Health and Wellbeing Board
North Yorkshire

Meeting: Health and Wellbeing Board

Venue: Pavilions of Harrogate, Railway Road, Great Yorkshire Showground HG2 8NZ (see map)

Date: Friday 23rd March 2018 From 9.00 a.m. until 10.00 a.m.

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Business

No.	Agenda Item	Action	Page Nos
	FORMAL BUSINESS		
1	**Apologies for absence**		
2	**Minutes of the meeting held on 24th January 2018**	To approve	6 to 12
3	**Review of actions taken at the last meeting**	To report	13 to 14
4	**Any declarations of interest**		

Enquiries relating to this Agenda please contact Patrick Duffy **Tel: 01609 534546**
or e-mail patrick.duffy@northyorks.gov.uk Website: www.northyorks.gov.uk

5	**Public Questions or Statements** Members of the public may ask questions or make statements at this meeting if they have given notice and provided the text of their question or statement to Patrick Duffy of Democratic Services *(contact details below)* no later than midday on Tuesday 20th March 2018. Each speaker should limit themselves to 3 minutes on any Item.		
6	**West Yorkshire and Harrogate Sustainability and Transformation Plan – Memorandum of Understanding** Presented by Richard Webb, Amanda Bloor and Ian Holmes	To review and comment	15 to 36
7	**North Yorkshire Pharmaceutical Needs Assessment (PNA) 2018/2021** A covering report is enclosed. The PNA itself is available from the following link www.nypartnerships.org.uk/pna Presented by Lincoln Sargeant	To approve	37 to 43
8	**Health and Wellbeing Board - Rolling Work Programme / Calendar of Meetings 2018/2019**	To approve	44 to 46
9	**Other business which the Chair agrees should be considered as a matter of urgency because of special circumstances**		

PLEASE NOTE:

At the conclusion of the meeting a Workshop involving Members of the Health and Wellbeing Board will be held. This will not be open to members of the public

Barry Khan, Assistant Chief Executive (Legal and Democratic Services)

County Hall, Northallerton

15th March 2018

North Yorkshire Health and Wellbeing Board – Membership

County Councillors (3)		
1	HARRISON, Michael (Chair)	Executive Member for Adult Social Care and Health Integration
2	DICKINSON, Caroline	Executive Member for Public Health and Prevention
3	SANDERSON, Janet	Executive Member for Children and Young People's Services
Elected Member District Council Representative (1)		
4	FOSTER, Richard	Leader, Craven District Council
Local Authority Officers (5)		
5	FLINTON, Richard	North Yorkshire County Council Chief Executive
6	WEBB, Richard	North Yorkshire County Council Corporate Director, Health & Adult Services
7	CARLTON, Stuart	North Yorkshire County Council Corporate Director, Children & Young People's Service
8	WAGGOTT, Janet	Chief Officer, District Council Representative
9	SARGEANT, Dr Lincoln	North Yorkshire County Council Director of Public Health
Clinical Commissioning Groups (5)		
10	RENWICK, Dr Colin	Airedale, Wharfedale & Craven CCG
11	PROBERT, Janet	Hambleton, Richmondshire & Whitby CCG
12	BLOOR, Amanda	Harrogate & Rural District CCG
13	METTAM, Phil	Vale of York CCG
14	COX, Simon	Scarborough and Ryedale CCG
Other Members (3)		
15	JONES, Shaun	NHS England NY & Humber Area Team
16	BROMFIELD, Judith	Healthwatch Representative
17	QUINN, Jill	Voluntary Sector Representative
Co-opted Members (2) – Voting		
18	MARTIN, Colin	Mental Health Trust Representative (Chief Executive, Tees Esk & Wear Valleys NHS Foundation Trust)
19	TOLCHER, Dr Ros	Acute Hospital Representative
Substitute Members		
	WARREN, Julie	NHS England NY & Humber Area Team
	CROWLEY, Patrick	Acute Hospital
	COLLINSON, Gill	Hambleton Richmondshire & Whitby CCG
	MELLOR, Richard	Scarborough and Ryedale CCG
	AYRE, Nigel	Healthwatch
	COULTHARD, Adele	Tees, Esk and Wear Valley NHS Foundation Trust
	HIRST, Helen	Airedale, Wharfedale & Craven CCG
	PHILLIPS, Andrew	Vale of York CCG
	BRAMHALL, Phil	Voluntary Sector

Notes:

1. The Health and Wellbeing Board is exempt from the requirements as to political balance set out in Sections 15-16, Schedule 1 Local Government Housing Act 1989
2. The Councillor Membership of the Board is nominated by the Leader of the Council. In the event that the number of portfolio holders responsible for health and well related issues increases, the additional portfolio holders will also be a Member of the Board.
3. All members of the Health and Wellbeing Board or any sub committees of the Health and Wellbeing Board are voting Members unless the Council decides otherwise

Enquiries relating to this Agenda please contact Patrick Duffy **Tel: 01609 534546**
or e-mail patrick.duffy@northyorks.gov.uk Website: www.northyorks.gov.uk

Health and Wellbeing Board
North Yorkshire

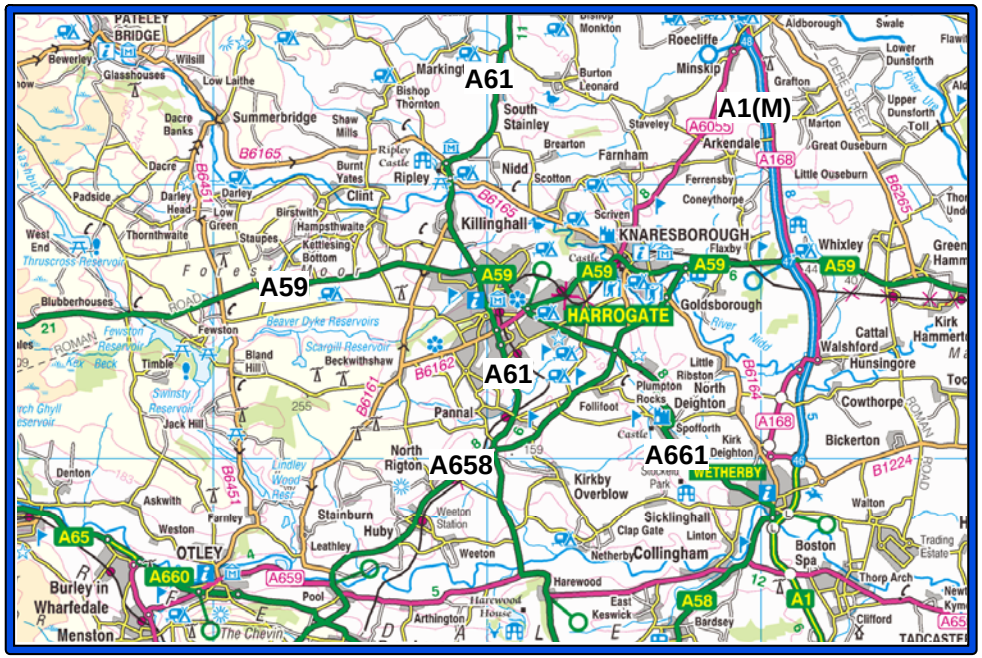
These ground rules are about Team North Yorkshire Health and Wellbeing Board and should apply within and outside of Board meetings. They were adopted by Board members in June 2015.

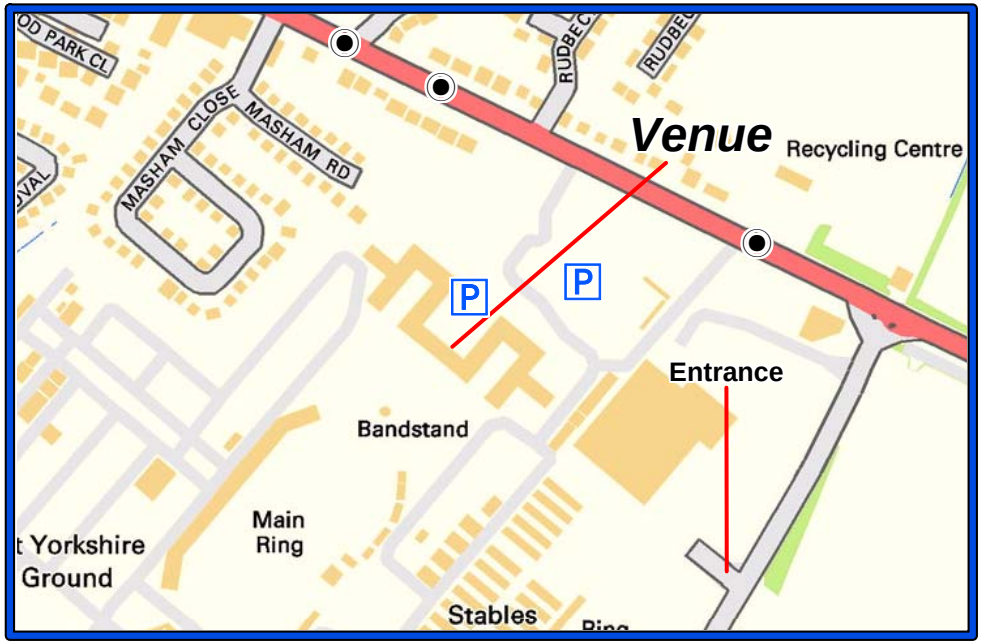
We have made a commitment that when working together we will treat each other with **respect**, with **openness and honesty**. We will make sure that there is **equality – everyone is of equal value in the room.** We will **contribute and take part, committing to listen and ask questions of each other**, **checking that what we heard is what was intended**. We believe **it is good to be passionate**, and we know that constructive **challenge is helpful in getting us to a better place**. We must **voice disagreement, otherwise silence implies consent** but recognise that this should be done **with respect** to other points of view. **We shouldn't expect the same sort of challenge in the public arena.**

We have a responsibility to model exemplary behaviour, inside and outside of the HWB meetings, as Board members we should **give and accept support** and **bring collective experience and knowledge to this Board**. **Our discussions need to focus on added value and outcomes** and we must **take responsibility for our decisions.** We should ensure that we **communicate and cascade to our respective audiences and organisations.**

We believe that we should **continually strive to be better and** wear our **team badges - Team North Yorkshire** with pride.

Pavilions of Harrogate





P Visitor Parking

Harrogate Railway Station

Bus Stops

Yorkshire Event Centre
Gt. Yorkshire Showground
Harrogate
North Yorkshire
HG2 8PW

North Yorkshire County Council

North Yorkshire Health and Wellbeing Board

Minutes of the meeting held on Wednesday 24 January 2018 at the Cairn Hotel in Harrogate

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
County Councillor Janet Sanderson	Executive Member for Children and Young People's Services
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
Richard Flinton	North Yorkshire County Council, Chief Executive
Dr Lincoln Sargeant	North Yorkshire County Council, Director of Public Health
Janet Waggott	Selby District Council
Richard Webb	North Yorkshire County Council Corporate Director – Health and Adult Services
Clinical Commissioning Groups	
Amanda Bloor	Harrogate and Rural District CCG
Simon Cox	Scarborough and Ryedale CCG
Helen Hirst (substituting for Colin Renwick)	Airedale, Wharfedale and Craven CCG
Phil Mettam	Vale of York CCG
Janet Probert	Hambleton, Richmondshire and Whitby CCG
Other Members	
Shaun Jones	NHS England, North Yorkshire and Humber Area Team
Jill Quinn	Voluntary Sector Representative
Co-opted Members	
Tim Cate (substituting for Colin Martin)	Mental Health Trust Representative (Tees, Esk and Wear Valleys NHS Foundation Trust)
Dr Ros Tolcher	Acute Hospital Representative

In Attendance:-

Phil Bramhall, substitute Voluntary Sector Representative
Paul Campbell, Director of Community, Harrogate Borough Council
Councillor Carl Les, Leader of North Yorkshire County Council

North Yorkshire County Council Officers:
Louise Wallace (Health and Adult Services), Patrick Duffy (Legal and Democratic Services), Sally Lacy (Business Support) and Robert Ling (Strategic Resources)

Copies of all documents considered are in the Minute Book

27. Apologies for Absence

Apologies for absence were submitted by:

- Judith Bromfield, Healthwatch
- Colin Renwick (Airedale, Wharfedale and Craven CCG)

28 Chair's Announcements

Colin Morris
The Chair referred to the sad news that Colin Morris, the Chair of the North Yorkshire Safeguarding Adults Board (SAB), had passed away on 16th January.

Colin would be greatly missed for his energy, insight and commitment. As recently as last September, he had attended this Board to present the SAB Annual Report.

Details of the funeral arrangements had been circulated to Members of the Board.

Membership
The Chair welcomed Jill Quinn, Voluntary Sector Representative (VCS) and Phil Bramhall, substitute representative for the VCS, to their first formal meeting of the Board.

29. Minutes

Resolved -

That the Minutes of the meeting held on 6 September 2017 be approved as an accurate record.

30. 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.

NOTED.

31. Declarations of Interest

There were no declarations of interest.

32. Public Questions of Statements

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

33. Health and Wellbeing Board Development Session 24th November 2017 – feedback and next steps

Considered -

Two presentations – one by Louise Wallace, Assistant Director, Health Integration and a joint presentation by Robert Ling, Director of Technology and Change and Amanda Bloor, Vice-Chair and Chief Officer of Harrogate and Rural District CCG.

For the first presentation, Louise Wallace highlighted the following aspects, in particular:-

- This was an opportunity to consider the key messages that emerged at the Development Session, whilst ensuring the Board continued to meet its statutory requirements.

- Key Messages from the Development Session included:-

    - a greater focus on transformational work, compared to the transaction of formal business, with more time devoted to tackle the big challenges faced;
    - set piece themes for the year;
    - reform of the sub-structure to ensure that business which needs to be done is done;
    - clarity about the value of working in the Health and Wellbeing Board space;
    - business predicated on what we would want for ourselves and our families and delivering value for money;
    - being clear and explicit as to who Members are representing; and
    - conducting discussions with transparency, openness and honesty

- There were still a number of areas that would need to be considered by the Board. An analysis had been undertaken which looked at what matters needed to be considered by the Board and what could be considered in other ways ("Information" Items, for example). This would be circulated to Members.

- The suggestion was that six meetings per year be retained, but with a three to four hour time slot to enable consideration of any formal business that may be required, followed by a discussion between Board Members and invited participants to focus on developing a shared approach to a key issue.

- The key Issues – or Themes – suggested for the Board's consideration were digital; mental health and capacity planning.

The Chair commented that the proposals would lead to a better use of people's time.

In response to a question from Jill Quinn, the Chair confirmed that there would be an opportunity for the Board to bring in experts to assist it in its discussions.

Amanda Bloor said that she had picked up from the Development Session the desire for a different way of working. It was important that this did not end up as the same conversation in a different forum; it needed to be additional and add value. Also, whilst there was a need to engage, the transformation discussions needed to be in private.

Helen Hirst, Chief Officer, Airedale, Wharfedale and Craven CCG, expressed some disquiet about discussions being held in private. The Chair advised that, if this were to occur, a summary of the discussion would be included in the Minutes.

Richard Flinton, Chief Executive, felt that there needed to be a practical way to deal with this. Care should be taken not to undermine the necessary formality of the meeting but there should also be an ability for partners to forward plan. Following consideration of formal business, the Board could then discuss issues frankly in whatever way it saw fit.

Louise Wallace commented that the Board would retain the option to go into closed session if they considered this necessary but that there would need to be clear grounds for excluding the public.

Janet Waggott, Chief Executive of Selby District Council and Assistant Chief Executive at North Yorkshire County Council, felt it made sense for the Board not to consider any Strategies or other matters that it did not need to approve.

Janet Probert, Chief Officer, Hambleton, Richmondshire and Whitby CCG, said that the Board needed to capture how it could improve in order to take on the challenge.

The Chair stressed that the Board would drive the pace of the themes.

The second presentation was entitled *Exploring the Potential – Digital Theme.*

Robert Ling and Amanda Bloor highlighted the following aspects:-

- Gartner, IT, Consultants, had indicated that they would be prepared to run a Workshop for the Board, should Members decide that digital was one of the themes that they would wish to consider.

- A sea change was occurring in that we were now beginning to see advances in technology that were primarily available to - and for the benefit of - the consumer, rather than the professional. For instance, Amazon Echo can be used to help people order meals.

- As a result of technology now being more customer-centric, it was not a case of what technology an organisation wants to provide, but how the citizen wants to use it.

- This was a key moment – how do we get hold of the digital theme and drive it? We should be innovative and look at the totality of services across the whole of North Yorkshire.

- There were three inter-related elements to any digital approach:-

    - the citizen - Health and Adult Services now had an on-line assessment for which take-up is increasing, so the appetite from citizens is there;
    - systems - progress had been made, but there was still much work to be done around how data is moved around organisational systems. The General Data Protection Regulation (coming into force from May 2018) had implications around analytics; and
    - data – there was a huge amount to manage and it needed to be borne in mind that some people complete information on behalf of someone else e.g. a relative.

- A lot of resource has been committed across the county to the development of broadband. Whilst this remains important, it should not be a barrier to driving forward on digital in order to secure a step change in the way that services are provided.

- Technological advances could help assisted living and a whole system approach. The amount of travelling that can be required in a county as large as North Yorkshire could be greatly reduced by video-conferencing.

- It is the information that makes the change - not the technology.

- Similarly, it would be easy to get hung up on “the label” – the key thing was how we use digital to transform services.

Ros Tolcher, Chief Executive, Harrogate District Foundation Trust, stated that any initiatives should not, inadvertently, perpetuate inequalities. With, say, some older

people, who might be averse to technology, we need to ensure that the service they receive does not deteriorate if they did not feel able to use the technology available.

Richard Webb said he was interested in how we could lead more digital lives. Developments in areas like robotics were potential liberators to helping people have greater control over their situation. There were existing initiatives that the Board could harness. For example, a London Hospital now conducted a number of appointments by Skype.

Richard Flinton commented that there was a need to size up problems and opportunities. We can make a difference but the sheer scale of the county and its rurality presented challenges. Regarding Ros Tolcher's point about not perpetuating inequalities, developments should be in a nuanced way. The public sector was not particularly good at research and development but we need to think through what service developments would look like on this patch in the medium term. Early wins were important, but we need to keep in mind the medium term.

Robert Ling advised that a pilot in Sleights, with the Customer Contact Centre, could be tested to see what worked.

Councillor Richard Foster, Leader of Craven District Council, stressed that outcomes would be the crucial element.

Phil Bramhall posed two questions: To what extent could each organisation's research bodies assist? Also, the long term wellbeing opportunity might be to engage with younger people to help improve the wellbeing of older people. How might this be done?

Dr. Lincoln Sargeant, Director of Public Health, mentioned that the human element was also very important. Could we take a step back and ask "the market" to find a solution? Robert Ling agreed, adding that there were several levers available, but a collective approach was required.

Helen Hirst advised that in Bradford a 'Dragons Den' Event had been held where SMEs pitched their digital solutions to problems. She would be happy to share the learning from this with Robert Ling.

Jill Quinn commented that reference to 92% broadband coverage could give the impression that this percentage of people were comfortable with using technology, but over one third of her organisation's (Dementia Forward) database cannot use email. Robert Ling felt this was a fair point and that was why the County Council was interested in developments such as Amazon Echo and Google Home, where verbal commands could be used to make the change and avoid the physical use of IT being a barrier.

Simon Cox, Chief Officer, Scarborough and Ryedale CCG, said that increasing access often benefits those people who already had good access and who were already using services on-line. There needed to be greater challenge.

Janet Probert commented that safety and governance requirements, whilst important, could sometimes stifle the use of technology. We had to respond, or other providers would come into the space.

Ros Tolcher wondered whether technology could be used to address inequalities. For instance, it can be difficult to secure British Sign Language Interpreters due to the travelling involved. Skype could overcome this.

Louise Wallace undertook to work up, in consultation with colleagues, the scope for each of the themes that the Board decide upon.

Resolved -

a) That the Board continue to meet six times per year, but the duration be extended to three or four hours, as appropriate, to enable a proper focus on key issues.

b) That formal business (such as Key Strategies and certain Annual Reports), be considered at the start of each meeting, followed by a discussion with invited participants on developing a shared approach to key issues.

c) That the following key issues be considered in 2018/19:-

- Digital
- Mental Health
- Capacity Planning, with particular regard to:-

  - Acute and Community Hospitals
  - Care Markets

d) That the scope for the above themes be worked up, to include:-

- Diagnostic work
- Expectations *(Where are we?; Where do we want to be?; etc)*
- Identification of the key actions, that, if achieved, will evidence that the required shift has been made

34. North Yorkshire Safeguarding Children Board – Annual Report 2016/17

A link to this report had been circulated with the Agenda for information.

NOTED.

35. Healthy Weight, Healthy Lives Strategy – Annual Progress Report 2016/17

A link to this report had been circulated with the Agenda for information.

NOTED.

36. North Yorkshire Joint Alcohol Strategy 2014/19 – Annual Progress Report 2016

A link to this report had been circulated with the Agenda for information.

NOTED.

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

Considered –

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

Resolved -

a) Agenda Items for the next meeting on 23rd March to include:-

- Integrated Better Care Fund Performance
- Digital Theme

- Mental Health Summit (to cover North Yorkshire and York) **SEE NOTE**

b) Consideration be given to changing the venue (currently scheduled for Sneaton Castle in Whitby) to one that is closer to a main line railway station

PLEASE NOTE: Subsequent to the meeting, following discussion with the Chair and Vice-Chair, it was been agreed that the Mental Health Summit will now be held as part of the meeting of the Board on Wednesday 30th May, so as to allow sufficient time for the detailed planning that will be required

The meeting concluded at 3.30 p.m.

PD

NORTH YORKSHIRE HEALTH AND WELLBEING BOARD – ACTION SHEET FOR MEETING HELD ON 24TH JANUARY 2018

MIN NO.	ITEM	ACTION AGREED	ACTION BY
33	Health and Wellbeing Board Development Session 24th November – Feedback and Next Steps	a) Retain six meetings per year but extend to three hours to enable a proper focus on key issues.	PD
		b) Formal business (such as Key Strategies and certain Annual Reports), be considered at the start of each meeting, followed by a discussion with invited participants on developing a shared approach to key issues	PD
		c) That the following key issues be considered in 2018/19:- ➢ Digital ➢ Mental Health ➢ Capacity Planning, with particular regard to:- - Acute and Community Hospitals - Care Markets	PD Louise Wallace Robert Ling
		d) That the scope for the above themes be worked up, to include:- ➢ Diagnostic work ➢ Expectations *(Where are we?; Where do we want to be?; etc)* ➢ Identification of the key actions, that, if achieved, will evidence that the required shift has been made	Louise Wallace to lead

Continued overleaf/…

MIN NO.	ITEM	ACTION AGREED	ACTION BY
37	Health and Wellbeing Board – Rolling Work Programme/Calendar of meetings	a) Agenda Items for the next meeting on 23rd March to include:- - Integrated Better Care Fund Performance - Digital Theme - Mental Health Summit **SEE NOTE**	PD Louise Wallace Robert Ling
		b) Consideration be given to changing the venue (currently scheduled for Sneaton Castle in Whitby) to one that is closer to a main line railway station	PD
		PLEASE NOTE: Subsequent to the meeting, following discussion with the Chair and Vice-Chair, it has been agreed that the Mental Health Summit will now be held as part of the meeting of the Board on Wednesday 30th May, so as to allow sufficient time for the detailed planning that will be required	ALL TO NOTE

Health and Wellbeing Board
North Yorkshire

NORTH YORKSHIRE HEALTH AND WELLBEING BOARD – 23RD MARCH 2018

Joint Report of the Corporate Director, Health and Adult Services; and the Chief Officer, Harrogate and Rural District CCG

A Memorandum of Understanding for the West Yorkshire and Harrogate Health and Care Partnership

1. Purpose of Report

1.1 The purpose of this paper is to:

- update the Board on the work to develop a new Memorandum of Understanding (MoU) for the West Yorkshire and Harrogate Health and Care Partnership;
- seek comments and views from Members on an initial draft, to inform its further development; and
- set out the next steps on the development of the MoU.

2. Background

2.1 West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) was formed in 2016 as one of 44 Sustainability and Transformation Partnerships (STPs), in response to the *NHS Five Year Forward View*. It brings together all health and care organisations in our six places: Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield.

2.2 In November 2016 the STP published high level proposals to close the health, care and finance gaps that it faces. Since then the partnership has made significant progress to build capacity and infrastructure and establish the governance arrangements and ways of working that will enable it to achieve its collective aims.

2.3 In October 2017 the System Leadership Executive Group agreed that a new MoU should be developed to formalise working arrangements and support the next stage of development of the WY&H HCP. This MoU will build on the existing partnership arrangements to establish more robust mutual accountability.

2.4 The STP core team has now initiated the work to develop the MoU, supported by an editorial group representing the various aspects of the partnership. The intention is for the MoU to be agreed by member organisations and implemented from April 2018.

2.5 An early draft of the MoU is attached for review and comment as an Appendix.

3. Purpose of the MoU

3.1 The MoU is an agreement between the West Yorkshire and Harrogate health and care partners. It sets out the details of our commitment to work together in partnership to realise our shared ambitions to improve the health of the 2.6 million people who live in our area, and to improve the quality of their health and care services.

3.2 The MoU does not seek to introduce a hierarchical model; rather it provides a mutual accountability framework to underpin collective ownership of delivery. It also provides the basis for a refreshed relationship between local NHS organisations and national oversight bodies.

3.3 The MoU is not a legal contract, but is a formal agreement between all of the partners. It is based on an ethos that the partnership is a servant of the people in West Yorkshire and Harrogate and of its member organisations. It does not replace or override the legal and regulatory frameworks that apply to our statutory NHS organisations and Councils. Instead it sits alongside and complements these frameworks, creating the foundations for closer and more formal collaboration.

3.4 The draft MoU should be read in conjunction with the STP Plan, published in November 2016, the Next Steps (see link below) https://www.wyhpartnership.co.uk/application/files/1015/1964/7540/Revised_WYSTP1152_-_Next_Steps_Document_WEB.pdf and the local plan for Harrogate and Rural district place which draws from the overarching plans across North Yorkshire.

3.5 The MoU will provide a platform for

a) a refresh of the governance arrangements for the partnership, including across West Yorkshire and Harrogate, and the relationship with individual Places and statutory bodies;
b) the delivery of a mutual accountability framework that ensures we have collective ownership of delivery, rather than a hierarchical approach
c) a new approach to commissioning, and maturing provider networks that collaborate to deliver services in place and at West Yorkshire and Harrogate;
d) clinical and managerial leadership of change in major transformation programmes;
e) a transparent and inclusive approach to citizen engagement in development, delivery and assurance;
f) better political ownership of, and engagement in the agenda, underpinned by regular opportunities for challenge and scrutiny; and
g) a new assurance and accountability relationship with the NHS regulatory and oversight bodies that provides new flexibilities for West Yorkshire and Harrogate to assert greater control over system performance and delivery and the use of transformation and capital

funds; and

h) the agreement of a single system NHS financial control total and the associated arrangements within West Yorkshire and Harrogate, to provide an effective system of risk management and reward.

4. Progress to Date

4.1 The County Council's Scrutiny of Health Committee have been briefed and will consider the MoU. Each individual organisation will determine sign up.

4.2 The System Leadership Executive Group discussed an outline framework for the MoU in December and provided a steer on a number of policy issues. This has led to the development of the initial draft. It reflects and builds on the current ways of working and agreed principles for the partnership and maintains an ethos of the primacy of local Place.

4.3 The draft takes account of the requirements of the national MoU template for shadow Integrated Care Systems provided by NHS England and NHS Improvement. It also draws on the example of MoUs already developed by other STPs, particularly Greater Manchester and South Yorkshire and Bassetlaw.

4.4 The draft MoU sets out proposed text on:

- The context for the partnership;
- How parties will work together in West Yorkshire and Harrogate, including their principles, values and behaviours;
- The proposed parties to the MoU – indicating which aspects of the agreement may not be applicable to particular types of organisation;
- The objectives of the partnership, and how its joint priority programmes and enabling workstreams will improve service delivery and outcomes across West Yorkshire and Harrogate;
- Mutual accountability and governance arrangements;
- The commitment to develop a joint financial framework;
- The commitment to develop a new commissioning framework;
- How we will move towards a new approach to assurance, regulation and accountability with the NHS national bodies; and
- The support that will be provided to the STP by the national and regional teams of NHSE and NHSI.

4.5 The draft is very much a work in progress. Much of the content is still to be developed in response to the views of members and stakeholders.

5. What it means for the Harrogate and Rural district place which includes North Yorkshire County Council as a key partner

5.1 By signing the MoU we will commit to play our full role as a member of WY&H HCP and to work within the frameworks described. Accepting our share of collective responsibility will give us and our partners the opportunity to achieve greater autonomy and control over how we develop and

transform our health and care services.

5.2 The partnership will be an overall collaborative framework for local Accountable Care Partnerships.

6. Next steps

6.1 The draft MoU will continue to be developed, with the support of the editorial group.

6.2 During the period January – March 2018 there will be opportunities for the Boards and Governing Bodies of all NHS organisations and for local Health and Wellbeing Boards, Overview and Scrutiny Committees and the West Yorkshire Combined Authority, to consider and comment on the emerging agreement.

6.3 Towards the end of these development and engagement processes a near-final draft will be made available for further review.

7 Recommendations

7.1 Members of the Board are asked to

a. Note that leaders from the Harrogate Place are part of the System Leadership Executive
b. Review and comment on the draft MoU.

West Yorkshire and Harrogate
Health and Care Partnership

Memorandum of Understanding

DRAFT

January 2018

Contents

Foreword

Since the creation of West Yorkshire and Harrogate Health and Care Partnership in March 2016, the way we work has been further strengthened by a shared commitment to deliver the best care and outcomes possible for the 2.6 million people living in our area.

Our commitment remains the same and our goal is simple: we want everyone in West Yorkshire and Harrogate to have a great start in life, and the support they need to stay healthy and live longer. We are committed to tackling health inequalities and to improving the lives of the poorest fastest. Our commitment to an NHS free at the point of delivery remains steadfast, and our response to the challenges we face is to strengthen our partnerships.

The proposals set out in our plan are firming up into specific actions, backed by investments. This is being done with the help of our staff and communities, alongside their representatives, including voluntary, community organisations and local councillors. Our bottom-up approach means that this is happening at both a local and WY&H level which puts people, not organisations, at the heart of everything we do.

We have agreed to develop this Memorandum of Understanding to strengthen our joint working arrangements and to support the next stage of development of our Partnership. It builds on our existing partnership arrangements to establish more robust mutual accountability and break down barriers between our separate organisations.

Our partnership is already making a difference. We have attracted additional funding for learning disabilities, cancer diagnostics, diabetes and for a new child and adolescent mental health unit.

However, we know there is a lot more to do. The health and care system is under significant pressure, and we also need to address some significant health challenges. For example we have higher than average obesity levels, and over 200,000 people are at risk of diabetes. There are 3,600 stroke incidents across our area and we have developed a strategic case for change for stroke from prevention to after care and are identifying and treating people at high risk of having a stroke.

We all agree that working more closely together is the only way we can tackle these challenges and achieve our ambitions. This agreement demonstrates our clear commitment to do this.

Rob Webster
West Yorkshire and Harrogate Health and Care Partnership Lead
CEO South West Yorkshire Partnership NHS FT

1. Introduction and context

1.1. This Memorandum of Understanding (MoU) is an agreement between the West Yorkshire and Harrogate health and care partners. It sets out the details of our commitment to work together in partnership to realise our shared ambitions to improve the health of the 2.6 million people who live in our area, and to improve the quality of their health and care services.

1.2. West Yorkshire and Harrogate Health and Care Partnership was formed in 2016 as one of 44 Sustainability and Transformation Partnerships (STPs), in response to the *NHS Five Year Forward View*. It brings together all health and care organisations in our six places: Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield.

1.3. Our partnership is not a new organisation, but a new way of working to meet the diverse needs of our citizens and communities. NHS services have come together with local authorities, charities and community groups to agree how we can improve people's health and improve the quality of their health and care services.

1.4. We published our high level proposals to close the health, care and finance gaps that we face in November 2016. Since then we have made significant progress to build our capacity and infrastructure and establish the governance arrangements and ways of working that will enable us to achieve our aims.

Purpose

1.5. The purpose of this agreement is to formalise and build on these partnership arrangements. It does not seek to introduce a hierarchical model; rather it provides a mutual accountability framework, based on principles of subsidiarity, to ensure we have collective ownership of delivery. It also provides the basis for a refreshed relationship with national oversight bodies.

1.6. The MoU is not a legal contract, but is a formal agreement between all of the partners. It is based on an ethos that the partnership is a servant of the people in West Yorkshire and Harrogate and of its member organisations. It does not replace or override the legal and regulatory frameworks that apply to our statutory NHS organisations and Councils. Instead it sits alongside and complements these frameworks, creating the foundations for closer and more formal collaboration.

1.7. The MoU should be read in conjunction with the STP Plan, published in November 2016, the Next Steps **[forthcoming]** and the six local Place plans across West Yorkshire and Harrogate.

Developing new collaborative relationships

1.8. Our approach to collaboration begins in each of the [50-60] neighbourhoods which make up West Yorkshire and Harrogate, in which GP practices work together, with community and social care services, to offer integrated health and care services for populations of 30-50,000 people. These

integrated neighbourhood services focus on preventing ill health, supporting people to stay well, and providing them with high quality care and treatment when they need it.

1.9. Neighbourhood services sit within each of our six local places (Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield). These places are the primary units for partnerships between NHS services, local authorities, charities and community groups, which work together to agree how to improve people's health and improve the quality of their health and care services. The focus for these partnerships is moving increasing away from simply treating ill health to preventing it, and to tackling the wider determinants of health, such as housing, employment, social inclusion and the physical environment.

1.10. These place-based partnerships, overseen by Health and Wellbeing Boards, are key to achieving the ambitious improvements we want to see. However, we have recognised that there also clear benefits in working together across a wider footprint and that local plans need to be complemented with a common vision and shared plan for West Yorkshire and Harrogate as a whole. We apply three tests to determine when to work at this level:

- to achieve a critical mass beyond local population level to achieve the best outcomes;
- to share best practice and reduce variation; and
- to achieve better outcomes for people overall by tackling 'wicked issues'.

1.11. The partnership arrangements described in this MoU describe how we will organise ourselves, at West Yorkshire & Harrogate level, to provide the best health and care, ensuring that decisions are always taken in the interest of the patients and populations we serve.

2. How we work together in West Yorkshire and Harrogate

Our vision

2.1. We have worked together to develop a shared vision for health and care services across West Yorkshire and Harrogate. All of our proposals, both local and at STP level support the delivery of this vision:

- Places will be healthy - you will have the best start in life, so you can live and age well.
- If you have long term health conditions you will be supported to self-care through GPs and social care services working together. This will include peer support and via technology, such as telemedicine.
- If you have multiple health conditions, there will be a team supporting your physical, social and mental health needs. This will involve you, your family and carers, the NHS, social care and voluntary and community organisations.

- If you need hospital care, it will usually mean going to your local hospital, which works closely with others to give you the best care possible
- Local hospitals will be supported by centres of excellence for services such as cancer, stroke, and mental health.
- All of this will be planned and paid for together, with councils and the NHS working together to remove the barriers created by planning and paying for services separately. For example community and hospital care working together.
- Communities and staff will be involved in the development and design of plans so that everyone truly owns their health care services.

Principles for our partnership

2.2. We have agreed a set of guiding principles that shape everything we do through our partnership:

- We will be ambitious for the people we serve and the staff we employ
- The West Yorkshire and Harrogate partnership belongs to its citizens and to commissioners and providers, councils and NHS
- We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict
- We will undertake shared analysis of problems and issues as the basis of taking action
- We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible
- [We will build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on people's health and wellbeing]

Our shared values and behaviour

2.3. We commit to behave consistently as leaders and colleagues in ways which model and promote our shared values:

- We are leaders of our organisation, our place and of West Yorkshire and Harrogate
- We support each other and work collaboratively
- We act with honestly and integrity, and trust each other to do the same
- We challenge constructively when we need to
- We assume good intentions.
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery

3. Parties to the Agreement

3.1. The members of the West Yorkshire and Harrogate Health and Care Partnership, and parties to this agreement, are:

Local Authorities

- City of Bradford Metropolitan District Council
- Calderdale Council
- Craven District Council
- Harrogate Borough Council
- Kirklees Council
- Leeds City Council
- North Yorkshire County Council
- Wakefield Council

NHS Commissioners

- NHS Airedale, Wharfedale and Craven CCG
- NHS Bradford City CCG
- NHS Bradford Districts CCG
- NHS Calderdale CCG
- NHS Greater Huddersfield CCG
- NHS Harrogate and Rural District CCG
- NHS Leeds North CCG
- NHS Leeds South and East CCG
- NHS Leeds West CCG
- NHS North Kirklees CCG
- NHS Wakefield CCG

Healthcare Providers

- Airedale NHS Foundation Trust
- Bradford District Care NHS Foundation Trust
- Bradford Teaching Hospitals NHS Foundation Trust
- Calderdale and Huddersfield NHS Foundation Trust
- Harrogate and District NHS Foundation Trust
- Leeds and York Partnership NHS Foundation Trust

- Leeds Community Healthcare NHS Trust
- The Leeds Teaching Hospitals NHS Trust
- Locala Community Partnerships CIC
- The Mid Yorkshire Hospitals NHS Trust
- South West Yorkshire Partnership NHS Foundation Trust*
- Tees, Esk, and Wear Valleys NHS Foundation Trust*
- Yorkshire Ambulance Service NHS Trust*

(* These organisations are also members of neighbouring STPs).

Heath Regulator and Oversight Bodies

- NHS England
- NHS Improvement
- Health Education England
- Public Health England

Other Partners

- Healthwatch Bradford and District
- Healthwatch Calderdale
- Healthwatch Kirklees
- Healthwatch Leeds
- Healthwatch North Yorkshire
- Healthwatch Wakefield
- Yorkshire and Humber Academic Health Science Network

3.2. As members of the partnership all of these organisations subscribe to the vision, principles, values and behaviours stated above, and agree to participate in the governance and accountability arrangements set out in this MoU.

3.3. Certain aspects of the agreement are not relevant to particular types of organisation within the partnership. These are indicated below.

[DN: Spell out which sections of the agreement do not apply to particular organisations. Eg NHS financial control total and risk management, and the NHS Single Accountability Framework will not apply to Councils]

4. Partnership objectives

4.1. Our ambitions for improvements in care and quality, health and wellbeing, and financial sustainability were set out in our STP plan (November 2016). This MoU reaffirms our shared commitment to achieving these ambitions and to the further commitments made in *Next Steps for the West Yorkshire and Harrogate Health and Care Partnership*, published in [forthcoming].

4.2. In order to achieve these ambitions we have agreed the following broad objectives for our partnership:

i. To make fast and tangible progress in:

- urgent and emergency care reform,
- strengthening general practice and community services,
- improving mental health services,
- improving cancer care,
- prevention at scale of ill-health,
- collaboration between acute service providers,
- reconfiguration of stroke services, and
- improving elective care, including standardisation of commissioning policies.

ii. To enable these transformations by working together to:

- Secure the right workforce, in the right place with the right skills, to deliver services at the right time, ensuring the wellbeing of our staff ,
- Engage our communities meaningfully in co-producing services and making difficult decisions,
- Use digital technology to drive change, ensure systems are inter-operable, and create a 21st Century NHS,
- Place innovation and best practice at the heart of our collaboration, ensuring that our learning benefits the whole population,
- Develop and shape the strategic capital and estates plans across West Yorkshire and Harrogate, maximising all possible funding sources and ensuring our plans support the delivery of our clinical strategy, and
- Ensure that we have the best information, data, and intelligence to inform the decisions that we take.

iii. To manage our financial resources within a shared financial control total for health across the constituent CCGs and NHS provider organisations; and to maximise the system-wide efficiencies necessary to manage within this share of the NHS budget;

iv. To operate as an integrated health and care system, and progressively to

build the capabilities to manage the health of our population, keeping people healthier for longer and reducing avoidable demand for healthcare services;

v. To act as a leadership cohort, demonstrating what can be achieved with strong system leadership and increased freedoms and flexibilities.

Delivery improvement

4.3. Delivery and transformation programmes have been established to enable us to achieve the key objectives set out above. Programme Mandates have been developed for each programme and enabling workstream. These are set out at Annex 1 to this Agreement. They confirm:

- The vision for a transformed service
- The specific ambitions for improvement and transformation
- The component projects and workstreams
- The leadership arrangements.

4.4. Each programme has undergone a peer review 'check and confirm' process to confirm that it has appropriate rigour and delivery focus.

4.5. As programme arrangements and deliverables evolve over time the mandates will be revised and updated as necessary.

5. Mutual Accountability and Governance

5.1. The West Yorkshire and Harrogate Health and Care Partnership does not replace or override the authority of the Boards and governing bodies of its member organisations. Each of them remains sovereign and Councils remain directly accountable to their electorates.

5.2. The partnership provides a mechanism for joint action and joint decision-making for those issues which are best tackled on a wider scale. The partnership has a series of specific agreements that underpin the way we work:

5.3. A schematic of our governance and accountability relationships is provided at Annex 2.

Leadership

5.4. At the centre of our collective arrangements is our **System Leadership Executive Group.** The group includes each statutory organisation and representation from other member organisations. The group is responsible for setting and overseeing the strategic direction of the partnership, building leadership and collective responsibility for our shared objectives. It has no formal delegated powers. It works by building agreement with leaders across member organisations to drive action around a shared direction of travel. Each

organisation will be represented by its chief executive or accountable officer. Members will be responsible for nominating an empowered deputy to attend meetings of the group if they are unable to do so personally. Members will be expected to recommend that their organisations support agreements and decisions made by SLE.

System Oversight and Assurance Group

5.5. A new system oversight and assurance group will be established in 2018/19 to provide a mechanism for partner organisations to take joint ownership of system performance and delivery.

[DN: To develop scope and ToR]

The West Yorkshire and Harrogate Joint Committee of Clinical Commissioning Groups

5.6. The 11 CCGs in West Yorkshire and Harrogate are continuing to develop closer working arrangements within each of the six places that make up our partnership.

5.7. The CCGs have also established a Joint Committee, which has delegated authority to take decisions collectively. The Joint Committee is made up of representatives from each CCG. To make sure that decision making is open and transparent, the Committee has an independent lay chair and two lay members drawn from the CCGs, and meets in public every second month. The Joint Committee is underpinned by a memorandum of understanding and a work plan, which have been agreed by each CCG.

5.8. The Joint Committee is a sub-committee of the CCGs, and each CCG retains its statutory powers and accountability. The Joint Committee's work plan reflects those partnership priorities for which the CCGs believe collective decision making is essential. It only has decision-making responsibilities for the West Yorkshire and Harrogate programmes of work that have been delegated by the CCGs.

West Yorkshire Association of Acute Trusts Committee in Common

5.9. The six acute hospital trusts in West Yorkshire and Harrogate have come together as the West Yorkshire Association of Acute Trusts (WYAAT). The association believes that the health and care challenges and opportunities facing West Yorkshire and Harrogate cannot be solved through each hospital working alone; they require the hospitals to work together to achieve solutions for the whole of West Yorkshire and Harrogate that improve the quality of care, increase the health of people and deliver more efficient services.

5.10. WYAAT is governed by an MOU which defines the objectives and principles for collaboration, together with governance, decision making and dispute resolution processes. The MOU establishes the WYAAT Committee in

Common, which is made up of the Chairs and Chief Executives of the six trusts, and provides the forum for working together and making joint decisions. Decisions taken by the Committee in Common are then formally approved by each Trust Board individually.

Mental Health Trust Committee in Common

5.11. There has been historically strong partnership working between the four mental health trusts and providers across our area:

- South West Yorkshire Partnership NHS Trust
- Leeds and York Partnership NHS Foundation Trust
- Bradford District Care NHS Foundation Trust
- Leeds Community Healthcare NHS Trust]

5.12. This close working has been strengthened and reinforced through the establishment of a committee in common as a way of formalising joint working.

[DN: To review]

Local council leadership

5.13. We have important and well established relationships with local councils in each of the six places and these relationships continue to strengthen across the West Yorkshire and Harrogate area. Complementary area-wide arrangements have also been established:

- Local authority chief executives meet and mandate one of them to lead on health and care partnership;
- Health and Wellbeing Board chairs meet;
- A Joint Health Overview and Scrutiny Committee
- West Yorkshire Combined Authority

[DN: To review]

Clinical leadership

5.14. Clinical leadership is central to all of the work we do. Clinical leadership is built into each of our work programmes, and our Clinical Forum provides formal clinical advice to all of our programmes.

[DN: To review]

West Yorkshire and Harrogate programme governance

5.15. Strong governance and programme management arrangements are built

into each of our West Yorkshire and Harrogate priority and enabling programmes. Each programme has a Chief Executive or CCG Chief Officer and has a structure that builds in clinical and other stakeholder input, representation from each of our six places and each

5.16. Programme Mandates, summarising the aims and leadership arrangements for each programme are set out at **Annex 1**.

Local Place Based Partnerships

5.17. Local partnerships arrangements bring together the Councils, voluntary and community groups, and NHS commissioners and providers in each Place, including GPs and other primary care providers, to take responsibility for the cost and quality of care for the whole population. Each of the six Places in West Yorkshire and Harrogate has developed its own arrangements to deliver the ambitions set out in its Place Plan.

5.18. These new ways of working reflect local priorities and relationships, but all provide a greater focus on population health management, integration between providers of services around the individual's needs, and a focus on care provided in primary and community settings.

5.19. There are seven local health and care partnerships (two in Bradford District and Craven and one in each other place) which will develop horizontally integrated networks to support seamless care for patients.

[DN: To review]

Decision-Making and Resolving Disagreements

5.20. Our approach to making joint decisions and resolving any disagreements between partners will follow our principle of subsidiarity. Issues which need to be decided at a level broader than individual places will be considered by the relevant collaborative forum within our governance and accountability arrangements, in line with its agreed terms of reference and scheme of delegation (where relevant). Any issues which cannot be resolved within the appropriate forum will, by exception, be referred to the System Leadership Executive Group.

6. NHS assurance, regulation and accountability

6.1. A single consistent approach will be developed to support assurance and accountability between partners, through the structures and processes outlined above, and between the partnership and national oversight bodies.

Current statutory requirements

6.2. NHS England has a duty under the NHS Act 2006 (as amended by the 2012 act) to assess the performance of each CCG each year. The assessment must consider, in particular, the duties of CCGs to: improve the quality of services; reduce healthy qualities; obtain appropriate advice; involve and consult

the public; and comply with financial duties. The 2012 Act provides powers for NHS England to intervene where it is not assured that the CCG is meeting its statutory duties.

6.3. NHS England must publish a report each year which summarises the results of each CCG's assessment. The detail of the CCG assurance framework which underpins the publication is NHS England policy rather than set in statute or regulation.

6.4. NHS Improvement (formally Monitor) has a duty under the Health and Social Care Act 2012 to ensure the operation of a licensing regime for Foundation Trusts (and other providers of NHS services). The licensing regime covers requirements on FTs in relation to: general conditions; pricing; choice and competition; integrated care; continuity of services; and governance. The 2012 Act provides powers for NHS improvement to enforce or set conditions on a provider's license.

6.5. The licensing regime is underpinned by the NHS Improvement Single Operating Framework which aims to help providers attain and maintain CQC ratings of good or outstanding. The framework is NHS Improvement policy rather than set in statute regulations.

Single Accountability Framework

6.6. We expect to move to a relationship with NHS England and NHS Improvement which provides a single 'one stop shop' regulatory relationship in the form of streamlined oversight arrangements. This Single Accountability Framework (SAF) will introduce an integrated CCG Improvement Assessment Framework (IAF) and Trust single oversight framework. It will set out:

- The roles and responsibilities of the NHS parties to this Agreement (CCGs, providers, NHS England and NHS Improvement)
- The scope of the SAF including NHS constitutional commitments, national targets, quality indicators and productivity measures
- The internal governance, assurance and reporting system within WY&H to support delivery of the SAF
- The external assurance and reporting system for WY&H to NHS England and NHS Improvement
- The agreed trigger points and process where NHS England and NHS Improvement may exercise their statutory responsibilities for intervention
- The approach to supporting local systems which are already subject to intervention or in recovery.

6.7. CCGs will still require an annual review with NHS England.

6.8. Operational management of the assurance and oversight processes will be through WY&H working together and we will deliver the principles of the two national frameworks with a locally developed model with an integrated single

oversight and assurance process within the ACS.

6.9. West Yorkshire and Harrogate will be assured once, as a place, for delivery of the NHS Constitution and Mandate, financial and operational control, and quality

7. Financial Framework

7.1. All member organisations, in West Yorkshire and Harrogate are ready to work together, manage risk together, and support each other when required. We are committed to working individually and in collaboration with others to deliver the changes required to achieve financial sustainability and to manage within individual and whole system control totals.

7.2. We have agreed a partnership financial strategy which sets out how we propose to spend the resources we have available on models of service provision that are high quality and financially and economically sustainable.

7.3. The strategy sets out how a system control total will be managed across West Yorkshire, including:

- How in-year flexibilities including the potential use of a contingency or other specific business rules
- How to reflect the impact of an agreed transformational scheme which differentially impacts organisational financial performance
- Consideration of Place based control totals
- Consideration of monitoring, management and reporting arrangements
- Whether a set of efficiency indicators could be used to inform the application of a system wide control total?

7.4. The financial strategy sets out our agreed commitments relating to the approaches we will take to:

- Managing demand
- Cost reduction and efficiency
- Competition and integration
- Investment plans
- Contracts and control totals
- Monitoring and responding to change.

[DN: To review]

8. Commissioning Framework

8.1. [Set out the outcome of a review of commissioning functions and responsibilities as part of our system reform. This will address the implications of:

- The local Place-based partnerships creating vertically and horizontally integrated care system in each Place,
- Developing new ways of contracting and allocating resources to ACPs including population budgets, population health management and segmentation approaches;
- The need to connect between Places with a horizontally integrated network of hospital based care and delivery of safe and sustainable services to support seamless care for patients and to create the overall Accountable Care System (ACS) for West Yorkshire and Harrogate.
- Having a system wide commissioning function with new ways of contracting and allocating resources to the integrated network of hospital based care, contracting once for a range of agreed services with the network to support sustainable services and drive improved outcomes for patients.
- The approach to commissioning those specialised services which have been identified by NHS England as suitable for planning at populations up to 2.5m and thus at WY&H level. This will aim to remove some of the structural barriers that reinforce the separation between different elements of care pathways.]

[DN: To review]

9. National and regional support

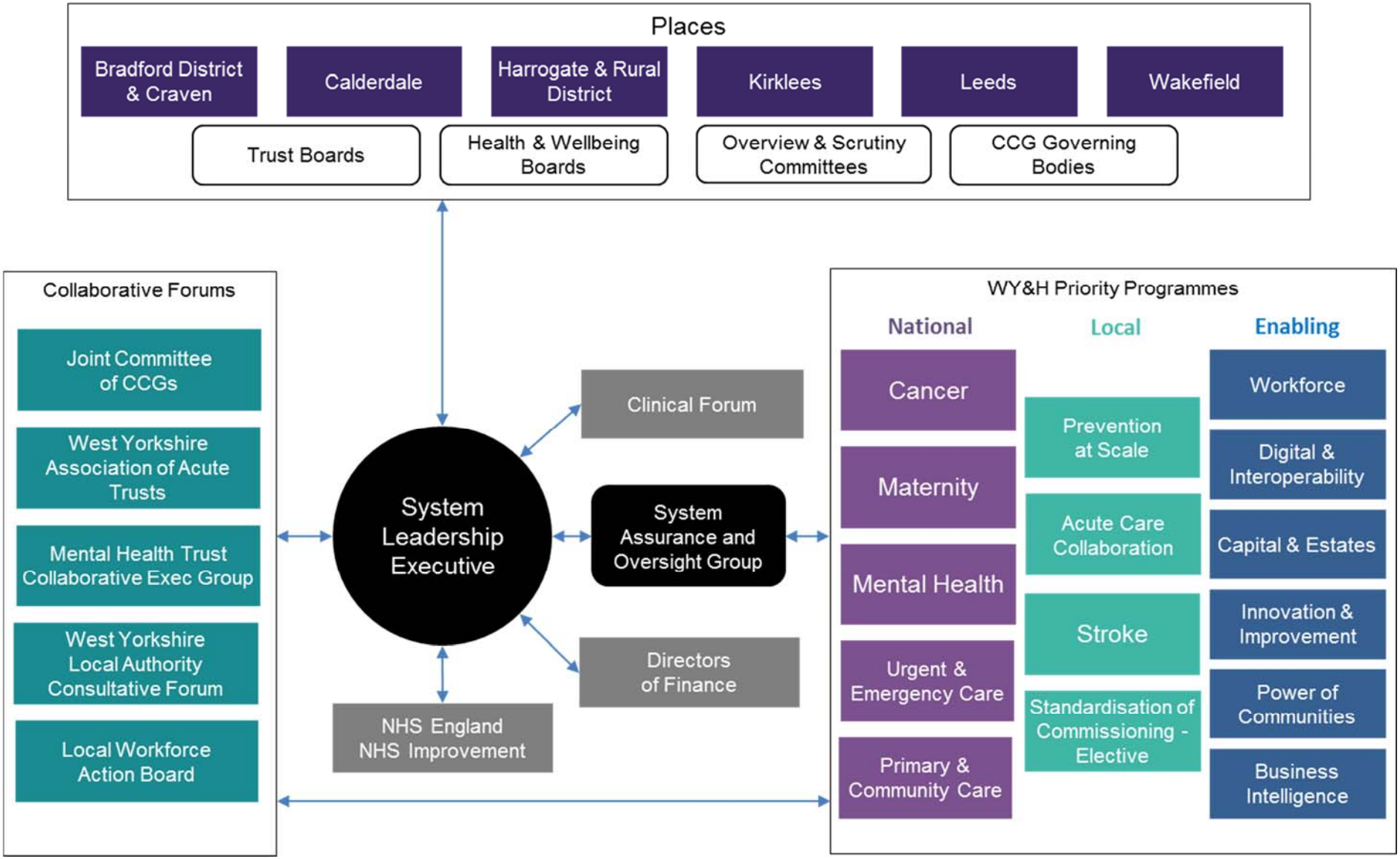
9.1. To support WY&H ACS development there will be a process of aligning resources from ALBs to support delivery and establishing ACS integrated single assurance and regulation approach.

9.2. National capability and capacity will be available to support WY&H from central teams including governance, finance and efficiency, regulation and competition, systems and national programme teams, primary care, urgent care, cancer, mental health, including external support.

9.3. [Review whether this section is required. If so, set out details of agreed support and capacity for 18/19]

Annex 1 – Programme Mandates

Annex 2 – Schematic of Governance and Accountability Arrangements



Health and Wellbeing Board
North Yorkshire

Pharmaceutical Needs Assessment

Friday 23rd March 2018

Presented by: Dr Lincoln Sargeant, Director of Public Health

Summary:

The Health and Wellbeing Board has a statutory duty to produce a Pharmaceutical Needs Assessment (PNA) every three years. A PNA describes what pharmacy services are currently available in North Yorkshire and what services might be needed in the future. The document is used to inform decisions on whether changes need to be made to opening times of pharmacies or if new pharmacies or services are required.

A 60 day consultation on the draft PNA was carried out and feedback from the consultation has been incorporated into the final draft of the 2018-21 PNA document. The report gives an overview of the changes made to the PNA since the draft was circulated in November 2017 following the consultation.

Which of the themes and/or enablers in the North Yorkshire Joint Health & Wellbeing Strategy are addressed in this paper?

[Please tick as appropriate]

Themes	✓
Connected Communities	✓
Start Well	✓
Live Well	✓
Age Well	✓
Dying Well	✓
Enablers	
A new relationship with people using services	
Workforce	
Technology	
Economic Prosperity	

How does this paper fit with <u>other</u> strategies and plans in place in North Yorkshire?

It links primarily to the Joint Health and Wellbeing Strategy 2015/20201.

What do you want the Health & Wellbeing Board to do as a result of this paper?

To approve the final PNA so that it can be made public

North Yorkshire County Council
Health and Wellbeing Board
23rd March 2018

North Yorkshire Pharmaceutical Needs Assessment (PNA)

Purpose of report
To update members on the outcome of the consultation on the PNA and resultant changes

For the board to formally approve the final PNA document

Background
As previously discussed, the Health and Wellbeing Board has a statutory duty to produce a Pharmaceutical Needs Assessment (PNA) every three years. A PNA describes what pharmacy services are currently available in North Yorkshire and what services might be needed in the future. The document is used to inform decisions on whether changes need to be made to opening times of pharmacies or if new pharmacies or services are required.

The North Yorkshire County Council (NYCC) Public Health team have been leading the PNA on behalf of the North Yorkshire Health and Wellbeing Board.

Feedback from the consultation
There is a statutory duty to carry out a 60 day consultation on the draft PNA which took place between 12th December 2017 and 11th February 2018. The link to the draft PNA was shared with the following organisations:

a) The Local Pharmaceutical Committee (CYPNY)
b) The Local Medical Committee
c) All persons on the pharmaceutical lists and any dispensing doctors list in North Yorkshire;
d) All LPS chemists in North Yorkshire with whom NHS England has made arrangements for the provision of any local pharmaceutical services;
e) North Yorkshire Healthwatch
f) All NHS trusts and NHS foundation trusts in the area;
g) the NHS Commissioning Board (NHS England) and
h) All neighbouring Health and Wellbeing Boards
i) The public via NYCC website and other media

A total of 21 responses were received, made up of as follows:

- Two Local Authorities representatives
- One pharmacy
- The chair of the LMC
- 17 members of the public

Feedback on the report was positive with the majority of respondents agreeing with the conclusions and that the content was sufficient to identify gaps and inform commissioning decisions.

Additional comments were received around the potential impact of distance selling pharmacies, the quality of some pharmacy provision, wastage of medicines and

there was feedback from two members of the public that they could not find the report on line. The steering group discussed the consultation feedback in February 2018 and provided a response to the comments made that can be referred to in appendix A. The steering group agreed that the conclusions should remain the same confirming that there are no gaps in pharmacy provision in North Yorkshire. (Refer to appendix B for conclusions)

In addition to the North Yorkshire consultation, the Public Health team provided feedback to all neighbouring Health and Wellbeing Boards on their PNAs. There were no concerns identified in neighbouring reports about pharmacy provision that would impact on North Yorkshire residents.

Next steps
The final document has to be published and will be uploaded to the website www.nypartnerships.org.uk/pna

Lessons learnt were also identified by the steering group. These will be made available to inform future PNA developments.

A number of issues were raised throughout the process of developing the document that were out of scope of the PNA. These included concerns around the quality of pharmacy provision, over-ordering of medicines, provision of blister packs and on-line pharmacies. The steering group recognised that these issues still need to be addressed. This has been raised with NHS England, as commissioner, and it is recommended that the Health and Wellbeing Board gain assurance from NHS England that these quality concerns are noted and addressed.

Recommendations
That members of the Health and Wellbeing Board:

- Approve the final PNA report so that it can be made public

Dr Lincoln Sargeant

Director of Public Health

8 March 2018.

Appendix A: Consultation feedback and response made

The following table summarises comments received:

Comment	Response from the steering group
Concern about the potential future impact of distance selling pharmacies	The following sentence should be added to 4.1.3 of the PNA: *One respondent fed back through the consultation that the impact of on-line pharmacies is increasing and it will potentially threaten viability of rural pharmacy and potentially dispensing GP's. It was agreed by the steering group that this will be fed back to NHS England. It is very difficult to monitor the volume of dispensing from internet pharmacies to feed into the PNA.*
Concerns around the capacity and willingness of pharmacies to provide blister packs, with inconsistency across pharmacies and many charging	Acknowledge the comment in section 3.9 of the PNA, *confirm it is outside of the remit of the PNA but that it has been fed back to NHS England.*
Comment regarding repeat and over ordering of medication resulting in wastage	The following sentence to be added to section 3.3.3 of the PNA*: Work has taken place through the CCGs to prevent over ordering, however it was felt that this has led to concerns from GPs about impact on their workload. These concerns about whole system working has been fed back to NHS England but are out of scope of the PNA.*
Concerns re quality of a pharmacy service in some areas	To add to 1.5 of the PNA: *Some concerns were raised through the stakeholder engagement and consultation about the quality of pharmacies. The quality of pharmacy provision is out of scope of the PNA, however the steering group agreed that there needs to be better promotion of how patients can provide feedback and/or complain about provision. This will be done outside of the PNA.*
Comment suggesting there was not enough consideration of rural areas	The group felt that rurality was well covered by the PNA document. An additional map will be added to the PNA to plot pharmacies and a 15 minute drive time. Also recognition that rurality and health is an area of interest to public health researchers so future PNAs will take account of any key learning from such studies

Member of the public commented that they didn't know the quantity and demographics of the population consulted	The group felt the proposed content was adequate. No specific additions were identified although gaps in existing data were noted.
2 members of the public fed back that they could not find a copy of the PNA document on line	Checks were made to ensure that the PNA was clearly visible on the website and easy to access through a google search. The on-line survey did not have the link to the full document initially so this was added during the consultation so that anyone accessing the survey directly could access the document easily.
Comment suggesting the PNA needs to include numbers needing a prescription; numbers who can't drive; numbers with poor bus services or who can't walk 20 minutes.	The group agreed that this data is not available.
Comment suggesting the PNA should have more information before the conclusions	The group felt that there was plenty of information to make valid conclusions and that the draft PNA was comprehensive
Straight forward with helpful statistics and it reads well	No response required
We are satisfied that the North Yorkshire pharmaceutical needs assessment was conducted in line with the statutory requirements, and represents a full and valid assessment of pharmaceutical needs for North Yorkshire residents.	No response required
A very comprehensive PNA	No response required

Appendix B: PNA conclusions

Evidence shows that generally there continues to be a good geographic spread of pharmacies across North Yorkshire, with the majority of people being within reasonable travel distance of a pharmacy. There are currently 113 community pharmacies in North Yorkshire and 48 dispensing practices. There is good pharmacy coverage in the more deprived wards in North Yorkshire and all districts have above the national level of pharmacies per 100,000 population. There are no gaps in necessary provision. Key notes from the assessment include:

- The population in North Yorkshire is growing and is getting older. Within the next three years it is expected that the population of North Yorkshire will include a greater number of people with long term health conditions. Although the population is growing, our projections suggest that this need can be accommodated within existing capacity over the next three years. Trends suggest additional capacity may be required to meet these growing needs over time
- Opening hours indicate good access during Monday to Saturday. However, there are areas where Sunday access is improved by pharmacies in neighbouring authorities.
- Around 98% of the population of North Yorkshire lives within five miles (as the crow flies of a pharmacy), with around 63% of the population living within a 20 minute walk of a pharmacy. However, there are parts of the county that are reliant on pharmacies in other Local Authority areas. If community pharmacy services in these areas were not maintained then travel time to the next available pharmacy could be significantly increased for some residents.
- The residents of North Yorkshire currently have better health than their peers nationally. This means that there will be opportunities for greater self-care and self-monitoring of conditions, some of which may be facilitated by community pharmacies.
- There was feedback from some pharmacy providers that they do not have the systems in place to allow them to provide some services currently such as disabled access.
- A range of additional/enhanced services are provided and these appear to be based on population need. There are no gaps in additional services although activity for public health commissioned service falls below desirable levels so work needs to be done to address any barriers in providing this service. Local Authority and NHS commissioners should continue to monitor potential opportunities for developing new services such as long term conditions where a need has been identified.
- There are a number of developments that are expected to take place over the next three years that may impact on the need for and access to pharmacy services. E.g. GP extended access, housing developments, on-line pharmacies and changes to the way in which pharmacies are funded. It is not possible to assess the impact of this at this time, however, it should remain under review as part of the ongoing PNA process. Any pharmacy changes or closures that have a significant impact on access may be subject to a supplementary statement being issued by the Health and Well-being Board if this occurs before the next PNA is prepared in 2020.
- Pharmacy services providing advice on minor illnesses and repeat ordering of prescriptions appears fairly well used in North Yorkshire (based on survey data).

However, there also appeared to be some knowledge gaps among the public of the services offered by pharmacies.

- The development of healthy living pharmacies and closer working with primary care will improve services for the user over the next three years.

North Yorkshire Health & Wellbeing and Commissioner Forum

ROLLING WORK PROGRAMME/CALENDAR OF MEETINGS 2018/2019 - Updated 14th March 2018

Date	Meeting	Details	Item (contact)
March 2018	**Health and Wellbeing Board** *Report Deadline: Tuesday 13 March*	Time: 9.00 a.m. Date: Friday 23 March Venue: The Pavilions, Harrogate NOTE: Formal business 9.00 a.m. Digital Workshop from 10.15 a.m.	• West Yorkshire and Harrogate STP – Memorandum of Understanding (Ian Holmes) • Pharmaceutical Needs Assessment (final sign off) (Clare Beard) • Rolling HWB Work Programme • Digital Workshop facilitated by Gartner, IT Consultants
May 2018	**Commissioner Forum** *Report Deadline: Tuesday 1 May*	Time: 2.00 p.m. Date: Thursday 10 May Venue: Thornton Room, City of York Council, West Offices	• Key partner updates • Other Items to be determined
	Health and Wellbeing Board *Report Deadline: Thursday 17 May*	Time: 10.00 a.m. Date: Wednesday 30 May Venue: The Pavilions, Harrogate NOTE: Exact timings to be confirmed	• NOTE: This time will primarily be used for a Mental Health Summit • Digital Theme – Brief Update (Robert Ling) • IBCF/BCF Plans for sign off (depending on confirmation of NHS England timescales) • Rolling HWB Work Programme

Date	Meeting	Details	Item (contact)
June 2018	**Commissioner Forum** *Report Deadline: Tuesday 5 June*	Time: 2.00 p.m. Date: Thursday 14 June Venue: King Richard Room, City of York Council, West Offices	• Key partner updates • Other Items to be determined
July 2018	**Health and Wellbeing Board** *Report Deadline: Tuesday 10 July*	Time: 9.30 a.m. Date: Friday 20 July Venue: TBC	• Work on second theme • Rolling HWB Work Programme
August 2018	**Commissioner Forum** *Report Deadline: Tuesday 31 July*	Time: 2.00 p.m. Date: Thursday 9 August Venue: King Richard Room, City of York Council, West Offices	• Key partner updates • Other Items to be determined
September 2018	**Commissioner Forum** *Report Deadline: Tuesday 4 September*	Time: 2.00 p.m. Date: Thursday 13 September Venue: King Richard Room, City of York Council, West Offices	• Key partner updates • Other Items to be determined
	Health and Wellbeing Board *Report Deadline: Friday 7 September*	Time: 1.00 p.m. Date: Wednesday 19 September Venue: TBC	• Digital Theme: Action Planning and Route Map – Innovation Hub: Invite Providers to bid to deliver solutions • Rolling HWB Work Programme

Date	Meeting	Details	Item (contact)
November 2018	**Commissioner Forum** *Report Deadline: Tuesday 30 October*	Time: 2.00 p.m. Date: Thursday 8 November Venue: Thornton Room, City of York Council, West Offices	• Key partner updates • Other Items to be determined
	Health and Wellbeing Board *Report Deadline: Tuesday 13 November*	Time: 9.30 a.m. Date: Friday 23 November Venue: TBC	• Further work on second theme • Rolling HWB Work Programme
December 2018	**Commissioner Forum** *Report Deadline: Tuesday 4 December*	Time: 2.00 p.m. Date: Thursday 13 December Venue: Thornton Room, City of York Council, West Offices	• Key partner updates • Other Items to be determined
January 2019	**Health and Wellbeing Board** *Report Deadline: Friday 11 January*	Time: 1.00 p.m. Date: Wednesday 23 January Venue: TBC	• Digital Theme - Progress Check and Planning for 2019/20 • Rolling HWB Work Programme
March 2019	**Health and Wellbeing Board** *Report Deadline: Tuesday 12 March*	Time: 9.30 a.m. Date: Friday 22 March Venue: TBC	• Conclusion of work on second theme • Rolling HWB Work Programme