

## North Yorkshire Shadow Health Well-being Board

**Minutes of the meeting held on Thursday 2 February 2012  
at 2.00 pm at Sovereign House, Clifton Moor, York.**

**Present:-**

<b>Board Members</b>	<b>Constituent Organisation</b>
<u>Elected Members</u>	
County Councillor John Weighell CHAIRMAN	North Yorkshire County Council Executive Member and Council Leader
County Councillor Carl Les	North Yorkshire County Council Portfolio Holder for Children and Young People's Services
County Councillor Clare Wood	North Yorkshire County Council Portfolio Holder for Health and Adult Services
County Councillor John Blackie	Elected Member District Council Council leader – Richmondshire District Council
<u>Local Authority Officers</u>	
Richard Flinton	North Yorkshire County Council Chief Executive
Cynthia Welbourn	North Yorkshire County Council Corporate Director – Children and Young People's Services (Statutory)
<u>Janet Waggott</u>	Chief Officer District Council Chief Executive – Ryedale District Council
<u>Clinical Commissioning Groups</u>	
Dr Colin Renwick	Wharfedale and Airedale CCG
Dr Vicky Pleydell	Hambleton, Richmond and Whitby CCG
Dr Alistair Ingram	Harrogate and Rural District CCG
<u>Other Members</u>	
Dr Phillip Kirby	NHS NY&Y – Interim Director of Public Health
Sue Metcalfe	NHS NY&Y – Deputy Chief Executive
Kate Taylor	Voluntary Sector (North Yorkshire and York Forum)
Co-opted Members Non-Voting	
Richard Ord	Acute Hospital (Chief Executive – Harrogate and District NHS Foundation Trust) (Interim Appointment)

**In Attendance:-**

<b>Representative</b>	<b>Organisation</b>
Seamus Breen	North Yorkshire County Council - Board Support - Assistant Director (Health Reform and Development)
Jane Wilkinson	North Yorkshire County Council – Democratic Services Officer - Secretariat
Helen Edwards	North Yorkshire County Council – Communication Unit

## **Apologies for Absence:-**

Apologies for absence were received from Helen Taylor (North Yorkshire County Council), Martin Barkley (Mental Health Trust Representative) and Mark Hayes (Vale of York CCG).

### **1. Welcome and Introduction**

The Chairman welcomed everyone to the first meeting of the North Yorkshire Shadow Health & Well Being Board.

### **2. Governance of the Shadow Health and Well-being Board –**

Considered –

The report of the NYCC Assistant Chief Executive (Legal & Democratic Services) inviting the Board to agree governance arrangements for the Shadow Board pending enactment of the Health & Social Care Bill.

The Shadow Board agreed to amend the Terms of Reference appended to the report to include the appointments agreed at the meeting that day and to reflect that meetings would initially during the Shadow period be held more frequently ie every 8 weeks. It was anticipated that the once the Board was established the frequency of meetings would reduce to quarterly.

The Chairman proposed the appointment of a Vice Chair. Members of the Shadow Board supported his suggestion and County Councillor Clare Wood was duly nominated and appointed.

The Shadow Board supported the proposal of the County Council's Executive to appoint a representative from Healthwatch and the Voluntary Sector. It was reported that as Healthwatch was not properly established in North Yorkshire the chairs of key user groups would nominate a representative in the interim period. The timescale for this election process meant that the name of that individual would not be known until the next meeting. The Chairman announced that Kate Tayler, Chief Executive North Yorkshire & York Forum had been nominated by the Voluntary Sector as its representative on the Shadow Board. Following an exchange of introductions he invited the Board to formally endorse her appointment. Members of the Board expressed unanimous support for her appointment. The Chairman also asked the Board to endorse the interim appointment of Richard Ord, and Martin Barkley, as respective representatives of Acute Hospitals and Mental Health Services as non-voting co-opted Members. Board Members expressed unanimous support for the proposal.

The Board debated the use of substitutes and agreed a compromise that would allow each Member to appoint one named substitute as a means of achieving consistent levels of attendance at meetings. Richard Flinton, (Chief Executive North Yorkshire County Council) commented that it would be desirable if the named substitutes for clinical commissioning group representatives could be a clinician.

The Board discussed the merits of holding future meetings at different venues throughout the county. The Board agreed that public engagement was important and that meetings should be accessible, however this had to be balanced against the need for the strategic role of the Board not be compromised by 'chasing individual issues' to specific locations. It was noted that from a logistical point of view County Hall, Northallerton was centrally located and would result in minimal meeting costs

being incurred. The Chairman said it was important that the Board set its own forward work programme but acknowledged that there may be occasions when it was appropriate for the Board to meet away from County Hall. The Board agreed that the default venue for future meetings of the Board should be County Hall, Northallerton and that the suggested meeting dates listed in the report be approved. The Board also agreed that future meetings were to be held in public and for the Board to adopt the County Council's standard arrangements for members of the public to ask questions and/or make statements.

**Resolved –**

- (a) That the Terms of Reference as set out in Appendix 1 of the report be adopted by the Shadow Board subject to the amendments recorded in the Minutes.
- (b) That County Councillor Clare Wood is appointed as Vice Chair of the Shadow North Yorkshire Health & Well-being Board.
- (c) That the role and responsibilities of the Shadow Board as outlined in paragraph 4 of the report are agreed.
- (d) That a representative of:-
  - HealthWatch, - nomination to be agreed
  - the Voluntary Sector - Kate Tayler (Chief Executive, North Yorkshire & York Forum)

be appointed as a Member of the Board

- (e) That a representative of:-
  - Acute hospitals – Richard Ord (Harrogate & District NHS Foundation Trust)
  - Mental Health - Martin Barkley (Tees Esk & Wear Valleys NHS Foundation Trust)

be appointed as a co-opted non-voting member of the Shadow Board until the end of March 2013.

- (f) That each Member of the Shadow Board may appoint one named substitute.
- (g) That the following future meeting dates are agreed:-
  - 2.00 pm, Wednesday 28 March 2012
  - 2.00pm, Wednesday 30 May 2012
  - 2.00pm, Wednesday 25 July 2012
  - 2.00 pm Wednesday 26 September 2012
  - 2.00pm Wednesday 28 November 2012

and that all meetings are to take place at County Hall, Northallerton unless otherwise agreed.

- (h) That all future meetings of the Shadow North Yorkshire Health & Well-being Board meetings will be held in public.
- (i) That public questions and statements will be permitted at future meetings, and the arrangements for handling these, will be as set out in paragraph 9 of the report.
- (j) That the proposed structures beneath the Shadow Board and on the wider membership of North Yorkshire's Health and Well-being Network will be

considered when discussing an item on this subject that appears later on the agenda.

- (k) That further reports on governance are to be referred to future Shadow Board meetings as and when necessary.

### **3. Healthwatch Development and Update**

Considered –

The report of the NYCC Assistant Chief Executive (Policy, Performance and Partnerships) on the development of local HealthWatch. The report was introduced by Seamus Breen who highlighted the revised national timetable and summarised progress to date in North Yorkshire.

Councillor John Blackie, District Council Representative sought reassurance that Local HealthWatch would not replicate its predecessor the Local Involvement Networks (LINKs) which had not he said been successful. Seamus Breen replied that the major distinction between HealthWatch and the LINK was that HealthWatch was much more inclusive of community and focused not just on patients.

Councillor Blackie suggested that the model used by the Upper Dales HealthWatch Joint Committee could be looked at as an example of good practice.

**Resolved –**

- (a) That the requirement to have a HealthWatch organisation in North Yorkshire is noted
- (b) That the revisions to the national timetable to have a HealthWatch organisation in North Yorkshire in place from April 2013 be noted.
- (c) That the preparations for a consultation exercise in North Yorkshire are noted.
- (d) That further progress reports be submitted to the Shadow Health and Well-being Board in the run up to 1 April 2013.

### **4. Substructures, Communication and Engagement with Stakeholders**

Considered –

The report of the NYCC Corporate Director Health and Adult Services inviting the Board to adopt North Yorkshire's Children's Trust and a proposed Adult Partnership Trust as the officer led operational implementation arms of its strategic work. The report also sought approval for the wider North Yorkshire Health and well-being network to represent the Board's wider stakeholder constituency.

The report was introduced by Seamus Breen, (NYCC Assistant Director Health Reform and Development) who also sought comments from the Board on the development of a communication plan/strategy.

Richard Flinton, (Chief Executive, North Yorkshire County Council) suggested that the County Council's Area Committee's could be utilised to identify local issues and used as a receiving forum for strategic issues under consideration by the Shadow Board. He said that a big communication exercise was needed in order to promote the work of the Shadow Health & Well Being Board. The Chairman suggested that Area Committees could also be used to promote health & well being in the locality. County

Councillor Carl Les commented that he would prefer to utilise existing networks as opposed to creating new channels of communication. The Board noted that care was needed to ensure that new structures did not take up a lot of officer time without producing an output.

Dr Phil Kirby, (Interim Director of Public Health, NY&Y PCT) offered to prepare a discussion paper for consideration at a future meeting on the work of the public health support group.

Sue Metcalfe, (Deputy Chief Executive, NY&Y PCT) reminded Members that for the work of the Board to be meaningful it needed to coincide with the work to implement the findings of the North Yorkshire Review undertaken by Prof Hugo Mascie-Taylor.

#### **Resolved –**

- (i) That the proposal to have an Adult Partnership Trust as outlined in Appendix 1. of the report is approved and adopted.
- (ii) That the Children's Trust and The Adult Partnership Trust be encouraged to act as officer led implementation arms of the Shadow Health & Well-being Board
- (iii) That the many boards, partnerships and networks outlined in appendix 2 of the report are recognised as North Yorkshires wider Health and Well-being network and that they contribute to the health and well-being community of North Yorkshire.
- (iv) That the need for a locality or District wide approach to health and well-being based broadly on the previous work of local partnerships is recognised.
- (v) That the Health and Well-being Board actively engages with communities and networks including the Health and Wellbeing and supports an annual meeting of the Health and Wellbeing Network to receive feedback from the wider community and to report on its own progress over the past year.
- (vi) That a report on public health be referred to a future meeting.

#### **5. Strategic Priorities for the Board 2012/13**

Considered –

The report of the NYCC Corporate Director (Health and Adult Services) inviting the Health and Well-being Board to adopt:-

- Responding to the recommendations of the Independent Review of NHS North Yorkshire and York
- completion of the Joint Strategic Needs Assessment
- production of the Joint Health and Well-being Strategy
- supporting better integration of health and social care in relation to adults, and integration of health and a range of children's services in relation to children.

as its four key priority areas of work during the year 2012-13.

The report was introduced by Seamus Breen who acknowledged that the list was by no means exhaustive and sought comments from Members of the Board.

Richard Flinton, (Chief Executive North Yorkshire County Council), said that a Steering Group had been set up to implement the findings of the Independent

Review. The Steering Group had identified work streams and developed an action plan for each one. He suggested that it would be useful if the Board took a view on each of those workstreams. Sue Metcalfe suggested that the Board concentrate on the workstreams where service provision may need to change.

Richard Ord, (Acute Hospital representative) said that Harrogate Hospital along with other Acute Hospitals in the County was currently engaged in re-shaping its services. This work was on-going and there was a danger it would be completed before it was able to be considered by the Health & Well-being Board. He agreed to consider options to integrate these two areas of work.

Councillor John Blackie commented that the findings of the Independent Review were not universally accepted. The Review did not take account of rurality nor did its findings have the level of support as had previously been suggested. There was he said a trend for key healthcare services to be relocated outside of county boundaries as the NHS became increasingly specialised. He called for the Shadow Board to focus on the future role of district/community hospitals in maintaining local accessible services in what was the largest rural county in the country. The Chairman said that implementation of the Independent Review needed to concentrate on how services could be transformed as opposed to whether or not its findings were agreed.

County Councillor Clare Wood commented that at the meeting of the County Council's Scrutiny of Health held the previous week an issue had surfaced concerning the recruitment of middle grade doctors. A national shortage had led to difficulties in recruiting middle grade doctors in a number of specialist areas and she suggested that this was a topic that warranted further investigation by the Shadow Board. County Councillor Clare Wood also suggested dementia as being another potential area of work for the Shadow Board.

Seamus Breen invited Members to contact him after the meeting with their suggestions for further areas of work to be undertaken by the Board.

Richard Flinton, suggested that once the Shadow Health & Well Being Board had drafted its forward work programme this was then circulated to clinical commissioning groups and acute trusts for comment.

#### **Resolved –**

That the comments made during the meeting in respect of the Independent |Review of NHS North Yorkshire and York published in August 2011 be taken on board and noted.

- (i) That the new national timetable for completion of the Joint Strategic Needs Assessment (JSNA) is noted.
- (i) That the Board includes work on the Joint Strategic Needs Assessment in its work programme before the end of May 2012;
- (iii) That the Board will agree and shape, by July 2012, its Health and Well-being Strategy for North Yorkshire for the year 2013/14 so that the Local Authority and the Clinical Commission Groups can take it into account in their Commissioning Plans.
- (iv) That partner agencies in Health and social care be required to produce proposals and timetables focussed on delivering better integration of key NHS and Community Care Services for both children and adults;

- (v) That the comments recorded in the Minutes regarding associated areas of work the Board might wish to take forward in the coming year be noted.

## **6. Friarage Hospital – Future of Children’s and Maternity Services**

Considered –

The report of NYCC Corporate Director Health & Adult Services on service reconfiguration proposals surrounding the future delivery of paediatric services at Friarage Hospital, Northallerton.

Richard Flinton, (Chief Executive, North Yorkshire County Council) said that the proposals represented a potential major service change for North Yorkshire. The future would undoubtedly bring further service transformations and he suggested that it would be beneficial if the Board could agree an approach for dealing with them.

Councillor John Blackie said that the proposals for paediatric services had attracted a great deal of public concern and it was important that this issue and similar issues in the future informed the work of the Board.

Vicky Pleydell, (Shadow Accountable Officer Hambleton Richmondshire & Whitby CCG) summarised the key issues under consideration in respect of paediatric services at the Friarage Hospital. She said that there were a number of options to be considered including utilising other hospitals in and around North Yorkshire such as Darlington where the distance and travel times were comparable for patients who would normally go to the Friarage being transferred to James Cook University Hospital in Middlesbrough.

The Chairman emphasised to the Board the political nature of the issue which he said could not be separated from any discussion of the matter. It was noted that finance was not the only consideration but that the quality and safety of services were equally important as was sustainability. Assurances were given that the marketing of the Friarage Hospital was not responsible for the recruitment difficulties being experienced and that during recent years creative solutions had been fully explored. It was stated that this was born out by the findings of the independent NCAT report.

Councillor John Blackie said that the NCAT report stated that the future of Darlington Hospital was uncertain and he could not therefore accept how it was proposed that Darlington Hospital was being offered as a potential solution for some parts of North Yorkshire. Vicky Pleydell stated that she had subsequently contacted Darlington Hospital and had been assured that paediatric/obstetric services at the Hospital were safe in the medium term and that the comment in the NCAT report was inappropriate.

The Chairman stated that the public would struggle to understand how facilities at the Friarage Hospital which had benefited from substantial public investment, and which were in a good state of repair could be shut down when the demand for the service remained. The Chairman said he fully recognised the need for safe services to be provided and that the challenge for the Board was how to retain the services currently provided.

Sue Metcalfe said that the Board should conduct some research into who the users of the service were and what had been the outcome in other hospitals that had faced the same issue to see if areas of best practice could be adopted.

In summing up Richard Flinton said that the strategic challenge for the Board was how to retain local access to services in a rural area against a background of increasing specialism in the NHS. Other hospitals serving North Yorkshire faced

similar challenges and he suggested a further report on this topic be referred to a future meeting.

**Resolved –**

That the comments made during the meeting be noted.

**7. Public Health – National Guidance and Next Steps**

Considered –

The report of Dr Phil Kirby, (NY&Y PCT, Acting Director of Public Health) informing the Board of national guidance issued on Public Health Transition and of North Yorkshire's Draft Public Health Transitions Plan.

Members noted the progress achieved to date and that initial feedback received from the Strategic Health Authority on draft plan was positive.

**Resolved –**

- (i) That the requirement set out by the Department of Health in respect of Public Health Transition Planning be noted.
- (ii) That the national timetable in respect of Public health Transition Planning be noted.
- (iii) That the responsibilities of all parties to ensure a successful transition be noted.
- (iv) That the content of the draft Transition Plan for North Yorkshire attached to the report be noted.

**8. Clinical Commissioning Groups – Appointments**

The following appointments were reported to the Board:-

Harrogate & Rural District CCG

- 6 GPs now appointed to the Board
- NYCC representative not yet agreed
- appointment of lay members still to be formalised. Job descriptions prepared awaiting further guidance
- Board now responsible for 50% of budget
- Accountability Agreement not yet signed

Hambleton Richmond & Whitby CCG

- In addition to Vicky Pleydell a further 3 GPs now appointed to the Board
- NYCC Representative Sukhdev Dosanjh
- Budget to be delegated wef 1 Feb 2012
- The appointment of Lay Members, Consultants and Nurses to be deferred until after guidance published

Scarborough & Ryedale CCG

- Assurance process not yet completed
- NYCC representative Anne-Marie Lubanski
- Responsibility for delegated budget to take effect as from 1 March 2012



#### Wharfedale & Airedale CCG

- Phil Hughes (not a clinician) appointed shadow accountable officer
- Pam Essler (Chair) Lay Member responsible for public engagement
- Geoff Donnelly (Non Executive Director) Lay Member responsible for governance & finance
- NYCC representative not yet agreed
- Meeting next week to discuss budget
- Awaiting publication of guidance before proceeding with the appointment of consultant and nurse representatives to the Board

#### Vale of York CCG

- Board Members now appointed
- Helen Taylor (NYCC) representative
- Awaiting publication of guidance before proceeding with the appointment of consultant and nurse representatives to the Board.

#### **Resolved –**

That the information provided at the meeting be noted.

The meeting concluded at 4.20 pm.

JW/ALJ