

## North Yorkshire Shadow Health Well-being Board

**Minutes of the meeting held on 14 September 2012 at 11.00 am at County Hall, Northallerton**

**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 Tony Hall	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
Helen Taylor	North Yorkshire County Council Corporate Director – Health & Adult Services
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>	
Simon Cox (substitute)	Scarborough & Ryedale CCG
Dr Vicky Pleydell	Hambleton, Richmond and Whitby CCG
Dr Alistair Ingram & Amanda Bloor	Harrogate and Rural District CCG
<u>Other Members</u>	
Dr Phillip Kirby	NHS NY&Y – Interim Director of Public Health
Sue Metcalfe (substitute)	NHS NY&Y – Deputy Chief Executive
Kate Tayler	Voluntary Sector (North Yorkshire and York Forum)
<u>Co-opted Members Non-Voting</u>	
Richard Ord	Acute Hospital (Chief Executive – Harrogate and District NHS Foundation Trust) (Interim Appointment)
Adele Coulthard (substitute)	Mental Health Trust Representative – Director of Operations (Tees Esk & Wear Valleys NHS Foundation Trust)

**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
Cllr Jim Clark	North Yorkshire County Council

### **Apologies for Absence:-**

Apologies for absence were received from Dr Colin Renwick (Wharfedale & Airedale CCG), Dr Mark Hayes and Rachel Potts (Vale of York CCG), Dr Phil Garnett (Scarborough & Ryedale CCG), Chris Long (NHS NY&Y) and Martin Barkley (Mental Health Trust Representative).

In attendance five members of the press and public.

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**Copies of all documents considered are in the Minute Book**

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### **33. Minutes**

#### **Resolved –**

That the Minutes of the meeting held on the 25 July 2012 be approved as an accurate record of the meeting and be signed by the Chairman.

### **34. Public Questions or Statements**

There were no public questions or statements from members of the public.

### **35. North Yorkshire Draft Joint Health and Wellbeing Strategy 2013/2018**

#### **Considered –**

The report of the NYCC Corporate Director – Health and Adult Services, inviting the Board to comment on the content of the draft North Yorkshire Joint Health & Wellbeing Strategy 2013/18.

The Board was informed that following the meeting that day the draft Strategy would be the subject of widespread consultation. The final draft was scheduled to be referred to the November meeting for sign off and thereafter used to influence and inform commissioning plans. It was vital therefore that the priorities identified in the Strategy were capable of having a positive impact on factors that would improve the health and well-being of all North Yorkshire residents.

Seamus Breen summarised how themes had been captured by the five priorities in the draft Strategy. Agreement of collective priorities would not he said prohibit districts from having their own individual priorities but stressed that the number of collective priorities would benefit from being limited.

A major engagement event was planned for the following week to which over 150 people were expected to attend. Feedback received to date included:

- Greater recognition needed of the importance of end of life care

- Energy efficiency and fuel poverty not addressed
- The inclusion of friendship as a means of overcoming isolation and loneliness
- Sign-posts within the Strategy required to other relevant policies and strategies
- Very easy document to read
- Economic health & well being not addressed
- Children and young people be given a higher profile

Board Members commented as follows:

- the draft provided no opportunity for members of the public to make their views known – the lack of resources meant that choices would have to be made. In order to avoid a situation whereby the views of commissioners and service users operated in parallel it was important that a process was identified that brought the two together.
- whilst issues connected to rurality such as transport, access to services and lack of funding were acknowledged little significance was then attached to them
- secondary care, community hospitals and hospitals outside the boundaries of North Yorkshire were not mentioned
- no reference made to the current funding crisis and the major financial problems being experienced. As no indication of growth, the status quo is no longer affordable and healthcare services must be redesigned
- the links between economics and health and well being ought to be recognised.
- greater emphasis needed of the importance of the integration agenda

Richard Flinton said that the test of the success of the Strategy would be if the content of Council and CCGs commissioning plans enabled the Board to hold them to account to deliver the Strategy.

Seamus Breen thanked members for their comments.

#### **Resolved –**

That the content of the draft joint Health & Well being Strategy and comments made during the meeting be noted.

#### **36. Hambleton, Richmondshire and Whitby Clinical Commissioning Group – Draft Commissioning Plan 2012/2017**

Arising from NHS reforms the Board received a presentation from Dr Vicky Pleydell (Hambleton, Richmondshire & Whitby Clinical Commissioning Group) on changes to commissioning arrangements and the Group's priorities for healthcare services effective as from April 2013 in Hambleton, Richmondshire and Whitby districts. A copy of the presentation slides is in the Minute Book and available on the County Council's web-site.

Dr Pleydell summarised the approach taken by the Clinical Commissioning Group to develop its first commissioning strategy. Both patients and clinicians had been consulted and the content of the draft Plan discussed at each stage of the process. The Clinical Commissioning Group had identified the following six strategic priorities:-

- Transforming the Community System
- Mental Health & Dementia Care
- Clinically appropriate Planned Care
- Children's Health
- Patients with Long Term Conditions

- Preventing Ill-Health

Dr Pleydell explained why the six priorities had been selected and highlighted examples of on-going work under each of the work-streams.

Because as was now widely accepted the Primary Care Trust would not achieve financial balance this year the Group had no option other than to redesign existing services to eliminate inefficiencies and to make them sustainable. This would require a great deal of work and would not happen overnight but the Group was she said very committed to the task.

Members suggested that the rurality of the area and the affect on providing services be given greater recognition within the draft Plan. In respect of the 'Builds Local partnerships' initiative Members commented that as many people living in Richmondshire accessed healthcare services in Cumbria, that the North West be added to the list of partners. Similarly district councils should also be added because of their responsibilities for housing and leisure. During the presentation the importance of secondary care was emphasised and the Board commented that community hospitals of which there were three within the Group's boundaries warranted specific mention.

The Board was pleased to see links between the Health & Well Being Strategy and the Group's priorities which it said was key to achieving financial stability in North Yorkshire and commended the draft Plan

#### **Resolved –**

That the presentation and comments made during the meeting be noted.

### **37. Harrogate and Rural District Clinical Commissioning Group – Five Year Plan**

Dr Alistair Ingram described the work undertaken by Harrogate & Rural District Clinical Commissioning Group to develop its first commissioning strategy. A copy of the presentation slides is in the Minute Book and available on the County Council's web-site. The Group had identified the following priorities:-

- Integrated Care and Long Term Conditions
- Urgent Care
- Elective Care
- Vulnerable People
- Health & Well Being

Dr Ingram explained why the five priorities had been selected and highlighted local examples of work in each of the priority areas. He stressed the importance of partnership working and said that the scale of the challenges the Group faced meant that they had to be brave in order to bring about a change in culture. The Group was committed to the task in hand and looked forward to establishing links with stakeholders.

Board members were impressed by the strength of feeling expressed during the presentation. County Councillor Clare Wood commended the Group on its impressive attendance record at previous meetings and its willingness to participate and contribute to meetings of the Board. The Group's approach to partnership working and its engagement with the scrutiny of Health Committee was also recognised. The Board endorsed the priority areas selected by the Group and its work on developing multiagency pathways that focussed on outcomes and integration.

#### **Resolved –**

That the presentation be noted.

### **38. Commissioning of Services for Children and Young People**

The presentation by Cynthia Welbourn, NYCC Corporate Director – Children & Young People's Service outlined to the Board:-

1. How the Children's & Young People's Directorate has in the past approached partnership working in respect of services commissioned for children and young people.
2. The implications for commissioning arrangements in the light of NHS reforms
3. The practical dangers of fragmentation
4. The current position and priorities for commissioning services and the transition towards integration

Cynthia Welbourn explained how commissioning was changing as a result of the emergence of Clinical Commissioning Groups and the affect of this on the local authority. The new arrangements made it difficult to align services and she sought the support of the Board to overcome current difficulties and action collaborative working. Mental health services for children and young people were she said a cause of particular concern.

Assurances were given that Clinical Commissioning Groups in North Yorkshire were committed to working with the local authority.

There was a suggestion that each Clinical Commissioning Group identify an appropriate lead and then establish a forum at which arrangements for commissioning services for children and young people could be discussed on a county wide basis. This approach was supported and Members agreed to action it following the meeting.

Amanda Bloor said that she would liaise with the Commissioning Support Unit and coordinate the production of a collective response to the presentation on behalf of CCGs.

#### **Resolved –**

That the presentation be received

That the response of Clinical Commissioning Groups in North Yorkshire to the presentation be reported to the meeting of the Board in November.

### **39. Update on Authorisation Process**

The Board received an oral report from Sue Metcalfe (NHS North Yorkshire & York) giving an account of the authorisation process and timetable for CCGs in North Yorkshire. The Board noted that full details of the exact timetable were still emerging and that these would be reported to the Board as and when they were known.

The current position was that applications by CCGs had to be submitted to the NHS Commissioning Board by 1 October 2012. If approved CCGs would take on their full responsibilities as statutory organisations by April 2013. During November 2012 site visit panels would assess each CCG individually against criteria for six domains. Key to the outcome of that assessment would be their financial situation. It was anticipated that towards the end of the year a Moderation Panel would be set up to ensure the authorisation process had been applied consistently across the country.

Approval could be conditional if criteria were judged to have not been met. The final recommendation regarding authorisation status would be made by the NHS Commissioning Board.

## **NOTED**

### **40. Maternity & Children's Services at the Friarage Hospital, Northallerton**

The Board was informed that the report containing the preferred option of Hambleton, Richmondshire & Whitby Clinical Commissioning Group was now a public document.

The Clinical Commissioning Group's preferred option was to replace the consultant led paediatric and maternity services at the Friarage Hospital with a short stay paediatric assessment unit and midwife-led service with full out patient services and enhanced community services. The report and two other options were due to be discussed at a meeting of the Clinical Commissioning Group on 17 September 2012 from which there would be a recommendation to the Board of the Primary Care Trust.

County Councillor John Blackie said he had requested the item be placed on the agenda that day as the issue for the Health & Well Being Board to decide was how to respond to the consultation and others of a similar nature that would arise in the future. He considered that notwithstanding the remit of the Scrutiny of Health Committee the Board still had an important role. Given the strength of public feeling if the Board took no action it risked losing its integrity.

County Councillor Blackie said the reaction of the public on discovering the preferred option was a mixture of despair and outrage as there was no concession to the views they had expressed during the engagement process. The report produced by the Clinical Commissioning Group contained a matrix that had scored all three options. How, and who had chosen the criteria used to score each option was not known. The weighting attached to the criteria favoured Option 2 and did not reflect the views expressed by GPs.

In response Dr Vicky Pleydell said all the available information was now in the public domain. Option 1 required investment of £2.7m. This money was not available and GPs could not make a recommendation that was unaffordable. Every effort was being made to ensure that conduct of each stage of the process was open and transparent in what was a very complex issue.

The Chairman agreed that role of the Board was not altogether clear and that the lines of definition between the Board and the Scrutiny of Health Committee were somewhat blurred. The Scrutiny of Health Committee had a clear remit and should be left to do its job with the Board adopting a strategic stance.

At the invitation of the Chairman, County Councillor Jim Clark, Chairman of the Scrutiny of Health Committee assured the Board that his Committee would rigorously scrutinise all proposals for children's and maternity services at the Friarage Hospital.

If formal consultation went ahead the Board noted that its next meeting in November would be before the close of consultation in February 2013.

Seamus Breen said the issue was insufficient monies to meet the demand for healthcare services. The challenge the Board faced was if additional monies were awarded to one partner would the benefits to those people living in Hambleton Richmondshire & Whitby outweigh the affect of a reduced budget on the health of the remainder of population of the county.

County Councillor Blackie concluded by adding that the comments made by Seamus highlighted why it was important that there was an opportunity for the public to be able to influence decision makers.

**NOTED**

**41. Forward Work Plan/Work Programme**

Considered –

The report of the Assistant Chief Executive (Legal and Democratic Services) inviting Members to comment upon and approve the content of the Board's future work programme.

The Board agreed the work programme subject to a report in response to the earlier agenda item on Commissioning of Services for Children & Young People being referred to the next meeting.

**Resolved –**

That the work programme be received and approved as printed subject to the inclusion of an item on Commissioning of Services for Children & Young People.

**42. Date, Time & Venue of Next meeting:-**

There was a request from Board Members that the dates of future meetings be agreed and circulated as soon as possible.

**Resolved –**

That the next meeting take place on Wednesday 28 November 2012 at 2.00 pm at County Hall, Northallerton.

The meeting concluded at 13.35 pm.

JW/ALJ