

## North Yorkshire Health and Wellbeing Board

**Minutes of the meeting held on Friday 6 May 2016 at  
The Cairn Hotel, Harrogate**

**Present:-**

Board Members	Constituent Organisation
<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 and 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
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
<b>Clinical Commissioning Groups</b>	
Dr Colin Renwick	Airedale, Wharfedale and Craven CCG
Janet Probert	Hambleton, Richmondshire & Whitby CCG
Amanda Bloor (Vice Chairman)	Harrogate & Rural District CCG
Simon Cox	Scarborough & Ryedale CCG
Andrew Phillips	Vale of York CCG
<b>Other Members</b>	
Julie Warren (substituting for 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)
<b>Co-opted Members (voting)</b>	
Ros Tolcher (substituting for Patrick Crowley)	Acute Hospital Representative

**In Attendance:-**

Councillor Jim Clark, Victoria Pilkington (Partnership Commissioning Unit), Karen Weaver and Bruce Willoughby (Harrogate and Rural District CCG)

**North Yorkshire County Council Officers:**

Kashif Ahmed, Wendy Balmain and Michaela Pinchard (Health & Adult Services), Patrick Duffy (Legal & Democratic Services), Sarah Parvin (Business Support)

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

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## **152. Apologies for absence**

Apologies for absence were submitted by:

- Adele Coulthard
- Patrick Crowley
- Councillor Richard Foster
- Shaun Jones
- Janet Waggott

## **153. Any Declarations of Interest**

There were no declarations of interest to note.

## **154. Minutes**

### **Resolved -**

That the Minutes of the meeting held on 24 February 2016 are approved as an accurate record.

## **155. Public Questions or Statements**

Councillor Jim Clark had given notice that he wished to raise a question concerning NHS Place Based Planning and its implications for North Yorkshire.

Councillor Clark referred to a letter that he had sent, in his capacity as Chairman of the North Yorkshire Scrutiny of Health Committee to Moira Dumma, Director of Commissioning Operations for Yorkshire and the Humber at NHS England.

A copy of the letter, dated 28 April 2016, was tabled for Members' information.

Councillor Clark expressed his concern that the process does not specify the role of health and wellbeing boards, other than to state that the new structure should be built on existing arrangements. There is no mention of how this will work in North Yorkshire.

Councillor Clark is also concerned that the emphasis on financial sustainability within the NHS has the potential to overshadow local priorities as articulated through the Better Care Fund and other transformational plans such as local integration programmes.

The Chairman thanked Councillor Clark for his question. She felt that Councillor Clark has raised an important issue and she shares his concerns. Plans that the Board has in place, such as the Better Care Fund, enable it to look at how the whole health and social care system works together in North Yorkshire and ensures it stays focussed on building a sustainable system.

She added that Councillor Clark's letter notes that Sustainability and Transformation Plans (STPs) "must not undermine the success of health and wellbeing boards". It is not yet clear how STPs recognise the important work of health and wellbeing boards established as a statutory committee, with a democratic mandate, in making sure we have better and more integrated health and social care systems in place in North Yorkshire.

The Chairman proposed that the three STP leads be asked to present their plans, focussing on the implications for North Yorkshire at a future meeting of the Board.

Members agreed with the Chairman's proposal. Therefore, it was

**Resolved** that the three STP leads be asked to present their plans, focussing on the implications for North Yorkshire, to a future meeting of the Board.

#### **156. Better Care Fund**

Considered -

The draft Better Care Fund Narrative Plan 2016/2017, presented by Wendy Balmain, Assistant Director - Integration, North Yorkshire County Council Health and Adult Services.

**Resolved -**

- a) That it be noted NHS England has agreed to extend the submission date until 13 May 2016, with the potential to extend further, depending on progress made.
- b) That during this period, officers continue to work to find a solution to the funding gap.
- c) That any required changes to the draft plan be made by Wendy Balmain and Michaela Pinchard.
- d) That those involved in developing the plan be thanked for their hard work.
- e) That approval to sign off the plan be delegated to the Chairman, CCG Chief Officers, the Chief Executive and Corporate Director of Health and Adult Services.

#### **157. Harrogate Vanguard - Presentation**

Amanda Bloor, Chief Officer, Harrogate and Rural District CCG and Dr Bruce Willoughby, a GP in the CCG, delivered a presentation which updated Members on the Harrogate District Partners Vanguard Programme and New Care Model.

Amanda Bloor stressed that the presentation was on behalf of the partnership, which, in addition to Harrogate and Rural District CCG, comprised, North Yorkshire County Council, Harrogate Borough Council, Harrogate and District NHS Foundation Trust, Yorkshire Health Network and Tees, Esk and Wear Valleys NHS Foundation Trust.

She highlighted the following points:-

- It is not that the current system does not work; it just does not work well enough. For instance, an audit has found that, of patients admitted to hospital, one in five of these admissions is clinically avoidable.
- The current system is unsustainable.
- The new care model is driven by staff and the people who use it; engagement events have confirmed that this new way of doing things is what people want and they are asking "When are you going to do it?"
- A particular focus will be on the void between primary care and hospital beds.
- There is no one size fits all solution; approaches need to be responsive to individuals needs.
- There is a shift in emphasis away from "What is the matter with you?" to "What is important to you in your care?"
- It is important to note that if people need hospital they will still be able to go.

- There are four key elements to:-

identify people in need of support;  
plan care with the individuals and their families;  
optimise care to manage the condition; and  
connect with other support, such as the voluntary and community sector, more effectively

Dr Willoughby made the following points:-

- Staff are at the forefront of the new care model. The new integrated teams work with GPs and the voluntary sector.
- There is a willingness to get things sorted on the ground and to do things differently.
- There is a shift in thinking from “That’s not my team’s role” to “How can we solve this problem together?”
- The national support package from Vanguard will include highlighting people’s stories.
- Positive results are already beginning to be seen. For example, Mental Capacity Act assessments are now undertaken by the integrated team, rather than being passed to a GP.
- With shrinking resources, it is crucial to identify how we get the most out of what we do.
- The default position for a number of people requiring care is hospital, this is often not the most appropriate place, but can be the only available option. Joined up commissioning is necessary.
- The new care model sites are challenged to come up with radically new care delivery options and are constantly evaluating to ensure the most innovative and future proof models are developed.

Amanda Bloor then advised Members of the next steps in the process. These included making the best use of transitional funding in 2016/2017; rolling out the new care model this summer; testing and challenging assumptions behind the model one year on from its inception; and widening the partnership to include Police and Fire and Rescue.

Richard Webb, Corporate Director of Health and Adult Services, stated that one element of the initiative is how partners can progress things that have been stuck in the health and social care system and bring all component parts together to achieve this.

In response to a question from Colin Renwick, Clinical Lead at Airedale, Wharfedale and Craven CCG, Bruce Willoughby advised that the team comprised community nurses, community rehabilitation, mental health nurses; social care assessors and GPs.

Alex Bird, Chief Executive of Age UK, North Yorkshire, stressed that the voluntary sector has a lot to offer. Whilst it is important to capture people’s stories, the key aspect is to use this information to shape services. Amanda Bloor replied that part of the challenge is to develop initiatives that are replicable and then test out new ways of doing these.

Richard Flinton, Chief Executive, asked where the money would come from in the new system. Amanda Bloor responded that it is anticipated non-elective admissions will reduce, although this is not certain as demand may increase. Anecdotally, it is understood that a number of patients who would otherwise have been admitted to hospital are now receiving their care in a community-based setting.

The Chairman remarked that staff needed to take a risk, to some degree, with a new initiative such as this. Did all GPs feel the same about taking that risk? Dr Willoughby replied that confidence grows as people get used to the new ways of working and, in a safe environment, learn what works and what does not.

The Chairman asked that a further update be provided to the Board as the new care model develops. Amanda Bloor said she would be happy to arrange this and will seek to include staff and leaders from other partners as well as feedback from service users and patients.

**Resolved -**

- a) That the progress made on this important initiative and an excellent example of partners working together to deliver system change in Harrogate, be noted.
- b) That a further update be provided to a future meeting of the Board, as the initiative develops.

**158. North Yorkshire Mental Health Strategy 2015 - 2020: “Hope, Control and Choice” - Progress Report**

Considered -

The report, updating the Board on the work undertaken on the implementation of the North Yorkshire Mental Health Strategy 2015-2020 “Hope, Control and Choice”. The update included establishing governance arrangements for implementing the strategy, development of the strategy programme plan, and delivery plan 2016-17.

Kashif Ahmed Locality Head of Commissioning, North Yorkshire County Council Health and Adult Services, delivered a presentation and highlighted the following:-

- Whilst the Plan is for five years there is a focus on getting things done and good progress has already been made in a number of areas.
- A Delivery Plan for 2016/2017 has been developed, based on the twelve local commitments.
- Three workstreams have been established – performance management; gap analysis and communication and engagement.

The Chairman commented that members of the public are very interested in the issue of mental health and asked that a future presentation draw out what difference the strategy is making in practical terms for people.

Richard Webb commented that this is a critical issue. There is a big challenge in determining how acute mental health services will look, going forward. It is important that the positive impact being made is highlighted.

Andrew Phillips, Vale of York CCG, raised the issue of diversity and access and asked what work is being done to engage with hard to reach groups. Kashif Ahmed responded that this is work in progress.

Simon Cox, Chief Officer of Scarborough and Ryedale CCG, commented that there is still a gap on handover of patients.

Ros Tolcher, Chief Executive of Harrogate and District NHS Foundation Trust, applauded the approach but commented that it is services that are hard to reach – not people.

Alex Bird referred to the comment in the report about there being better working relationships with the voluntary and community sector and wondered what this meant in practice.

In response to the question from Alex Bird, Victoria Pilkington confirmed that service users and carers have been involved in the specification for the tender. There is a real commitment to involving service users and their carers. The philosophy is one of true co-production, which is embedded in the commissioning cycle. Engagement activities have made it clear that people do not want to be defined by their mental health.

Lincoln Sargeant, Director of Public Health, informed the Board that his department has funded eleven groups to train trainers in suicide prevention and mental health first aid. The fact that organisations will have trainers in-house will enable them to cascade the training.

Pete Dwyer said that whilst Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust was referred to as a key provider of Tier 3 and 4 services, the strategy was also concerned with supporting enhanced emotional wellbeing on a preventative basis, which will as a result take some pressure off providers such as TEWV. The strategy will operate at various levels – this is one level. New services aim to see new capacity funded by Future in Mind operating on a local integrated level alongside existing prevention services and closely aligned with schools and GPs.

**Resolved -**

- a) That the progress made with implementing the North Yorkshire Mental Health Strategy 2015/2020 “Hope Control and Choice”, be noted.
- b) That the plans detailed within the report for further progression of the strategy be approved.
- c) That a further update be provided to a future meeting of the Board with examples of the practical impact of the strategy.

**159. Joint Health and Wellbeing Strategy: Workforce Enabler**

Simon Cox gave a verbal update on this issue.

The Project Manager role, which will drive forward the process, will be going out to advert imminently.

Details of the Workforce Summit will be notified to partners shortly.

Work is being carried out with Coventry University and York Foundation Trust on developing generic job roles.

**Resolved -**

That the update be noted.

**160. Work Programme/Calendar of Meetings**

The Work Programme/calendar of meetings 2016/17 was received by the Board.

The Chairman stressed that it is important that meetings of the Board are held in different parts of the county and hoped that a forthcoming meeting will be held in

Selby as the meeting that had been scheduled for Selby in February 2016 had had to be moved to Northallerton.

Wendy Balmain highlighted that there are already a lot of Items scheduled on the Agenda for the July meeting. With regard to the progress update on the Joint Health and Wellbeing Strategy, a range of Board Members had volunteered to sponsor themes. A meeting of sponsors will be held prior to the next Health and wellbeing Board to examine how real progress towards implementing the strategy can be demonstrated.

The Chairman advised that the next meeting will be held on Friday 15<sup>th</sup> July 2016 at 10.30 a.m. – venue to be confirmed. NOTE: subsequently confirmed as the Galtres Centre in Easingwold.

**Resolved -**

That the Work Programme be noted.

**161. Notes of the meeting of the North Yorkshire Delivery Board held on 14 April 2016**

**Resolved -**

That the notes of the meeting of the North Yorkshire Delivery Board held on 14 April 2016 be noted.

**162. Membership – Sir Michael Carlisle, Chairman of Healthwatch North Yorkshire**

The Chairman advised that this was Sir Michael Carlisle's last meeting of the Board. She paid tribute to Sir Michael, thanking him for his effort and contribution to its work and hoped that Sir Michael's successor will be able to contribute in the manner that he had.

Sir Michael said it had been a pleasure being on the Board. He had enjoyed the corporate working and greater sense of performance management that the Chairman has instilled. There is a good team in place at Healthwatch with good plans in place. He will continue to retain a keen interest in health and social care and will be happy to help any member in future if he can.

The meeting concluded at 12:30 p.m.