

North Yorkshire Health and Well-being Board

Minutes of the meeting held on 19 July 2013 at 10.30 am at County Hall, Northallerton.

Present:-

Board Members	Constituent Organisation
<u>Elected Members</u>	
County Councillor Tony Hall	North Yorkshire County Council Portfolio Holder for Children and Young People's Services
County Councillor Clare Wood (Chairman)	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
Richard Flinton	North Yorkshire County Council Chief Executive
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
Debbie Newton (substitute)	Hambleton, Richmond and Whitby CCG
Amanda Bloor (Vice Chair)	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 England Local Area Director North Yorkshire & Humber
Martin Barkley	Mental Health Trust Representative (Chief Executive Tees, Esk & Wear Valleys NHS Foundation Trust)
Janet Probert (substitute)	Acute & Community Trust Hospital Representative (Harrogate & District NHS Foundation Trust)
David Ita (substitute)	Healthwatch

In Attendance:-

Judith Knapton

Jane Wilkinson (Democratic Services Officer North Yorkshire County Council).

County Councillor Jim Clark Chairman of NYCC Scrutiny of Health Committee

Apologies for Absence were received from County Councillor Don Mackenzie, (Executive Member for Public Health & Prevention), Richard Ord (Chief Executive Harrogate & District NHS Foundation Trust) and Dr Vicky Pleydell (Hambleton, Richmondshire & Whitby CCG).

Copies of all documents considered are in the Minute Book

14. Minutes

Minute No 12 – Children’s & Maternity Services Friarage Hospital Northallerton

Councillor John Blackie (Leader of Richmondshire District Council) referred to the decision of the Secretary of State not to sanction a full review of the proposal to withdraw consultant-led maternity and children’s services at the Friarage Hospital, Northallerton. As a consequence Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG) now intended to launch a formal consultation. The Independent Reconfiguration Panel (IRP) had commented to the Secretary of State that the consultation document should be adapted to satisfy all requirements and that it contain a clear explanation of the case for change and that the whole consultation process was open and transparent.

Councillor Blackie was concerned that the proposed consultation document had not been sufficiently adapted in order to address the comments made by the IRP.

Councillor Jim Clark (Chairman NYCC Scrutiny of Health Committee) addressed the Board. He summarised why it was important that the consultation document should demonstrate why ‘no change’ was not an option. He referred to visits to various hospitals made by Members of the Committee and said that the search for a different service model continued. He confirmed that he had met with Dr Pleydell (Hambleton, Richmondshire & Whitby CCG) earlier in the week to discuss practical aspects of the consultation when he had been given a copy of the consultation timetable to peruse. His personal view was that the CCG needed to engage more with younger people who were more likely to be directly affected by the proposed changes.

On behalf of the CCG, Debbie Newton assured the Board that the necessary changes would be made to the consultation document so as to reflect the comments made by the IRP. She confirmed that the consultation document would put forward two options neither of which would leave the service as it was. The CCG was committed to working closely with the Scrutiny of Health Committee and she agreed to take back the comments made at the meeting about the need to engage with younger people.

In view of the comments made at the meeting and the continued involvement of the Scrutiny of Health Committee the Board was satisfied that no further action was needed at the present time.

Minute No 13 – Minimum Practice Income Guarantee (MPIG)

Councillor Blackie, (Leader of Richmondshire District Council), repeated concerns raised at the previous meeting arising from the intention of NHS England to withdraw the Minimum Practice Guarantee (MPIG) from the funding which GP Practices received to deliver services. MPIG was currently a compensatory payment to recognise that it cost more to deliver services across a sparsely populated area compared to an urban area. The reason provided, by the Secretary of State for Health, for the withdrawal of MPIG was to ensure equitable funding for GP Practices. However the implication in North Yorkshire would be to threaten the sustainability of various GP Practices, which if they closed, could result in patients having to make a round trip of 50 miles to visit a GP. Councillor Blackie sought the support of individual Board members to send representations to local MPs and the wider NHS network drawing attention to these concerns.

The Board was informed that MPIG would be considered by the NYCC Scrutiny of Health Committee at its meeting on 6 September and that Chris Long, NHS England Area Director had accepted an invitation to attend that meeting. Board Members recognised that the role of primary care in rural communities was a key strategic issue and that changes were needed and that a wider discussion about primary care was needed.

Chris Long, NHS England Local Area Director said that over the course of the next five years there would be a profound change in the way in which NHS services were delivered. He highlighted what he saw as being the main areas of change and said that the challenge for the Board was to get primary care to support integration. He urged Board members to use the budgets at their disposal and work together to drive forward innovation and change.

The Board agreed to review the position again once the outcome of the work of the Scrutiny of Health Committee was known.

Resolved –

That the Minutes of the meeting held on the 29 May 2013 be approved as an accurate record of the meeting and be signed by the Chairman.

15. Public Questions or Statements

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

16. Health & Wellbeing Board Membership

The oral report of the Democratic Support Officer listing the names of representatives now formally appointed to the Board. The meeting was advised that the Healthwatch chairman Melvyn Ellis would not take up his position until September and had appointed David Ita as his substitute. North Yorkshire & York Forum were conducting an election for their representative, the outcome of which would be reported to the next meeting. The permanent substitute for the Acute & Community Hospital Trust representative would also be reported to the next meeting.

17. Health Related Behaviour Questionnaire 2012

Considered –

A report on the Health Related Behaviour Questionnaire Survey 2012 commissioned by the North Yorkshire Children and Young People's Service. The survey conducted

on a biennial basis since 2006 used a school based questionnaire to seek the views of pupils on their perceptions and behaviour relating to wellbeing and learning.

The survey results were a compilation of data collected from 290 primary schools, 39 secondary schools, 10 special schools, and 6 academies. The findings represented the views of over 16,000 children and young people attending mainstream schools and pupil referral units in North Yorkshire.

The report was introduced by Pete Dwyer (NYCC Corporate Director Children & Young People's Service) who used a power-point presentation to highlight key findings and emerging issues. The data was available for use by partners and could he said be cut in number of different ways such as on a district basis. It was anticipated that partners would use the data to improve outcomes prioritised in the Health & Well Being Strategy. The next survey was due in 2014.

Tabled at the meeting were the notes of project by NYCC Children & Young People's Services to reduce risk taking behaviours of secondary aged pupils in North Yorkshire. The project used data from the 2010 HRBQ survey to identify 5 mainstream schools where risk taking behaviours were highest. A programme of targeted interventions had been devised aimed at tackling problem behaviour. The results of the 2012 survey showed outcomes had improved suggesting that the action taken was responsible for the positive results.

Board Members were impressed by the comprehensive data particularly as the results of successive surveys provided a strong evidence base upon which to make changes to improve services. Members agreed to take on board the findings of the survey in their strategic planning of services for the following year. Members commented that it would be useful to have more data on the young carers cohort and in particular their self-esteem. This data could then be utilised by the voluntary sector to provide young carers with opportunities that would also be of benefit to commissioners.

Members noted the scores for 'resilience' and agreed this was a crucial area for improvement and that success should not be measured solely by reference to education attainment.

Members commented that the data around physical appearance indicated a need for more services to be targeted in those areas.

Resolved –

That the information in the report is noted.

18. Patient Prospectuses 2013/14:-

Considered –

A report inviting the Board to comment on the draft prospectuses of clinical commissioning groups in North Yorkshire. Appended to the report was a copy of the draft 2013/14 Prospectus of:-

- Airedale & Wharfedale & Craven CCG
- Hambleton Richmondshire & Whitby CCG
- Harrogate & Rural District CCG
- Scarborough & Ryedale CCG
- Vale of York CCG.

Amanda Bloor (Chief Officer, Harrogate & Rural District CCG) introduced the report. She explained that it was a requirement of NHS England that each clinical commissioning group published a prospectus for its local population, which aligned to the Health & Wellbeing Board's Health and Wellbeing Strategy. A prospectus was a very short guide that explained to the local community the role of the CCG and its ambitions for local health services. Final versions of the prospectuses had still to be agreed so any significant comments made at that day could still be incorporated.

Members considered each of the Prospectuses in turn.

Councillor John Blackie commented that generally speaking the overall quality was good and the language used very clear. However the role of district councils and the work they did in relation to sport, recreation and housing was not recognised and deserved mention. Janet Waggott (Chief Executive, Ryedale District Council) referred to a recent event she had attended where the role of district councils had been discussed and where it had been agreed their work would be more widely reported.

Dr Lincoln Sargeant (Director of Public Health North Yorkshire) commented that he was pleased to see greater emphasis on prevention and could see opportunities for partnership working for example around NHS Health Checks and premature mortality.

Richard Flinton (Chief Executive North Yorkshire County Council) said the format of the prospectuses was good and would assist with accountability. He asked whether data from the Joint Strategic Needs Assessment or the Health Related Behaviour Questionnaire had been used to identify priorities. The Board was advised that data had been drawn from a variety of sources and that the Health Related Behaviour Questionnaire would be used to inform commissioning plans for next year.

The Board noted the work done by CCGs to get feedback on Prospectuses. CCGs recognised that local authorities were probably better at engagement than the NHS. Amanda Bloor invited partners to forward examples of good practice on the conduct of engagement so that these could be shared with North Yorkshire CCGs.

The Healthwatch representative David Ita asked if it was possible for CCGs to produce a simpler version of their Prospectus in order to make it more accessible to greater numbers of people. The Board was advised that summary versions could be produced but due to cost implications realistically these could only be made available on line. CCGs said they would be interested in using Healthwatch to distribute the prospectuses and would find it helpful to receive feedback on its success as a product.

There was general consensus amongst Board Members that the prospectuses reflected the Health & Wellbeing Strategy.

Amanda Bloor drew Members attention to the launch by NHS England of the Call For Action. Patients, the public and staff would be invited to join in a discussion about the future of the NHS so it could plan how best to deliver services now and in the years ahead. Members acknowledged the obvious link between patient prospectuses and the call for action and agreed that further discussions were needed outside of the meeting on how to coordinate engagement. Members agreed to the suggestion that the outcome of those discussions be reported to the next meeting.

It was agreed that the comments made at the meeting would be incorporated into the Prospectuses before being published by the CCGs.

Resolved –

1. That the local focus of each North Yorkshire CCG prospectus is noted.
2. That the Board notes and acknowledges the links between North Yorkshire CCG Prospectuses and the Health and Wellbeing Strategy.
3. That the 2013/14 Patient Prospectuses appended to the report be agreed by the Board subject to the comments made during the meeting and recorded in the minutes.
4. That a further update on engagement for NHS England Call For Action be submitted to the Board's meeting on 25 September 2013.

19. Health and Wellbeing Strategy – Commissioning Intentions

Considered –

Reports from:

- NYCC Children's & Young People's Service
- Scarborough & Ryedale CCG
- Airedale Wharfedale & Craven CCG

describing how their commissioning intentions would deliver the Health & Well Being Strategy.

The Board considered each report in turn and commented as follows:-

NYCC Children's & Young People's Service

- Disabled Children's Charter for Health & Wellbeing Boards – Before agreeing to sign the Charter, Members requested a further report that included evidence to demonstrate progress had been achieved against each of the seven commitments within the Charter.

Scarborough & Ryedale CCG

- That the actions identified by the CCG were perhaps overly ambitious and would benefit from being either reduced or prioritised as otherwise there was a danger that delivery would be affected. The Board was assured that steps would be taken to prioritise the actions.

Airedale Wharfedale & Craven CCG

- It was suggested that the development of a co-ordinated response between the air ambulance and Yorkshire Ambulance Service would lead to greater improvements in ambulance response times.

Alex Bird (Voluntary Sector Representative) said that the different formats used to present commissioning intentions made them difficult to evaluate. Helen Taylor, (NYCC Corporate Director Health & Adult Services) accepted her comments and agreed that further work on outcome frameworks was needed.

The Board noted that similar reports from the Vale of York CCG and Hambleton, Richmondshire & Whitby CCG would be considered at the next meeting.

Resolved –

That the Health and Well Being Board:

- (i) Endorses the work done to map Children's Trust partner contributions to the delivery of the North Yorkshire Health and Well-Being Strategy.
- (ii) Signs up to the national pledge to improve children and young people's health outcomes and reduce child deaths.
- (iii) Receives a further report on the Disabled Children's Charter for Health and Well-Being Boards.
- (iv) Endorses the proposed commissioning arrangements for Scarborough & Ryedale CCG and Airedale Wharfedale & Craven CCG.
- (v) That a report on the alignment of the commissioning intentions to the Health & Well Being Strategy for Vale of York CCG and Hambleton, Richmondshire & Whitby CCG be referred to the next meeting.

20. Winterbourne View

Considered –

The report of the NYCC Corporate Director Health & Adult Services informing the Board of the response to the Joint Improvement Programme stocktake on Winterbourne View and highlighting areas for future development to ensure the appropriate strategic commissioning of services for people with learning disabilities and challenging behaviours in North Yorkshire.

The report was introduced by Helen Taylor (NYCC Corporate Director Health & Adult Services) who stressed the reform the care delivered to vulnerable people needed to be a priority area of work for the Board. She described the initial work undertaken by the County Council to produce the very detailed information required by the stocktake and assured the Board that at a basic level reviewing activity had commenced and that personal plans were in the process of being enacted. However issues around patient numbers remained that would have to be clarified by NHS England. Individual agencies were engaged in a lot of work which now needed to be developed into an integrated approach supported by pooled budgets.

The Board noted the appointment of Janet Probert as the Director of Partnership Commissioning at the newly created Vulnerable Adults and Children's Commissioning Unit. Janet Probert who was present at the meeting said she would not take up her new post until September but that her first priority would be to bring clarity to current commissioning arrangements.

Members debated the role of the Board in ensuring that quality was at the forefront of all decisions made about services and the role of the Board in investigating any issues surrounding quality.

Resolved –

- (a) That the progress made covered by the Winterbourne Stocktake including the key issues identified and those areas where support has been requested be noted.
- (b) That the Board notes that the Safeguarding Adults Board and the Learning Disabilities Partnership Board will continue to monitor and challenge the progress made;

- (c) That the Board will oversee the development of the joint strategic plan required in the Winterbourne View Concordat as indicated in Norman Lamb's letter.
- (d) That the Board receives a further progress report in six months time.

21. Integration of Health Social Care

Considered –

A report updating the Board on progress with the development of the integration framework, the submission of an application for pioneer area status and other relevant announcements made since the Board's last meeting on 29 May 2013. Appended to the report was a copy of the Integration Pioneer Bid for North Yorkshire & York.

The report was introduced by Helen Taylor (NYCC Corporate Director Health & Adult Services). She thanked partners for their contributions to the pioneer bid the outcome of which would be known by the end of September. The final draft of the integration framework was about to be circulated to commissioning partners for them to arrange its approval through their respective organisations. The integration framework would then be referred to the two Health & Wellbeing Boards in North Yorkshire and York in September/October for adoption.

Board Members all agreed that the bid was ambitious and that irrespective of the outcome it was the aspiration that it contained that was important.

The Board was advised that due to the tight timescales involved a date for a wider engagement event had yet to be agreed and that this would be progressed following the meeting.

Chris Long (Local Area Director NHS England) referred to the provision of funding for integrated health and social care in 2015/16 as announced by the Chancellor on 26 June 2013. He said that decisions about the allocation of these monies should be based on the totality of the spend as opposed to hospital infrastructure. The next financial year would see major changes being made to hospital infrastructure that would undoubtedly attract a lot of publicity. Commissioning partners needed to work together to make strategic plans collectively that dealt with the redistribution of hospital services.

Resolved –

That the progress made on the development of an integration framework is received and noted.

That the Board endorses the Integration Pioneer Bid for North Yorkshire and York.

That the draft Integration Framework including prioritised implementation plans be referred to the September meeting of the Board for approval.

22. NHS Health Checks Programme and Premature Mortality

Dr Colin Renwick (Airedale, Wharfedale & Craven CCG) declared an interest in the following item as a practising GP who undertook NHS Health Checks.

Considered –

The report of the Director of Public Health North Yorkshire.

The report highlighted the importance of sustained and coordinated action to prevent, identify and manage cardiovascular disease (CVD) which was a key contributor to premature mortality in North Yorkshire. The paper also presented an update on the local position of the NHS Health Check Programme and highlighted the contribution the programme made as part of a wider public health approach, to the prevention and management of CVD.

Resolved –

That the Health and Wellbeing Board:-

- Notes the content of the report and the information provided at the meeting
- a review of CVD prevention, identification and management activities across North Yorkshire to explore the existing variations in activity and outcomes,
- encourages the adoption of best practice for the Health Check programme to ensure reduction in avoidable premature mortality across the County.

23. Forward Work Programme

Members were invited to comment upon and approve the content of the Committee's future work programme.

The Chairman referred to previous discussions and said that the Police & Crime Commissioner had been invited but was unable to attend the meeting that day to discuss the interface between criminal justice and the agenda of health and wellbeing board. The Police & Crime Commissioner would however be invited periodically to attend future meetings for relevant items but due to the large size of the Board would not be invited to become a member.

It was proposed that the theme of the November be 'Older People'.

Resolved –

(a) That the following be submitted to the Board's meeting on Wednesday 25 September 2013:-

- (i) NHS Call For Action (Engagement)
- (ii) Disabled Children's Charter for Health & Wellbeing Boards
- (iii) Health & Wellbeing Strategy - Commissioning Intentions
 - Vale of York CCG
 - Hambleton, Richmondshire & Whitby CCG

The meeting concluded at 12:40 pm.

JW/ALJ