particular to comment about your plans except for the request that we are clear as to how provider organisations, when appropriate, can contribute to the debate and assist the development of strategy at the Health and Wellbeing Board level.	Asks that some thought is given as to a mechanism as to how all the providers can creatively contribute, with their clinical and intellectual capacities, to the development of a robust strategy.
33.	Harrogate Neighbours Hsg Association Ltd	No comments.	No comments.	The remit of this board will need to ensure that we have a cross section of stake holders represented on them and that they should include providers and their representatives as well as commissioning bodies, patient representatives, etc.	
34.	Skills For Care	No comments - though seems to accept model of	No comments.		Would like to see the inclusion of the NYCC Adult Integrated Care Workforce Board as one

		board and networks.			of the groups linked to this board, to ensure that the importance of workforce that will be needed to support health and wellbeing (integrated health and social care) is recognised and has representation.
35.	Older People's Partnership Board	Seem to accept the concept of a tight board but seeks vol sec representation.		Great concern has been expressed from network of older people at the lack of voluntary sector representation on the soon to be established Health and Wellbeing Board. The suggestion that a representative from the still to be established Health Watch be the sole representative is seen as worrying ...it depends on the effectiveness of the new Health Watch which is a concern based on the present Link arrangements and performance. The suggestion from OLPB is that if there is to be a representative from the voluntary sector it should be the Chief Executive of N.Yorks and York Forum who already has effective channels of communication with grassroots across the county.	It is worth noting that older people will be by far the largest service group so a representative who has access to grassroots communication with older people is a must on the Board. We feel that if the new Health and Wellbeing Board is to be tight, strategic and hence effective it will need task and finish groups/sub groups made up of individuals who are in touch with people on the ground responding to their 'real' concerns and creating effective lines of communication. These groups can work well but need to be locally driven so would be more effective if formed on a district level rather than trying to get a North Yorkshire wide group.
36.	North Yorkshire Police	No comments.	No comments.	Would welcome further clarity as to how local policing issues will be submitted to the Board (i.e. what is the "reporting in" mechanism given North Yorkshire Police is not represented on the Board). Asks if the Board will take into account the function of the new Police and Crime Commissioner.	On the broader issue, the local Community Safety Partnership's deal with many health and wellbeing related issues associated with drug and alcohol dependency along with the treatment and support of these individuals in our communities. Asks that as North Yorkshire Police is one of the responsible authorities in the Community Safety Partnership's that there

					is clarity on the reporting mechanism, accountability and scrutiny methodology for Community Safety Partnership's in relation to the Shadow Health and Wellbeing Board.
37.	Registered Nurse	No comments.	No comments.	Feels it is essential that the independent sector is included in this important area and would like to ensure representatives are from all sectors. As independent care providers .... and a District Nurse myself I feel that the independent care sector would contribute significantly.	
38.	Harrogate & Area Council for Voluntary Service	Supporting the principle of a relatively tight strategic health and well-being board linked to a wider network of groups.		want the strength of this approach to be secured through having an appropriate board membership to ensure connectivity specifically with the voluntary, community and independent care sectors. HealthWatch is not a proxy for voluntary sector representation. Board membership from Accountable voluntary and independent care sector representatives will help these important stakeholder constituencies to 'buy-in' to the purpose and priorities of the board. Excluding this representation risks diminishing the board's ability to effectively connect and engage with wider existing networks.	Theme that is missing from the proposed network is equalities.. At present there is no multi-agency forum in the county considering equality issues following the demise of the NYSP Equalities Group. The other partnership body which does not appear in the proposed network diagram is the North Yorkshire Advice Services Partnership. Communications needs to be two-way, proportionate, effective and adequately resourced from the centre - the expenses of all board representatives relating to the progression of its business need to be covered by the board so this is not a barrier to representative involvement. The board does need to give some early thought to how it resources its engagement with protected character groups via the voluntary sector, with its unique reach in North Yorkshire.

39.	Health and Environment Manager on behalf of the NY Environmental Health Officers Group	No comments.	No comments.		We would wish that we are recognised as an existing Group that wishes to input into the public health and health promotion agenda. Figure 3 recognises the Chief Housing Officers Forum and we would similarly wish that this Group is also recognised as a contributory partner to the forthcoming health and well-being agenda.
40.	National Housing Federation	No comments.		Having argued the importance of housing in the health and well-being agenda the National Housing Federation is keen to ensure that housing organisations are represented on the emerging health and well being boards across the region.	
41.	Armed Forces in North Yorkshire inc RAF	Supports the principle of a tight executive body that has a working relationship and formal link with the existing forums that have a responsibility for health and/or wellbeing.		Seeks to register a strong interest to participate in this process on behalf of the Armed Forces in North Yorkshire.	Propose that the Yorkshire and Humber Armed Forces Forum is included as one of those existing partnerships that have a relevant voice in the debate on future Health and Wellbeing of the whole community in North Yorkshire .. to ensure that the needs and concerns of the military community, serving personnel, their families (the Army and RAF each have a large medical practice that also provide primary healthcare to families) reservists and veterans are considered in the wider debate. There is also a wish that the Military Civil Integration Board be included.
42-45	Independent Care Group - A number of separate representations			writing to press the case for the independent care sector to be represented on the Health and Wellbeing Board for North Yorkshire as the Board will influence and steer the effective use of local health and social care resources -	

	ICG Representation 1. ICG Representation 2.			and to do this it needs to have a representative from an independent care sector which plays a vital role in the delivery of both social care and health care across the County. There then follows a number of arguments why representation is important inc: to deliver changes then it will need to involve the sector; Health and social care is already integrated within the independent care sector. .... placed to play an active role, representing both sides; ICG is a valued partner and remains part of the Health Emergency Planning Network for the County; As the official representative body for all types of independent sector social care providers in North Yorkshire This is particularly relevant as those on the Board would presumably be the beneficiaries of strategic intelligence.... The independent sector will of course have a very significant role in the delivery of the JSNA; be recognised as real partners and for the leader(s) in this sector to sit down alongside statutory bodies to ensure people get integrated efficiently delivered care. In the view of ICG this ambition will never be achieved if providers are seen as a network group probably to receive information on decisions already made by the Board. By having the sector central to strategic decisions, it will help to stop a lot of the shouting on the sidelines from providers. Independent providers of care have an important part to play in ensuring quality of care and quality of life is delivered in partnership with users of care and their families. Such a frontline role in delivery should be given a focus by the Board. This provides a new opportunity to really deliver on partnership - walking the walk not just talking the talk! Councils and NHS Commissioners should not seek to stifle challenge by having networks that	

				can be called when the Board feels like it and providers being seen as recipients of information rather than partners. As part of this however we recognise that care sector providers must also accept and be able to respond to the challenge. We in the ICG are. We can help the Board to solve some of the problems facing the County and have a broad overview as we already work across the health and social care spectrum.	
	W & J A Bishop Ltd, Abbey Residential Home ICG Representation 3.			I would like to suggest that it is essential that the Independent Care Group is included in those making up this Board as we have an important role to play in all care issues in North Yorkshire and this would be an obvious platform for us to be able to present our views. I sincerely hope that you will feel able to invite representation from ICG when forming this Board.	
	Fisher Partnerships			Another voice to call for the ICG to be a member of the Health and Wellbeing Board and not sidelined. You know that the independent sector is THE provider of care and home care in North Yorkshire and that will remain so under the current moves in care provision in the UK. As a Director of the ICG (and all its predecessors back to 1990) I would find it hard to believe that it should even be mooted that the ICG should be excluded from this Board as it represents the pinnacle of care provision in the County. ..... We are, whether we like it or not, partners in providing care in the County and, although I personally feel that its a very unequal one (rather like farmers and supermarkets!) we can go some way to address this by inclusion in the planning and strategic decision making in North Yorkshire	
	ICG representation 4.			It is really important that the independent care sector is included on the Health and Wellbeing Board in North Yorkshire. They are being included in other areas (e.g. York). As health and social care become more closely aligned it	

				essential that the independent sector (which has more beds than the NHS) is included in this very important forum. These are very challenging times for all involved in Care working together is the only way.	
46.	North Yorkshire & York Forum	The general approach seems right. The challenge is in ensuring that there is genuine engagement between the Board and the full range of stakeholders. acknowledging the need to keep the Health and Wellbeing Board to a manageable size, we feel strongly that the Board's membership should include a specific representative of the voluntary, community and social enterprise sector.		The current proposal does not give adequate representation and involvement of the voluntary, community and social enterprise sector and this should be addressed. ..... We do not feel that HealthWatch should be treated as a proxy for voluntary sector representation – this is not its function. .... The role of the voluntary sector in the proposals appears to be defined as primarily relating to a means of representing the 'community voice'..... However the sector also has a crucial role as providers of health and wellbeing services in all their diverse forms. ..... We feel there is therefore a clear need for representation of the voluntary sector in its own right on the Health and Wellbeing Board, so that the role of the sector can be integrated at a strategic level with the planning of future health and wellbeing services. On excluding a formal voluntary sector representative is because it would be inappropriate to include there is a reminder that this view is not shared by the many Health and Wellbeing Boards across the country that have included a voluntary sector representative as a matter of course. Voluntary sector organisations are (usually) providers of services, but also have an important part to play in contributing to the overall understanding of local needs, in providing a 'voice' for some groups in the community that may not be in contact with other services, and in developing new services where needs are identified. Reference is made to the mapping of networks and the inter-relationships between various networks, and representational linkages to	Having made comments about Voluntary sector and HealthWatch the sector advises it would be happy to advise on how HealthWatch could be integrated with existing voluntary sector networks. On specific gaps: ▪ Listed 'people networks' appear to be weighted towards adult services. Consideration should be given to how to ensure the 'user' voice in relation to children's services is heard. PACT (the forum for parents of disabled children) is an obvious omission. ▪ The Thriving Third Sector group should be included. ▪ There is no existing network or partnership listed that is specifically concerned with wider equalities issues, particularly the needs of black and minority ethnic communities. Although there is currently no formalised County-wide network addressing these needs, this is another area where the voluntary sector has some 'reach' and could play a part in developing engagement.

				District, County and sub-regional multi-agency partnerships and the usefulness of this to the Health and Wellbeing Board in mapping its own network of relationships. The North Yorkshire Compact includes a commitment by statutory partners 'to fully include the voluntary and community sector in strategic groups'. We feel that this commitment should be honoured by including a voluntary sector representative on the Health and Wellbeing Board.	Consultation, planning, delivery and review. Different organisations and networks will need to be involved in different ways at the various stages of the commissioning cycle. ▪ All need to be consulted on needs - JSNA – and on shaping the strategy and action plan ▪ Some will have a role to play in delivery of elements of action plan – need accountability mechanisms and reporting relationships between delivery partnerships and the H&WB ▪ All will need to be involved in review and evaluation. The approach to the initial work outlined on page 8 of the consultation document seems appropriate but it will be important to ensure that the 'key partners from the operational group membership' includes a diversity of partners and not just health and local authority leads. It is good that there is some funding available to support this work, and consideration should be given to using some of this to support involvement of partners (e.g. covering costs of 'backfill').
47.	Elected Member of North Yorkshire County Council	Agrees with the proposal to have a relatively tight core strategic health and wellbeing Board and agree that		Having outlined the many hats and roles held locally, regionally and nationally the following points are made:. Agrees with the proposal to have a relatively tight core strategic health and wellbeing Board and agree that this is broadly the right approach.	Argues for the need for strategic thinking and Consideration to be given to interviewing those councillors with an interest in being appointed to the Board. ..as the Member feels they need to be

		this is broadly the right approach.		Feels sure that the terms of reference will allow co-opted members with special expertise to attend some meetings. On Membership: At first glance it doesn't appear to be as balanced as it needs to be. As this is a LA responsibility, it is right to be weighted with councillors, but there is a need to have someone who can contribute from a national and strategic position. With older people making up the largest users of health and social care services, dementia on the increase, consideration should be given to a representative from a national organisation such as Age UK, Alzheimer's or the Association of Public Health Observatories. The former North Yorkshire Health Authority had the CE from the NYFVO on its Board	well informed and training should be given to aid full understanding of other organisations responsibilities with the limitations and opportunities this may bring to their work. The Joint Strategic Needs Assessment - for which LAs are responsible needs to fully involve older people and other key groups as listed. I would like NYCC to produce a diagrammatic Plan showing the process and annual timetable by which they will consult and involve older people and other key groups. This will need to show the very clear link to the Health and Wellbeing Board so that the board's discussions and decisions are agreed from a well informed base. The link would be in the form of a written report from these events which should be written up and one person from the consultative group should be present at the meeting of the Health and Wellbeing Board to present the report and answer questions.
48.	NYCC Physical and Sensory Impairment Board	fully understand from your point of view the impracticality of having a representative member from all of the sector/s on the WBB.		Biggest concern is were in the 'pecking order' PSI Board will stand? Delivered in services and cost should be discussed with PSI (and not without us) otherwise finances could be used, as well as valuable time delivering services that are not applicable or wanted. ..... if our input is too far down the structure it is not of value or viable to what is being discussed on the delivered or the delivery of any services to Disabled people through those	The only solid suggestion I can make on this issue is having ONE members from the Partnership Boards representing the others for a year and then the following year one of the others etc. The issue here is how the passing on of the outcomes from any meeting will need to be consistent and concise to

				on the committees/boards.	achieve the continued dissemination of information to all relevant people.
49.	Councillor Craven District Council		Seeking wider representation from District Councils.	On NYCC plans so far they appear to be planning on having 5 only elected members on it and all of these bar 1 from NYCC. This cannot be classed as acceptable. Believes that District councils should be included particularly where the CCG's are not wholly within the Council Boundaries as with Craven who at the moment are looking to join with both Bradford and Lancashire.	
50.	Leeds P'ship NHS Foundation Trust	Happy with the approach being taken by North Yorkshire County Council to keep the Health & Wellbeing Board small and focused - this is similar to the approach being taken in Leeds.		We would, however, like to understand better how we can engage with other county-wide partnership groups given that we will be providing [mental health] services to people in Selby District and Easingwold and some county-wide services.	
51.	Craven CVS on behalf of the Craven Older Peoples Reference Group		Seeking to widen membership.	Members expressed some concerns about the proposed membership, namely: ▪ there will not be a specific Older Persons representative, given number of older people resident/service users in North Yorkshire. ▪ the clinical commissioning group representation is to narrow (only one member). that the Health Watch representative would have to wide a role and would not be able to represent fully the breadth and number of social care initiatives and the verity of issues concerning the North Yorkshire Voluntary sector Meetings of the Health and Well Being Board should rotate around the county to ensure all service users/residents have equal access to the public elements of the meetings.	Suggestions: The Health and Well Being board should include: • a lay member who is an older person themselves. • some with a national perspective on older peoples issues (possibly from the Pensioners Convention). • given the key role the NY Voluntary & Community Sector plays in NY the VCs should have a specific representative on the board. • each clinical commissioning group in NY should have a representative on the board. • PALs should be included as

					a formal group. • to improve accountability it is suggested a comprehensive list groups is published to ensure users are fully aware of the routes through which they can make their concerns known and through which they can receive a response. • the work of the board should be conducted in a fully transparent way to ensure the work of the board and its members are fully accountable. • The Health and Well Being Board should make full use of those existing structures / networks which are working well rather than establish new ones.
52.	Local Government York & NY Hsing Board. Made up of elected member representatives from all the North Yorkshire Local Authorities and National Park Authorities, it has an established political mandate for strategic housing issues.	We also feel that the Health and Wellbeing Board needs to strike the appropriate balance between being workable but fully inclusive, bringing on board all the key stakeholders.		Many important points were made in this representation on the role of housing, particularly as it relates to the needs of older people. Opportunities re joint investment approaches were highlighted. It was underlined that good quality housing and support services clearly play a key role in terms of the health and wellbeing agenda with the links between housing, social care and health care being widely acknowledged. There is still much work to do in terms of making these linkages work on a strategic and practical basis for the benefit of our communities. It is therefore seen as important that housing has a democratically accountable voice at the decision making table and the Housing Board would therefore wish to see a formal link between ourselves and the Health and Wellbeing Board, preferably a Housing Board member sitting on the Health and Wellbeing	.If a “housing” seat on the Health and Wellbeing Board is not a preferred option a further option to consider would be housing having a clear voice as part of the wider network supporting the core Board. There would need to be clear lines of communication in this respect to ensure that the Housing Board felt assured that it was having an appropriate degree of influence over health and wellbeing outcomes.

				Board.	
53	Your Consortium	Totally understands the need to keep the Board lean and that all interests can't be represented at the top table.		If there is not to be a place for the VCS at the main board (which seems to be the direction we are being pointed in) then would it be appropriate for the Thriving Third Sector Group to be the formal body that connects to the Board.	A member of the Board comes to the Thriving Third Sector Group which becomes the vehicle for feeding information, intelligence, views up and down the chain - this would ensure more than one person's opinion is heard (which may not be the case if we were represented by one individual on the actual board). The TTSG work plan would include specific actions / activities which contribute to the agenda of the Health and Well Being Board. Members of the TTSG would be responsible for disseminating information and seeking opinion from the wider sector and signposting to specific expertise where necessary. The Board member would have a responsibility to report the TTSG's input to the Board. The Board may invite individuals to participate in Board meetings where a particular issue is of key relevance (either to present, questions and answers, participate in the debate etc) A safeguard to protect from decisions which may be made by the Board without full knowledge as all partners are not round the table - creating unintended consequences. Perhaps information could be provided to the TTSG on proposed key decisions and comments invited through

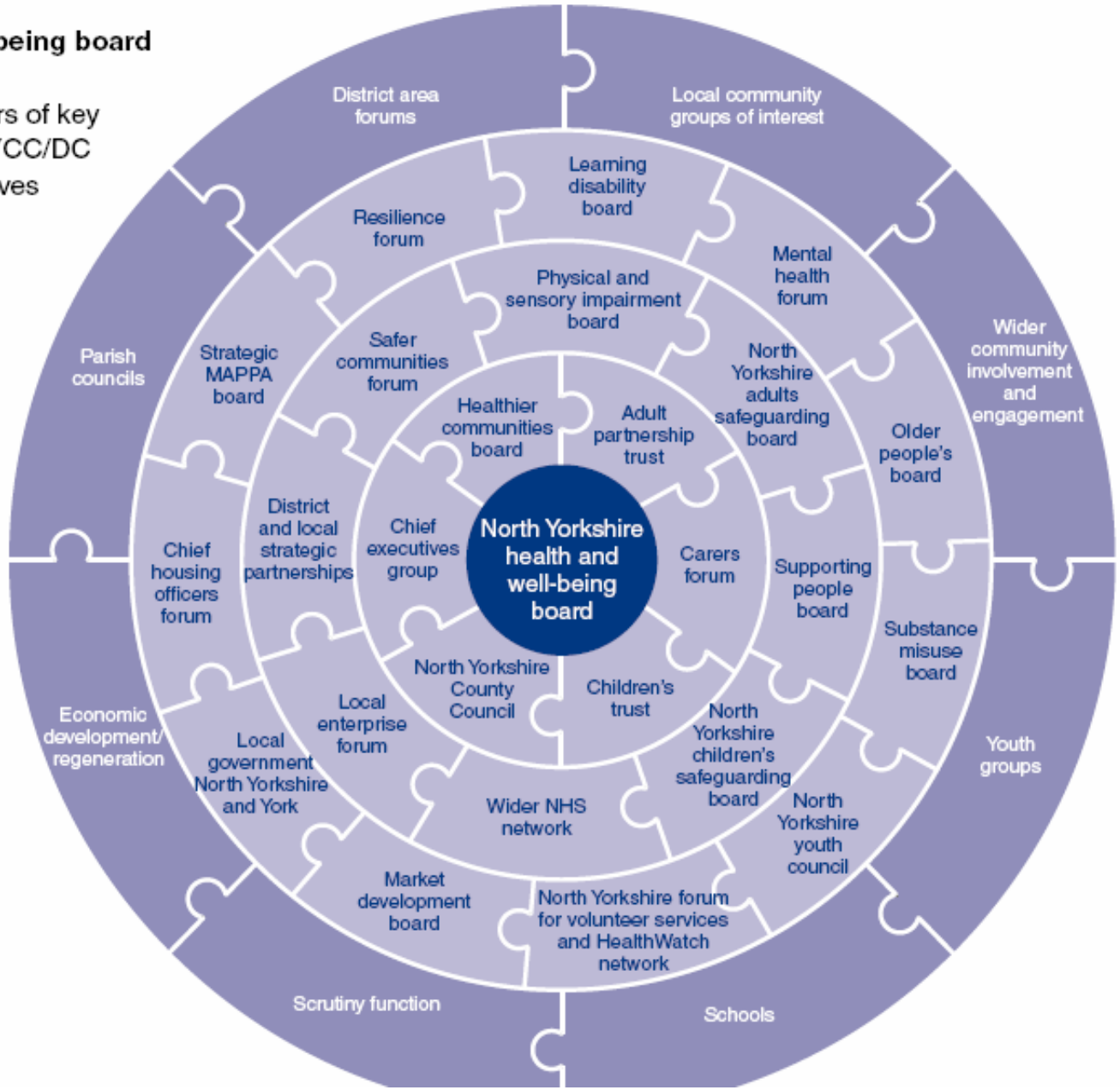
					TTSG prior to formal ratification.
54	Supporting Older People - Charity	Understands the proposal to have a relatively tight core strategic board,- feels it is remiss and short-sighted not to have representation from the voluntary sector.		Highlights the work many of the voluntary organisations undertake which would otherwise have to be provided by the statutory services -to say nothing of the money this saves. Feels it would be very short-sighted, and detrimental, to exclude the voluntary sector from this board ..as the sector has a lot to offer -particularly in such tight financial times and that the best overall outcome will be achieved from working together and mutual support. This will only be achieved with representation on this board.	
55.	Users of Services at Bootshop, Easingwold via Ham/Rich Advocacy			Thinks that the Health and Wellbeing Board is a good idea.	Other key people to include in this network are dentists, opticians, advocacy services, care managers and learning disability nurses. In order for the many groups and board to best relate they suggest creating a feedback loop directly from the care managers when there are trends, and for the Health and Wellbeing Board to talk to our Local Area Groups.
56.	Service User via Ham/Rich Advocacy			Thinks that the Health and Wellbeing Board is a good idea. .	Other people to include in this network are dentists (long waiting lists), opticians, advocacy services, nurses, physiotherapist and care managers In order for the many groups and board to best relate suggests that the Health and Wellbeing Board should talk directly to the County Learning Disability Board and Local Area Groups and Health Task Groups.
57.	Talkback - Harrogate Self	No comments.	No comments.		The Group asks can they invite whoever is representing people

	advocacy consulting group				with a learning disability to attend one of our self advocacy consulting groups or the self advocacy forum and will they be able to give us this information in a way we understand? Will any information from the Health and Well being board be in easy read? How will we know if the representative on the health and well being board passes on our comments and how will we find out what the responses are? Will the representative wear so many hats that they are not able to always to put forward a really strong argument for people with a learning disability?
58- 61	Users of services at Yatton House Great Ayton 2 People at the service: Another individual at the same address			C and A think that the Health and Wellbeing Board is a good idea. S also thinks that the Health and Wellbeing Board is a good idea.	Other people to include in this network are dentists, opticians, community learning disability team, Julian Whaley (consultant psychiatrist), support staff from the clients home and their families. They also commented that there are long waiting lists for dentists in their area and also that there should not be a postcode lottery regarding medication and believe this should be accessible to people in all areas. Is this something that the Health and Wellbeing Board can address? In order for the many groups and board to best relate they suggest that the Health and Wellbeing Board should talk directly to the Local Area

	Group of 9 users of services at Yatton House Another person			The group decided that the Health and Wellbeing board is a good idea. N also thinks that the Health and Wellbeing Board is a good idea	Groups. Other key groups to include in this network are care managers, learning disability nurses, dentists, opticians and advocacy services. Other suggestions as to give information to as many people as possible Other key groups to include in this network are day centres (Yatton House), GP's, community learning disability team, Julian Whaley (consultant psychiatrist), dentists, opticians, chiropodists, support staff and families. Other suggestions as above.
62	Tees, Esk and Wear Valleys NHS Foundation Trust			Wants to play a full part ...ideally to attend meetings of H&W Board. If not they key question is how the H&W B will meet with Key NHS providers?	Notes the presence of an older peoples partnership Board and would like to have a place at this board.
63	NHS North Yorkshire and York – Clinical Commissioning Group Chairs	Want to strike the right balance but..	Wants a more expansive board to inc NHS Providers	Given the priority of integration and reducing non elective admissions it seems sensible to include [NHS] Providers. Particularly as they cab be part of the transparent accountability framework required to deliver the transformational change.	That the statutory board is quorate at 50% but that within that 50% as a minimum half the membership present is made-up of the representatives of the statutory NHS Health care organisations.

Annex 2

Health and well-being board
Elected members
Designated officers of key partners: NHS/NYCC/DC
CCG representatives
HealthWatch



NORTH YORKSHIRE'S SHADOW HEALTH AND WELLBEING BOARD

1.0 Introduction

1.1 The Health and Social Care Bill requires Local Authorities to establish a Health and Wellbeing Board (HWB) for its area. This is a major opportunity for North Yorkshire County Council (NYCC) to lead on the integration of health and social care through the creation of a HWB.

1.2 Initially the HWB will operate in shadow form until it assumes statutory responsibility from April 2013. NYCC's Shadow HWB will act as an advisory body to the County Council, North Yorkshire and York Primary Care Trust and North Yorkshire's GP Consortia.

2.0 Core Functions of a HWB

2.1 In accordance with the Health and Social Care Bill, HWB's must encourage integrated working for the purpose of the health and wellbeing of the people in its area.

2.2 A HWB must also provide advice, assistance or other support as appropriate for the purpose of making arrangements for the pooling of budgets and commissioning in accordance with Section 75 of NHS Act 2006.

3.0 NYCC's Shadow HWB – Roles and Responsibilities

3.1 The shadow HWB will provide a platform for partners to work together to ensure that the people of North Yorkshire are able to benefit from improvements in health and wellbeing. In support of this aim the HWB will:

3.1.2 Provide strong leadership and direction of the health and wellbeing agenda by agreeing priority outcomes for health and wellbeing strategy.

3.1.3 Determine priorities and prepare the joint Health and Wellbeing Strategy for North Yorkshire.

3.1.4 Co-ordinate the development of North Yorkshire's Joint Strategic Needs Assessment in order to stand the health and wellbeing needs of the people of North Yorkshire.

3.1.5 Promote integration and partnership across North Yorkshire including though the promotion of joined up commissioning and pooled budgets where appropriate.

3.1.6 To ensure that the HWB is equipped and able to meet its statutory requirements from April 2013 (prior to the establishment of the Statutory Board, the terms of reference will be reviewed).

4.0 Membership

Chair : Cllr and County Council Leader Executive Member: John Weighell

County Council Chief Executive	Richard Flinton NYCC CE

District Council Chief Officer Rep and Elected Member Rep.	2 Representatives from Chief Officers of District Council 2 Elected Member from District Council Group? [1] (revised up by 1)
Statutory Roles	Corporate Director Children and Young Peoples Services: Cynthia Welbourne Corporate Director Health and Adult Services: Helen Taylor
Portfolio Holders	Portfolio holders: The Cabinet Lead Member for Health (to be appointed) (is this proposal still in the running) The Cabinet Lead Member for Health and Adult Services The Cabinet Lead Member for Children and Young People's Services
Health Watch	1 Representative (To be appointed) Events will shortly be organised to assist us in developing a North Yorkshire HealthWatch network.
Voluntary Sector non provider rep	1 person. This is as a result of representation during consultation and is a new proposal
Clinical Consortium	List Consortiums – **Clinical Commissioning Groups** (not co-terminus with North Yorkshire) – 1. Chair Craven, Wharfedale and Airedale CCG – 2. Chair Hambleton, Richmond and Whitby CCG – 3. Chair Harrogate and Rural District CCG – 4. Vale of York CCG – covers **York, Selby, South Hambleton, part of Rydale and East Riding.** – 5. Chair Scarborough and Rydale CCG – Bentham GP practice may be joining South Lakes Consortium (suggestion there is not a seat for this latter single practice)
Director of Public Health	Dr Phil Kirby Acting lead for Public health
Chief Executive of NHS Cluster	Jayne Browne Note this place may in time be taken by a representative of the National NHS Commissioning Board
Board Support	AD Health Reform and Development (None Voting)

[1] Whether or not there is a district councillor as a member, in addition to the district council chief executive, there needs to be some regular communication (eg key messages) about who is involved and the issues being discussed, so people knew who to contact if they wanted to inform/influence the discussions.

5.0 Governance and Accountability

5.1 The Board will be accountable for its actions to its individual member organisations.

5.2 The Board will link into Local Government North Yorkshire and York (LGNYY) (Appendix 1).

5.3 The representatives of the HWB will be accountable through their own organisations decision making processes for the decisions they take. It is expected that members of the Board will have delegated authority from their organisations to take decisions within the terms of reference.

5.4 Decisions within the terms of reference will be taken at meetings and will not normally be subject to ratification or a formal decision process by partner organisations (provided that at least 10 days notice of forthcoming decisions have been given). However, where decisions are not within the delegated authority of the Board members these will be subject to ratification by constituent bodies.

6.0 Conduct of Meetings

6.1 Meetings of the Board will be held quarterly conducted in public.

6.2 The meetings will be chaired by the Leader of the Council

6.3 The quorum for meetings shall be 50% of its membership.

6.4 Decisions shall be made on the basis of a show of hands of a majority of members present.

6.5 For avoidance of doubt, membership does not include the officers in attendance in an advisory capacity.

6.6 Each meeting will have an open forum session where members of the public may ask questions.

6.7 Minutes of meetings will be available on the websites of the council and partner agencies.

6.8 The chair shall sign off the minutes as a true and accurate record of the meeting.

6.9 Agendas and supporting papers will be available on the websites of the council and partner agencies one week before the meeting. The Secretariat and Support Officers involving Committee Services and Health and Adult Services will lead the majority of the work to support the Board's objectives, bringing in additional expertise when required and will make recommendations to the Board for consideration and approval.