

North Yorkshire Health and Well-being Board

Minutes of the meeting held on 29 May 2013 at 2.00 pm at County Hall, Northallerton.

Present:-

Board Members	Constituent Organisation
<u>Elected Members</u>	
County Councillor Don MacKenzie	North Yorkshire County Council Portfolio Holder for Public Health & Prevention
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
Councillor John Blackie	Elected Member - District Council Council Leader – Richmondshire District Council
<u>Local Authority Officers</u>	
Pete Dwyer	North Yorkshire County Council Corporate Director – Children & Young People's Service
Helen Taylor	North Yorkshire County Council Corporate Director – Health & Adult Services
Janet Waggott	Chief Officer District Council Chief Executive – Ryedale District Council
Dr Lincoln Sargeant	Director of Public Health North Yorkshire
<u>Clinical Commissioning Groups</u>	
Dr Colin Renwick	Wharfedale and Airedale CCG
Dr Vicky Pleydell	Hambleton, Richmond and Whitby CCG
Amanda Bloor	Harrogate and Rural District CCG
Simon Cox	Scarborough & Ryedale CCG
Dr Mark Hayes	Vale of York CCG
<u>Other Members</u>	
Alex Bird (interim appointment)	Voluntary Sector (North Yorkshire and York Forum)
Chris Long	NHS Commissioning Board

In Attendance:-

Representative	Organisation
Janet Kirk	Healthwatch
Seamus, Breen Jane Wilkinson, Carole Dunn, Martin Feekins and Bryon Hunter	North Yorkshire County Council (Officers)
Janet Probert	Harrogate & District NHS Foundation Trust
County Councillors Jim Clark, John Clarke, Carl Les, Polly English	North Yorkshire County Council (Elected Members)
Andrew Cousins	Consultant
Bob Carter	Cloverleaf Advocacy 2000 Ltd
David Ita	Healthwatch North Bank Forum

Two members of the public

Apologies for Absence:-

Apologies for absence were received from County Councillor John Weighell, Richard Flinton, Martin Barkley, Adele Coulthard, Richard Ord and Rob Salkeld.

Copies of all documents considered are in the Minute Book

The clerk announced the resignation of County Councillor John Weighell, as Chairman of the Board. In accordance with the Board's Terms of Reference it was reported that the Leader of the County Council, had nominated County Councillor Clare Wood as his successor.

County Councillor Clare Wood In The Chair

1. Welcome and Introduction by the Chairman

County Councillor Clare Wood said she was delighted to take over the Chairmanship and paid tribute to County Councillor John Weighell for his leadership of the Health & Well-being Board during its shadow period.

2. Election of Vice Chairman

In recognition of the Health & Well Being Board being a partnership body it was suggested that the position of Vice Chairman be filled by one of the representatives of the Clinical Commissioning Groups.

Resolved –

That Amanda Bloor (Harrogate & Rural District CCG) is elected as Vice-Chairman of the North Yorkshire Health & Well Being Board for the next 12 months.

3. Minutes

Resolved –

That the Minutes of the meeting held on the 15 February 2013 be approved as an accurate record of the meeting and be signed by the Chairman.

4. Public Questions or Statements

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

5. Governance Arrangements

Considered –

The report of the NYCC Chief Executive Legal & Democratic Services informing Members of changes made to the Council's Constitution relating to the governance of the Health and Wellbeing Board, as agreed at County Council on 15 May 2013. The report also invited the Board to review the position of non-voting co-opted members and to determine the approach to be taken.

The Chairman advised that following the County Council elections on 2 May 2013 the Council's Executive had created a second portfolio to cover the Health & Adult Services directorate. Consequently she now led on adult social care and health integration. County Councillor Don MacKenzie was appointed as the new portfolio holder for public health and prevention and as such became a member of the Board. Board Members welcomed County Councillor MacKenzie to his first meeting.

The Board then considered the position of non-voting co-opted members.

At this point in the meeting Janet Probert withdrew from the meeting room and took no part in the discussion that followed about the appointment of co-opted members.

The NYCC Corporate Director Health & Adult Services Helen Taylor said that during the shadow period two chief executives representing the Acute and Community Trusts and the Mental Health Trusts had been co-opted onto the Board as non-voting Members. The advantage of their being members was that they enriched the debate of key issues. This had to be balanced against the difficulties of increasing further the size of the Board and of them having potential conflicts of interest given the primary role of the Board was that of a commissioning body. It was reported that the view of the NYCC Chief Executive was that membership of the Board should continue to include the two chief executive representatives and that they be given full voting rights.

Councillor John Blackie said that the Board had a duty to promote the integration of health and social care in North Yorkshire. If representatives of Acute and Mental Health Trusts were missing from those discussions it would be a serious omission.

Dr Colin Renwick said that GPs also had potential conflicts of interest but that this did not preclude them from being members of the Board.

After a brief discussion it was agreed that membership of the Board be extended to include a representative of Acute and Community Trusts and a representative of Mental Health Trusts. Both seats to have full voting rights and the option to appoint a named substitute.

Janet Probert then returned to the meeting room and was informed of the Board's decision.

Janet Probert confirmed that Richard Ord was willing to continue acting as the representative of Acute and Community Trusts and that she was willing to be his substitute. Janet Probert offered to facilitate a discussion between all the potential candidates to identify who they wanted to represent them so that both appointments could be finalised prior to the next meeting of the Board.

The Board noted that both Healthwatch and Voluntary Sector representatives were interim appointments. Nominations were in the process of being sought for both positions to be filled on a permanent basis. Both bodies were in the process of appointing a Chairman and Chief Executive respectively. Once these positions were filled, Board nominations would be finalised and the appointments completed prior to the next meeting.

It was reported that an informal request had been received from the Police and Crime Commissioner to join the Board. Board Members acknowledged the importance of the interface between the criminal justice agenda and health and well-being, particularly in relation to mental health and substance misuse and agreed to invite the Police & Crime Commissioner to attend the next meeting. It was also agreed that the agenda for that meeting would include an item that explored the benefits of partnership working with the Police and Crime Commissioner. Chris Long pointed out that the County Council already had an existing statutory duty to work with the Police and other key partners on the North Yorkshire Community Safety Partnership. In view of this he suggested that the report should also give consideration to the future relationship between this partnership body and the Board.

Carole Dunn highlighted to Members the need for them to sign an undertaking to comply with the Council's Code of Conduct and to complete a register of interests. She said that she would write to Members following the meeting with a request that they complete the necessary paperwork. She encouraged any Member requiring assistance in this regard to contact her direct.

The Chairman concluded by drawing Members attention to the Board's Terms of Reference attached to the report and in particular to the sections on the Board's core functions and conduct of meetings.

Resolved –

That the content of the terms of reference for the Health and Wellbeing Board, as contained in Appendix 1 to the report, as agreed by the County Council on 15 May 2013 and included in the Council's Constitution be approved and noted.

The Board noted that the Council would continue to have a Scrutiny of Health Committee to exercise its scrutiny of health powers as set out in the report.

That the County Council be recommended to increase the membership of the North Yorkshire Health & Well Being Board to include a representative of Acute and Community Trusts and a representative of Mental Health Trusts with full voting rights and for each to appoint a named substitute.

That the Police & Crime Commissioner for North Yorkshire is invited to attend the next meeting and an item on the relationship between the criminal justice agenda and health and well-being is included on the next agenda.

6. Developing an Integration Framework

Considered –

The report of the NYCC Corporate Director – Health and Adult Services updating the Board on local and national developments in health and social care integration. The report also sought the support of the Board to develop a bid to be one of ten pioneer areas in the Government's plan to integrate health and social care by 2018.

At its February meeting the Board had expressed strong support for the commencement of work to integrate health and social care in North Yorkshire. Work had begun with the establishment of a working group that brought together all

commissioning organisations. The results of a workshop held in April 2013 were appended to the report. Further consideration was now being given to involving the public and a wider set of stakeholders. It was hoped that an initial framework would be ready to be presented to the Board in September.

Meanwhile the Board was advised that the Government was seeking expressions of interest from local areas to be one of the ten pioneers to drive forward change in return for support from them for five years. The deadline for receipt of expressions of interest was 28 June 2013. Selection of Pioneers would be completed by September and be made by a panel of experts who were looking for innovative and practical approaches to achieve change as quickly as possible. The definition being used for integrated care was person-centred co-ordinated care where people were able to say: "I can plan my care with people who work together to understand me and my carer(s), allow me control and bring together services to achieve the outcomes important to me". The Government was not being prescriptive about structural change but it was widely recognised that success would be dependent upon changing the NHS payments system in order to shift monies away from acute hospitals to other parts of care pathways.

Helen Taylor said that the benefits of integrating services were clear and that the Board would at some point in the future need to discuss pooled budgets. She acknowledged that the timescale was very tight but considered that the size and complexity of services in North Yorkshire meant that a bid stood a good chance of being successful given the level of interest there was in the county. She urged the Board to support submission of a bid for North Yorkshire to become a pioneer area.

In response to questions Helen Taylor said that the Government had not made it clear whether the support to be offered to pioneer areas would include a financial element.

Members expressed strong support for the submission of a bid. Members all agreed that it would be advantageous for North Yorkshire to be included in the first wave of the pilot as past experience suggested that the resources available for future phases tended to be reduced. Members debated the merit of submitting a smaller scale bid on account of the tight timescale and the volume of work needed to be done. After a brief discussion Members agreed that on balance it would be better to submit a pan North Yorkshire bid. Selection as a pioneer area would provide an opportunity to put to the test the integration framework being developed and would send a clear message to communities that North Yorkshire was committed to innovation.

A request was made for the bid to recognise rurality and not to adopt a 'one size fits all approach'. Requests were also made for neighbouring authorities/organisations to be acknowledged and for the bid to recognise the role played by district councils. It was also agreed that the voluntary sector be included in preparation of the bid

The Chairman thanked Members for their enthusiasm and looked forward to receiving further updates in the future.

Resolved –

That the progress achieved towards the development of an integration framework be noted.

That a further report on the development of an integration framework be presented to the September meetings of the North Yorkshire and City of York's Health & Well Being Boards.

That the North Yorkshire Health & Well Being Board supports in principal the development and submission of a bid to become a pioneer area.

7. North Yorkshire Health and Wellbeing Strategy 2013/2018

Considered –

The report of the NYCC Corporate Director – Health and Adult Services asking the Health and Well-being Board to formally ratify the Health and Wellbeing Strategy it had previously agreed in principle whilst in shadow form.

Resolved –

(a) That the North Yorkshire Health & Well Being Strategy 2013/18 be approved.

8. Loneliness and Isolation

Considered –

The joint report of the NYCC Corporate Director – Health and Adult Services and the Director of Public Health for North Yorkshire & York on the issue of loneliness and isolation.

The report highlighted the groups identified by the Joint Strategic Needs Assessment process that were vulnerable to social isolation and loneliness and the measurable effects this had on their health. It was estimated that amongst North Yorkshire's 123,000 residents aged 65 and over between five and 16 per cent reported loneliness whilst 12 per cent felt socially isolated.

The findings were endorsed by Dr Lincoln Sargeant, Director of Public Health North Yorkshire. Dr Sargeant described the benefits of reducing loneliness and isolation. For the individual an improved quality of life meant a possible reduction in the use of health and social care services, limiting the dependence on more costly and intensive services. Supporting social engagement also brought benefits to the wider community. Dr Sargeant described interventions available to tackle this issue and current activity in North Yorkshire.

Dr Sargeant sought the support of partners to work with North Yorkshire's Public Health Team to develop a cohesive approach both across the county and in each clinical commissioning group area.

Amanda Bloor said that the voluntary sector provided a variety of services that had proved difficult to demonstrate measurable outcomes. She welcomed the proposal to develop a consistent approach that would enable performance to be monitored. Helen Taylor agreed that evaluation was important as was the issue of how to provide support to communities so as to increase their resilience to dependence on reduced statutory services.

CCG representatives agreed that before they gave a commitment to further investment they needed to see evidence of measurable benefits.

County Councillor Shelagh Marshall referred to a meeting that had taken place with York University with the aim of mapping all services in North Yorkshire designed to mitigate the effects of isolation and loneliness. She agreed to meet with Dr Sargeant after the meeting to share the results.

On behalf of Board Members the Chairman thanked Dr Sargeant for his report and looked forward to receiving further updates in course. Board members endorsed the approach outlined in the report and at the meeting and expressed support for the report recommendations.

Resolved –

- (a) That the issue of Loneliness and Isolation and its possible consequences for our health and social care economy in North Yorkshire are noted.
- (b) That each partner organisation represented on the Board engages with the Public Health Team to develop a cohesive approach and strategy to loneliness and isolation across North Yorkshire and that each CCG footprint area takes account of this as part of the Board's Health and Well-being Strategy.
- (c) That learning from an evaluation of all of the projects taking place on loneliness and isolation across the County takes place.
- (d) That a further report be referred to the September meeting of the Board on the development of the Board's Prevention Strategy for Loneliness and Isolation..

9. Health & Well Being Strategy (Commissioning Intentions) –

NYCC Health and Adult Services

The Board was presented with a report from NYCC Health & Adult Services setting out their commissioning intentions in support of the Joint Health and Well-being Strategy for NYCC Health & Adult Services 2013-2018.

The Chairman received assurances from Helen Taylor that at the end of the year the Directorate would be able to evaluate its performance. The Board noted the possible opportunities for complementary or integrated approaches presently being considered by partners.

Harrogate and Rural District CCG

The Board was presented with a report from Harrogate & Rural District CCG setting out their commissioning intentions in support of the Joint Health and Well-being Strategy 2013-2018.

The Chairman said that the Board looked forward to receiving similar papers from the remaining CCGs at future meetings.

Public Health

The Board was presented with a paper outlining the proposed commissioning intentions for public health services that supported the delivery of the public health responsibilities that transferred to North Yorkshire County Council in April 2013. The report included an update on substance misuse and mental health and sought feedback on the proposed priorities for the unallocated public health grant.

The Board responded as follows:-

Suggested that the National Parks be invited to participate in initiatives aimed at tackling social isolation and loneliness and physical activities. With regard to the provision of sexual health services a member commented that some young people found them difficult to access and suggested that consideration be given to integrating them into secondary schools.

Pete Dwyer NYCC Corporate Director – Children's and Young People's Service offered to make available to the Board the results of the 2012 Health Related Behaviour Questionnaire which he said would give them a picture of the health and

lifestyles of young people in North Yorkshire. It was agreed that a report on this subject be referred to the next meeting. He also made reference to the joint work being done by the NYCC Children & Young People's Service Directorate and the Vulnerable Adults & Children's Commissioning Unit to map activity in the County which he also said he would report to the next meeting. The Chairman said she was particularly interested in the transition from children's to adult services as this was an area where problems were known to exist.

With regard to access to services for people with disabilities partners were asked to give more thought to integrating services with able bodied people as opposed to concentrating on capacity.

Janet Probert offered to work with the County Council in the roll out to partner agencies.

Members asked how their comments made at the meeting would influence commissioning plans and be reflected and incorporated into the health & Well Being Strategy.

Helen Taylor assured Members that their comments would be acted upon as the cyclical nature of commissioning made it easy to collate feedback.

Resolved –

That the proposed commissioning intentions for public health services in North Yorkshire be noted and approved.

That the proposed commissioning intentions for NYCC Health and Adult Services be noted and approved.

That the proposed commissioning intentions for arrogant & Rural District CCG be noted and approved.

That a report on the results of the 2012 Health Related Behaviour Questionnaire for Children and Young People in North Yorkshire be referred to the next meeting.

That a report on work mapping activity by the NYCC Children & Young People's Service Directorate and the Vulnerable Adults and Children's Commissioning Unit be referred to the next meeting.

That the comments made during the meeting be noted.

10. Declaration of Commitment from Partner Organisations to Health & Well Being Board

The NYCC Corporate Director - Health & Adult Services acknowledged the strong commitment of partners to work collectively to achieve the core functions and key responsibilities of the Board.

11. Healthwatch Update

Considered –

The report of Bryon Hunter NYCC Scrutiny Team Leader summarising progress towards the establishment of Healthwatch across North Yorkshire.

Following a competitive tendering exercise contracts had been awarded to North Bank Forum to deliver an influencing and signposting function and Cloverleaf

Advocacy 2000Ltd to deliver the NHS Complaints Advocacy service. Both services were now operational.

The meeting was attended by David Ita from North Bank Forum who described how Healthwatch would act as an independent consumer champion to ensure that local communities had a voice and were involved in shaping local health and social care services. He also informed the Board of the recruitment process leading to the appointment in June of a Healthwatch Chairman whose role would include sitting on the Board as the Healthwatch representative. The Board noted the work taking place to establish a Healthwatch Board that was anticipated would form the basis of a Healthwatch social enterprise within 2 year.

Also present at the meeting was Bob Carter from Cloverleaf who described how the complaints advocacy service had been established and the current level of demand for the service.

Councillor Blackie commented that Healthwatch may want to consider reducing the length of the email and web address in order to make them more customer friendly.

The interim Healthwatch representative on the Board Janet Kirk was concerned that the appointment to the Board of the new Healthwatch Chairman would lead to a loss of patient views being put forward.

It was pointed out that it was a statutory requirement for Healthwatch to be a member of the Board and that the decision about who to appoint to that position rested with Healthwatch.

Resolved –

That progress made in establishing Healthwatch and an NHS Complaints Advocacy service across North Yorkshire is noted.

The Chairman agreed that the following items should be considered as a matter of urgency given the importance of the subject matter and in the light of recent Government announcements.

12. Children's & Maternity Services Friarage Hospital, Northallerton

It was reported that in December 2013 the County Council's Scrutiny of Health Committee had made a referral to the Secretary of State for Health regarding children's and maternity services at the Friarage Hospital in Northallerton. Subsequently the Secretary of State had announced that he had asked the Independent Reconfiguration Panel (IRP) to review the request. On 23 May 2013 the Secretary of State wrote enclosing the report of the IRP which did not recommend a full review but instead that the CCG should proceed to full consultation and also take account of other options.

A request was made for Hambleton, Richmondshire & Whitby Clinical Commissioning Group to give a position statement.

Dr Vicky Pleydell said that in the light of the IRP findings it was the intention of the CCG to proceed to public consultation. However the consultation would not go ahead until the results of an examination of clinical services by CCGs in Durham and Tees Valley were known. This included children's and maternity services at Darlington Hospital. The proposal to remove the consultant led service at the Friarage was predicated on the unit at Darlington having a long term future and able to serve mothers to be and children from the area west of Richmond.

The Chairman of the Scrutiny of Health Committee, County Councillor Jim Clark said that his Committee was due to meet on 14 June when the matter would be looked at in detail. At that meeting he would seek an assurance that services at the Friarage Hospital would continue to operate on a 24/7 basis.

The Board noted the current position and acknowledged the involvement of the Scrutiny of Health Committee and agreed that it should continue to act should a formal consultation be launched.

13. Minimum Practice Income Guarantee (MPIG)

A request was made for this matter to be added to the Board's work programme and for a report on the impact a phased removal would have on GP practices serving rural areas in North Yorkshire to be placed on the agenda of the next meeting.

The Chairman of the Scrutiny of Health Committee, County Councillor Jim Clark said that the issue was being looked at by the Scrutiny of Health Committee.

The Board agreed that the issue would be best dealt with by the Scrutiny of the Health Committee.

The Board recorded their thanks to Seamus Breen on his retirement and wished him well in the future.

The meeting concluded at 4.30 pm.

JW/ALJ