

North Yorkshire Health and Wellbeing Board

**Minutes of the meeting held on Friday 17 March 2017 at
Falsgrave Community Resource Centre, Scarborough**

Present:-

Board Members	Constituent Organisation
County Councillors	
County Councillor Clare Wood (Chairman)	North Yorkshire County Council Executive Member for Adult Social Care and Health Integration
County Councillor David Chance	North Yorkshire County Council Executive Member for Stronger Communities and Public Health
County Councillor Janet Sanderson	North Yorkshire County Council Executive Member for Children and Young People's Service
Local Authority Officers	
Richard Webb	North Yorkshire County Council Corporate Director – Health and 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	
Helen Hirst (substitute for Colin Renwick)	Airedale, Wharfedale and Craven CCG
Gill Collinson (substitute for Janet Probert)	Hambleton, Richmondshire and Whitby CCG
Amanda Bloor (Vice-Chair)	Harrogate and Rural District CCG
Phil Mettam	Vale of York CCG
Simon Cox	Scarborough and Ryedale CCG
Other Members	
Gillian Lawrence (substitute for Shaun Jones)	NHS England, North Yorkshire and Humber Area Team
Nigel Ayre	Healthwatch, North Yorkshire
Alex Bird	Voluntary Sector (North Yorkshire and York Forum)
Co-opted Members	
Colin Martin	Mental Health Trust Representative (Tees, Esk and Wear Valleys NHS Foundation Trust)
Dr Ros Tolcher	Acute Hospital Representative

In Attendance:-

Judith Bromfield, Interim Chair, Healthwatch and County Councillor Jim Clark

North Yorkshire County Council Officers:

Michaela Pinchard, Amanda Reynolds, Michael Rudd and Louise Wallace (Health and Adult Services), Daniel Harry (Central Services), Patrick Duffy (Legal and Democratic Services), Holly Austin and Stephanie Haworth (Business Support)

Copies of all documents considered are in the Minute Book

207. Chairman's Announcements

The Chairman welcomed Louise Wallace, Helen Hirst, Gill Collinson and Gillian Lawrence to the meeting.

Louise Wallace had recently taken up the post of Assistant Director for Health and Integration. Amanda Reynolds would be leaving her role as Interim Assistant Director at the end of March 2017. The Chairman thanked Amanda Reynolds for having so ably filled the position in the interim.

The Chairman also reported that:

- a number of the issues discussed at today's meeting would be highlighted via social media, on twitter, by a new health account, which she encouraged all partner organisations to follow and share. Helen Bawn, from the County Council's Communications Unit, would be tweeting, as appropriate;
- Phil Mettam's nomination as the representative of the Vale of York CCG had now been formally approval by the County Council;
- she had asked that an Action Sheet be produced in advance of the Minutes, to enable partner organisations to receive confirmation of - and act upon - the Board's decisions at an early stage.

208. Apologies for absence

Apologies for absence were submitted by:

- Richard Flinton
- Shaun Jones
- Janet Probert
- Dr. Colin Renwick

209. Declarations of Interest

There were no declarations of interest.

210. Minutes

Resolved -

That the Minutes of the meeting held on 18 January 2017 be approved as an accurate record.

211. Public Questions or Statements

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

212. Green Paper: Draft Carers Strategy 2017/2022 – Supporting the Health and Wellbeing of Unpaid Carers in North Yorkshire

Considered -

The report of the Corporate Director - Health and Adult Services, presenting the draft Carers Strategy 2017/2022. The draft Strategy outlined the themes and actions which the Health and Wellbeing Board were being asked to approve and which would support carers over the next period.

In introducing the report, Richard Webb, Corporate Director, Health and Adult Services highlighted the following:-

- There is a tremendous amount of work undertaken by many thousands of carers, which often goes unacknowledged.
- The draft Strategy remains work in progress and will be subject to an external consultation process, which will link in with National Carers Week in June 2017.
- There has - and will continue to be - involvement across agencies, and further contributions are welcomed.

Gill Collinson, Chief Executive Nurse at Hambleton, Richmondshire and Whitby CCG, commented that integration between agencies will be crucial in delivering the aims of the Strategy.

Alex Bird, Chief Executive Officer of Age UK North Yorkshire, agreed that integration of services and support across all sectors is vital. She asked what is the baseline for self-funders? Richard Webb responded that he will take this back to colleagues, but the intention is there will be a universal service, irrespective of who funds the package. This will be reflected in the final Strategy. The one-off grant currently offered needs to be reviewed and Social Workers will have to think differently as to how they understand a carer's assessment. This then links into a Personal Budget and whether there is a better way of providing services.

Amanda Bloor, Chief Officer, Harrogate and Rural District CCG, felt that carers stories are particularly powerful.

The Chairman said that she was struck by the message about identifying carers – often people do not think of themselves as “a carer”.

The primary care element is very important as, on occasions, GPs do not have sufficient time to identify carers.

Helen Hirst, Chief Officer, Airedale, Wharfedale and Craven CCG, felt that delivery is key; how do we bring the Strategy to life? The Strategy links in closely with the dementia and end of life care papers also being considered at today's meeting.

Pete Dwyer, Corporate Director, Children and Young People's Services, welcomed the profile for young carers in the draft Strategy. Discussions with young carers had identified that they feel they receive inconsistent support, with little flexibility offered on things such as completion of homework. Sometimes young carers are recognised and sometimes they are not. Whilst the contribution of young carers must be recognised and valued, they must still be allowed to be children.

Phil Mettam, Chief Officer, Vale of York CCG, felt this was a good start. Service-based spending patterns mean that carers, as such, are not funded. Should we think how we create a carers' community? Richard Webb agreed – transport, income and jobs are all big issues for carers, but are not funded by traditional routes.

Richard Webb suggested that the title be changed to something like “Aspiring to make North Yorkshire's communities carer friendly” to make it clear this is not a top down approach. Pete Dwyer agreed and suggested an alternative title could be “Aspiring to make North Yorkshire a carer friendly county”.

The Chairman hoped that partners would discuss the Strategy further within their own organisations and congratulated Kathy Clark and her Team for the work that has been done on it thus far.

Resolved -

- a) That approval be given to the draft Strategy going out to consultation, subject to it being amended to reflect the points made in the discussion.
- b) That if partners have any further comments on the draft Strategy, they should let Kathy Clark know by 31st March.

Kathy.Clark@northyorks.gov.uk

213. Green Paper: Draft Dementia Strategy – Bring Me Sunshine, Living Well with Dementia in North Yorkshire

Considered -

The report of the Corporate Director, Health and Adult Services which presented the draft Dementia Strategy. The draft Strategy set out the current position of dementia need and service provision in North Yorkshire and establishes a set of guiding principles and priorities for partners to deliver over the lifetime of the Strategy.

Michael Rudd took Members through the draft Strategy, highlighting the following aspects:-

- 9000 people in the county have been diagnosed with dementia – this figure is expected to double by 2030.
- A societal change around our approach to dementia and how it views dementia (the fact that there is still a sense of stigma associated with the condition, for example) is required.
- The draft Strategy captures the spirit, good humour and stoicism of people, so they are *living well*, rather than *suffering from* the condition.
- People living with dementia and their families and carers want to talk about it.
- The challenge is to harness work undertaken across agencies with the fact that local communities tend to know best.
- The four key principles and five priorities of the draft Strategy are:-

Principles

I am Me. I am not dementia. I have a name and expect it to be used

Carers Matter. Treat them as they treat us

The Small Things. Small acts of understanding can make a huge difference

Consistency. Where I live should not determine how I am treated

Priorities

Dementia Friendly North Yorkshire

Workforce Development

Diagnosis

Support and Advice

Planning for the Future and Dying Well

- A number of aims and outcomes, sit under each of the above priorities, as outlined in the draft Strategy.

The Chairman commented on the large number of people who had been engaged in the development of the draft Strategy so far – over 11,000. This was quite a feat. She also felt that the title (“Bring me Sunshine . . .”) was excellent. She thanked Michael Rudd for the work undertaken and felt that the Strategy has moved on well and is very clear. It sends out a strong message.

Colin Martin, Chief Executive of Tees, Esk and Wear Valleys NHS Foundation Trust, fully supported the draft Strategy and was pleased to see learning disabilities included, as this is not always well understood. Young Onset Dementia is a key developing aspect. Consistency will be crucial.

Simon Cox, Chief Officer Scarborough and Ryedale CCG, referred to the stigma associated with diagnosis. People are afraid that this will change who they are and who people feel they are and so we need to be careful about targets around identifying people with dementia.

Amanda Bloor felt the draft was excellent. We need to remember that dementia is not solely a disease of old age. A theme that had come through from engagement carried out within Harrogate and Rural District CCG, was that people were more anxious regarding a diagnosis of dementia than one of cancer. This is about our places and people in our places, rather than a health and social care response. We need to help people living with the condition to have as normal a life as possible and there is a lot that can be done creatively.

Janet Sanderson, Executive Member for Children and Young People’s Service, referred to the need for support after bereavement. Often people suppress their emotions and keep going until the person they are caring for passes away and then their own health crumbles. She had been at an Event and noticed that the audience knew every word of the wartime songs being performed. Might it be a possibility to put words into a song that would help people with their daily routine? The Chairman agreed that this was a good idea.

Lincoln Sargeant, Director of Public Health, commented that timely diagnosis is key. There is increasing evidence that dementia is preventable and it would be beneficial to convey this message. Also, even after diagnosis, lifestyle measures remain relevant.

Helen Hirst agreed that there needs to be greater emphasis on prevention.

Gill Collinson stated that the two dementia collaboratives she is involved with are keen to move to implementation phase and put the person living with dementia, their family and carers at the centre.

Ros Tolcher, Chief Executive of Harrogate District Hospital, advised the Board of work that has been undertaken in her Trust including mandatory training in dementia awareness and implementing a wide range of measures to improve the environment for people with dementia. These include having large clocks with the day as well as the time; red door toilets; and memory rooms.

The Chairman asked if Ros Tolcher and Colin Martin would have a conversation with other providers to discuss what else can be done to improve the environment for people with dementia in Hospitals.

A number of Members stated that the role of communities is powerful and referred to the seemingly small changes that can make a big difference to people living with dementia.

Alex Bird said that she had attended an event at Craven Action Area Alliance at which a lady showed a video of her and her husband, who is in the early stages of dementia. This was a brave and powerful message.

It is important to reach out and engage with others and capture examples of work being done by organisations in communities to become more dementia friendly, such as Craven and Skipton Building Society and Appleton's Butchers in Ripon. Dementia awareness cannot just involve statutory organisations.

In this connection, Michael Rudd advised that work is being undertaken to develop a module in schools about dementia awareness.

Pete Dwyer felt that different delivery models are now required – could, for example, videos be shown in cinemas?

Alex Bird referred to the work by West Yorkshire Playhouse, with the Dementia Alliance. Richard Webb added that Rural Arts in York had also produced good work.

Louise Wallace, Assistant Director for Health Integration, commented that workforce development is key.

Phil Mettam thought the draft Strategy was a great piece of work. The actual outcomes, however, would be crucial; how do we start measuring that we are “making a difference?”

A number of Members related how dementia had touched their lives.

Judith Bromfield referred to the positive impact of training.

Richard Webb mentioned the power of personal testimony and made the following points about the Strategy:-

- Value for money and quality needs to be included. The issues about consistency and workforce development should be flagged up.
- More examples of good practice – such as those referred to by Ros Tolcher – should be included.
- When the Strategy is launched, it should be across partners and feature businesses who are doing good things in terms of helping to create a dementia-friendly environment.

The Chairman concluded the discussion by referring to sporting memories, which can be inspirational for people with dementia. She congratulated the officers involved in the development of the draft Strategy.

Resolved –

- a) That approval be given to the draft Strategy going out to consultation, subject to it being amended to reflect the points made in the discussion.
- b) That provider representatives be asked to have a conversation with other providers to discuss what can be done to make Hospitals more dementia-friendly, along the lines of the examples provided by Ros Tolcher.
- c) That with regard to the examples provided of reaching out to people with dementia, Members be asked to provide any other examples that they may be aware of to Michael Rudd. Michael.rudd@northyorks.gov.uk

- d) That the possibility of linking in with/utilising the work being done by West Yorkshire Playhouse (with the Dementia Alliance) and Rural Arts be looked into.
- e) That today's discussion be fed back to organisations.

214. North Yorkshire Scrutiny of Health – In-depth Study of End of Life Care in the County

Considered -

The report of the Scrutiny Team Leader, Central Services Directorate, presenting the recommendations of the Scrutiny of Health Committee, following the extended piece of scrutiny they had undertaken looking into the commissioning and provision of end of life care services in the county. This had involved engagement with a broad range of commissioners, service providers, patients and the public.

Councillor Jim Clark, Chairman of the Scrutiny of Health Committee, said that the work linked in closely with the Joint Health and Wellbeing Strategy Theme of Dying Well.

Councillor Clark also made the following points:-

- 28% of people said they do not receive good end of life care.
- People prefer to die in their own home but many do not.
- There are wide variances across the county in end of life care provision.
- Good work is being undertaken, but this lacked a coherent plan.
- Closer sharing of information is required.
- The Hospice movement do not feel as involved as they might be in planning and commissioning of end of life care services in the county.
- Bereavement counselling is crucial.
- How do we best deal with the challenge of providing end of life care in remote areas?
- Best practice needs to be available for everyone. Therefore, the key recommendation of the Committee is to establish a multi-agency forum for commissioners and providers of end of life care in the county to enable greater co-ordination of service planning; the agreement of common standards, etc.

Daniel Harry, Scrutiny Team Leader, made the following points:-

- Carers of people coming towards the end of their life can, themselves, need support. If not, then this can lead to a breakdown of the community-based care package.
- There has been a strong focus on cancer, when it comes to end of life care. Care needs to be adapted to meet the needs of people with a number of long term conditions, including dementia.
- Training ranges from basic awareness raising and engagement skills to specialist medical training.

- There is some confusion as to legalities and how people can ensure that their wishes are respected.
- A “bad death” (where, for instance a person’s wishes are not able to be respected) can have a long term impact on the family and carers.
- Relatively simple and small things can make such a difference e.g. ensuring that people coming towards the end of their life receive meals that they enjoy or can have a bath.
- How will end of life care fit into the plans of the three Sustainability and Transformation Plans covering North Yorkshire?
- How long will existing, operational goodwill, that plugs gaps in service delivery, be sustainable, in the face of funding pressures?
- Whilst no funding is available from Government, there is money in the system and consideration should be given as to where it flows from and how it might be better utilised.
- In terms of Palliative Care, drugs are not available in the community when needed. This can result in A&E admissions, often late at night.

The Chairman commented that District Nurses are one of two areas not to have 24/7 service and asked if this could be discussed.

Alex Bird stated that this subject touches everyone in different ways. She referred to a draft End of Life Care Charter that she had presented to the North Yorkshire Partnership Conference which had three recommendations:-

- A single directory for advice and support to enable people to get comprehensive information on end of life issues.
- A Learning and Development Plan to ensure staff and/or volunteers have the knowledge and skills required.
- Adopting the Charter to act as a catalyst for change.

Gill Collinson commented that this is about how we start to change the system. Traditionally, a fast track package is made available, yet it can be difficult to source domiciliary care in rural areas. Therefore, people sometimes do not die at home when it is their preferred choice to do so. Services are not co-ordinated.

Lincoln Sargeant mentioned that sometimes death is seen as a failure. Could we get to the point, as with some cultures, whereby a “good death” is seen as the end of a good life?

Amanda Bloor stated that people can find death difficult to talk about and that there can be almost heroic interventions that add no value to the quality of someone’s life. There can be a tendency to over-medicalise when people are on a journey towards the end of their days.

Simon Cox commented as follows:-

- There is some outstanding provision by Hospices.
- There has been a large increase in palliative care but, on the ground, there is an increasing sense of disintegration and overlap in the services provided.

- With District Nurse provision, it is not just increasing capacity, but ensuring the right support by the right people.
- Helping people make the right choice is key in that sometimes people die at home and, when you talk to the family afterwards, it becomes clear that this was not necessarily the best place for them to end their days.

Richard Webb felt this was an excellent report and advised that the North Yorkshire Commissioner Forum has discussed this issue. He suggested that that Forum, and Executive Nurses, take this forward.

The Chairman thanked Councillor Clark and Daniel Harry for this report and also Bryon Hunter, former Scrutiny Team Leader, who had been involved in much of the initial work.

Resolved -

- a) That the North Yorkshire Commissioner Forum and Executive Nurses to respond to the recommendations in the report and then come back to a future meeting of the Health and Wellbeing Board with a progress update.
- b) That the draft End of Life Care Charter, presented by Alex Bird at the North Yorkshire Wider Partnership Conference in October 2016, be circulated to Members of the Health and Wellbeing Board.

215. North Yorkshire Tobacco Control, 2016 Report: One Year On

Considered -

The report of the Director of Public Health, which highlighted all of the work achieved in the last 12 months.

Lincoln Sargeant stressed that, despite the good progress that is being made, as highlighted below, smoking remains the primary cause of premature deaths and preventable illness.

There were five priorities for the coming year:-

- Prevention for children and young people
- Normalising a smoke free lifestyle
- Reduce illegal tobacco in the community
- Support smokers to quit and reduce smoking
- Carry out marketing and communication programmes

Key achievements include:-

- Undertaking an illicit tobacco survey
- Recommissioning the stop smoking service
- Initiation of the Baby Clear Programme
- Roll out of smoke free playgrounds
- A number of successful communication campaigns, including Breathe 2015 and 16 Cancers Campaign, on a regional level.

Good progress is being made and, as the Board had been made aware from Pete Dwyer's report on the Young and Yorkshire Survey at its last meeting, there is a generational shift occurring in smoking, with fewer children and younger people taking it up. This is encouraging.

In response to a question from Louise Wallace concerning e-cigarettes, Lincoln Sargeant said that a lot of people are using these to cut down or quit smoking. Whilst this is welcomed, there is some anecdotal evidence that e-cigarettes are being used by young people to experience “smoking” for the first time and not as an aid to quit. It is a balance, in that if e-cigarettes lead people to reduce or stop smoking this is a good thing, but they still carry an addictive substance.

Richard Webb referred to the Public Health videos on smoking and suggested these be circulated to Members of the Board. He added that consideration should be given to how vaping is handled.

The Chairman thanked Lincoln Sargeant for his report and commented that the aim of a smoke free generation was an excellent idea.

Resolved -

- a) That the priorities for the coming year be approved.
- b) That links to the Public Health videos referred to on smoking, be circulated to Members of the Health and Wellbeing Board.

216. Development of future Integrated Commissioning Arrangements in North Yorkshire – Progress Update

Considered -

The briefing paper by Michaela Pinchard, Head of Integration, which provided Members with an update on progress towards developing an approach to future integrated commissioning arrangements in North Yorkshire, together with the next steps.

Amanda Reynolds, Assistant Director, advised that at its recent meeting the North Yorkshire Commissioner Forum had had a useful session on governance and Section 75 of the Local Government Act which will be key elements, moving forward. The Forum would be holding facilitated sessions to help develop its thinking towards integrated commissioning.

Resolved -

That the update be noted.

217. Better Care Fund Update

Considered -

The verbal update of the Assistant Director for Integration.

Amanda Reynolds advised that the Guidance from NHS England was still awaited. Gillian Lawrence, from NHS England, stated that her understanding was that it would be published within the next fortnight.

218. Health and Wellbeing Board – Rolling Work Programme/Calendar of Meetings 2017/18

Considered -

The Work Programme/Calendar of meetings for 2017/18.

Richard Webb suggested that meetings of the Board alternate between public meetings and private discussions.

The Chairman thanked Janet Waggott for agreeing to Ryedale District Council Offices, Malton, being the venue for the next meeting on Wednesday 31st May at 2.00 p.m.

Resolved -

- a) That the Work Programme/Calendar of Meetings be noted.
- b) That meetings of the Board alternate between public meetings and private discussions, as required.

The meeting concluded at 12.30 p.m.

PD