

## North Yorkshire Health and Well-being Board

**Minutes of the meeting held on Friday 13 February 2015 at 10.30 am 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
Councillor John Blackie	Elected Member - District Council Leader – Richmondshire District Council
<u>Local Authority Officers</u>	
Richard Webb	North Yorkshire County Council Corporate Director – Health & Adult Services
Caroline Bird (unnamed substitute)	North Yorkshire County Council Assistant Director - Children and Young People's Service
Janet Waggott	Chief Officer District Council Chief Executive – Ryedale District Council
<u>Clinical Commissioning Groups</u>	
Debbie Newton (substitute)	Hambleton, Richmondshire and Whitby CCG
	Scarborough & Ryedale CCG
Amanda Bloor	Harrogate & Rural District CCG
Dr Colin Renwick	Airedale, Wharfedale & Craven CCG
Andrew Philips (unnamed substitute)	Vale of York CCG
Barbara Buckley (unnamed substitute)	Scarborough & Ryedale CCG
<u>Other Members</u>	
Alex Bird	Voluntary Sector (North Yorkshire and York Forum)
Sir Michael Carlisle	North Yorkshire Healthwatch Chairman
Martin Barkley	Mental Health Representative (Chief Executive) Tees Esk & Wear Valleys NHS Foundation Trust

## **In Attendance:-**

North Yorkshire County Council officers: Wendy Balmain, Tom Hall and Nick Kemp(NYCC Health & Adult Services), Ray Busby (NYCC Scrutiny), Jane Wilkinson (NYCC Legal & Democratic Services).

County Councillors: Jim Clark, John Clarke, Carl Les and Patrick Mulligan

David Ita – North Yorkshire Healthwatch

Janet Probert – Director of Partnerships Commissioning Unit

Mike Proctor – Deputy Chief Executive – York Teaching Hospital NHS Foundation Trust

Fran Toller and Prof Rob Wilson – South Tees Hospitals NHS Foundation Trust

4 Members of the press and public

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

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#### **89. Apologies for absence**

Apologies for absence were submitted by Richard Flinton, Dr Lincoln Sargeant and Pete Dwyer (North Yorkshire County Council), Councillor Don Mackenzie (Executive Member for Public Health North Yorkshire County Council), Simon Cox (Scarborough & Ryedale CCG), Dr Vicky Pleydell (Hambleton Richmondshire & Whitby CCG), Dr Mark Hayes (Vale of York CCG), Julie Warren (NHS England) and Patrick Crowley (Acute Hospitals).

#### **90. Minutes**

##### **Resolved–**

That the Minutes of the meeting held on the 26 November 2014 be approved as an accurate record.

#### **91. Public Questions or Statements**

There were no questions or statements from the public.

#### **92. Winter Pressures - A Collective Response**

Considered -

The covering report of Richard Webb, NYCC Corporate Director - Health and Adult highlighting winter pressures and the challenges this placed on North Yorkshire's health and care system.

In a joint presentation partner organisations outlined the system response to the increase in demand for services. A copy of the presentation slides is in the Minute Book.

It was reported that before Christmas there had been a reduction in beds at nursing homes because of enforcement to tackle poor quality providers, as well as a number of issues with some domiciliary care providers.

In common with many parts of the country, hospitals had seen an increase in the number of people attending A&E and more emergency admissions, though the main pressure had come from access to in-patient capacity. This situation meant that during December and early January, an additional 1,352 social care contacts had led to 289 extra referrals to social care teams.

Staff across social care and NHS were praised for their dedication and commitment in ensuring that people had continued to receive a good service during what had been a very difficult time.

It was reported that an inability to recruit the required staff had further exacerbated the situation. The Board noted that recruitment and retention was a significant issue for services across the County. Before the events of the winter the North Yorkshire Delivery Board had started to look at this issue and the action needed to address it. The results of this work would be reported to the Board in due course. It was suggested that an approach be made to the Yorkshire & Humber Local Enterprise Partnerships with a request that they commission more student nurse placements.

Amanda Bloor, Vice Chair and Chief Officer of Harrogate & Rural District CCG spoke about the need to continue investing in integrated community teams to provide alternatives to people needing acute and residential care. She emphasised that services needed to be resilient year round not just in winter.

The Board agreed it was important that the views of service users were captured and incorporated into future service plans.

The Chairman commented that partnership working and staff flexibility meant that overall there had been a lot of positive outcomes through what had been a very difficult period. Board Members endorsed her comments and expressed support for the report recommendations.

**Resolved -**

- (a) That the content of the report and work underway to review the impact of winter on non-elective admissions and other Better Care Fund metrics and associated targets is noted.
- (b) That delegation of authority to approve and submit revised Better Care Fund targets is granted to the Chairman of the Health and Wellbeing Board, County Councillor Clare Wood, in consultation with Richard Webb, NYCC Corporate Director - Health and Adult Services and the Chief Officers of the five Clinical Commissioning Groups covering North Yorkshire.
- (c) That the presentation and the collective effort made by partner organisations and their staff to ensure people received safe and high quality care through a very busy winter period is noted.

**93. Care Act 2014**

Considered -

Report and presentation of Richard Webb, NYCC Corporate Director - Health and Adult Services on the implications of the Care Act and preparations for its implementation in North Yorkshire. A copy of the presentation slides is in the Minute Book.

Members recognised the radical nature of the Care Act reforms and how the legislation sought to bring together in one place a modern framework for care legislation. Members noted the new duty to 'promote wellbeing' which would affect how partners worked together to commission and design services going forward.

Members were informed that the NY Delivery Board was planning to deliver a series of joint briefings for social care and NHS staff on the requirements and implications of the Care Act.

Alex Bird referred to the County Council's investment in the Stronger Communities Team and the appointment of Prevention Officers referred to in paragraph 4.2 of the report and asked why it was doing so when the voluntary sector understood local communities better and was better placed to do some of this work themselves. She said twelve months ago the County Council had actively engaged in discussions with the Voluntary Sector on the roll out of a future prevention programme with no discernible outcome. She was concerned that establishment of the new Stronger Communities Team could undermine and duplicate the work of the voluntary sector at a time when resources were already stretched. She appealed for further information in the form of a briefing paper.

Richard Webb acknowledged her comments and confirmed that there had been a change of direction regarding the County Council's approach to prevention services. He explained that following his appointment as Corporate Director he became aware of a £5m savings target the County Council had identified for prevention services. His view was that this sum was unrealistic and would fail unless further refined. Work on the prevention strategy had therefore paused whilst the County Council re-examined its investment in services from a practical viewpoint. The Prevention Officers role would be to locate vulnerable people on the cusp of receiving care and signpost them to services. A network of Prevention Officers three per district would operate across the county alongside social care. He stressed this new role was still at an evolutionary stage.

Alex Bird pointed out that time was of the essence as the funding for some excellent model prevention schemes such as village agents, was about to cease.

Richard Webb acknowledged issues around sustainability and said he hoped to be in a position to come forward with some working proposals shortly.

#### **Resolved -**

That progress towards implementation of the requirements of the Care Act, supported in part through the Better Care Fund programme, in line with Department of Health expectations is noted.

#### **94. Strategy for Meeting the Needs of Children, Families and Adults with Autism in North Yorkshire 2015/2020**

Considered -

The joint report of Richard Webb, NYCC Corporate Director - Health and Adult Services and Janet Probert, Director of the Partnership Commissioning Unit seeking the Board's approval for the draft strategy to go out to formal consultation during the Summer. A copy of the draft strategy was appended to the report.

The consultation was set to run between May and July and included an on-line questionnaire and face to face events with workshops and focus groups. The results of the consultation would be referred to the Board later in the year.

On behalf of NYCC Children & Young People's Service, Caroline Bird made a request for a young person to be included in the membership of the 'virtual reference group' and for the impact of diagnostic work on high level funding to be made available.

County Councillor Tony Hall, Executive Member for Children's Services raised the following points whilst emphasising his support for the strategy:-

- Queried the accuracy of the 1% prevalence figure referred to on page 7 of the draft strategy
- Was sceptical about whether in practice the diagnostic assessment team routinely signposted all persons that did not meet the criteria for a diagnosis of autism to relevant and appropriate services (page 13 draft strategy)
- Requested that the wording used to describe Looked After Children on page 6 of the draft strategy was amended to make it clearer.

Janet Probert agreed to check the accuracy of the prevalence figure and look at the wording as requested. She acknowledged that whilst signposting had improved there was still work to do.

**Resolved -**

That the release of the draft strategy for meeting the needs of children, families and adults with autism in North Yorkshire 2015-2020, including the executive summary, easy read version and the Equality Impact Assessment to formal consultation is approved by the Health and Well Being Board.

**95. Pharmaceutical Needs Assessment**

Considered -

The report of the Director of Public Health for North Yorkshire requesting the Board to consider and agree the North Yorkshire Pharmaceutical Needs Assessment (PNA.) before publication in April 2015. A copy of the PNA was appended to the report.

The purpose of the PNA was to review existing pharmaceutical service provision and to identify any gaps or deficiencies that needed to be addressed. The Board was advised that whilst there were no gaps in the provision of necessary services there were a number of areas particularly in Ryedale and Selby where better access could be provided.

During discussion the following comments were made:-

- That encouraging the public to use their local pharmacy as a convenient alternative to GPs and A&E would work better if there were more pharmacies
- A question was asked as to why parish councils and the local doctors association were not consulted especially in light of the poor response rate to the consultation on the draft PNA. It was reported that future PNA reviews would consult parish councils and the local doctors association.
- That the importance of the role of dispensing GP practices in rural areas needed to be reinforced in the PNA.
- That the service provided by generic pharmacy chains was sometimes poor due to the lack of competition.

The Board recognised that the need to increase the effectiveness of engagement undertaken by health and social care partners generally and suggested that this was perhaps an area that would benefit from consideration by the North Yorkshire Delivery Board.

**Resolved -**

- (a) That the content of PNA report and its publication is approved by the Health & Well Being Board.
- (b) That a manager is designated to act as the conduit for notifications of changes to pharmaceutical services and to co-ordinate on behalf of the Board responses and production of supplementary statements.

**96. 2015/16 Strategic Plan Refresh**

Considered -

The joint report of NYCC, North Yorkshire CCGs and North Yorkshire District Councils setting out the context for and giving an update on progress of the 2015/16 refresh for the five North Yorkshire CCGs, North Yorkshire County Council and the seven District Councils strategic plans.

The report contained a brief update from each of the individual organisations. Appended to the report was a slide pack which highlighted key priorities and gave a pictorial overview of the updated plans.

The Board noted progress by clinical commissioning groups towards primary care co-commissioning.

**Resolved -**

- (a) That the content of the report and details of the refresh of each individual organisations strategic plan is noted and approved.
- (b) That the work aligning local plans with the overarching ambition of the North Yorkshire Better Care Fund plan is noted.

**97. Workshop Event - 25 March 2015**

Wendy Balmain, (NYCC Assistant Director for Integration) announced that Joyce Redfearn, the former Chief Executive of Wigan Council and Wigan PCT had agreed to facilitate a private informal workshop event for Board Members on 25 March 2015 at Ryedale District Council offices in Malton.

Board Members were given notice they could be contacted and asked for their views on what they would like to get out of the day. Their views would inform the design of the programme to make the workshop as effective as possible. Those Members who had not provided details of their availability were asked to do so as soon as possible.

The Chairman added that funding from the Local Government Association had been secured to cover the cost of the workshop and appealed for Members to attend.

Board Members noted that full details of the event would be provided once finalised.

**NOTED**

**98. Paediatric Services at the Friarage Hospital, Northallerton**

**County Councillor Tony Hall declared that although not a pecuniary interest he wished it to be known as he was a member of the Council of Governors at South Tees Hospitals NHS Foundation Trust and the local ward member.**

The Chairman stated that this item was in response to a request from Councillor John Blackie. Councillor Blackie had requested that the Board examine the recently announced reduction in opening hours at the short stay paediatric assessment unit at the Friarage Hospital, Northallerton.

The Chairman pointed out that ordinarily, single issues did not fall within the remit of the Board and were a matter for overview and scrutiny committees. However on this occasion on account of public interest in the matter the Chairman said she had agreed to the request.

It was reported that exceptional circumstances had led to the decision to reduce opening times. The Clinical Commissioning Group responsible for commissioning the service said it remained convinced that the service model template was correct. It was stressed that the reduction in opening hours was temporary and that the South Tees Hospitals NHS Foundation Trust was actively seeking to recruit to the paediatric consultant team.

County Councillor Jim Clarke, the Chairman of the NYCC Scrutiny of Health Committee reported that his committee was monitoring the situation closely. He confirmed that he had been given assurances that every effort was being made to restore the service.

Councillor Blackie said that recent events had undermined public trust and confidence in the NHS. Communication around the decision to reduce opening hours had been poor and not carried out in the spirit of partnership. He was reassured by what he had heard that day and sought an assurance that the six month review of the service would not be undertaken whilst the service was operating with reduced hours. Prof Wilson confirmed that commencement of the six month review would be delayed until after restoration of the original opening hours.

The latest position regarding recruitment was relayed to the Board. Prof Wilson acknowledged the significance of the history of the service but said that appointments would only be made if candidates met the job specification.

Richard Webb, referred to the earlier agenda item on 'Winter Pressures' during which workforce issues had featured and reaffirmed that the wider implications arising from staff shortages across health and social care would be a key focus for the North Yorkshire Delivery Board over the coming year.

The Chairman thanked everyone for their attendance and contributions.

**NOTED**

## **99. Forward Work Plan/Work Programme**

Considered -

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

Wendy Balmain, (NYCC Assistant Director for Integration) described her intention to revise the current format of the Forward Plan so that it could take account of the refreshed Joint Health and Wellbeing Strategy under development and key issues identified through the development session on the 25<sup>th</sup> March. The recent governance review had she said also identified a need for the Board to be better informed about work of the North Yorkshire Delivery Board to ensure that there was a consistent approach to delivery of Joint Health and Wellbeing priorities. Copies of minutes of the Delivery Board would therefore be included on the agenda of all future Board meetings.

**Resolved -**

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

The meeting concluded at 12.40pm

JW





## NORTH YORKSHIRE HEALTH AND WELLBEING BOARD

### Governance and Development

3<sup>rd</sup> June 2015

#### 1. Purpose of Report

1.1 This report summarises progress made by the North Yorkshire Health and Wellbeing Board (HWB) delivering a review of key board functions, ensuring it continues to operate effectively as a strategic partnership. It includes an overview of key steps including, governance, strategic priorities and key messages from the March HWB development session. The ground rules suggested by Board members during the March session are included at annexe 2 for consideration and adoption.

#### 2. Background

2.1 In July 2014 the HWB started a programme of review of its role, supporting infrastructure and strategic priorities. The catalyst for the review was that new colleagues had joined the HWB and members wanted to develop confidence in working together and assurance that the Board was in the right place to meet a number of known and anticipated challenges. While not exhaustive these included a change of direction in how Board members work together as partners and with people who use services; delivering more integrated care closer to home and reducing hospital admissions, including agreeing and implementing a Better Care Fund plan; and responding to the needs of vulnerable groups where quality had been identified nationally and locally as an issue.

2.2 These system redesign challenges were, and are, set in a context of rising demand and expectations and increasingly challenging budgets for many health and care organisations. Together they provide a strong case for thinking jointly about what are the most important outcomes the Board wants to achieve, and how it can spend the North Yorkshire pound so that high quality care and support is available for local people when they need it. This has been the basis of some of the Boards recent discussions both formal and informal.

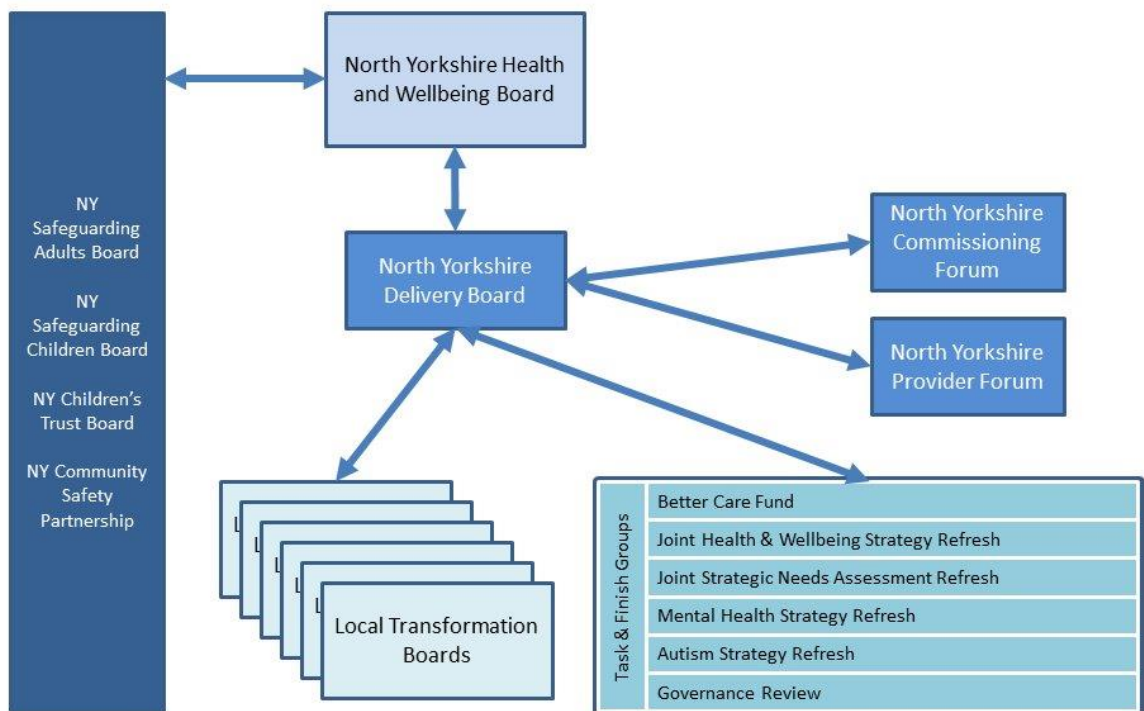
#### 3. Progress Achieved

##### 3.1 Governance

The review initially focussed on governance, and this was concluded following several sessions with the then 'Integrated Commissioning Board' and findings reported to the Board in November 2015. This led to three new forums being established that could support the work of the HWB. These are the North Yorkshire Delivery Board, the executive delivery arm of the HWB; a Commissioner Forum, a

space for chief officers to develop commissioning strategies for the HWB to consider; and a Provider Forum, an informal network of providers to advise and support the development of health and care services. Each of these groups is now established and has agreed work programmes in place. The graphic below describes the HWB relationships to these and other strategic groups.

## Health and Wellbeing Board Relationships



### 3.2 Board Development and Strategic Priorities

As part of the governance review members wanted a number of informal development sessions through 2015 – 2016. The aim of these sessions is threefold, to get to know each other and our organisations better; to building trust and confidence that can help us take the right and sometimes difficult decisions; and to review and agree the strategic priorities for health and care in North Yorkshire. This includes updating the Joint Health and Wellbeing Strategy (JHWS) to 2018.

3.3 The first of these development sessions took place on March 25th 2015 and there was a helpful debate about how we work together now, and what we could do differently to strengthen the partnership and support a sustainable North Yorkshire system for the future. Board members also provided very useful observations to an

outline JHWS, shaping an outcomes approach and agreeing what's important for the Board to focus on over the next three years. The draft JHWS is available for the Board to consider today prior to public consultation through summer 2015.

- 3.4 A summary of the development session was circulated to members in April 2015 and is attached as annexe 1. The ground rules suggested by members are attached at annexe 2.
- 3.5 Board members are asked to note that there is an active task and finish group approach working to develop key strategies on their behalf, including mental health, autism and the JHWS and that this approach is providing another level of collaboration between partners shaping health and care in North Yorkshire

#### **4. Recommendations**

- 4.1 Board members are asked to note the progress achieved to date and invited to consider and agree
- A further development session for the HWB on the morning of 26<sup>th</sup> October 2015 and ideas for the content of that session
  - Adoption of the ground rules attached at annexe 2

Wendy Balmain  
Assistant Director Integration

## **Annexe 1**

### **North Yorkshire Health and Wellbeing Development Session**

#### **Notes of the Day**

**25 March 2015**

#### **Summary and next steps**

As part of a governance review of the Health and Wellbeing Board in November 2014 members agreed to a number of private sessions in 2015 – 2016 to review and agree the strategic direction of health and care in North Yorkshire. This included considering how members work together to maximise the collective ambition and purpose of member organisations, and to shape the priorities that will be defined as part of the refresh of the Joint Health and Wellbeing Strategy up to 2018.

The following narrative captures the comments made during the development session on the 25<sup>th</sup>. It is a write up of flip chart material and as such is being shared in a relatively raw format but one where participants can recognise, or be familiar with the content.

Some of the detail from the afternoon session will be used to redraft/amend the draft JHWS in relation to outcomes and guiding principles, and this will be shared with the JHWS task and finish group and the North Yorkshire Delivery Board, before being presented as a draft document to the June Health and Wellbeing Board. It's likely to go through a number of iterations leading up to that point but the intent of the feedback received will be incorporated into the final document as will the very helpful suggestions about formatting the themes.

Absent from this note up are the ground rules that were discussed on the day. Judith Hurcombe agreed to write these up and we will circulate once they've been received. They will form the basis of a short paper for the HWB June meeting so that members not able to attend the development session have an opportunity to comment and agree.

At this stage it would be helpful if there are any further observations on the content set out below, in particular the outcomes/priorities section, which is the least developed in these notes, to be sent through to [Wendy.balmain@northyorks.gov.uk](mailto:Wendy.balmain@northyorks.gov.uk) by 13<sup>th</sup> April 2015. These can then be shared with colleagues who are working to craft the draft strategy.

The feedback from the day has been very positive and if members have any suggestions for our next development session please also send through to Wendy, all comments welcome.

## **Morning Session**

### **What you want from today?**

- How we can use HWB to influence our commissioning decisions and for longer term
- To position Board in the right place to lead – formal committee and informal conversations to make a difference
- A clearer route to enable users to engage
- Same stories – how do we model them?
- Wider remit – (education, transport, employment) how policies might influence
- “How” is much more difficult – to use our resources better
- How do we crystallise the broad remit into action? Keeping “the North Yorkshireness”
- To feel excited about the next HWB meeting
- Services that others provide should be a given, part of the DNA e.g. Housing really matters
- Changing the focus from ill health to wellbeing, and shifting resources to better outcomes
- Making a difference
- Stopping seeking permission to do things
- Being ambitious for the County and communities – “Team North Yorkshire”
- A clear route to being the best or being better in our context/continuous improvement
- Everyone taking ownership of the issues and the Board
- Shouldn’t under estimate value of partnership working
- Where we put our fingerprints over the next three years
- Being a parent for lots of strategies
- The relevance of the HWB to Mrs Jones
- It’s not a Christmas tree – needs to focus on important but fewer things
- How we set the agenda, our role as system leaders

### **What’s good?**

- Good people, talented
- Relationships improving and moving forward
- Commitment
- Purpose
- Winter measures

- Consistency of Membership
- Awareness of history, but no longer prisoners of it
- Trying to see the world through others' eyes
- Good plans and strategies and evidence base
- Good and well-attended meetings
- BCF helped to bring people together

### **What could be better?**

- Papers e.g. last time overwhelmed with them; could have:
  - Executive summary
  - Keep it simple
  - Different venues
- More learning from peer challenges
- Dashboard (in progress)
- Membership – police and Higher Education
- Encourage wider participation
- Venue
- Forward Planning
- Applying ground rules collectively
- Appreciative enquiry
- Wider agenda and debate
- Clarity of roles and responsibilities
- Involvement of public and third sector – annual conference?
- Sponsorship of items
- Doing things differently
- County, District, being comfortable in own skin
- Communications
- Linkages with other strategies
- Not feeling/acting like a scrutiny committee
- Added value

### **The Offer**

- To change what we do and provide e.g. ££ mechanisms that get in the way
- More flexible use of premises
- Mutual interest in organisations' sustainability
- Supporting each other
- Ground Rules
- "Yes", not "Yes but"
- Feedback is a gift
- The brand: Team North Yorkshire

- Collective understanding
- Expertise on Public Health – can be extended
- Voice of user
- Can work well together
- Influencing the future
- Need a conduit to share intelligence
- Different style of meetings
- Papers and policies – conversations on what we want and how to shape things

### **Individual Table Feedback**

#### **What's good?**

- Attendance/contribution
- Energy
- Relationships/Memberships
- Partners – acknowledge team HWB and \$\$\$\$\$\$\$
- “Sticky stuff and survived” winter/BCF
- Ownership
- History “no longer prisoners” break free but acknowledge
- See world through others’ eyes

#### **What could be better?**

- NY about localities/districts/county/wider – be more confident/comfortable in our own skin in this
- Layout/venue (practical issues) – publicly accessible tour/rotate
- Symbolism – partner venues
- Accessible AGM/Conference
- Theme discussion per meeting invite interest groups
- Input to agenda wider organisations
- Is balance right between OSC and HWB?
- Partners combining to do something different then scrutinised by OSC proactive not reactive

#### **What can we offer?**

- Change what we do/provide
- Responds to agenda
- Willing to adopt new models of working
- Premises
- Resources in right places – flows
- All care about wider system
- Willingness to alter funding mechanisms

### **What's good?**

- Very talented and committed individuals
- Welcome today's workshop and opportunity to get to know one another
- Improved relationships – evolving and moving forward
- Ability to listen and respond to changing how we work
- Level of commitment high
- Genuine desire to be part of the process and purpose
- Winter measures – relationships solid and helped steer common approach through other boards and structures
- Consistency of membership
- Mix/representation – including Providers

### **What could be better?**

- Need “real ownership” and communication channels
- Achievement and linkage with strategies need to be sharper
- Wear HWB badge outside the meetings and be proud of it
- Not feel like a “scrutiny committee” or a “signing off” Board
- How do we measure our achievements and show added value as HWB Board
- Umbrella/overview – understand need. Needs to be “creative” and encourage “thinking outside the traditional box”
- Need focus/small number of priorities? “Symbolic images” – mortality on the roads

### **What can we offer?**

- Time/commitment/skills/experiences
- Different style of meetings – workshops/presentations
- Sharing of intelligence – common themes/ideas/solutions. Residents and general public input/conduit
- Two way communication and receipt of knowledge and evidence – better understanding and use of this. Harness local.
- Be prepared to contribute and help shape discussions and action agreed

### **What's good?**

- Perceptible reduction in criticism of individual organisations
- Better atmosphere – really good to see joint presentations e.g. winter
- We are constructive and getting better
- Relationships are better



- Structured agenda works better
- BCF has helped and brought us together strong plan and signed off

#### **What could be better?**

- Communication
- Re-organise papers and exec summary – keep it simple and short
- Different venues – Harrogate
- Learning from peer challenges
- Dashboard to measure progress

#### **What can we offer?**

- Expertise – Public Health, transport, housing
- Collective understanding of North Yorkshire, the people who live there and the key issues
- Commitment
- The voice of the user via Healthwatch and Voluntary Sector in particular
- Collective ability to respond to a crisis
- Strength in numbers to influence and challenge national policy and build North Yorks fit

#### **What's good?**

- Some very good plans and strategies
- Elements of good evidence base
- Relationships between stakeholders better and improving
- Improved communications between organisations
- Talent and enthusiasm
- Well attended
- Structured and disciplined meetings

#### **What could be better?**

- Membership missing Police and Higher Education
- Encouraging active participation
- Applying our ground rules and addressing bad behaviour
- North Yorkshire pound £
- Better forward planning
- Clarity of roles and contributions
- Widening the agenda and debate
- A different venue, different dynamic and ambience
- Encouraging innovation in delivery
- Better communication

### **What could we offer?**

- We are about the future, about transformational change not about the history
- Supporting each other
- Commit to our Ground Rules
- Yes, and .....not yes, but
- Feedback given and received – see it as a gift /opportunity
- Champion the work of HWB within our different organisations

### **Afternoon Session**

#### **Are the themes right?**

- “Connected communities” – define (inc workforce) – underpins others
- “Live Well” not “Live well and age well”
- Emotional health and wellbeing
- Isolation and loneliness
- Health Inequalities?
- Life course approach – yes – but runs through
- Start Well
- Maximising independence
- Should it be chronological?

#### **Guiding Principles**

- Decision making closer to individuals: deliver the best response for you
- Prevention earlier in the order
- Diversity
- Equality of Access
- Recognise diversity? Or celebrate?
- Use of technology
- The NY Pound £
- Direction of Travel – nearer to home

#### **Outcomes**

- Start well
- Live well – add in Mental Health – uptake screening/vaccination etc.
- Staying secure, safe and well in your own home
- Aging well – query “valued” – self esteem
- Second – or individuals and their families

- Focus on this year: care closer to home, prevention, facilitating new models of care and developing a narrative for integration
- Age well
- Economic potential
- Maintaining independence/health

### **End of Life**

- Access
- Happiness
- Achieving economic potential
- Care plans
- Prosperity for All

Transport – interconnections

Dementia Friendly Communities

How to tackle variation

How to deal with outliers – how will HWB support that work?

Mental Health – difficult to measure, though more outcome measures have appeared

Improvement in health and narrowing the gap should be recognised

Mental Health – what to do to prevent problems and deal with issues (Especially children and young people)

## Annexe 2



**These ground rules are about Team North Yorkshire Health and Wellbeing Board and should apply within and outside of Board meetings. They were adopted by Board members in June 2015.**

We have made a commitment that when working together we will treat each other with **respect**, with **openness and honesty**. We will make sure that there is **equality – everyone is of equal value in the room**. We will **contribute and take part, committing to listen and ask questions of each other, checking that what we heard is what was intended**. We believe it is **good to be passionate**, and we know that constructive **challenge is helpful in getting us to a better place**. We must **voice disagreement, otherwise silence implies consent** but recognise that this should be done **with respect** to other points of view. **We shouldn't expect the same sort of challenge in the public arena.**

**We have a responsibility to model exemplary behaviour, inside and outside of the HWB meetings**, as Board members we should **give and accept support** and **bring collective experience and knowledge to this Board**. Our discussions **need to focus on added value and outcomes** and we must **take responsibility for our decisions**. We should ensure that we **communicate and cascade to our respective audiences and organisations**.

We believe that we should **continually strive to be better** and wear our **team badges - Team North Yorkshire** with pride.



**NORTH YORKSHIRE HEALTH AND WELLBEING BOARD**  
**Draft Mental Health Strategy**  
**3<sup>rd</sup> June 2015**

**1. Purpose of Report**

1.1 This document is an early draft of the proposed joint mental health strategy for North Yorkshire. It is being shared with the Health and Wellbeing Board (HWBB) at a development stage, following the recent HWBB workshop which highlighted the need for members of the HWBB to have an early opportunity to influence and shape key strategies.

At the front of the strategy the 'Plan on a Page', summarises the key elements of the draft plan. The Plan on a Page is also attached as Annex1

Health and Wellbeing Board partners are asked to comment on:

1.2 Whether they are able to support the key elements of this strategy

1.3 Identify how the strategy can be further improved.

1.4 Describe how they would contribute to the implementation of the strategy

**2. Background**

2.1 This is the first Mental Health Strategy to be developed since the inception of the North Yorkshire Health and Wellbeing Board.

2.2 It is produced at a time when mental health is beginning to receive the attention it needs, and is now being seen nationally as a priority for action.

2.3 Mental Illness can affect any one of us. It is estimated that one in four people will experience at least one mental health problem during their lifetime. Mental health has a personal and an economic cost, with the potential to significantly affect life expectancy and reduce life opportunities. Someone with an enduring mental health problem is more likely to develop chronic diseases and die, on average, 20 years earlier than the general population. Someone with mental ill health is likely to have fewer qualifications, experience more unemployment and a lower income, and is more likely to be homeless or living in unsecured housing. Up to 23% of the total burden of ill health is due to mental ill health, and loss of working days costs employers around £26m year.

2.4 Working together to improve mental health and wellbeing will make a key contribution to improving health and wellbeing. Annex 2 provides a summary of the core principles in the Draft Health and Wellbeing Strategy and the core principles which have emerged from the consultations which inform the Mental Health Strategy.

### **3. Development of the draft strategy**

3.1 The strategy has been drawn up following a number of conversations with people across North Yorkshire who use mental health services, their carers, and staff. It aims to reflect, and is driven, as much by what people tell us, as it is by national policy.

3.2 It incorporates the Children and Young People's Emotional and Mental Health Strategy which was agreed in 2014.

3.3 The strategy's aim is to provide a lifetime approach to mental health in North Yorkshire.

3.4 It has benefited from a strong input from our Public Health Services, with partners from health, police and the voluntary sector. The final drafting of the document has been overseen by a sponsoring group from the Health and Wellbeing Delivery Group, led by Richard Webb, Corporate Director North Yorkshire County Council and Vicky Pleydell, Chief Clinical Officer of Hambleton, Richmondshire and Whitby Clinical Commissioning Group. We have invited input from partners in District Councils and the voluntary sector

3.5 Because this is an overarching strategy some of the detailed plans to deliver the strategy will be held in supporting strategies. Some of these will be local delivery plans, which each Clinical Commissioning Group area will be responsible for. Others, such as the Crisis Concordat Action Plan will be overseen on a county wide basis.

### **4. Key messages**

4.1 The current draft of the Strategy is attached as Annex 3. The strategy sets out three key areas where we need to work together to improve the opportunities for North Yorkshire residents to enjoy good mental health.

- Ensuring that individuals families and communities are able to develop resilience and an understanding of mental health
- Ensuring that people who develop mental health issues are helped to recover and achieve better outcomes as a result of the support and treatment they receive
- Ensuring that people with mental health needs can achieve as much as possible in their lives

4.2 The key messages from service users, carers and staff have been developed as 'supporting outcomes' to these priorities.

4.3 People with episodes of severe mental illness, tell us they experience stigma and discrimination and seek a better understanding of their difficulties and themselves as people. They want to be treated as equal partners in their care. They need better information about services and support to help

people early on. They prefer to be supported and treated in their own home, with seven day care and support for them and for their families. They want holistic care that addresses their social, mental and physical health needs.

4.4 Where people need hospital care they want facilities that are fit for purpose and services which are local, reducing the need to travel far from home to receive the care they need.

4.5 People with enduring mental health needs are anxious about a recovery model which is focused on time bound interventions. They want support that offers hope that they can live fulfilling and safe lives, which will offer useful occupation and a greater sense of self-worth.

## **5. Next steps**

5.1 Feedback from the Health and Wellbeing Board will be considered and incorporated into the ongoing development of the strategy, and the original 'Writing Group' will be review final draft.

5.2 The document will be formatted for draft publication and there will be a further consultation with local communities, people who access mental health support, carers, staff and voluntary sector groups over the summer.

5.3 The consultation allow us to assess whether the strategy has focused on the issues that people have told us matters to them, and whether we have been ambitious enough in our priorities and plans.

5.4 A final version of the strategy will be brought to the Health and Wellbeing Board in the autumn.

## **6. Recommendations**

Health and Wellbeing Board partners are asked to:

6.1 Comment on:

- Whether they are able to support the key elements of this strategy
- How the strategy can be further improved.
- How they would contribute to the implementation of the strategy

6.2 Agree that further consultation will be undertaken once the Writing Group has considered the final draft

6.3 Agree that the Mental Health Strategy will be considered by the Board, for approval, in September 2015

Authors of report:

Janet Probert

Director

Partnership Commissioning Unit

Kathy Clark

Assistant Director Commissioning – NYCC Health and Adult Services

## ANNEX 1. North Yorkshire's Mental Health and Wellbeing Strategy in a page

*"We will work together to ensure the people of North Yorkshire have the resilience to enjoy excellent mental health, whatever their age and background, supported by effective, integrated and accessible services, designed in genuine partnership with the people who need to make use of them and those who care for them."*

The **ten core principles** we will adopt in everything we do:

1. **Whole Person** - focusing on **all** aspects of people's health as well as their wider circumstances
2. **Resilience** - building partnerships that enable people and communities to help themselves
3. **Participation** - enabling people with mental health needs to make a positive contribution to the design of services and the support they receive
4. **Community** - recognising that mental health is everybody's business and that different communities have different needs
5. **Accessibility** – services delivered in places and at times to suit people's needs
6. **Early Intervention** - tackling issues early
7. **Recovery** - a model based on helping people to get well and to stay well wherever this is possible
8. **Integration** - joining things up to make life simple
9. **Cost-effectiveness** - spending money wisely
10. **Respect** - keeping people safe, tackling stigma and eliminating discrimination

Our **three priorities** and **the supporting outcomes**:

### **(1) Resilience: individuals, families and communities with the right skills, respect and support**

- Support for family, friends and carers embedded in all services
- Better public understanding and acceptance of mental health issues
- Effective campaigns to promote good mental health and wellbeing for all ages and all places
- Investment in prevention and early intervention for children and adults
- Targeted work with communities and settings, including employers
- Dementia friendly communities across North Yorkshire
- Strategies to combat the impact of rural isolation on mental health
- Better partnership working, especially with the voluntary and independent sectors

### **(2) Responsiveness: better services designed in partnership with those who use them**

- Timely diagnoses for all conditions, especially dementia
- Better services for those experiencing a mental health crisis
- Evidence-based and personalised interventions including personal budgets
- Greater access to talking therapies
- Better transitions between services, eg children to adults
- Better outcomes for those detained under the Act
- Better services for vulnerable groups, eg veterans
- Better services for those with mental health and substance misuse needs
- Better Advocacy Services
- Services delivered at times and in places that suit people's needs

### **(3) Reaching out: recognising the full extent of people's needs**







- Better understanding of the wider cultural aspects of mental health
- Better understanding of the links with physical health, leading to dual diagnoses
- Combating the particular pressures on young people, eg from social media
- Support for people with mental health needs to gain/maintain employment
- Support for people with mental health needs to gain/maintain housing
- More volunteering and other activities to promote wellbeing
- Mental health featuring in a wide range of partners' strategies
- Action to ensure that all our staff understand the importance of Safeguarding

*(Maybe a suitably inspiring - or challenging - quotation from a service user)*



## ANNEX 2

### Core principles in the Health and Wellbeing and Mental Health strategies

<u>Mental Health Strategy</u>	<u>Health and Wellbeing Strategy</u>
<ul style="list-style-type: none"> <li>• <b>Whole Person</b> - <i>all aspects of people's health and wider circumstances</i></li> <li>• <b>Resilience</b> - <i>helping people and communities to help themselves</i></li> <li>• <b>Participation</b>-- <i>People with mental health needs will help design services and support</i></li> <li>• <b>Community</b> - <i>mental health is everybody's business. Recognise where things are different</i></li> <li>• <b>Accessibility</b> - <i>delivered in places and at times to suit people's needs</i></li> <li>• <b>Early Intervention</b> - <i>Tackle Issues Early</i></li> <li>• <b>Recovery</b> - <i>a model based on hope</i></li> <li>• <b>Integration</b> - <i>Join things up to make life simple</i></li> <li>• <b>Cost-effectiveness</b> - <i>Spend Money wisely</i></li> <li>• <b>Respect</b> - <i>Keeping people safe</i></li> </ul>	<ul style="list-style-type: none"> <li> Make a positive contribution</li> <li> Recognise when things are different</li> <li> Tackle issues early</li> <li> Join things up to make life simpler</li> <li> Spend money wisely</li> <li> Keep People Safe</li> </ul>
<ul style="list-style-type: none"> <li>•</li> </ul>	



**NORTH YORKSHIRE HEALTH AND WELLBEING BOARD**  
**Draft Joint Health and Wellbeing Strategy**  
**3 June 2015**

**1. Purpose**

- 1.1 To bring the draft Joint Health and Wellbeing Strategy (JHWS) before the Board prior to producing a final draft document for consultation with public and wider partners.

**2. Background**

- 2.1 The Board agreed to update the strategy in July 2014 and a task and finish group was established to lead this work on behalf of the Board. The Board has been involved shaping this strategy, including the key themes and outcomes, through the March development session and through its supporting structures, the North Yorkshire Delivery Board and the Commissioner Forum.
- 2.2 A review of all recent consultations by partner organisations has been completed to distil key messages from local people about what is important to them in health and social care. These messages have been used to shape the outcomes within the draft document which will be further tested through the consultation period.

**3. Draft JHWS Content**

- 3.1 The draft JHWS is in line with national policy direction and reflects the key priorities identified by the Joint Strategic Needs Assessment refresh in 2014. The JHWS provides a framework for North Yorkshire Health and Wellbeing Board to organise its work programme and it aligns with, a number of other strategies and work plans including: Young in Yorkshire, Mental Health, Autism, and several key public health strategies, all of which support improved health and wellbeing outcomes for local people and communities.
- 3.2 The JHWS is framed within four themes:
- Connected Communities
  - Start Well
  - Live Well
  - Age Well

Each theme has a number of outcomes and from these HWB partner organisations will set out their priorities that will support delivery and improvement. Work is underway to develop a HWB dashboard that can help measure progress and provide the Board with assurance.

- 3.3 Health and wellbeing messages are signalled throughout the draft document which aims to help people make the right choices to live a healthy lifestyle from birth and throughout their lifetime and so reduce the burden of ill health on our communities, now and in the future.
- 3.4 The draft strategy also highlights four key enablers that can support the system working together better and start to reshape the relationship of care between the individual and the care provider. The enablers are:

- A new relationship with people who use services
- Workforce
- Technology
- Economic prosperity

3.5 These enablers capture some of the discussion points raised by HWB members in the course of the last year as critical components of good health and wellbeing outcomes.

#### **4. Next Steps**

4.1 Following consideration by the Board the draft strategy will be revised further over the next few weeks to final draft status. Easy Read and Plain English versions of the document will also be finalised. The Board is asked to note that the current format of the draft document will be amended to create a more visual document prior to consultation.

4.2 Towards the end of June and into July consultation with wider partners and the public will take place. This will be done through a range of consultation methods including website survey/feedback opportunities. Wherever possible, and with the support of HWB partners, existing forums will be used to facilitate face to face conversations with people that access services. A number of consultation questions will be developed to support the engagement process such as:

- *Do you agree with the strategy? If not, what have we missed?*
- *What would be the areas that you would want us to prioritise?*
- *What would you want to know more about?*
- *How could we improve the strategy?*

4.3 The final wording of any questions used in the consultation period will be developed as part of the communications materials.

4.4 Feedback from the consultation will be gathered and analysed during August/September. This information will be used to produce a final strategy to be brought to HWB at its next meeting on 30 September 2015.

#### **5. Required from the Board**

5.1 The Board is asked to:

5.1.2 Approve the attached draft Strategy and ask the task and finish group to take forward to a final draft version.

5.1.3 to note and support the proposed timetable for consultation and feedback to the Board.

**Wendy Balmain**  
**Assistant Director Integration**  
**3 June 2015**

NORTH YORKSHIRE HEALTH AND WELLBEING BOARD

Date: 3<sup>rd</sup> June 2015

**Update on the North Yorkshire Tobacco Control Strategy 2015-2025**

**1. Purpose**

This paper seeks to gain sign up from the Health and Wellbeing Board to the North Yorkshire Tobacco Control Strategy 2015- 2025 and outline next steps.

**2. North Yorkshire Tobacco Control Strategy**

**2.1 Summary**

Smoking continues to be the biggest preventable cause of ill health and early death in North Yorkshire, killing approximately 1,000 people per year across the county. 16.5% of the adult population smoke across North Yorkshire. The North Yorkshire Tobacco Control Strategy describes the local problems and impact of tobacco use and articulates a clear vision and the need for local action across five priority areas. This final draft has been produced following an 8 week consultation on the strategy conducted during November 2014 – January 2015. The consultation response showed strong support for the strategy, its aims, priorities and principles with respondents viewing the prevention and protection of children and young people as the top priority of the strategy. Following agreement from the Health and Wellbeing Board, an implementation plan will now be developed with partners and the Strategy finalised and launched in October 2015. The North Yorkshire Tobacco Control Steering Group will have oversight for monitoring delivery of the implementation plan and will report updates on progress to the Health and Wellbeing Board.

**2.2 Overview of the strategy.**

Vision: *‘To inspire a smoke free generation in North Yorkshire’.*

Aims:

- To improve the health of the population of North Yorkshire by reducing smoking prevalence and exposure to second-hand smoke
- To reduce variation in health outcomes in North Yorkshire in the longer term by reducing the number of smoking related illnesses in the population.

Four key principles:

- A shared strategic approach among partners with clear vision and leadership
- A commitment to working together in partnership
- Evidence based practice and support of innovative working
- A focus on de-normalising smoking

Five priority areas:

1. Preventing children and young people from smoking
2. Normalise a smoke-free lifestyle
3. Reduce illegal tobacco in the community
4. Support smokers to quit (including in pregnancy)
5. Carry out marketing and communication programmes.



### 2.3 Next steps

- The Health and Wellbeing Board are asked to consider and support the priority areas.
- Health and Wellbeing Board members are asked to commit their organisations as signatories to the Strategy.
- The final Strategy and implementation plan will come to the Health and Wellbeing Board with a view to launching the Strategy in October 2015.

**Sponsor:** Lincoln Sargeant Director of Public Health

**Author:** Emma Davis, Health Improvement Manager, North Yorkshire Public Health  
[Emma.davis@northyorks.gov.uk](mailto:Emma.davis@northyorks.gov.uk)

**NORTH YORKSHIRE COMMISSIONER FORUM****TERMS OF REFERENCE****Purpose of the Commissioner Forum (CF)**

To establish a strategic commissioning approach that aligns commissioning intentions and plans across organisations to support the North Yorkshire HWB realise the ambition of the JHWS through effective design, development and delivery of services that meet the needs of our local populations.

The CF will collect, interpret and share performance information to enable the HWB and the public to see how well we are delivering services and where improvements need to be made. This will include approval for the work of the Chief Finance Officers group developing a Better Care Fund dashboard and approval of the Section 75 Agreement including the risk share agreement.

The CF will be responsible for agreeing and approval of the investment of the Better Care Fund Performance Fund.

The CF will explore opportunities for further integration and joint commissioning including emerging models in other health and care economies that will support transformation of health and social care systems, local and County.

The CF will work closely with the North Yorkshire Delivery Board and to oversee implementation of key projects and ensure a continued focus on HWB priorities as set out in the refreshed JHWS.

The CF will maintain an effective dialogue with the Provider Forum to ensure that market intelligence informs strategic commissioning decisions.

The CF will support work being developed and led by local Transformation Boards, through a collective approach which can share evidence, intelligence, good practice, and progress to build a sustainable health and social care economy that has people who use services at the centre of design.

**Membership, frequency and quoracy**

The CF will meet as a minimum bi-monthly with locations to be varied to support subject to office availability.

Membership of the commissioner forum to include five CCG Chief Officers or Chief Operating Officers, Corporate Director Children's Services and Corporate Director

Health and Adult Services and the NHSE Locality Director Yorkshire and the Humber. Other senior officers to attend as required.

Meetings will be considered quorate if at least 3 CCG Chief Officers or their nominated deputy is present and at least 1 officer from North Yorkshire County Council or their nominated deputy.

### **Chair arrangements**

The Chair of the CF to be a CCG Chief Officer or a NYCC Corporate Director. The Chair position to be held for a period of 12 months and then rotate by decision of the forum members.

### **Sponsorship**

The Commissioner Forum is sponsored by the NY Health and Wellbeing Board and will report to the NYHWB on key issues that align with priorities set out in the refreshed Joint Health and Wellbeing Strategy. The CF will receive work from NYHWB, influence NYHWB agendas and make recommendations to NYHWB.

Members of the CF will agree lead sponsor roles for key projects with members of the North Yorkshire Delivery Board.

The CF will work closely with the Provider Forum and the North Yorkshire Delivery Board to ensure continuity in delivering priorities agreed by the NY HWB and set out in the JHWS.

**NORTH YORKSHIRE DELIVERY BOARD****TERMS OF REFERENCE****Purpose of the Board**

To be the delivery arm of the North Yorkshire Health and Wellbeing Board, ensuring that priorities agreed by the NYHWB and set out in the Joint Health and Wellbeing Strategy are implemented.

To make recommendations to the Commissioner Forum which inform the development of strategic commissioning plans that shape health and care services.

To work with, and share intelligence with, the Commissioner and Provider forums of the NYHWB to ensure that our collective ambition is informed by a shared understanding of progress and challenges delivering transformational change of health and social care outcomes in North Yorkshire.

To lead the implementation of the Better Care Fund and the development of a performance framework that supports the further integration of health and social care and provides analysis and trend data of BCF schemes.

To lead the development of a Health and Wellbeing dashboard that measures progress against priorities identified in the Joint Health and Wellbeing Strategy.

To provide assurance to the NYHWB that key implementation risks related to the BCF and other priorities identified within the JHWS are understood and mitigation plans are in place

To establish a range of cross system task and finish groups that can provide short term capacity and shared expertise to develop strategies or enable implementation of local and county wide plans.

To commission regular reports from Local Transformation Boards which demonstrate progress, provide assurance and provide an opportunity to share good practice with each other and the NYHWB

To provide a means of resolving issues raised by the local transformation boards from across the health and care system, as part of an escalation process.

**Membership and frequency**

Membership will comprise nominated senior representation from NHS commissioners and providers, NYCC (HAS, CYPS and Public Health) commissioners and providers, the Independent Care Group, District Councils, VCS and Police.



The NYDB to meet quarterly with a NHS Chief Officer to Chair on a rotating annual basis. Local Government Chief Officer to Vice Chair. To note this reflects the current Chair arrangements for HWB where The Chairman is the NYCC Executive Member for Health and Adult Services and the Vice Chair is a NHS Chief Officer.

### **Sponsorship**

The North Yorkshire Delivery Board is sponsored by the NY Health and Wellbeing Board and will report to the NYHWB on progress, developing strategies and implementing plans that align with priorities set out in the refreshed Joint health and Wellbeing Strategy. The NYDB will receive work from NYHWB, influence NYHWB agendas and make recommendations to NYHWB.

Members of the NYDB to be identified as lead sponsors of work programme outlined with responsibility for reporting progress to the NYDB and the NYHWB.

The NYDB will have a key relationship with the Commissioner Forum so that system wide intelligence is available to inform strategic commissioning decisions.

### **Frequency of meetings**

To meet quarterly and review frequency in October 2015 to ensure the frequency of meetings provides sufficient capacity to manage NYHWB business.

**NORTH YORKSHIRE DELIVERY BOARD**  
**Notes of a meeting held on 9 April 2015 at 2.00 pm**  
**Boardroom, Sovereign House,**  
**York**

**Present:**

Janet Probert	Partnership Commissioning Unit
Kathy Clark	NYCC
Richard Webb	NYCC
Keith Cheesman	NYCC
Wendy Balmain	NYCC
Jane Wilkinson	NYCC (Note taker)
Ros Tolcher	Harrogate & District NHS Foundation Trust
Mike Proctor	York Teaching Hosp NHS Foundation Trust
Martin Barkley	TEWV NHS Foundation Trust
Lynn Parkinson (substitute)	Leeds & York NHS Trust
Simon Cox	Scarborough & Ryedale CCG
Anthony Fitzgerald	Harrogate and Rural District CCG
Richard Mellor	H'Ton Rich/shire & Whitby CCG
Debbie Newton	H'Ton & Rich/shire & Whitby CCG
Michael Ash McMahon (substitute)	Vale of York CCG
Mike Padgham	Independent Care Group
Jenni Newberry	North Yorkshire Police (Head of Commissioning)

**Apologies:**

Amanda Bloor	Harrogate & Rural District CCG
Sue Pitkethly	AWC CCG
Rachel Potts	Vale of York CCG
Janet Waggott	District Councils Representative
Andrew Copley	Airedale NHS Foundation Trust
Christopher Butler	Leeds & York NHS Trust
Pete Dwyer	NYCC

		<b>Action</b>
	<b>Richard Webb in the Chair</b>	
<b>1.</b>	<p><b><u>PREVIOUS NY DELIVERY BOARD MEETING</u></b></p> <p>(1) Notes of NY Delivery Board held on 15 January 2015: Agreed</p> <p>(2) Outstanding action points from meeting held on 15 January 2015:</p> <p>Care Act Training For Partner Organisations: Work Programme to be developed and circulated:</p> <p>Strategic Estate Planning: Local Transformation Boards better placed to do this work.</p> <p><b>Agreed</b></p> <ul style="list-style-type: none"> <li>• <b>Chairs of Local Transformation Boards to do scoping work on Strategic Estate Planning over course of next three months</b></li> </ul>	<b>RW</b>

2.	<p><b><u>TERMS OF REFERENCE</u></b></p> <p>Draft terms of reference for:-</p> <ul style="list-style-type: none"> <li>• North Yorkshire Delivery Board</li> <li>• North Yorkshire Commissioner Forum</li> </ul> <p>distributed with the papers.</p> <p>Members were asked to forward any comments to Wendy Balmain asap. Both Terms of Reference to be submitted to June meeting of HWB for information.</p> <p>Requests seeking membership of the NYDB received from Local Medical Committee (LMC) and Healthwatch were discussed. It was agreed that the key function of the Board was to support the delivery of the HWB business, ensuring that the agreed priorities set out in the Joint Health &amp; Wellbeing Strategy were implemented. This led the Board to the view that other forums aligned more closely to the remit of these organisations and, therefore, it was agreed that the LMC should not form part of the membership of the Board. Members highlighted the need for the Board to improve public engagement/involvement and for this work to be added to the work programme. Given this, it was agreed that Healthwatch be invited to nominate a representative to be a non-voting member of the Board.</p> <p><b>Agreed</b></p> <ul style="list-style-type: none"> <li>• <b>Copies of all NYDB meetings notes to be included on agenda of meetings of the NY Health &amp; Wellbeing Board</b></li> <li>• <b>Draft mins of NYDB to be circulated to all members of NYDB for comment/amendment prior to being published as part of Health &amp; Wellbeing Board agenda papers</b></li> <li>• <b>Membership of NYDB to be reviewed on an annual basis</b></li> <li>• <b>Healthwatch to be invited to nominate a representative to be a non-voting member of the NYDB</b></li> <li>• <b>Work on public engagement/involvement to be added to work programme</b></li> <li>• <b>Amanda Bloor to be appointed as Chair of NY Delivery Board for next 12 months</b></li> <li>• <b>Richard Webb to be appointed as Vice Chair of NY Delivery Board for next 12 months.</b></li> </ul>	<p>WB/JW</p> <p>JW</p> <p>WB</p> <p>WB/RW /AB</p>
3	<p><b><u>Workforce</u></b></p> <p>Discussion paper distributed with the papers in response to HWB resolutions made at its February meeting in respect of 'winter planning' item.</p> <p>General consensus NYDB was that there was a case for compiling workforce information with a view to addressing issues on a joint basis.</p> <p>Recruitment and retention were identified as the main priorities. A</p>	

	<p>dual approach was favoured that would allow either a county wide or local approach to be followed dependent upon the service model in question.</p> <p>Member organisations were asked to supply any data they had to evidence of workforce shortfalls.</p> <p>A shortage of nurses in the independent sector was highlighted.</p> <p>Also highlighted was the shortfall in the number of nurses undergoing training. Difficulties retaining staff in the locality following completion of professional qualifications further exacerbated the problem. It was reported that previous attempts to influence nursing recruitment programmes had proved unsuccessful.</p> <p>The shift towards care being provided in the community had workforce implications for all partners that would benefit from further scoping work.</p> <p>It was agreed that a task group be established to primarily look at strengthening recruitment and branding on a county wide basis. It was suggested that the task group should concentrate on building for long term success as opposed to a quick fix.</p> <p>The task group was asked to investigate an initiative in Lancashire where student nurses paid their own training fees as opposed to the traditional vocational route. Initial indications were that nurses who completed their training via this route were more likely to be from the local area and have higher levels of commitment. The task group was also asked to consider the possibility of establishing a North Yorkshire health and social care academy.</p> <p><b>Agreed</b></p> <ul style="list-style-type: none"> <li>• <b>That a workforce task group be established to look at the recruitment of health and social care professionals on a countywide basis</b></li> <li>• <b>Nominations for membership of the workforce task group to be forwarded to Vicky Pleydell</b></li> <li>• <b>That the LEP be approached and asked to identify someone to assist with the work of the task group</b></li> </ul>	<p>VP</p> <p>ALL</p> <p>MB</p>
4.	<p><b><u>Joint Health &amp; Wellbeing Strategy/HWB Development Session</u></b></p> <p>Notes of the HWB development session held on 25 March 2015 circulated by WB prior to the meeting</p> <p>It was reported that feedback following the event had been positive and Members felt better able to work together in the future. Between Members there was a lot of consensus, about the JHWBS, the challenge was now to implement it. The NYDB was supportive of a suggestion to hold a similar event later in the year using the same facilitator.</p> <p>Copies of the Ground Rules for HWB as agreed at the</p>	<p>WB</p>

	<p>development session were tabled. The intention was that the Ground Rules would be referred to the June HWB meeting for approval and adoption. Members were asked to relay any comments in respect of the Ground Rules to WB asap.</p> <p>At the HWB development session attendees had reviewed the Joint Health &amp; Well Being Strategy. A copy of the revised Strategy incorporating their comments had been circulated and Members were asked to comment. WB agreed to incorporate the comments made that day into a refreshed version of the Strategy to be referred to the HWB meeting in June for approval.</p> <p>In discussion it was agreed that a performance framework should be devised to support implementation of JHWBS. This could involve having a lead sponsor assigned to each of the outcomes. Responsibility for monitoring delivery to rest with Local Transformation Boards and a dashboard devised.</p> <p>NYDB to maintain oversight of progress through Local Transformation Boards via regular updates.</p> <p>All partners agreed that in future it was essential that progress against JHWBS targets was able to be evidenced and quantified.</p>	
5.	<p><u>Tobacco Control Strategy</u></p> <p>Members were unanimous in their support of the Strategy.</p> <p>Responsibility for the future funding of stop-smoking services was discussed and it was agreed that a meeting be arranged between the relevant parties to clarify the situation.</p> <p>It was noted that as from 2016 all hospitals would be smoke free and would have in place a nicotine free policy.</p> <p><b>Agreed</b></p> <ul style="list-style-type: none"> <li>• <b>That a meeting between public health officers and representatives of CCGs be arranged to agree the commissioning model for stop-smoking services and arrangements for procurement of the contract.</b></li> <li>• <b>That the NYDB supports in principal the vision and priorities of the Tobacco Control Strategy.</b></li> </ul>	
6.	<p><u>BCF Dashboard</u></p> <p>Comments were sought on a draft performance reporting framework for the Better Care Fund that had been distributed with papers.</p> <p>Assurances were given that within the system there was sufficient capacity available to produce regular reports.</p> <p>The reporting framework was agreed in its current format with the proviso that it could be adjusted if it became apparent that amendments were needed once it was in operation.</p>	

	<p>It was noted that a populated version of the reporting framework would be considered at the May meeting of the Commissioner Forum. NYDB members asked to be supplied with a copy of the populated report when available.</p> <p><b>Agreed:</b></p> <ul style="list-style-type: none"> <li>• <b>That the format of the BCF performance reporting framework be approved.</b></li> <li>• <b>That a copy of the BCF populated performance report referred to the Commissioner Forum be distributed to members of the NYDB when available.</b></li> </ul>	<b>KC</b>
10.	<p><u>Forward Work Programme</u></p> <p>Health &amp; Well Being Board Potential items for inclusion on the Agenda of the June meeting included:-</p> <ol style="list-style-type: none"> <li>1. Refresh of Joint Health &amp; Wellbeing Strategy</li> <li>2. Mental Health Green Paper</li> <li>3. Integration – New Models of Care – Vanguard</li> <li>4. Workforce – oral update</li> <li>5. Tobacco Control Strategy</li> <li>6. Domestic Abuse Strategy</li> </ol> <p>NY Delivery Board Members were asked to forward suggestions for agenda item for the July meeting to WB</p>	
11	<p><u>Reports from Partner Organisations</u></p> <p>TEWV</p> <ul style="list-style-type: none"> <li>• Anticipated receipt of CQC report the following day.</li> </ul> <p>North Yorkshire Police</p> <ul style="list-style-type: none"> <li>• A new service recently launched supporting victims of crime.</li> </ul> <p>NYCC</p> <ul style="list-style-type: none"> <li>• Care Act – Meeting to discuss impact of delayed discharges arranged.</li> <li>• Camphill Village Trust – Botton Village – Legal proceedings continuing</li> </ul> <p>Partnership Commissioning Unit</p> <ul style="list-style-type: none"> <li>• CAMHS Health Task Group now published long awaited report Future In Minds.</li> </ul> <p>Scarborough &amp; Ryedale CCG</p> <ul style="list-style-type: none"> <li>• Primary Care Co-Commissioning – progress continuing</li> <li>• Scarborough Street Triage Pilot - results being compiled hope to extend countywide</li> </ul>	
12.	<p><u>Date &amp; Time of Future Meetings</u></p> <p>North Yorkshire Delivery Board</p>	

	9 July 2015 at 2.00pm at Jesmond House, Harrogate 8 October 2015 at 2.00pm at Jesmond House, Harrogate 14 January 2016 at 2.00pm at Jesmond House, Harrogate	
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### WORK PROGRAMME/CALENDAR OF MEETINGS 2015/2016

June 2015

			ADDITIONAL NOTES
July 2015	Friday 10 July 2015 at 10.30 am Meeting Cancelled	<u>Strategy</u> <u>Assurance</u> <u>Information Sharing</u>	Report Deadline Mon 29 June 2015
Aug 2015			Agenda Planning Meeting 13/14 August 2015
Sept 2015	Wednesday 30 September 2015 at 2.00pm  Venue Craven	<u>Strategy</u> <ul style="list-style-type: none"> <li>• Annual report Director of Public Health (Contact Lincoln Sargeant)</li> <li>• Joint Health &amp; Wellbeing Strategy</li> </ul> <u>Assurance</u> <ul style="list-style-type: none"> <li>• Local Account</li> <li>• Mental Health Strategy</li> <li>• Safeguarding Protocol</li> <li>• Annual Report Children's Safeguarding Board</li> </ul>	Report Deadline Fri 18 Sept 2015



			<ul style="list-style-type: none"> <li>• Annual Report Adults Safeguarding Board</li> <li>• Autism Strategy (Consultation results)(Contact Sally Ritchie)</li> <li>• Tobacco Control Strategy 2015/2018 (Contact Emma Davis)</li> </ul> <u>Information Sharing</u> <ul style="list-style-type: none"> <li>• Notes NY Delivery Board</li> </ul>		
<b>Oct 2015</b>	Monday 26 October 2015 – Morning Venue-Northallerton	Monday 26 October 2015 – Morning Venue-Northallerton	HWB Development Session		<i>Agenda Planning Briefing</i>
<b>Nov 2015</b>	Friday 27 November 2015 at 10.30 am	Friday 27 November 2015 at 10.30 am	<u>Strategy</u> <ul style="list-style-type: none"> <li>• Integration Narrative/principles</li> <li>• Workforce Update</li> </ul> <u>Assurance</u> <u>Information Sharing</u> <ul style="list-style-type: none"> <li>• Notes NY Delivery Board</li> </ul>		<i>Report Deadline Mon 16 November 2015</i>
<b>Dec 2015</b>					
<b>Jan 2016</b>					<i>Agenda Planning Briefing</i>
<b>February 2016</b>	Wednesday 24 February 2016 at 2.00pm	Wednesday 24 February 2016 at 2.00pm	<u>Strategy</u> <u>Assurance</u>		<i>Report Deadline Friday 12 February 2016</i>

			<u>Information Sharing</u> • Notes NY Delivery Board	
March 2016				Agenda Planning Briefing
Apr 2016				
May 2016	Friday 6 May 2016 at 10.30 am	<u>Strategy</u> <u>Assurance</u> <u>Information Sharing</u> • Notes NY Delivery Board		Report Deadline Mon 25 April 2016