

North Yorkshire Health and Wellbeing Board

**Minutes of the meeting held on Friday 15 July 2016 at
The Galtres Centre, Easingwold**

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 Janet Sanderson	North Yorkshire County Council Executive Member for Children and Young People's Service
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
Janet Waggott	Chief Officer, District Council Representative
Dr Lincoln Sargeant	North Yorkshire County Council Director of Public Health
Clinical Commissioning Groups	
Dr Colin Renwick	Airedale, Wharfedale and Craven CCG
Janet Probert	Hambleton, Richmondshire & Whitby CCG
Amanda Bloor (Vice Chairman)	Harrogate & Rural District CCG
Rachel Potts	Vale of York CCG
Other Members	
Shaun Jones	NHS England North Yorkshire & Humber Area Team
Nigel Ayre	Healthwatch, North Yorkshire
Alex Bird	Voluntary Sector (North Yorkshire and York Forum)

In Attendance:-

Councillor Jim Clark, Victoria Pilkington (Partnership Commissioning Unit), Jenny Sleight (NHS England)

North Yorkshire County Council Officers:

Wendy Balmain, Kathy Clark and Michaela Pinchard (Health & Adult Services), Patrick Duffy (Legal & Democratic Services), Holly Austin and Sarah Parvin (Business Support)

Copies of all documents considered are in the Minute Book

163. Apologies for absence

Apologies for absence were submitted by:

- County Councillor David Chance
- Simon Cox
- Richard Flinton
- Andrew Phillips

164. Membership

It was reported that the County Council has approved the appointment of Andrew Phillips to the Board, as the representative of Vale of York CCG.

The County Council has also confirmed the appointment of Nigel Ayre as the designated substitute for Healthwatch, North Yorkshire. Healthwatch are in the process of appointing a new Chairman, who will be the Healthwatch representative on the Board.

The Chairman welcomed Nigel Ayre and asked if he could provide an update about the appointment. He advised that shortlisting is taking place, with interviews expected at the start of August.

165 Any Declarations of Interest

Nigel Ayre referred to the fact that he is an Executive Member for Leisure, Culture and Tourism at York City Council.

166. Minutes

Resolved -

That the Minutes of the meeting held on 6 May 2016 are approved as an accurate record.

167. Public Questions or Statements

There were no questions or statements from members of the public.

168. Joint Health and Wellbeing Strategy Theme Start Well: Year 2 Review

Considered -

The report and presentation by Pete Dwyer, Corporate Director - Children and Young People's Service, updating the Board on progress achieved towards delivering the aims and priorities of the Children's Trust, set out in the Children and Young People's Plan, "Young and Yorkshire".

As part of his presentation, Pete Dwyer highlighted the following points in particular:-

- Young and Yorkshire intrinsically linked with the priorities within the Start Well Theme.
- A new service around eating disorders and an increased ability of schools/GPs to access locally based mental health expertise planned to be in place next year.
- The "No wrong door" Programme being potentially extended to care leavers and pupils in alternative provision.

- A number of system leadership activities had been undertaken this year and the main ones included:-
 - Re-commissioning of the 0-5 and 5-19 Healthy Child Programme
 - Development of local Transformation Plans as part of Future in Mind
 - One of only six Authorities to be nominated as an exemplar
 - Director of Public Health's Annual Report 2015
 - Deep dives – in depth research into each of the Young and Yorkshire key priorities
 - A summit held on reimagining children's health
- Really good progress is being made on each of the three priorities. For example:-

Ensuring Education is our greatest liberator

91% of primary school children in North Yorkshire now attend a school that is good or outstanding. That represents an increase of 10,000 children now being taught in a good or outstanding school, compared to two years ago. At secondary level, the numbers attending schools in these categories are 7-8% above the national average.

Helping all children enjoy a happy family life

The number of children looked after has reduced from 460 to 406.

Ensuring a healthy start to life

The rate of hospital admissions due to alcohol for under 18 year olds per 10,000 has reduced from 46.5 to 39.1.

- It is recognised there are inequalities not only between different children within a school but within different areas of the county.
- Whilst children in care should be cherished we should seek to reduce the number in care wherever possible. There were now 80 fewer children in care which brings significant benefits for the child and, financially, for the Authority.
- An unannounced Inspection of the Special Educational Needs and Disability Service (SEND) had been held in June 2016. Initial feedback has been generally positive. The report will be published September/October and areas for development incorporated into joint planning.
- Young and Yorkshire is to be refreshed for 2017-20 with key challenges prioritised. e.g. SEND reform programme; the need to improve the breastfeeding initiation rate; continuing to reduce the percentage of 4-5 and 10-11 year olds who are overweight or obese, where performance is slightly below the national average and improving early access to emotional and mental health provision.

County Councillor Janet Sanderson, Executive Member for Children and Young People's Services, stressed that the three priorities are closely linked and it is not possible to do well in one and not the others.

Alex Bird, Chief Executive of Age UK, North Yorkshire, asked for more information about the training hubs referred to in the report as well as marginalised groups such as young carers (page 59). Pete Dwyer responded that exceptional work has been done by the Placement Panel and there is an all age autism strategy. Children with complex autism is one of the partnership's key concerns. For young carers, good processes are in place. A culture existed that recognised the pressures they faced but which did not seek to idolise young carers or take away their responsibilities.

Nigel Ayre referred to the more flexible approach to Health Plans. Pete Dwyer agreed – a number of young people are benefiting from the flexible arrangements such as informal conversations about their health. There has been a move away from bureaucracy.

Colin Renwick, Clinical Chair, Airedale, Wharfedale and Craven CCG, referred to the drop in the number of Road Traffic Accidents nationally but noted that North Yorkshire has fluctuated. Pete Dwyer said this will be looked at. Colin Renwick also referred to childhood obesity in older children and wondered if children from state schools could use some of the facilities at private schools. Pete Dwyer replied that excellent links exist with the Independent Sector.

Resolved -

- (a) That the Year 3 review of Young and Yorkshire be noted.
- (b) That the impact this review may have on the next iteration of Young and Yorkshire be noted.

169. Learning Difficulties

(a) “Live Well, Live Longer” - Draft Learning and Disabilities Joint Strategy for North Yorkshire 2016/2021

Considered -

The report of Kathy Clark, Assistant Director Health and Adult Services, which sought comments on the draft Strategy.

The draft Strategy has been developed by analysing data from the Joint Strategic Needs Assessment, demographic projections, statutory requirements, an online questionnaire and stakeholder engagement from users and carers.

Arising from the consultation feedback:-

- information on work with people with medically complex conditions needs to be strengthened;
- families need to be helped to think through the implications where family carers are ageing;
- there needs to be increased access to information and signposting

Views from Members of the Board were now being sought.

The Chairman commented that employment is key for young people. She was delighted about the success of the Coffee Cart, which operated at County Hall, helping young people to become baristas. The Young People's Partnership Board does good work.

Amanda Bloor, Chief Officer, Harrogate and Rural District CCG, referred to opportunities for employment and social enterprises. Evidence shows that the public and business community will respond to these initiatives. It is important to remember that this is about responding to what people need – not what we think they need.

There was some discussion about the use of “experts by experience” to check services and Alex Bird commented that it is important that these individuals are

trained and supported. There are already some good examples of social enterprises. Housing needs to be part of investment in all areas.

Nigel Ayre felt it important to look at spend other than in adult social care to encourage learning disabilities employment opportunities in other areas and avoid “silos”.

Richard Webb, Corporate Director, Health and Adult Services, thanked the authors. It could be that extra care housing could be an option for people with a learning disability. This would provide them with more facilities and a greater sense of equality. He suggested there could be a seventh priority – Improving Quality and Value for Money.

Janet Probert, Chief Officer, Hambleton, Richmondshire and Whitby CCG, asked how the Board is holding people to account. For instance, NHS England publish documents in accessible format. The Board need to ensure reports such as this are more accessible.

Resolved -

That the comments of the Board on the draft Integrated Learning Disability Strategy be noted as part of further developing the Strategy.

(b) North Yorkshire Delivery Board Workshop with Providers: Building the Right Support for People with Autism - 14 July 2016

Considered -

A verbal update from yesterday's Workshop.

Victoria Pilkington, Head of the Partnership Commissioning Unit, advised that the objective is to remove and close beds for people with autism, but the principle is about supporting people and ensuring that services are adaptable to the needs of individuals.

Richard Webb informed Members that a sum of £150,000 has been awarded to the North Yorkshire and York Transforming Care Partnership to progress work.

Kathy Clark mentioned that the Workshop had a shared view to look at the market. There are strong providers but most face severe challenges at certain times. We need to look at how we can help them to be resilient.

Returning people to the community needs to be handled sensitively as people can be fearful. It also represents a challenge for staff and consideration needs to be given as to how to assist staff around positive behaviour support.

Progress would be reported to the Transforming Care Partnership Board and the North Yorkshire Commissioner Board.

Resolved -

That the update be noted.

170. Sustainability and Transformation Plans

Considered -

Presentations by Amanda Bloor, Chief Officer, Harrogate and Rural District CCG, Rachel Potts, Chief Operating Officer, Vale of York CCG and Janet Probert, Chief Officer, Hambleton, Richmondshire and Whitby CCG.

Amanda Bloor introduced this Item and advised that there are 44 Sustainability and Transformation Plans (STPs) nationally. This is a new journey and will present challenges.

Each of the STPs covering North Yorkshire were work in progress, with the initial submissions having received feedback which is being worked through.

County Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby STP

Janet Probert informed Members that the priorities in the STP absolutely represent the CCGs priorities which are:-

- Rapid progress of implementation of electronic care records and supporting technology
- Early intervention and prevention of crisis to reduce unavoidable costs
- Improved integration across health and social care with an agreed consistency of standards to reduce variability in patient care and outcomes and improve efficiency
- Reconfigure Hospital based services and deliver improved achievement of quality standards of care across acute and community settings

Change is a necessity. It is estimated that if the status quo is maintained the CCG will face a £29 million funding deficit in five years.

Humber, Coast and Vale STP

Rachel Potts advised that the composition of the STP is not a natural geographical alignment. Therefore, a lot of work is on-going in building partnerships across the STP area and North Yorkshire County Council is involved in this.

A number of the STP priorities broadly align with the CCG Operating Plan and work is concentrating on areas where added value can be gained, namely:-

- Out of hospital accountable care
- A single acute provider model
- Mental Health services

West Yorkshire STP

Amanda Bloor said that this has been a complex process driven by a level of ambition at the top, although the Plan belongs to everybody.

The aim is to do things once only and not to duplicate, with best practice being shared rapidly.

Whilst the West Yorkshire STP covers a large area, subsidiarity applies and work will be done locally, as far as possible.

The key will be how to unlock spending on prevention activities; access to primary care and supported self-care. If no changes are made, the funding gap in five years is estimated at £45 million, so it is important to proceed at pace.

Colin Renwick advised that Airedale, Wharfedale and Craven CCG are part of the two Bradford area STPs. They are looking at the accountable care system and working on an outcome based budget. One single IT system is shared.

Resolved -

That the presentations and updates be noted.

171. Performance

(a) North Yorkshire Joint Health and Wellbeing Strategy 2015/2020 - Performance Dashboard

Considered -

The report of Wendy Balmain, Assistant Director, Integration, regarding the first performance dashboard for the North Yorkshire Joint Health and Wellbeing Strategy 2015-2020.

Michaela Pinchard, Head of Integration, presented the report.

Of the fourteen indicators where comparison is possible, North Yorkshire is performing better than the England average in eight.

It was suggested that the Board might wish to include a measure of dementia prevalence to provide an indication of the concentration within a population of the number of people who have been diagnosed and who are living with the condition.

Indicators in the age well theme are the most challenging.

Adult social care data will not be validated until later in 2016.

The Chairman said she had written to those Members of the Board who had volunteered to be a sponsor for strategy themes or enablers. There are still two aspects that require a sponsor - technology and a new relationship with people and she asked Members to consider who would be best placed to take on the role.

In response to a question from Nigel Ayre, Michaela Pinchard advised that "Carers assessments as a percentage of estimated carers" is no longer being used, as there is a data collection issue. However, the Indicator has been replaced by the Adult Social Care Outcomes Framework – regarding carers.

Wendy Balmain said the intention was not to include all Indicators. High level Indicators had been chosen and the detail can be looked at through in-depth reviews, such as that provided by Pete Dwyer for his update on Start Well (see Minute No. 168, above).

Pete Dwyer felt this is a useful overview. It needs to be complemented by deep dive presentations and perhaps an Annual Review.

Resolved -

- (a) That the report be noted.
- (b) That any Member wishing to become sponsor for technology or a new relationship with people, advise Wendy Balmain of this.

(b) Better Care Fund

Considered –

The report of Wendy Balmain which provided the end of year performance summary for 2015/16 Better Care Fund (BCF).

Performance reporting was weighted towards reducing non-elective admissions (NEAs) to hospital, as this is the only metric that attracts a performance payment. It is recognised, however, that this is just one measure of success and BCF delivery is interdependent with wider health and social care transformation programmes.

Shaun Jones, Head of Assurance & Delivery at NHS England (Yorkshire and The Humber) commented that North Yorkshire is not alone in not having reduced NEAs and pointed out that initiatives that lead to this can take time to yield results.

In response to a question from Janet Probert, Wendy Balmain advised that there had been some initial difficulty in recruiting staff on some of the schemes, including the Selby Hub. Rachel Potts advised that the delays were around generic roles. This has now been addressed and all models are being reviewed and best practice from each used towards a common model across the Vale of York area.

Wendy Balmain updated the Board on the BCF Plan for 2016/17. The Chairman had written to Members in June asking for comments. Good progress has been made, but the Plan has not been concluded.

A number of schemes are changing, which required further analysis in terms of potential investment.

Richard Webb mentioned that the Panel meeting attended in London in June 2016 specified a revised deadline for submission of the end of July, but the letter confirming the outcome stated that the deadline was 15th July. He sought clarification from Shaun Jones on this. Shaun Jones suggested that, pragmatically, a submission should be made today, with the caveat that it is not the finalised version.

Resolved -

That the delegation granted by the Board at its meeting on 6th May 2016 be retained, namely, that approval to sign off the Better Care Fund Plan for 2016/17 be delegated to the Chairman, CCG Chief Officers, the Chief Executive and Corporate Director of Health and Adult Services.

172. North Yorkshire Joint Alcohol Strategy - Annual Report 2016

Considered -

The report of Dr Lincoln Sargeant, Director of Public Health, describing the three outcome areas underpinning the alcohol strategy. The report includes the main developments against the outcome areas and the impact of increased investment in

the alcohol strategy, including new investment in Identification and Brief Advice to assess changes in people's behaviours and contribute to reducing alcohol-related harms.

Dr Sargeant made the following points:-

- There were a number of positive developments but the effect of these would not be seen immediately.
- Keeping within the recommended number of daily units is seen as a good thing. Generally, it is. However, other factors, such as the regularity of consumption, have an effect. For instance, two units is not a high amount, but people do not realise that consuming this amount daily could still cause liver damage.
- There continues to be close collaboration with Trading Standards in tackling under age sales of alcohol.
- Deaths are now beginning to be monitored for signs of alcohol abuse.

Resolved -

That the report and key achievements be noted.

173. Work Programme

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

The Chairman advised that the meeting scheduled for 25th November 2016 might be used as a Development Session for the Board.

Resolved -

That the Work Programme be noted.

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

The Chairman agreed that the following Item be considered in order that the Board be appraised of significant changes at a senior level in Airedale, Wharfedale and Craven CCG.

175. Airedale, Wharfedale and Craven CCG – Management Changes

Colin Renwick advised the Board that the Chief Clinical Officer and Chief Finance Officer would be leaving the CCG.

The CCG would be sharing the Accountable Officer and Chief Finance Officer with the two Bradford CCGs.

The Chairman thanked Colin Renwick for the update and asked that her best wishes be conveyed to Philip Pue, Chief Clinical Officer.

The meeting concluded at 12 noon

PD