

## North Yorkshire Health and Well-being Board

**Minutes of the meeting held on Wednesday 30 September 2015 at 2.00 pm at  
The Rosewood, Herriots Hotel, Skipton, BD23 1RT**

**Present:-**

<b>Board Members</b>	<b>Constituent Organisation</b>
<b>County Councillors</b>	
County Councillor Clare Wood <b>(Chairman)</b>	North Yorkshire County Council Executive Member for Adult Social Care & Health Integration
County Councillor David Chance	North Yorkshire County Council Executive Member for Stronger Communities & Public Health
County Councillor Janet Sanderson	North Yorkshire County Council Executive Member for Children & Young People's Service
<b>Local Authority Officers</b>	
Richard Flinton	North Yorkshire County Council Chief Executive
Richard Webb	North Yorkshire County Council Corporate Director – Health & Adult Services
Dr Lincoln Sargeant	North Yorkshire County Council Director of Public Health
Janet Waggott	Ryedale District Council Chief Executive
<b>Clinical Commissioning Groups</b>	
Dr Colin Renwick	Airedale, Wharfedale & Craven CCG
Dr Vicky Pleydell	Hambleton, Richmondshire & Whitby CCG
Amanda Bloor (Vice Chairman)	Harrogate & Rural District CCG
Simon Cox	Scarborough & Ryedale CCG
Andrew Philips (informal substitute)	Vale of York CCG
<b>Other Members</b>	
Gillian Laurence (substitute)	NHS England NY & Humber Area Team
Sir Michael Carlisle	Chairman, North Yorkshire Healthwatch
Alex Bird	Voluntary Sector (North Yorkshire and York Forum)
<b>Co-opted Members (voting)</b>	
Adele Coulthard (substitute)	Mental Health Trust Representative Tees Esk & Wear Valleys NHS Foundation Trust

**In Attendance:-**

County Councillor Jim Clark (Chair, Scrutiny of Health Committee); David Ita (Healthwatch); and Janet Probert (Partnership Commissioning Unit)

North Yorkshire County Council officers: Wendy Balmain, Kathy Clark, Gavin Halligan-Davis, Anne-Marie Lubanski, Gail McCracken and Elaine Wyllie (NYCC Health & Adult Services), Kate Arscott and Jane Wilkinson (NYCC Legal & Democratic Services), Sarah Parvin (Business Support).

4 members of the public

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

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**110. Apologies for absence**

Apologies for absence were submitted by Pete Dwyer (North Yorkshire County Council Corporate Director, Children & Young People's Service), Dr Mark Hayes (Vale of York CCG), Julie Warren (NHS England), Martin Barkley (Mental Health Trusts) and Patrick Crowley (Acute Hospitals).

**111. Minutes****Resolved -**

That the Minutes of the meeting held on 3 June 2015 be approved as an accurate record.

**112. Public Questions or Statements**

Notice had been given of three contributions, two of which were related to item 7, Mental Health Strategy, and were taken under this agenda item.

Mr James Monkfield asked whether the Health and Wellbeing Board had any plans to include military input within its membership. He expressed concerns about increasing numbers of ex-servicemen with health and mental health issues, whose families do not feel equipped to support them. He expressed specific concerns in relation to services in the Craven area.

In response, the Chair and Members of the Board acknowledged the importance of this issue and indicated that a specific paper on military health was due to be presented at the Board's next meeting. It was also noted that specific reference was made to the needs of military families and veterans in the mental health strategy, which was included on the agenda for this meeting.

In terms of the membership of the Board, it was noted that there was limited discretion as to who could be appointed. With regard to services in the Craven area, Colin Renwick agreed to speak to Mr Monkfield outside the meeting and provide him with contact details.

**113. Presentation on Falls Prevention**

Considered -

A presentation by Gail McCracken, Falls Co-ordinator, regarding Falls Prevention, related to the Joint Health and Wellbeing Strategy theme: Live Well and Age Well.

Gail McCracken outlined the scale of the issue, with around 42,000 falls each year in North Yorkshire, and around 50% of admissions to hospitals to care homes related to falls. She referred to the human cost in pain, distress and loss of confidence leading to the risk of future falls and potentially to isolation, depression and loss of independence.

A fall was defined as an unintentional or unexpected loss of balance resulting in coming to rest on the floor, the ground or an object below knee level. A distinction was made between a fall and a collapse due to an acute medical problem. It was stressed that it was not inevitable that people would fall as they got older.

Gail outlined the work being undertaken through Better Care Fund (BCF) funding including a Falls Pathway group and an implementation plan with 12 objectives. It was the intention to make widespread use of opportunities to identify those at risk; to support providers of care to have systems in place to prevent and manage falls; and to ensure access to the full range of interventions to meet different levels of need and risk. Current levels of provision varied across the county.

In summary the ambition was to make a difference through:

- An agreed screening tool for all agencies to use
- An agreed minimum data set for assessments
- Quality standards for providers
- A full range of exercise group provision
- Greater capacity in statutory teams
- Involvement of the voluntary sector
- Greater awareness from the public and agencies

The key issues raised in discussion were:

- The arrangements for assessing projects such as this within the time limited funding period, and the impact on future sustainability of new initiatives. It was noted that the Transformation Boards were the appropriate forum for considering such matters and the use of transitional funding to extend Innovation Fund projects to gather further evidence.
- The need for greater publicity around falls prevention, although recognising the excellent information available on the Age UK website, and the intention to include information on the County Council's website
- A role for the Delivery Board to monitor progress

#### **Resolved -**

That the presentation be noted.

#### **114. Joint Health and Wellbeing Strategy**

Considered -

The report by Amanda Bloor, Chief Officer, Harrogate and Rural District CCG, bringing the draft Joint Health and Wellbeing Strategy before the Board following consultation with the public and wider partners. Following approval by the Board the strategy will be used as the overarching framework for ensuring delivery of the Board's priorities.

Amanda Bloor outlined the developments that had taken place since the June meeting of the Board, and reported on the feedback from consultation and how this had been reflected in changes to the draft. In particular the Board needed to consider a proposal that a separate theme on 'dying well' be added to the strategy.

The importance of the section on measurement was highlighted in terms of the partnership holding itself to account and demonstrating to the public that the strategy was being delivered. Further work was required in this area. Wendy Balmain, Assistant Director Integration, NYCC Health and Adult Services, indicated that it was planned to broaden the remit of the Better Care Fund performance function to encompass this role.

It was proposed that the next Health and Wellbeing Board Development Session should focus on implementation of the strategy. Members were advised that this session needed to be deferred from the original date of 26 October due to the number of apologies received. It was agreed to reschedule the Development Session to Monday 14 December.

Following discussion, the inclusion of a separate theme on 'dying well' was supported. It was agreed that the necessary changes to the text to implement this should be drafted in consultation with the Chairman and Vice Chairman. A final version of the strategy would then be brought back to the next meeting of the Health and Wellbeing Board to be signed off.

In reference to the earlier public question, it was also agreed that explicit reference should be made in the final document to the health and wellbeing of the military and veterans.

The Chair placed on record the Board's thanks to Amanda Bloor as sponsor for the Strategy, to Wendy Balmain and Elaine Wyllie from Health and Adult Services, and to all others involved, including consultation participants, for their contribution to producing the final draft strategy.

#### **Resolved -**

- (a) That the work undertaken by the task and finish group in producing the final draft strategy and the support of partners in seeking/providing feedback throughout the consultation be acknowledged.
- (b) That the feedback received throughout the consultation and the changes approved made within the strategy document be received and noted.
- (c) That the changes necessary with regard to the suggestion of including a separate theme on 'dying well' be agreed, and that a revised draft of the text be circulated for comments prior to being reported back to the next meeting of the Health and Wellbeing Board for sign off.
- (d) That the design concept be approved in principle.
- (e) That the intention that strategies/work programmes are clearly linked to the Joint Health and Wellbeing Strategy outcomes be supported.
- (f) That the use of some of the rescheduled Board development session on 14 December 2015 to further develop the five elements described in the strategy for measuring success be supported.

#### **115. 2015 Annual Report of the Director of Public Health for North Yorkshire**

Considered -

The report of the Director for Public Health for North Yorkshire presenting the Annual Report of the Director for Public Health for North Yorkshire 2015, "The health of our children: Growing up healthy in North Yorkshire".

In presenting his third annual report, Dr Lincoln Sargeant reminded the Board that he had adopted a thematic approach to these reports. This year's report focused on the journey from birth to early adulthood and chimed with the Starting Well theme of the Joint Health and Wellbeing Strategy considered under the previous agenda item.

The report considered how all partners can work together to remove or reduce the barriers and obstacles that some children face through no fault of their own. Resilience was a key feature of the report.

The Health and Wellbeing Board was asked to receive the report and to consider the actions that Members can take to implement the recommendations contained in the annual report, which related to the following areas:

- (a) Child Poverty
- (b) 0-5 Healthy Child Programme
- (c) Parenting Programmes
- (d) Childhood Obesity
- (e) PSHE in Schools
- (f) Maximise opportunities for Future in Mind

Members strongly welcomed the report and noted that it would also be presented to the various constituent organisations of this Board, as well as to the Children's Trust Board.

Lincoln Sargeant confirmed that the public health team was working with colleagues in Children and Young People's Services to look at updating the child poverty assessment measures.

#### **Resolved –**

That the Annual Report of the Director for Public Health for North Yorkshire 2015 "The health of our children: Growing up healthy in North Yorkshire" be received and that the recommendations in the report be noted.

#### **116. Mental Health Strategy**

Considered -

The joint report of Dr Vicky Pleydell, Hambleton, Richmondshire and Whitby CCG and Richard Webb, Corporate Director - Health and Adult Services, presenting the final draft of the Mental Health Strategy for North Yorkshire.

At this point in the meeting the two public contributions related to the Mental Health Strategy were taken.

Nigel Ayre, City of York Councillor, welcomed the document. He spoke of his experience of working in the mental health field and endorsed the sentiments expressed in the strategy as well as commending the consultation and engagement with service users and stakeholders that had taken place. He identified two key challenges for delivery of the strategy: the importance of early intervention and the potential of the voluntary sector to play a key role. He also raised his concern about the precarious funding position of the local Mental Health Forums and sought a commitment from Health and Wellbeing Board members to do everything possible to ensure these forums continued to operate.

Mr Ian Fulton endorsed the previous speaker's comments and asked the Board "Will the Mental Health Strategy Implementation Plan include closer connection between various other services, particularly where mental illness is the pre-cursor to drug and

alcohol dependency, where there is either a misdiagnosis of mental illness which is really a personality disorder matter which is not adequately dealt with by psychiatry also or where presentations to psychiatric professionals are misdiagnosed when they are perhaps a condition on the autistic spectrum which psychiatry doesn't deal with. How will various strategies be connected which are separate but when misdiagnosis of mental illness means that the person doesn't get treatment as psychiatry does not recognise conditions which are outside its sphere of expertise?"

The Chair thanked both speakers for their positive endorsement of the work undertaken in developing the strategy.

Janet Probert, Director of the Partnership Commissioning Unit, and Kathy Clark, Assistant Director Commissioning, NYCC Health and Adult Services, presented the strategy and outlined the further work that had been undertaken since the initial draft strategy was presented to the Board in June 2015. The Board was now asked to approve the strategy for implementation, and to agree the arrangements for holding partners to account for delivery.

The report identified twelve initial joint actions, which were intended to be realistic and achievable within current resources. In common with the Joint Health and Wellbeing Strategy, the mental health strategy set out an ambition for the right level of specialist support and general community support. There was a focus on outcomes and new models of care to achieve value added for those with mental health challenges. An implementation plan with clear timescales would be developed over the next 3 months and would be included on the website.

In response to the issues raised by the speakers, the clear commitment to a consistent and strong conversation involving users, the voluntary sector and professionals was stressed. In particular Amanda Bloor confirmed that the Harrogate & Rural District CCG was looking at alternative approaches to supporting the local Forum.

The economic case for mental health and the impact on the economy of working days lost was highlighted.

Members of the Board welcomed the document and the work that had gone in from all involved, including service users, to develop it to this stage. It was noted that all CCGs have committed additional funding to mental health issues, reflecting the collective ambition and commitment.

In discussing the future accountability and reporting arrangements, it was acknowledged that further thought needed to be given to how the Health and Wellbeing Board itself could have meaningful discussions on the progress of this and other strategies. It was noted that this would be considered as part of the Board Development Session on 14 December.

#### **Resolved -**

- (a) That the Strategy be approved.
- (b) That information about the Strategy is developed to coincide with World Mental Health Day (10 October 2015).
- (c) That the monitoring arrangements for delivery be agreed as set out in paragraph 5.2 of the report, which will then report to the Delivery Group of the Health and Wellbeing Board.

## **117. Tobacco Control Strategy**

Considered -

The report of Dr Lincoln Sargeant, Director of Public Health for North Yorkshire, presenting the North Yorkshire Tobacco Control Strategy and implementation plan, asking the Board to endorse the actions that member organisations can make that will contribute to the vision 'to inspire a smoke free generation' and asking the Board to agree to formally launch the Strategy.

In introducing the report, Lincoln Sargeant emphasised that smoking was still the single greatest cause of preventable deaths in North Yorkshire. The smoking cessation service had recently been retendered and a new provider engaged with a more aggressive approach. As most people start to smoke in their teens there was a particular emphasis on working with children and young people.

Mr James Monkfield asked why chewing tobacco was not addressed in the strategy. It was confirmed that the strategy focused on cigarette smoking as this was the area of highest use, and that similarly pipe and cigar smoking were not included.

The Board welcomed the clarity of the strategy.

**Resolved -**

That the North Yorkshire Tobacco Control Strategy and implementation plan be approved for launch throughout October.

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

Considered -

The report of the Corporate Director - Health and Adult Services and the Director of the Partnership Commissioning Unit, seeking the Board's approval of the Strategy for meeting the needs of children, families and adults with autism in North Yorkshire 2015-2020, to be published in October 2015, and also seeking the Board's approval to publish a brief document specifically for people with autism and the wider public, stating the overall ambitions for supporting people with autism in North Yorkshire up to 2020. This would be circulated to the Board for information when it was produced.

Mr Ian Fulton asked about progress on autism diagnostic assessments for adults and when a more local service would be available. In response it was confirmed that the service was being re-commissioned on a more local basis.

Anne-Marie Lubanski, Assistant Director Care & Support, NYCC, and Janet Probert, Director of the Partnership Commissioning Unit, introduced the strategy. They outlined the further work and inclusive consultation that had been undertaken in developing the strategy since the earlier draft presented to the Board. Once the strategy was approved an implementation plan would be devised. It was also highlighted that the consultation had raised the need for a much shorter user friendly version of the strategy and the Board's endorsement was sought for this approach.

It was emphasised that the strategy is all-age, and that it had been endorsed by District Councils and the Police. The Board also thanked the Scrutiny of Health Committee for its input. Examples of work on safe places involving the Police and railways were quoted.

The Board welcomed the strategy and the engagement work that had taken place in its development. Against a national record of high cost and variable quality of autism services it is a challenge to bring this provision into the mainstream and control costs. There is also a challenge in terms of awareness raising in the workplace as more people are recognised as having autism, and more people with autism are in work.

**Resolved -**

- (a) That the consulted draft strategy (market position statement) for meeting the needs of children, families and adults with autism in North Yorkshire 2015-2020 including the easy read version, policy framework document and the equality impact assessment is approved by the Health and Wellbeing Board to be published on 1 October 2015.
- (b) That the Health and Wellbeing Board grants approval for a 4-page strategy document designed by people with autism and NYCC/PCU staff to be published which gives accessible and clear information about North Yorkshire's ambitions for autism between 2015-2020.

**119. Better Care Fund Performance**

Considered -

The report of Wendy Balmain, Assistant Director Integration, NYCC Health and Adult Services, updating the Board on the first two quarterly Better Care Fund (BCF) reporting periods up to 30 June 2015 and considering progress implementing the BCF plan.

The report highlighted that performance reporting is heavily weighted towards reducing non elective admissions (NEAs) to hospital and this is the only metric that attracts performance payment. The report looked in detail at delivery against that metric but recognised that BCF delivery is interdependent with other health and social care transformation programmes and performance reducing NEAs is a system responsibility. The Chair reminded the Board of the collective responsibility of Board members towards this matter.

In debating the report, Members referred to the difficulty in measuring the impact of changes in a very short period of time, and also the anomalies with two different national data systems being employed. Those CCGs showing some improvement in reducing non electives shared some of their experience. It was acknowledged that this was a challenging area, and the Board noted that the Transformation Boards would be undertaking more detailed evaluation in order to inform a clearer understanding of progress for reporting back to the Health and Wellbeing Board. NHS England was also asked for feedback on specific queries that had been raised with them, and it was agreed that this would be followed up outside the meeting.

**Resolved -**

- (a) That it be noted that the quarterly performance reports will be shared with the North Yorkshire Delivery Board and Commissioner Forum in the first instance. These groups will continue to develop and monitor BCF implementation to provide assurance to HWB members about progress.
- (b) That it be noted that North Yorkshire BCF performance is below target for reducing NEAs after the first two quarters.



- (c) That it be noted that the Board will receive a report on progress evaluating BCF schemes from local Transformation Boards in November 2015 including implications for 2016/17 planning.

#### **120. Annual Reports**

The annual reports of the North Yorkshire Safeguarding Adults Board, North Yorkshire Safeguarding Children Board, North Yorkshire Healthwatch and North Yorkshire NHS Complaints Advocacy Service were presented to the Board for noting.

Members were informed that a representative from each of the organisations had been invited to attend the next meeting on 27 November 2015, in order to ensure that the Board can consider the key messages for its own work from these annual reports.

##### **Resolved -**

That the annual reports of the North Yorkshire Safeguarding Adults Board, North Yorkshire Safeguarding Children Board, North Yorkshire Healthwatch and North Yorkshire NHS Complaints Advocacy Service be noted.

#### **121. North Yorkshire Delivery Board Meeting Notes**

Considered -

The Committee received for information the draft notes of the meeting of the North Yorkshire Delivery Board held on 9 July 2015.

##### **Resolved -**

That the draft notes of the North Yorkshire Delivery Board meeting held on 9 July 2015 be noted.

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

Considered -

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

The Board noted that the Health and Wellbeing Board Development Session scheduled for 26 October 2015 had been postponed to 14 December 2015.

It was agreed that the next meeting of the Health and Wellbeing Board on 27 November 2015 would be held in Leyburn.

##### **Resolved -**

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

#### **123. Delegated Approval - Future in Mind**

Considered -

The joint report of Janet Probert, Director of Partnership Commissioning and Pete Dwyer, Corporate Director - Children and Young People's Service providing the Health and Wellbeing Board with an outline of Future in Mind, a summary of the work

undertaken to develop the Transformation Plan including engagement with key partners and the project timetable, seeking delegated authority from the Board to sign off the Transformation Plans within the prescribed timeframe.

It was noted that this matter was also due to be considered by the Children's Trust Board on 10 October 2015.

**Resolved -**

- (a) That the report be noted.
- (b) That the Chair, in consultation with the CCG appointed representative authority, be delegated to sign off the Transformation Plan prior to its submission to NHS England on 16 October 2015.

The meeting concluded at 4.40pm

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