

North Yorkshire Health and Wellbeing Board

**Minutes of the meeting held on Friday 27 November 2015 at
The Garden Rooms at Tennants, Leyburn, DL8 5SG**

Present:-

Board Members	Constituent Organisation
County Councillors	
County Councillor Clare Wood (Chairman)	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
Elected Member District Council Representative	
Richard Foster	Craven District Council Leader
Local Authority Officers	
Richard Webb	North Yorkshire County Council Corporate Director – Health & Adult Services
Peter Dwyer	North Yorkshire County Council Corporate Director - Children and Young People's Service
Dr Lincoln Sargeant	North Yorkshire County Council Director of Public Health
Janet Waggott	Ryedale District Council Chief Executive
Clinical Commissioning Groups	
Debbie Newton (substitute for Dr Vicky Pleydell)	Hambleton, Richmondshire & Whitby CCG
Amanda Bloor (Vice Chairman)	Harrogate & Rural District CCG
Simon Cox	Scarborough & Ryedale CCG
Andrew Phillips (substitute for Dr Mark Hayes)	Vale of York CCG
Other Members	
Shaun Jones	NHS England North Yorkshire & Humber Area Team
Sir Michael Carlisle	Chairman, Healthwatch, North Yorkshire
Alex Bird	Voluntary Sector (North Yorkshire and York Forum)
Co-opted Members (voting)	
Adele Coulthard (substitute for Martin Barkley)	Mental Health Trust Representative Tees Esk & Wear Valleys NHS Foundation Trust
Patrick Crowley	Acute Hospital Representative Chief Executive, York Teaching Hospital NHS Foundation Trust

In Attendance:-

Jane Booth (Cloverleaf), County Councillor Jim Clark (Chair, Scrutiny of Health Committee); Jonathan Phillips (Independent Chair, Safeguarding Adults Board) and Janet Probert (Director, Partnership Commissioning Unit).

North Yorkshire County Council Officers:

Wendy Balmain, Gavin Halligan-Davis and Elaine Wyllie (Health & Adult Services), Kate Arscott and Patrick Duffy (Legal & Democratic Services) and Sarah Parvin (Business Support).

One member of the public.

Copies of all documents considered are in the Minute Book

124. Apologies for absence

Apologies for absence were submitted by:

Martin Barkley, Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust
Richard Flinton, Chief Executive, North Yorkshire County Council.
Dr Vicky Pleydell, Hambleton, Richmondshire and Whitby CCG.
Dr Colin Renwick, Airedale, Wharfedale and Craven CCG.
County Councillor Janet Sanderson.

125 Changes in Membership

The Board was asked to note the following changes in Membership which will also be reflected in the North Yorkshire Delivery Board and the Commissioner Forum representation:-

- Shaun Jones has replaced Julie Warren as the NHS England representative (Julie Warren is now the designated substitute).
- Janet Probert will replace Vicky Pleydell as the Hambleton, Richmondshire and Whitby CCG representative from 1 December 2015. Debbie Newton will continue as the designated substitute.

The Board also noted that Victoria Pilkington will replace Janet Probert as the Partnership Commissioning Unit representative on the North Yorkshire Delivery Board.

126 Chairman's Announcements

The Chairman welcomed Councillor Richard Foster and Shaun Jones, as new Board Members, to their first meeting of the Board and Patrick Duffy, who has taken over clerking responsibilities for the Board.

127. Minutes

Resolved - That the Minutes of the meeting held on 30 September 2015 are approved as an accurate record.

128. Public Questions or Statements

None had been received.

129. Safeguarding Adults Board and Safeguarding Children Board and Healthwatch and Cloverleaf

A series of presentations provided the Board with an opportunity to gain an understanding of the work and the key issues relating to the Health and Wellbeing Board from the above stakeholders. The presentations were split into two parts:

Part 1 Safeguarding Adults Board and Safeguarding Children Board

Safeguarding Adults Board

Jonathan Phillips advised Members that there are four main elements to its Strategic Plan:

- Awareness and Empowerment
- Prevention
- Protection and Personalisation
- Partnership and Accountability

He added that the key issues for the Safeguarding Adults Board are:-

- Ensuring that standards in care homes remain high
- The role of primary care
- Transitions – more work is required linked to sexual exploitation
- Safeguarding impact assessment. He wondered whether the Board would be prepared to sponsor a piece of work looking at the impact on safeguarding capacity of the partner agency budget plans for 2016-17 and beyond.

Janet Probert commented that there has been good collaborative working across wider areas and the fact that organisations are working to the same procedures is also positive. Jonathan Phillips has been pivotal to this.

Andrew Phillips enquired whether with, for example, rural communities during bad weather, there is any escalation of safeguarding provision. Richard Webb advised that contingency plans are part of Health and Adult Services' normal winter planning arrangements.

Janet Waggott, advised that Ryedale District Council has signed up to the Policy and was keen to know what more they could do. Jonathan Phillips responded that the Board wanted to set out the respective responsibilities of partners more clearly so that partners would themselves ensure due diligence, and so that people know who to contact in any situation. Richard Webb felt this is key and that the role of housing is particularly important, to enable the identification of people who are not known to statutory services.

The Chairman concluded that there is now increased awareness about safeguarding, but that there is more to do. The Board will consider the request to sponsor a piece of work around safeguarding assurance.

The Chairman noted that Jonathan Phillips is leaving his role as Independent Chair of the Safeguarding Adults Board and thanked him for his excellent work over the years.

Safeguarding Children Board

Pete Dwyer, Corporate Director for Children and Young People's Service, on behalf of Nick Frost, the Independent Chair of the Safeguarding Children Board, highlighted the following aspects:

- The Safeguarding Children Board is long established. With its predecessor, the Area Child Protection Committees, there is a 40 year history of safeguarding arrangements in children's services.
- The Safeguarding Children Board has strong, high level representation and benefits from pooled budgets to take forward work between meetings.
- Last year OFSTED rated it as "Good".

- There is a degree of overlap between the Health and Wellbeing Board, Safeguarding Adults Board and the Safeguarding Children Board and the respective roles of each Board is set out in the Partnership Protocol submitted for approval today.
- Three main issues faced the Safeguarding Children Board: domestic abuse; child sexual exploitation; and risks around radicalisation.
- Communication with GPs noted as an area for further development.

Jonathan Phillips stated that a seamless approach is required for dealing with sexual exploitation, domestic violence and radicalisation for young people at transition e.g. moving between children's and adult services.

Resolved – To continue to work closely with Safeguarding Boards to ensure the Health and Wellbeing Board can be assured that health and care services continue to reflect best practice in keeping people safe.

Part 2 Healthwatch and Cloverleaf

Healthwatch

Sir Michael Carlisle highlighted some of the key achievements of the organisation. He advised the Board that Healthwatch has decentralised local networks and volunteers, whilst establishing a strong strategic presence. Other achievements include:

- Using "Enter and View" to capture patient and user experience and offer additional assurance to commissioners.
- Working on both a geographic and thematic basis.
- Highlighting the views of hard to reach groups.
- Responding to new initiatives.

Looking ahead, one of the key priorities is to ensure that the views of patients and the public are at the heart of all strategic decisions. In this regard, the three big issues that Healthwatch will be focussing on are:

- Hospital discharge
- End of life care
- Primary Care issues

Another key development will be the move towards becoming an independent organisation by April 2017.

Sir Michael noted that the use of telemedicine in Airedale has the potential to make a real difference and consideration should be given to adopting this scheme across other CCG areas.

Cloverleaf

A thought provoking presentation was made by Jane Booth, a Complaints Advocate for Cloverleaf, setting out why complaints really matter in helping organisations learn and improve their services.

The NHS delivers a good service to patients but still receives over 500 complaints each day and Healthwatch estimates that only one in five people who want to complain, actually do so.

Amanda Bloor commented that patient feedback and stories are powerful mechanisms for change and that collectively health in North Yorkshire is moving forward in relation to using these sources.

Richard Webb noted that the points raised by the Cloverleaf presentation could apply equally to all public services and as a Board we should continue to listen to people who use services to improve how we commission health and care for the future.

Resolved - That the presentations from stakeholders and subsequent discussions on the issues identified are noted.

Resolved - That the presentations are to be emailed to Members of the Board.

130. Joint Health and Wellbeing Strategy 2015-2020

Wendy Balmain presented a paper which sought approval for the Joint Health and Wellbeing Strategy and advised that:

- A section on “Dying Well” has now been included following consultation and agreement by Board Members.
- Military health is noted in the new Strategy as an area for further development by local commissioners.
- The Board’s Development Day on 14 December 2015 will start the process of moving from strategy to action with the caveat that the agreed outcomes would and are being shaped by the work programmes of local transformation boards to reflect the needs of place. The Board will provide assurance across the whole Strategy.

Sir Michael Carlisle commented that the issue of good transport needs to be referred to in the Strategy and it was agreed that this would be reflected.

Resolved - That the final version of the Joint Health and Wellbeing Strategy is approved by the Board, subject to minor amendments being made by Wendy Balmain, and will be forwarded to the Executive for recommendation to County Council on 17 February 2016.

131. Commissioning for Military Populations across North Yorkshire

Debbie Newton, Hambleton, Richmondshire and Whitby CCG, presented this item. The supporting paper described why effective services are so important for this population and outlined proposals intended to strengthen the process of effective joint working to achieve better health outcomes. She thanked partners for their contribution to the report and made the following points:

- People generally think of the military population as those currently serving however, veterans, reservists and army dependents also need to be considered.
- The largest military population in North Yorkshire was within the Hambleton, Richmondshire and Whitby CCG area.
- Richmondshire District Council has submitted an expression of interest in the Healthy Towns Initiative.

The Chairman said that she welcomed this initiative and appreciated the input of partners around the table to produce the paper.

Pete Dwyer spoke positively about the Healthy Towns Initiative and commented that flows in and out of the Garrison could create pressure on school populations but this

should not deflect from ensuring that the right support is in place for families and children.

Alex Bird referred to the important role of the voluntary sector, noting they had also submitted a bid for funding.

Dr Lincoln Sargeant stated that public health initiatives are also available to support military health populations, for example smoking cessation.

Resolved - That the Board recognise the importance of the military population and their associated health and social needs and that the learning arising from the local initiatives is shared between partners to maximise impact.

132. Future in Mind: Transforming Support for Children and Young People's Mental Health and Wellbeing

Janet Probert, Director of Partnership Commissioning Unit, spoke to this item, explaining the work undertaken to develop the Local Transformation Plan. The report sets out the priorities and actions proposed for inclusion in the Plan; the funding, governance and monitoring arrangements and the implementation arrangements. She reported that official confirmation that all plans have been approved is expected imminently.

Resolved - That the report is noted and that an update paper is submitted to the Board in October 2016 to report on progress.

Resolved - That plans be shared with Members once formal approval is received.

133. Healthy Weight, Active Lives Strategy 2009-2020

The report of Dr Lincoln Sargeant was received and considered by the Board and sought to obtain a mandate from the Health Wellbeing Board for the re-write and re-launch of the Healthy Weight, Active Lives Strategy for North Yorkshire.

It was proposed that a draft Strategy and Action Plan be produced for consultation, which would be presented to the Board for approval in order to launch the new Healthy Weight Active Lives Strategy in October 2016.

Dr Sargeant added that:

- Several CCGs are now looking at Tier 3 Commissioning, which is a positive development
- People's physical environment is now being considered to see how physical activity could be promoted
- Several service areas are contributing to developments.

Resolved – That the rationale for re-writing the Healthy Weight, Active Lives Strategy, together with the proposed process for this, is approved.

134. North Yorkshire Winter Health Strategy 2015-2020

Dr Lincoln Sargeant presented the draft North Yorkshire Winter Health Strategy. The draft Strategy builds on the work of the Joint Strategic Needs Assessment Winter Health Deep Dive (February 2015).

The report asks the Board to endorse the approach and encourage member organisations to contribute to the vision ‘to reduce fuel poverty and the adverse effects of cold weather’ and to formally respond to the draft Strategy during this 12 week consultation period.

Dr Sargeant highlighted the four key priorities within the draft Strategy:-

- General awareness raising
- Identifying and supporting the most vulnerable people
- Shared responsibility for making every contact count
- Partnership commitment

Resolved - That the priorities in the draft Strategy be supported.

Resolved - That Members receiving the draft Strategy respond to the consultation and commit their organisation as a signatory.

135. System Resilience and Winter Preparedness in North Yorkshire

This joint report from Amanda Bloor and Richard Webb, sought to provide assurance to the Board that the health and social care economy across the county is as prepared and ready as it can be for the upcoming winter period.

The report discussed the national, regional and local drivers to ensure systems are resilient and prepared for winter, as well as other periods of surges and pressures within and across the health and social care system. Amanda Bloor thanked partners for their contributions and highlighted the following:

- There is a detailed overview of responsibility structures.
- There are four System Resilience Groups across North Yorkshire.
- The partnership between health and social care and the voluntary sector is strong.
- Some delays in hospital discharge have arisen from out of area flows. This has now been addressed.
- There has been learning from last winter which had presented serious challenges to the system, but all partners had pulled together to manage this.

Amanda Bloor concluded that the plans give comprehensive assurance as to system resilience and winter preparedness in the County and demonstrate joined up working. The system is not perfect, but there are effective arrangements in place.

Richard Webb confirmed that Health and Adult Services have been involved in all joint planning with the NHS and have deployed staff in readiness and put senior cover arrangements in place.

Reduced capacity within the care market; recruitment difficulties for staff in nursing homes; and the fact that some care/nursing homes are already operating at 95% capacity were noted as current challenges.

Simon Cox (Scarborough and Ryedale CCG) commented that while good planning will be key to managing winter well, pressures in the system remain and should be noted.

Alex Bird advised the Board of a voluntary sector initiative “Warm & Well in North Yorkshire” which provides practical support to help residents stay warm and well this winter. The project is funded by British Gas Energy Trust and is being delivered by organisations across the county.

Shaun Jones, NHS England North Yorkshire & Humber Area Team, commented that, from NHS England's perspective, the report captured the issues and that it was good to see strong links in place between health and social care.

Resolved - That the report is noted and the details set out in the report, as part of the assurance framework across the Health and Wellbeing Board health and care system, are accepted.

136. Better Care Fund (BCF) Evaluation

Wendy Balmain spoke to this Item, which sought to provide assurance to the North Yorkshire Health and Wellbeing Board regarding the monitoring arrangements for the Better Care Fund and highlighted the following:

- Regular reporting to NHS England is in place and reports are submitted on time. The Quarter 2 submission highlighted that Airedale, Wharfedale and Craven CCG and Hambleton, Richmondshire and Whitby CCG are showing progress reducing non-elective admissions.
- The cumulative nature of the reporting across all CCGs means that as a Health and Wellbeing Board we are unlikely to achieve the target of 8.2% reduction in 2015/16.
- All areas continue to make progress delivering BCF schemes and transforming local services as part of a wider package of reform including, for example, Vanguard in Harrogate & Rural District CCG.
- Further work is required to consistently measure progress using similar data and understand the impact and value for money of individual schemes.

Simon Cox commented that it was important that the schemes were evaluated in detail but that any evaluation should be sensitive to how care is being delivered – rather than a concentration on whether or not the target figure was being achieved.

Shaun Jones commented that he recognises the robustness of the process. Only 17 out of 50 Health and Wellbeing Boards in the North of England have met targets for reductions in non-elective admissions in Quarter 1. Guidance in respect of the Better Care Fund 2016/2017 is due shortly.

Resolved - That the report is noted and the details set out in the paper, as part of the assurance framework across the Health and Wellbeing Board health and care system, are accepted.

137. Health Protection Assurance Statement

Dr Lincoln Sargeant provided a Statement of Assurance on Health Protection arrangements in North Yorkshire, highlighting the following points:

- There are over 100 outbreaks and incidents each year.
- In general the system is working well, although occasionally the system fails and when this occurs the public feel let down.
- A good deal of work has been undertaken with partners, including Outbreak Plans, led by NHS England.
- It is important to ensure that the people key to the system, produce joint exercise plan so that they can respond appropriately when situations arise.

Resolved - That the report is noted.

138. Partnership Protocol with Safeguarding Boards

Elaine Wyllie spoke to this Item which set out the relationship and working arrangements between the following Boards:

- North Yorkshire Health and Wellbeing Board
- North Yorkshire Safeguarding Adults Board
- North Yorkshire Safeguarding Children Board

Resolved - That the Protocol is approved.

139. Draft Notes of North Yorkshire Delivery Board Meeting (8 October 2015)

The draft Notes of the last meeting of the North Yorkshire Delivery Board were received by the Board.

Resolved - That the draft notes of the North Yorkshire Delivery Board meeting held on 8 October 2015 are noted.

140. Work Programme/Calendar of Meetings

The work programme/calendar of meetings 2015/16 was received by the Board.

The Chairman reminded the Board about the Development Day which will be held on Monday 14 December 2015 at Dishforth Village Hall, and confirmed that the next meeting of the Board will be held on 24 February 2016 – at a venue to be confirmed.

Resolved - That the Work Programme is noted.

141. Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances

Sir Michael Carlisle referred to winter pressures and felt that it might be helpful for the Board to have a feel for the impact of the financial settlement on patient care across North Yorkshire.

Amanda Bloor reported that the situation on funding will become clearer in the New Year. An update on winter pressures will be reported to the Board at its next meeting on 24 February 2016 and suggested that the impact of the financial settlement could be reported to the Board at that stage.

Resolved - That the impact of the financial settlement on health is to be reported, as part of the update to the Board on winter pressures, at the next meeting on 24 February 2016.

The meeting concluded at 12.35 p.m.