

North Yorkshire Health and Wellbeing Board

**Minutes of the meeting held on Wednesday 6 September 2017 at
Middleham Key Centre, Middleham**

Present:-

Board Members	Constituent Organisation
County Councillors	
County Councillor Michael Harrison (Chairman)	North Yorkshire County Council Executive Member for Adult Social Care and Health Integration
County Councillor Caroline Dickinson	North Yorkshire County Council Executive Member for Public Health and Prevention
Elected Member District Council Representative	
Richard Foster	Leader, Craven District Council
Local Authority Officers	
Stuart Carlton	North Yorkshire County Council Corporate Director - Children and Young People's Service
Dr Lincoln Sargeant	North Yorkshire County Council Director of Public Health
Clinical Commissioning Groups	
Colin Renwick	Airedale, Wharfedale and Craven CCG
Amanda Bloor	Harrogate and Rural District CCG
Simon Cox	Scarborough and Ryedale CCG
Other Members	
Shaun Jones	NHS England, North Yorkshire and Humber Area Team
Judith Bromfield, Healthwatch	Healthwatch
Co-opted Members	
Adele Coulthard (substituting for Colin Martin)	Mental Health Trust Representative (Tees, Esk and Wear Valleys NHS Foundation Trust)
Jonathan Coulter (substituting for Dr Ros Tolcher)	Acute Hospital Representative

In Attendance:-

Nigel Ayre, Healthwatch, Colin Morris, Chair of the North Yorkshire Safeguarding Adults Board, Jordan McKie, Deputy Director of Finance, Harrogate and District NHS Foundation Trust, Stella Smethurst (UNISON)

North Yorkshire County Council Officers:

Michaela Pinchard and Louise Wallace (Health and Adult Services), Patrick Duffy (Legal and Democratic Services), Sheila Fletcher and Sally Lacy (Business Support)

Copies of all documents considered are in the Minute Book

15. Apologies for Absence

Apologies for absence were submitted by:

- Richard Flinton, Chief Executive, North Yorkshire County Council
- Phil Mettam, Chief Officer, Vale of York CCG
- Janet Probert, Chief Officer, Hambleton, Richmondshire and Whitby CCG
- County Councillor Janet Sanderson, Executive Member for Children and Young People's Service, North Yorkshire County Council
- Ros Tolcher, Chief Executive, Harrogate District NHS Foundation Trust
- Janet Waggott, Chief Executive, Selby District Council
- Richard Webb, Corporate Director, Health and Adult Services, North Yorkshire County Council

16. Minutes

Resolved -

That the Minutes of the meeting held on 21 July 2017 be approved as an accurate record.

17. Review of actions taken at the last meeting

Considered -

An Action Sheet produced by the Assistant Chief Executive (Legal and Democratic Services).

The representative of the Assistant Chief Executive (Legal and Democratic Services) confirmed that all of the actions had been implemented or were in the process of being.

Under Minute 10, Mental Health Strategy, the Chair mentioned that he had written to the three young people from the Yorkshire Youth Executive to thank them for their contribution and confirming how impressed the Board were by their presentation.

NOTED.

18. Declarations of Interest

There were no declarations of interest.

19. Public Questions of Statements

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

20. North Yorkshire Safeguarding Adults Board – Annual Report 2016/17

Considered -

The Annual Report of the North Yorkshire Safeguarding Adults Board (SAB) 2016/17.

The Chairman of the North Yorkshire SAB, Colin Morris, presented the Annual Report.

Colin Morris felt that the invitation to address the Health and Wellbeing Board was indicative of the commitment of the Board to safeguarding issues. He made the following points in particular:-

- The Care Act had placed adults safeguarding on a statutory footing.
- The SAB had undertaken a range of governance reviews which had resulted in important changes to the way the SAB carried out its duties and responsibilities. A major focus had been in breaking down historical barriers between partner agencies and reducing bureaucracy.
- The Executive was now the main “engine room” for the work of the SAB.
- People should be free from fear.
- The effectiveness of practices, including those at the front end of safeguarding, would continue to be reviewed.
- The SAB was open and transparent. For instance, page 52 of the Annual Report detailed the attendance records of Members.
- Safeguarding Week 2017 would be held from 9 to 13 October.

The Chair of the Health and Wellbeing Board referred to the Partner Statements which he felt were particularly useful.

Simon Cox, Chief Officer, Scarborough and Ryedale CCG, said that increasing care for people with learning disabilities would see an increase in the flow of people returning to live in the community. This would contain an element of risk. It was important that appropriate care was delivered without compromising safety. In response, Colin Morris advised that the SAB would be discussing with the Learning Disabilities Partnership Board how these issues could be addressed more pro-actively.

Louise Wallace, Assistant Director for Health Integration, advised that a Safeguarding Conference was being held at The Pavilions, Harrogate, on 9 October 2017 and urged partners to spread the word about Safeguarding Week.

The Chair, on behalf of the Health and Wellbeing Board, thanked Colin Morris for updating the Board on this important area.

Resolved -

That the Annual Report of the North Yorkshire Safeguarding Adults Board, 2016/17, be noted.

21. “People and Place” - Integration of Health and Social Care in North Yorkshire and the Better Care Fund Plan 2017/19

Considered -

The draft of the above document, which was the result of discussion between the County Council and Health Partners. The Board was being asked to comment on and approve the Plan ahead of submission to NHS England on 11 September 2017.

Louise Wallace and Michaela Pinchard, Head of Integration, delivered a presentation which summarised the main elements of the Plan. The presentation included:-

- Examples of locality commissioning within Clinical Commissioning Group areas
- National metrics and targets

- Challenges
- National Conditions
- The High Impact Change Model
- Delayed Transfers of Care (DToC)
- The agreed Integrated Better Care Find (IBCF) investment proposals, which had been discussed with partners

Louise Wallace commented that there was now an unprecedented focus on Place, Prevention and Wellbeing and that the ambition of partners was for a more integrated approach to commissioning at a countywide population level.

Amanda Bloor, Chief Officer, Harrogate and Rural District CCG, stressed that this was not “new money” and that the flow of patients needed to assume that there were no blockages in the system. Any back up caused was not good for patients. Therefore, the focus would be on getting the flow right.

She also made the following points:-

- In Harrogate and Rural District CCG the new Care Model had produced good results, but it was difficult to cope with the growing demand.
- Work with GPs and others had led to a reduction in the number of A&E admissions from Care Homes.
- Similarly, helping Care Home staff to have the confidence to manage people’s end of life care had seen a reduction in the number of people who were dying in Hospital.
- Partners needed to share good practice on integrated discharge.
- Traditionally, winter has been the real pressure point for Hospital admissions. Now, however, demand was high pretty much all year around so, rather than thinking about “winter demand”, the system must consider flow and how resources are best utilised throughout the year.

Simon Cox commented that patient flow should be seen as an iterative process. The effective work that was being undertaken with local A&E Boards should be continued and consolidated. DToC should be seen as promoting flow through the system. A number of people who were in long term care could have returned home with the appropriate care and support.

Colin Renwick, Clinical Chair, Airedale, Wharfedale and Craven CCG, stated that people should not be in Hospital unnecessarily and people should not be discharged without a reablement bed being available to them. He acknowledged the support from Richard Webb, Corporate Director, Health and Adult Services, on the use of local authority beds.

Jonathan Coulter, Deputy Chief Executive Officer, at Harrogate and District NHS Foundation Trust, commented that A&E admissions were only a barometer; a mix of investment in services – in and out of Hospital – was required. The key was balance – prevention, wherever possible, but recognising there were times when the system was under particular pressure and mobilising to deal with this.

Louise Wallace mentioned that work with District Councils, through the Disabled Facilities Grant, would play an important role.

Adele Coulthard, Head of Operations at Tees, Esk and Wear Valleys NHS Foundation Trust, agreed with the comments made about patient flow. A lot of work had been

done on DToC in mental health, focusing not just on getting people out of Hospital but measures to help prevent them having to be admitted, via access to therapies.

Michaela Pinchard advised that if the DToC expectations were not met, escalation of the Plan to NHS England was inevitable.

Shaun Jones, Head of Assurance and Delivery at NHS England (Yorkshire and The Humber), advised that, nationally, there was a drive to reduce DToC to 3.5%, in line with the mandate to the NHS published in March 2017. The Directive suggested that areas should set a target in line with this figure.

This meant that there was a risk of signing up to an overly ambitious target for North Yorkshire, given the baseline position, especially for adult social care attributed delays, but if the target was not set at this level the Plan would not be approved. He recognised the difficult balance between the dilemma of agreeing to a target that the system knew was very ambitious, but would result in an approved Plan, as against putting forward a target that was more realistic that would more than likely mean that the Plan was not approved. He stated that it would be a shame if the North Yorkshire area was in escalation again, given the progress made by partners since last year's Better Care Fund Plan.

Amanda Bloor commented that not submitting a target of 3.5% might mean the area is seen as a "repeat offender" but, in reality, the system is in a much different place to last year.

In response to a question concerning what the consequences of non-delivery could be, Shaun Jones advised that IBCF funding could be re-distributed and that the pooling of budgets across North Yorkshire, including the transfer of monies from the CCGs to North Yorkshire County Council, could not take place until the Plan was approved.

The Chair commented that the Board was not disagreeing about the activity it should be taking as an area. If the Board had to submit a target that it was guaranteed not to be able to meet, he would feel more comfortable in not submitting a target.

Amanda Bloor commented that the feeling of the Board was that a target should be submitted which could be delivered.

The Chair proposed that the work undertaken so far and the co-operation among partners be noted and that a target be submitted – but with the exact figure to be agreed and in awareness that it will not be in line with the trajectory required.

Resolved -

- a) That the work undertaken so far and the co-operation among partners be noted.
- b) That the Plan be approved, in principle, for submission to NHS England on 11 September.
- c) That there be further discussion with Accountable Officers about the DToC target to be submitted, acknowledging that any outcome from that discussion remains on the basis that the Board wish to submit a target that is realistic.
- d) That if any significant changes are required to the Plan prior to submission, authority to approve these be delegated to the Chair, Vice Chair and Corporate Director of Health and Adult Services.

22. North Yorkshire Pharmaceutical Needs Assessment - Update

Considered -

The report of the Director of Public Health which:-

- updated the Board on progress made with the Pharmaceutical Needs Assessment (PNA);
- sought endorsement from the Board on the next steps; and
- sought to identify who would approve the draft PNA on behalf of the Board, prior to formal consultation

The Board had a statutory duty to produce a PNA every three years, with the next one due from 1 April 2018.

A Steering Group had been established to lead the PNA and a Project Plan was in place.

A good response had been received from stakeholders in response to the engagement exercise, with many more stakeholders responding than the previous engagement in 2014. Early findings from this included the following:-

- People were generally happy with pharmacy services and choice.
- There was some concern about national funding changes to pharmacy contracts and the potential impact that this could have.
- There was recognition of the potential benefits of closer working across the system between pharmacies, primary care and local communities and the role that pharmacies could play in preventing inappropriate visits to GPs and A&E.

The final draft would be presented to the Board for approval at its meeting on 23 March 2018.

The Chair thanked the Director of Public Health for this update. The marked increase in the number of responses to the engagement exercise was encouraging and was due to the work that has gone into this by partners.

Resolved –

That the Chair, Vice-Chair and Director of Public Health be delegated authority to review and approve the draft PNA, prior to it being sent out for the formal 60 day consultation.

23. Healthy Transitions – Growing Old in North Yorkshire – Director of Public Health Draft Annual Report 2017, Executive Summary

Considered -

An Executive Summary of the draft Annual Report of the Director of Public Health for 2017.

Allied to this, the Director, Lincoln Sargeant, illustrated the main elements of the Annual Report, via an interactive presentation.

He highlighted the following aspects in particular:-

- This was very much a final draft of the Executive Summary. The main report would take an interactive online format, to be launched in October.
- The report built on the reports from the last two years, which had examined life stages by focusing on starting well (Children and Young People) and living well (working age population).
- The report explored three transitions through ageing:-

Stage 1 – Healthy retirement, considering good mental and physical health and social connections, as well as financial planning

Stage 2 – The need for support as people age

Stage 3 – End of Life Care

- Dr. Sargeant stressed that older people should be seen as active citizens, with an important role to play, rather than passive receivers of services.
- As a society, there was a need for us to change the narrative, so that conversations about end of life care were seen as part of a normal discussion. Death should not be viewed as some sort of failure of services, but more as a natural end to what has, hopefully, been a fulfilling life.
- Comprehensive retirement planning was key. People should ask themselves *Have I invested in my health and can I develop interests now that will be useful in retirement?* In this regard, there is a question as to whether employers need to consider a wider responsibility to their staff who are planning for retirement, aside from a financial one?
- Frailty, as people become older, should be identified and managed. Awareness needs to be raised as, sometimes, it is only when an older person experiences a crisis such as a fall that frailty becomes apparent.

Simon Cox referred to engaging with partners and the wider determinants of public health and noted that in Scarborough the average mean salary was the lowest in Great Britain. This would be reflected in people's pensions. Therefore, the aim should be to strengthen the economy, as well as wider health and social care.

Resolved -

That partners consider how they can help to implement the recommendations within their own organisational bodies and, in particular, to consider how we:-

- a) build age-friendly communities across North Yorkshire by promoting healthy ageing, ensuring the contribution and needs of older people are considered and older people feel safe and supported to make choices about their lives;
- b) might facilitate comprehensive retirement planning;
- c) will collaborate effectively to identify and manage frailty; and
- d) can ensure local people can access high quality end of life care organisations

24. Independent Health Complaints Advocacy Service – Annual Report 2016/17

Considered –

The above document from Cloverleaf Advocacy, who are commissioned by North Yorkshire County Council to deliver the North Yorkshire Independent Health Complaints Advocacy Service.

Resolved –

- a) That it be noted that a number of national reviews have taken place which have recommended improvements to the NHS Complaints processes and supporting regulations, but to date no changes have actually been adopted for future implementation.
- b) That partner organisations, particularly CCGs, consider the report and the following recommendations through their own processes, if they have not already done so
 - i. To consider how the essential outcome learning from all NHS complaints, including those supported by North Yorkshire Independent Health Complaints Advocacy Service, can best be shared and used to enhance processes and help shape the future quality of delivery.
 - ii. To ensure that the leadership across the health sector actively encourage and support patients to raise concerns so as to secure where appropriate effective resolution, explanation, an apology and learning at the earliest possible opportunity, while also supporting a more “open” culture change.
 - iii. Consider how the local health sector can improve how an individual complainant or patient who considers that their NHS care or treatment was not of the expected quality can best be made central to all investigations and subsequent decision making.
 - iv. Consider this paper in conjunction with any Healthwatch papers to help establish any themes and trends across the North Yorkshire area.

25. Healthwatch, North Yorkshire – Annual Report 2016/17

Considered -

A summary report, presented by Nigel Ayre, Chief Executive, Healthwatch, North Yorkshire, which highlighted the work undertaken by the organisation over the last year. A link to the full Annual Report had been sent to Members.

Nigel Ayre made the following points, in particular:-

- The public were way ahead of organisations in terms of the Integration Agenda. We tend to use terms such as Primary care, Acute Providers, etc., to describe parts of the system, whereas the public just see it as “the NHS”, and they are not overly concerned who actually delivers the services.
- There is sometimes insufficient clarity as to what parts of the system are provided by health and those elements provided by social care.

- Geographical boundaries result in people seeing differences in services and variations. They see what is becoming available in other areas and, naturally, expect to be able to receive that service in their area. Healthwatch can assist with these conversations.
- People equate the NHS with physical structures. Therefore, a significant shift is required to think what services are provided and where and how they are provided.
- We need to trust the public and engage with them.
- Pathways are designed but not always used. So the health system should not attempt to funnel people down a particular route, but work with them to design pathways.

Stella Smethurst (UNISON) commented that the NHS was not failing – it was second to none.

Judith Bromfield, Interim Chair of Healthwatch, North Yorkshire, advised that priorities were being developed which would be shared with the Board. Initiatives happening in partner organisations could be fed into the Work Plan.

Resolved -

To continue to support the new Staff Team, Board Members and Volunteers at Healthwatch, North Yorkshire as they seek to:-

- increase the organisation's engagement with the public;
- develop relations with stakeholders and partners across the county; and
- develop and deliver an emerging and patient led Work Plan

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

Considered –

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

The Chair reminded Members that the next meeting on 24th November would be a Development Session.

NOTED.

The meeting concluded at 3.40 p.m.

PD