

## North Yorkshire Health and Wellbeing Board

### Minutes of the meeting held on Friday 23 March 2018 at the Pavilions of Harrogate

**Present:-**

Board Members	Constituent Organisation
<b>County Councillors</b>	
County Councillor Michael Harrison ( <b>Chairman</b> )	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
<b>Elected Member District Council Representative</b>	
Richard Foster	Leader, Craven District Council
<b>Local Authority Officers</b>	
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
Janet Waggott	Selby District Council
Richard Webb	North Yorkshire County Council Corporate Director – Health and Adult Services
<b>Clinical Commissioning Groups</b>	
Amanda Bloor	Harrogate and Rural District CCG
Simon Cox	Scarborough and Ryedale CCG
Gill Collinson (substituting for Janet Probert)	Hambleton, Richmondshire and Whitby CCG
<b>Other Members</b>	
Shaun Jones	NHS England, North Yorkshire and Humber Area Team
Jill Quinn	Voluntary Sector Representative
Judith Bromfield	Healthwatch
<b>Co-opted Members</b>	
Dr. Olusago Touloupe (substituting for Colin Martin)	Mental Health Trust Representative (Tees, Esk and Wear Valleys NHS Foundation Trust)
Dr Ros Tolcher	Acute Hospital Representative

**In Attendance:-**

Ian Holmes, Director, West Yorkshire and Harrogate Sustainability and Transformation Partnership

Alan Woodhead, Volunteer, Healthwatch North Yorkshire

**North Yorkshire County Council Officers:**

Louise Wallace (Health and Adult Services), Patrick Duffy (Legal and Democratic Services), and Robert Ling (Strategic Resources)

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

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### **38. Apologies for Absence**

Apologies for absence were submitted by:

- Phil Bramhall (Voluntary and Community Sector)
- Richard Flinton (North Yorkshire County Council)
- Colin Martin (Tees, Esk and Wear Valleys NHS Foundation Trust)
- Phil Mettam (Vale of York CCG)
- Janet Probert (Hambleton, Richmondshire and Whitby CCG)
- Colin Renwick (Airedale, Wharfedale and Craven CCG)

### **39. Minutes**

**Resolved -**

That the Minutes of the meeting held on 24 January 2018 be approved as an accurate record.

### **40. 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 the actions primarily related to the decisions by the Board to change the way in which it conducts its business and had been implemented or were in the process of being.

NOTED.

### **41. Declarations of Interest**

There were no declarations of interest.

### **42. Public Questions of Statements**

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

### **43. West Yorkshire and Harrogate Health and Care Partnership – Memorandum of Understanding**

Considered -

A joint report by the Corporate Director, Health and Adult Services and the Chief Officer, Harrogate and Rural District CCG.

The report:-

- updated the Board on the work being undertaken to develop a new Memorandum of Understanding (MoU)
- sought comments and views from Members on the initial draft, to inform its development; and
- set out the next steps on the development of the MoU.

Ian Holmes, Director of the West Yorkshire and Harrogate Sustainability and Transformation Partnership (STP), outlined the background to the document. He made the following points in particular:-

- The MoU was an early draft.
- The Partnership itself was moving forward at pace and had made significant gains.
- This represented a new way of doing things collaboratively, with revised accountability – moving from an organisational approach, towards a performance management one, with each partner supporting each other to spend public money more efficiently.
- There was no national “blueprint” as to how this could be achieved. This afforded the Partnership the opportunity to shape how it wanted to operate, going forward and, as part of this, it was keen to receive views.
- The Partnership would be inviting Expressions of Interest for an Intermediate Care System in February 2018
- Key drivers were: the Partnership accessing its fair share of funding to achieve greater autonomy; being at the front of the queue regarding capital decisions and operating under a self-governing system, in recognition of the fact that the way regulation works currently was not always as good as it could be.
- No final decisions would be taken until after May 2018 and these would have to be in the interests of NHS England and the West Yorkshire and Harrogate STP.

Richard Webb, Corporate Director of Health and Adult Services, said that he was impressed by the quality and leadership of the partnership, which felt disciplined and pro-active. He welcomed the opportunity to be able to influence its work. Discussions were being held about ways in which Health and Adult Services could be involved – for example, via a single control model.

Judith Bromfield, Chair of Healthwatch North Yorkshire, advised that Healthwatch were involved in developing the MoU.

The Chair referred to Overview and Scrutiny arrangements, as referred to in the Schematic of Governance and Accountability Arrangements, at Annex 2 to the MoU, and commented on the number of bodies involved. Amanda Bloor, Chief Officer, Harrogate and Rural District CCG, advised that local scrutiny arrangements would be maintained. There will be a Joint West Yorkshire and Harrogate Scrutiny Group. Ian Holmes added that, whilst working arrangements had still to be formalised, approximately 90% of work would be undertaken at a place-based level.

Richard Webb mentioned that there was a debate as to the role of Local Government in these partnerships – not just Health and Adult Services and Public Health, but how digital could be brought in.

Councillor Richard Foster, Leader of Craven District Council, stressed that Craven would need to be referred to in the document in its own right. Richard Webb advised that he had added some paragraphs to the draft, recognising leadership around rural areas.

Amanda Bloor asked Members to let her or Richard Webb know if they had any views on the draft MoU.

**Resolved –**

- a) That it be noted that leaders from the Harrogate Place are part of the System Leadership Group.
- b) That if any Members have comments on the draft Memorandum of Understanding, they should provide these to Amanda Bloor or Richard Webb (or to Patrick Duffy, who will forward them on).

**44. North Yorkshire Pharmaceutical Needs Assessment (PNA) 2018/2021**

Considered –

A report by the Director of Public Health which updated Members on the outcome of the consultation on the PNA and resultant changes. The report also sought formal approval to the document.

A link to the PNA itself had been circulated with the Agenda.

Dr Lincoln Sargeant, Director of Public Health, confirmed that the Board had a statutory requirement to produce a PNA every three years.

The draft PNA had been developed after wide engagement and had been out to formal consultation. Comments received had been overwhelmingly supportive of the proposals and there were no significant gaps in provision.

The Appendix to the report summarised comments received to the consultation, together with the response of the Steering Group. Some comments were beyond the scope of the PNA and these had been conveyed to NHS England, who would pick up broader quality issues.

The Chair referred to the development of on-line pharmacies and asked what the implications of this might be. Dr Sargeant responded that on-line provision was likely to become more mainstream and this meant that traditional pharmacies, based in buildings, would need to adapt.

Robert Ling, Managing Assistant Director, Technology and Change, felt it was inevitable that people would use on-line provision if they found this easier to access.

County Councillor Janet Sanderson, Executive Member for Children and Young People's Services, felt that the demographics in some rural areas could help pharmacies with a physical presence to continue, as some older people might prefer this to signing up on-line.

Shaun Jones, Head of Assurance and Delivery at NHS England (Yorkshire and the Humber) said he would raise this with NHS England colleagues, as the development of on-line pharmaceutical provision was something that they would need to be mindful of.

Richard Webb commented that Carly Walker had done a great job in making the document a good read.

**Resolved –**

That the final Pharmaceutical Needs Assessment for 2018/2021 be approved so that it can be made public.

**45. Health and Wellbeing Board – Rolling Work Programme/Calendar of Meetings 2018/19.**

Considered –

The Work Programme/Calendar of Meetings for 2018/19.

The Chair stated that the Agenda for today's meeting and those in May and July had deliberately been kept clear of much formal business to provide flexibility as to the consideration of themed items. This was in accordance with the Board's decisions as to the way it wished to conduct its business.

The Chair queried whether Integrated Better Care Fund would be required as an Item for the meeting of the Health and Wellbeing Board on 30th May. Louise Wallace, Assistant Director for Health Integration, advised that, as the Plan covered a two year period it did not necessarily need to be considered in May. Shaun Jones agreed but mentioned that the Board would need to be appraised of any refresh with regard to Delayed Transfers of Care (DToC), together with potential changes in the methodology for reporting these.

Amanda Bloor asked whether it was possible to influence the metric - DToC would be better replaced with bed days measured. Shaun Jones noted the comment and would feedback.

It was confirmed that that the 30<sup>th</sup> May would be an extended session – comprising, primarily, the Mental Health Summit and, if required, some time for consideration of formal business. The exact timings would be confirmed but it was anticipated the day would run from 10.00 a.m. until 3.30 p.m.

The meeting concluded at 9.35 a.m.

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