

## North Yorkshire Health and Well-being Board

**Minutes of the meeting held on Wednesday 16 July 2014 at 2.00 pm at  
County Hall, Northallerton.**

**Present:-**

<b>Board Members</b>	<b>Constituent Organisation</b>
<u>Elected Members</u>	
County Councillor Clare Wood <b>(Chairman)</b>	North Yorkshire County Council Portfolio Holder for Health and Adult Services
County Councillor Tony Hall	North Yorkshire County Council Portfolio Holder for Children and Young People's Services
County Councillor Don Mackenzie	North Yorkshire County Council Portfolio Holder for Public Health and Prevention
Councillor John Blackie	Elected Member - District Council Leader – Richmondshire District Council
<u>Local Authority Officers</u>	
Richard Flinton	Chief Executive – North Yorkshire County Council
Richard Webb	North Yorkshire County Council Corporate Director – Health & Adult Services
Peter Dwyer	North Yorkshire County Council Corporate Director - Children and Young People's Service
Janet Waggott	Chief Officer District Council Chief Executive – Ryedale District Council
<u>Clinical Commissioning Groups</u>	
Dr Vicky Pleydell	Hambleton, Richmondshire and Whitby CCG
Simon Cox	Scarborough & Ryedale CCG
Dr Colin Renwick	Airedale Wharfedale & Craven CCG
Amanda Bloor	Harrogate & Rural District CCG
Dr Andrew Philips (substitute)	Vale of York CCG
<u>Other Members</u>	
Alex Bird	Voluntary Sector (North Yorkshire and York Forum)
Matt Neligan	NHS England
Sir Michael Carlisle	North Yorkshire Healthwatch Interim Chairman
Martin Barkley	Mental Health Representative (Chief Executive) Tees Esk & Wear Valleys NHS Foundation Trust

**In Attendance:-**

North Yorkshire County Council officers: Wendy Ballmain, Keith Cheesman, Sheila Hall and Iona Stonehouse, (NYCC Health & Adult Services), Jane Wilkinson (NYCC Legal &

Democratic Services), Bryon Hunter (NYCC Scrutiny Team Leader), Martin Feekins (NYCC Communications) and Tom Hall and Nick Kemp (NYCC Public Health).  
Adele Coulthard (Tees Esk & Wear Valleys NHS Foundation Trust).  
Janet Probert (Director of Partnerships Commissioning Unit).  
David Ita (North Yorkshire Healthwatch)  
County Councillor Carl Les

3 members of the public.

Apologies for absence were submitted by Dr Mark Hayes (Vale of York CCG) and Dr Lincoln Sargeant (Director of Public Health North Yorkshire).

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

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**60. Minutes**

**Resolved–**

That the Minutes of the meeting held on the 9 May 2014 be approved as an accurate record.

**61. Public Questions or Statements**

There were no questions or statements from the public.

**62. Mental Health Services**

**County Councillor Clare Wood advised that although not a disclosable pecuniary interest she wished it to be recorded that her daughter worked for the NHS as a psychologist in London.**

**County Councillor Tony Hall advised that although not a disclosable pecuniary interest he wished it to be recorded that he was a member of the governing body of Tees Esk and Wear Valleys NHS Foundation Trust.**

The NYCC Corporate Director - Health and Adult Services introduced a report providing contextual background information on the national and local position of mental health services.

Before introducing presentations, the Chairman said the aim of the item was for the Board to gain an understanding of the state of current mental health provision in North Yorkshire, identify priorities for the future and to agree next steps.

The Board was then guided through presentations from a provider perspective from Martin Barkley, chief executive of Tees Esk & Wear Valleys NHS Foundation Trust; from a commissioning point of view from Simon Cox of Scarborough & Ryedale CCG and from a social care perspective from Richard Webb, the County Council's Director of Health & Adult Services. Each of the presentations covered the extent and location of existing provision, referral levels/demand pressures, waiting times and future service aims. Copies of the slides used in each of the presentations were tabled at the meeting.

During the presentations the following points were highlighted:-

- Difficulties surrounding staff recruitment and retention
- The need to address local variation within the county
- The shift from in-patient beds to community services and new commissioning arrangements meant all partners had inheritance issues to overcome
- Emphasised the importance of links between physical and mental health
- As integration of children's mental health services had a longer history it was more advanced
- Stressed how mental health services were under resourced both nationally and locally
- The complexity of the North Yorkshire care system

It was pointed out that following publication of a report on current provision NHS England was taking urgent action to improve access to specialised mental health services for children and young people (CAMHS tier 4). Pete Dwyer, NYCC Corporate Director Children & Young People's Services described how his directorate was implementing a new children & young people's mental health strategy and offered to prepare a report for a future meeting. The Board welcomed his suggestion and the offer of NHS England to contribute regarding CAMHS tier 4 services. Pete Dwyer also offered to present the results of the latest Health Related Behaviour Questionnaire so as to provide the Board with an understanding of the behaviour and emotional health and well-being of school aged pupils in North Yorkshire. The Board welcomed his suggestions and his invitation for it to challenge the capacity of CAMHS services to deliver against the new strategy when considering the said reports.

In the ensuing discussion the following points were made:-

- **Measuring health outcomes** – no recognised means currently available. It was anticipated that in the future providers would be funded based on performance basis.
- **Craven district** – Healthwatch had received reports complaining about the quality of mental health services in Craven. Airedale Wharfedale & Craven CCG acknowledged problems with the crisis resolution service and described actions being taken in response which included a visit to a 24hr hub in Sunderland.
- **Carers** – Assurances were given that the needs of carers would be recognised in the new North Yorkshire Mental Health Strategy.
- **Preferred Model for tier 3 services** – would be based on two elements, staffing levels (determined by size of population) and service issues. Current staffing levels in North Yorkshire were below recommended levels. Staff specialising in anorexia and eating disorders were currently being recruited in Harrogate area to address service pressures.
- **Parity** between physical and mental health was needed as there was evidence that mental health problems compromised physical health

As North Yorkshire had below minimum investment levels and above average referral rates, partners were asked to identify the key consequences of this with a view to the Board focusing its attention on one or two selected areas.

Attention was drawn to the exceptionally high referral rates and out of area placements in Richmondshire district for which no explanation was available. In response Hambleton Richmondshire and Whitby CCG stated that a Section 136 (designated place of safety) suite would open at the Friarage Hospital in Northallerton in September 2014. The CCG confirmed that additional resources had been committed to strengthen the crisis resolution team and gave assurances that the funding for counselling services provided at Catterick

Garrison would continue. In addition the CCG said it was working with NHS England to understand better mental health issues in rural areas. The Board supported the suggestion of Richard Webb to conduct an analysis of the public health data for Richmondshire with a view to identifying possible trends.

In summing up the debate Richard Webb suggested that the Board concentrate its efforts on the overarching issues identified during the debate. The Board supported this approach and endorsed the actions proposed.

**Resolved -**

That the report and presentations be noted.

That the following action be taken and added to the Board's Work Programme:-

- North Yorkshire Mental Health Crisis Care Concordat – Finalise and refer to Board to be endorsed
- Mental Health Services for Children & Young People incl CAMHS Tier 4 - Joint report from NYCC and NHS England to be referred to a future Board meeting
- Conduct research into mental health referral rates in Richmondshire (analysis of public health data)
- Health Related Behaviour Questionnaire – Results of 2013 Survey to be referred to a future Board meeting.

**63. Disabled Children's Charter: Performance Summary**

Considered -

The report of NYCC Corporate Director Children and Young People's Service providing an annual performance summary of progress against each of the seven commitments within the Disabled Children's Charter.

The report was presented by Pete Dwyer who drew Members attention to the engagement work done with children with complex needs which had helped shape national policy. He referred to the DVD 'My Autism: An Insight from Students in North Yorkshire' that had been produced following work the council had undertaken with a group of young people with autism at King James School (appendix1). He offered to supply copies of the DVD to Board Members upon request.

The Board noted the progress made and the Chairman endorsed the importance of this work.

**Resolved -**

That the content of the report be noted.

**64. Strategy for Meeting the Needs of Families and Adults with Autism in North Yorkshire 2015/20**

Considered -

The report of Richard Webb, NYCC Corporate Director - Health and Adult Services outlining the work to be completed to develop a strategy to meet the needs of families and adults with autism in North Yorkshire 2015-2020.

The Board noted current activity and were pleased with the progress achieved. Board Members also noted the timescale for production of an all-age strategy and were keen to continue to monitor the situation and for this item to remain on the Board's work programme.

**Resolved -**

That the content of the report be noted.

**65. Update on the Joint Strategic Needs Assessment (JSNA) and Pharmaceutical Needs Assessment (PNA)**

Considered -

The report of Dr Lincoln Sargeant, Director of Public Health for North Yorkshire. In the absence of Dr Sargeant the report was presented by Janet Waggott, in her capacity as Chairman of JSNA Editorial Group. The report updated the Board on work carried out since the Board's acceptance, at its November 2013 meeting of the proposals for the future development of the North Yorkshire JSNA.

The Board endorsed the approach outlined in the report as adopted by the JSNA Editorial Group and PNSA Steering Group and looked forward to receiving further update reports in due course.

**Resolved -**

That:-

- (a) the progress made by the JSNA editorial and PNA steering groups is noted;
- (b) the draft terms of reference for the JSNA Editorial Group and PNA assessment group appended to the report are approved.
- (c) the work plan of topics described in the report for production of in-depth JSNA reports is approved.

**66. Better Care Fund**

Considered -

The report of Richard Webb, NYCC Corporate Director - Health and Adults Services updating the Board on progress with the development of the North Yorkshire Better Care Fund plan.

The Board was advised that following publication of the report, the Department of Health had written to Health & Well Being Boards making revisions to the BCF performance framework and stipulating the use of a new revised plan template. It was noted that performance allocation would now only be payable in respect of reduced emergency admissions and that revised plans using the new template had to be submitted by the end of the summer. It was anticipated that further more detailed guidance would be received shortly.

In the light of the changes announced by the Government the Board recognised that the North Yorkshire plan would have to be revised and information about the impact of the plan on the acute sector provided.

As the next scheduled meeting of the Board was not until 26 September 2014 it was proposed that the Board approve delegation of authority to approve the North Yorkshire BCF Assurance plan. However if the revised BCF Plan differed significantly from the original then an additional meeting of the Board would be held to approve the same. Board Members endorsed this approach.

The recently appointed Interim Chairman of Healthwatch, Sir Michael Carlisle sought clarification of the management framework surrounding development of the North Yorkshire BCF plan. In response Richard Webb agreed to meet with him outside of the meeting.

**Resolved -**

That the Board:

1. Notes the requirement to resubmit the North Yorkshire BCF plan according to the revised process and timelines.
2. Approves the delegation of authority to approve the North Yorkshire BCF assurance plan to the Chairman of the Health & Well Being Board, County Councillor Clare Wood in consultation with Richard Webb, NYCC Corporate Director – Health & Adult Services and the Chief Officers of the five Clinical Commissioning Groups covering North Yorkshire.
3. That an additional meeting of the Board be held to approve the revised North Yorkshire BCF assurance plan if it is significantly different from the original version.

**67. Clinical Commissioning Groups Co-Commissioning Primary Care**

Considered -

The report of Amanda Bloor, Chief Officer, Harrogate and Rural District CCG, highlighting a new option recently made available to CCGs to co-commission primary care in partnership with NHS England.

The Board noted that North Yorkshire CCGS had already submitted expressions of interest on the basis that co-commissioning would lead to greater integration of services. It was anticipated that this issue would be further progressed during the current financial year.

In response to a comment from a Member urging caution about a return to centralised commissioning the Board was assured that CCGs were not operating under a mandate. The Board was informed that CCGs viewed co-commissioning as a positive step that would also provide them with an opportunity to address GP practice variation and to participate in commissioning decisions at a strategic level.

**Resolved -**

That the report and work undertaken to date be noted.

That a report is submitted to a future meeting of the Board updating members on progress made by clinical commissioning groups toward co-commissioning primary care.

**68. Forward Work Plan/Work Programme**

Considered -

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

**Resolved -**

That the content of the Forward Plan be noted and approved and decisions made during the meeting and recorded in the Minutes incorporated.

The meeting concluded at 4.10 pm

JW