



Meeting: Health and Wellbeing Board

**Venue: Ripon Community House,
Sharow View, 75 Allhallowgate,
Ripon HG4 1LE (see map)**

**Date: Friday 23rd November 2018
at 9.30 a.m.**

Recording is allowed at County Council, committee and sub-committee meetings which are open to the public, please give due regard to the Council's protocol on audio/visual recording and photography at public meetings, a copy of which is available to download below. Anyone wishing to record is asked to contact, prior to the start of the meeting, the Officer whose details are at the foot of the first page of the Agenda. We ask that any recording is clearly visible to anyone at the meeting and that it is non-disruptive.

<http://democracy.northyorks.gov.uk>

Business

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2	Minutes of the meeting held on 19 th September 2018	To approve	6-12
3	Review of actions taken at the last meeting	To report	13
4	Any declarations of interest		
5	<p>Public Questions or Statements</p> <p>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 (<i>contact details below</i>) no later than midday on Tuesday 20th November 2018. Each speaker should limit themselves to 3 minutes on any Item.</p>		

No.	Agenda Item	Action	Page Nos
6	Membership Presented by Patrick Duffy	To approve	14 -16
7	North Yorkshire Health and Wellbeing Board Theme Updates a) <u>Mental Health (Report and presentation)</u> Presented by Amanda Bloor and Adele Coulthard b) <u>Digital (Presentation)</u> Presented by Robert Ling c) <u>Housing (Presentation)</u> Presented by Dale Owens	To approve To approve To note	17 - 32
8	Report of North Yorkshire Safeguarding Adults Board Chair Presented by Dr. Sue Proctor Summary enclosed. The Annual Report is available from the following link: http://www.nypartnerships.org.uk/sabannualreports	To note	33 - 39
9	Director of Public Health Annual Report 2018 – “Back to the Future” Presented by Lincoln Sargeant Summary enclosed. The Annual Report is available from the following link: http://www.nypartnerships.org.uk/dphreport2018	To note	40 - 41
10	Winter Resilience Presentation to be made by Michelle Waugh and Shaun Jones	To note	
11	Health and Wellbeing Board - Rolling Work Programme / Calendar of Meetings 2018/2019	To approve	42-44
12	Other business which the Chair agrees should be considered as a matter of urgency because of special circumstances		

Barry Khan
Assistant Chief Executive (Legal and Democratic Services)
County Hall
Northallerton
15th November 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 Executive, District Council Representative
9	SARGEANT, Dr Lincoln	North Yorkshire County Council Director of Public Health
Clinical Commissioning Groups (5)		
10	RENEWICK, 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
	COLLINSON, Gill	Hambleton Richmondshire & Whitby CCG
	MELLOR, Richard	Scarborough and Ryedale CCG
	AYRE, Nigel	Healthwatch
	COULTHARD, Adele	Tees, Esk and Wear Valleys 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



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.**

Ripon Community House Ltd

75 Allhallowgate, Ripon HG4 1LE

Telephone: 01765 603631 Email: reception@riponcommunityhouse.co.uk

Directions to Community House

Using St Marygate public car park

Parking on lower levels costs approx £2.50 per day.

From A1 South:

- Turn off the A1 to Boroughbridge B6265.
- Follow B6265 to Ripon - approx 7 miles.
- On approaching Ripon, you will go over a bridge and the racecourse will be on your left.
- Turn right at the first roundabout towards Thirsk A61.
- Turn left at the next roundabout to City Centre.
- Turn left at the traffic lights - the fire station is on your left.
- Go straight over the second set of lights.
- Take the first right into the public car park.

From Harrogate - A61:

- Turn right at the first roundabout - Ripon Bypass - A61 Thirsk.
- Go straight over the next two roundabouts
- Turn left at the next roundabout to City Centre.
- Turn left at the traffic lights - the fire station is on your left.
- Go straight over the second set of lights.
- Take the first right into the public car park.

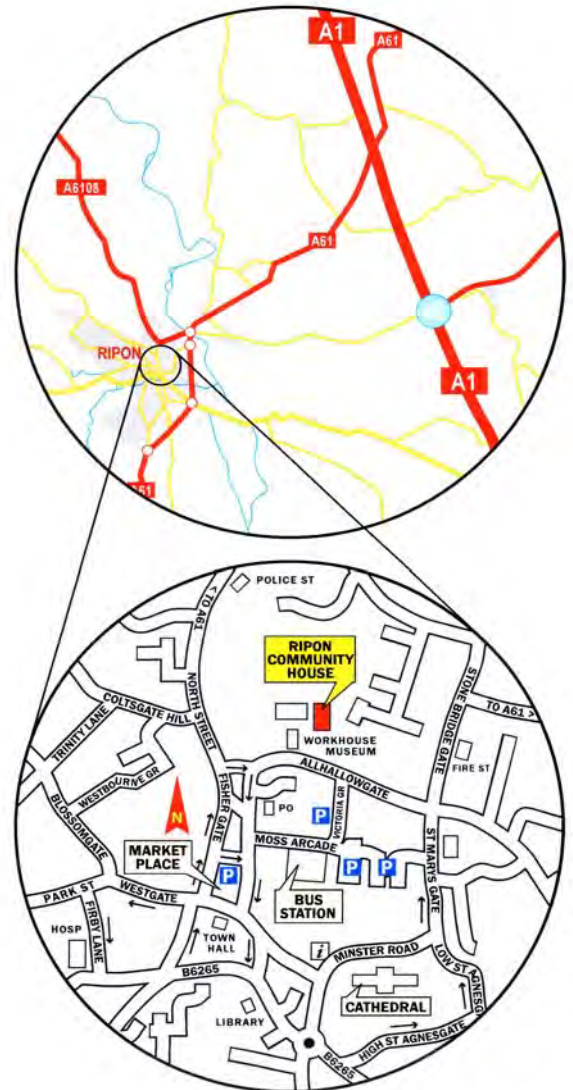
From A1 North:

- Turn off A1 in the direction of Ripon/Thirsk - A61.
- Turn right at the roundabout towards Ripon.
- On approaching Ripon (at the bottom of the hill), go straight over the first roundabout.
- Turn right at the second roundabout.
- Turn left at the traffic lights - the fire station is on your left.
- Go straight over the second set of lights.
- Take the first right into the public car park.

From St Marygate car park to Community House - 5/10 minutes' walk

- *Walk to the top of the car parks.*
- *Turn right onto Victoria Grove - taking the path in front of the terraced houses.*
- *At the end of the road, turn left onto Allhallowgate.*
- *Community House is on the right - down a partly cobbled access road - just after the Golden Lion pub and just before the Workhouse Museum.*

NB There is also free 2- hour disc parking available on Allhallowgate



North Yorkshire Health and Wellbeing Board

**Minutes of the meeting held on 19 September 2018
at Selby District Council, Civic Centre, Doncaster Road, Selby**

Present:-

Board Members	Constituent Organisation
County Councillors	
County Councillor Michael Harrison (Chair)	Executive Member for Adult Social Care and Health Integration, North Yorkshire County Council
County Councillor Caroline Dickinson	Executive Member for Public Health and Prevention, North Yorkshire County Council
County Councillor Janet Sanderson	Executive Member for Children and Young People's Service, North Yorkshire County Council
Elected Member District Council Representative	
Richard Foster	Leader, Craven District Council
Local Authority Officers	
Richard Flinton	Chief Executive, North Yorkshire County Council
Dr Lincoln Sargeant	Director of Public Health, North Yorkshire County Council
Janet Waggott	Chief Executive, Selby District Council (District Council Chief Executive Representative)
Richard Webb	Corporate Director – Health and Adult Services, North Yorkshire County Council
Clinical Commissioning Groups	
Amanda Bloor (Vice-Chair)	Accountable Officer, NHS Harrogate and Rural District CCG
Phil Mettam	Accountable Officer, NHS Vale of York CCG
Gill Collinson (substituting for Janet Probert)	Executive Nurse, NHS Hambleton, Richmondshire and Whitby CCG
Other Members	
Phil Bramhall (substituting for Jill Quinn)	Chief Executive, Chopsticks (Voluntary Sector Representative)
Nigel Ayre (substituting for Judith Bromfield)	Delivery Manager, Healthwatch North Yorkshire
Co-opted Members	
David Kerr (substituting for Colin Martin)	Tees Esk and Wear Valleys NHS Foundation Trust (Mental Health Trust Representative)
Jonathan Coulter (substituting for Dr Ros Tolcher)	Deputy Chief Executive, Harrogate District Foundation Trust (Acute Hospital Representative)

In Attendance:-

County Councillor Carl Les, Leader of North Yorkshire County Council
Michelle Thompson, Chief Executive, Healthwatch, North Yorkshire

North Yorkshire County Council Officers:

Robert Ling (Technology and Change). Dale Owens and Louise Wallace (Health and Adult Services) and Patrick Duffy (Legal and Democratic Services)

Observer: Ruth Gladstone, Principal Democratic Services Officer

Copies of all documents considered are in the Minute Book

54. Apologies for Absence

Apologies for absence were submitted by:

- Judith Bromfield, Chief Executive, Healthwatch North Yorkshire
- Stuart Carlton, Corporate Director, Children and Young People's service, North Yorkshire County Council
- Simon Cox, Accountable Officer, NHS Scarborough and Ryedale CCG
- Shaun Jones, Interim Director of Delivery, NHS England, North Yorkshire and Humber Area Team
- Colin Martin, Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust
- Janet Probert, Accountable Officer, NHS Hambleton, Richmondshire and Whitby CCG
- Jill Quinn, Chief Executive, Dementia Forward
- Colin Renwick, Clinical Chair, NHS Airedale, Wharfedale and Craven CCG
- Ros Tolcher, Chief Executive, Harrogate District NHS Foundation Trust

55. Minutes

Resolved -

That the Minutes of the meeting held on 30 May 2018 be approved as an accurate record, subject to it being noted that Councillor Janet Sanderson had been present.

56. Review of actions taken at the last meeting

Considered -

An Action Sheet produced by the representative of the Assistant Chief Executive (Legal and Democratic Services), who confirmed that the actions had been implemented, or were in the process of being.

Resolved -

That the Action Sheet be noted.

57. Declarations of Interest

There were no declarations of interest.

58. Public Questions of Statements

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

59. Digital Theme Update – Presentation

Considered -

The presentation by Robert Ling, Health and Wellbeing Board Digital Lead. The presentation covered the draft Digital Strategy: *Setting out our approach to become a smart county*.

Robert Ling outlined the main elements of the Strategy which comprised:-

- About this Strategy
- Benefits of the Strategy
- Digital Revolution

- Digital Opportunities
- The Challenges
- Strategy on a page
- Our principles
- Our objectives

He made the following points in particular:-

- There had not been as much progress as had been hoped as a result of the time and resources put into the Regional Local Health and Care Records Exemplar (LHCRE) Bid for Yorkshire and Humberside. That bid had been successful and we were now in a good position to move forward with partners on the digital theme.
- North Yorkshire had excellent representation on the Regional Digital Care Programme Board and the Regional LHCRE Delivery Team through Richard Flinton, Chief Executive and Neil Bartram, Technology and Change Business Partner, respectively.
- The Digital Discharge bid had not been successful, but partners were agreed on what was required. Therefore, this should not limit our ambition or ability to move forward in this area.

The Chair asked to what extent these issues could be influenced locally; were we being swept along by national initiatives? In response, Robert Ling advised that the main drivers were national and there were constraints to executing these locally.

Lincoln Sargeant, Director of Public Health, queried how the theme of loneliness was being picked up and how, whilst ensuring that the Strategy was an enabler, it also addressed potential harms? Robert Ling confirmed that work with Craven was taking place on the issue of loneliness but this thread needed to be developed. Among younger people, an issue to overcome was that, on the face of it, many young people who appeared hugely connected and involved were, in reality, very lonely. We need to understand this more. The Yorkshire and Humber Community Partnership would be looking at this issue further at its meeting in October and he encouraged Members to attend if they can.

Richard Webb, Corporate Director of Health and Adult Services, North Yorkshire County Council, acknowledged the work that had been undertaken outside of formal meetings. He felt this was an exciting opportunity to change lives and move the conversation from one around cutting services. It was encouraging that the Rt. Hon. Matt Hancock, MP, Secretary of State for Health and Social Care, was a proponent of digital.

He added that the North Yorkshire Commissioner Forum would be developing a timeline by which NHS Trusts should cease using fax machines.

Nigel Ayre, Delivery Manager at Healthwatch North Yorkshire, echoed the point about loneliness. Whilst there were benefits to, say, conversations being held between a Doctor and a Patient via skype-type technology, this could be contrasted with a situation where an individual's journey to a GP might involve them walking to a bus stop; talking to people whilst waiting for the bus; speaking to the Receptionist on arrival at the GP Practice and, possibly, other people in the waiting area, prior to a discussion with the GP. This provided far more interaction.

Nigel Ayre also felt it was important that procedures were in place to ensure that people's information was not sold onto Pharmaceutical Companies.

Resolved -

That the presentation be noted.

60. North Yorkshire Health and Wellbeing Board, Mental Health, Moving in the Right Direction – Summit Report

Considered –

The report of Louise Wallace, Assistant Director of Health and Integration, providing an update to the Board following the Mental Health Summit the Board hosted on 30 May 2018.

She highlighted the following aspects:-

- The Summit had been a success. There had been overwhelmingly positive feedback and many ideas had been generated. It was difficult to encapsulate all of these in a summary, but they could be distilled into four key areas, namely:-
 - Access to information and signposting
 - Access to services
 - Comprehensive service offer – 24/7
 - Employment support
- A more detailed report back on the Summit, together with proposals as to how to take things forward, would be made to the next meeting on 23rd November.
- There were a number of really good initiatives being undertaken including the initiative being led by Amanda Bloor, Accountable Officer at Harrogate and Rural District CCG, in partnership with Tees, Esk and Wear Valleys NHS Foundation Trust.
- Responses to several questions needed to be developed such as:-
 - do we have a 24/7 mental health offer?
 - is a Single Point of Contact realistic?; and
 - do people know where they can go for help when they are in crisis?
- There needed to be a 24/7 mental health offer. That offer should be available in a multitude of places, including the workplace.

Amanda Bloor advised that challenges in delivering the NHS Five Year Forward View ambition for mental health needed to be addressed with a new approach. Therefore, she had had discussions with Colin Martin, Chief Executive of Tees, Esk and Wear Valleys NHS Foundation Trust, to consider the totality of the resources available and how to achieve the most value possible from these.

She added that good progress was being made. For instance, the Crisis Care Concordat, which she Co-Chairs with Julia Mulligan, the Police and Crime Commissioner for North Yorkshire, had been relaunched and was focusing on how people could be stopped from reaching crisis and, if that cannot be prevented, how individuals can be supported to prevent a reoccurrence.

The Chair commented that it was important that the two main themes that the Board had looked at so far - Digital and Mental Health - were seen through to a conclusion and he looked forward to further information on both at the next meeting.

Resolved –

That it be noted that a full summary report of the Mental Health Summit and associated Action Plan will be brought to the Board in November 2018.

61. Mental Health Prevention Concordat - Update

Considered -

The report of Dr. Lincoln Sargeant, North Yorkshire Director of Public Health, providing a briefing on the Mental Health Prevention Concordat, an initiative that was referenced in the presentation by Public Health England at the Mental Health Summit on 30 May 2018. The National Prevention Concordat for mental health specifically requests Health and Wellbeing Board sign up. The report provided an update on public mental health activity.

Dr. Sargeant talked Members through this report.

- The Concordat was published in September 2017 by Public Health England to help local areas put in place effective planning arrangements for population-level mental health by March 2019.
- The focus of the Concordat was to:-
 - galvanise action on both a local and national level to prevent mental health problems and promote good mental health;
 - encourage and promote cross sector activity led by health and wellbeing boards, clinical commissioning groups and local authorities; and
 - enable every area to use the best data available to plan and commission the right mix of provision to meet local needs, increase equity and reduce health inequalities
- Excellent progress had already been made. This included the establishment of a Public Mental Health and Prevention Partnership Group which, as part of its work, acted as a reference group and consultation group about public mental health and prevention interventions and proposals and the production of a Joint Strategic Needs Assessment for Mental Health.
- The criteria had been met or was in the process of being.

Nigel Ayre felt that wider engagement was key as there was not a general awareness of how everything fits together. We need to ensure that the public is clear on the huge amount of work that is happening and how they can get involved.

Amanda Bloor agreed and felt that consideration should be given as to how we align groups better. Perhaps a mapping exercise should be undertaken.

Richard Webb welcomed this Initiative. There was some very positive work being carried out in North Yorkshire including the hard hitting training around tackling the stigma of mental health. He considered that thought was required as to how best to support organisations to recognise mental health. He did not favour the approach of having people act as “champions” as there was a danger that people feel the champion is taking care of everything, whereas buy in needs to be spread wider.

Resolved -

- (a) That the local activity on mental health improvement be noted.
- (b) That North Yorkshire Health and Wellbeing Board sign up to the Prevention Concordat on Mental Health.

- (c) That further consideration be given to whether or not to appoint a champion for the Mental Health Prevention Concordat at the next meeting.

62. Integration and Better Care Fund Operational Guidance 2018/19 and Implications for North Yorkshire - Presentation

Considered -

The presentation by Louise Wallace, Assistant Director of Health and Integration, which provided an update on the Better Care Fund (BCF) and Delayed Transfers of Care (DToC).

- On BCF, key messages included:-
 - agreement had been reached on allocation of the Disabled Facilities Grant;
 - the escalation process had been exited following submission of DToC targets;
 - Quarter 1 2018/19 new combined BCF & Improved BCF update had been submitted to NHSE/DCLG
 - The Section 75 agreement for the BCF pooled budget had been signed
- Challenges for BCF included incorporating additional Improved BCF schemes within the Section 75 agreement; implementing High Impact Changes; and preparing the refreshed narrative Plan for the 2019/20 BCF, which the North Yorkshire Commissioner Forum would work on, prior to consideration by the Board.

Richard Webb commented that he understood that BCF would continue, but possibly in different guises.

- Turning to DToC, there remained a disconnect between quarterly return dates and published metrics, which resulted in partial data for each period.
- Performance varied across areas, with the overall position as follows:-
 - Non-elective admissions = 2017/18 outturn was 1475 NEA's (2.2%) above target. In 2018/19 Q1 indicates on target.
 - Residential/Nursing admissions = 2017/18 outturn was 222 placements (32.3%) above target. In 2018/19 Q1 indicates on target.
 - Re-ablement = data for 2018/19 Q1 not available to assess progress.
 - DToC = 2017/18 outturn was 1884 days (8.4%) above target. In 2018/19 Q1 indicates 34% above target.
- Among the priorities for DToC, were to continue to challenge UNIFY data, where appropriate; and developing locality specific data reporting for DToC performance so the Board can identify where additional support or actions may be required.
- The discipline and rigour from the daily conversations with colleagues in the Trusts had been extremely beneficial in strengthening working relationships and helping to reduce DToC rates.
- Whilst it would be important not to take our eye off the ball in respect of DToC rates, this should not be the sole focus.

Resolved -

That the presentation be noted together with the fact that the BCF refresh is likely to be presented to the Board at its next meeting on 23rd November.

63. Health and Wellbeing Board - Rolling Work Programme/Calendar of Meetings 2018/2019

Considered -

The Work Programme/Calendar of Meetings for 2018/2019.

The Chair highlighted the fact that recent sessions had concentrated primarily on workshops so that the Board could develop its thinking in relation to the Digital and Mental Health Themes. However, the next meeting would concentrate on formal items, as there were a number that needed to be considered.

Richard Webb suggested that preparations for Winter/DToC be added to the Work Programme and confirmed that the Health Acute landscape would be considered by the North Yorkshire Commissioner Forum early in 2019.

Resolved -

- a) That the November Session of the Board be solely/predominantly a formal meeting.
- b) That the following items be added to the November meeting:-
 - Digital Update
 - Preparations for Winter/DToC
 - Annual Report of the Director of Public Health

The meeting concluded at 1.50 p.m.

PD

NORTH YORKSHIRE HEALTH AND WELLBEING BOARD – ACTION SHEET FOR MEETING HELD ON 19 SEPTEMBER 2018

MIN NO.	ITEM	ACTION AGREED	ACTION BY
55	Minutes of the meeting held on 30 th May 2018	Approved, subject to it being noted that Councillor Janet Sanderson was present.	PD
61	Mental Health Prevention Concordat - Update	<p>a) That the local activity on mental health improvement be noted.</p> <p>b) That North Yorkshire Health and Wellbeing Board sign up to the Prevention Concordat on Mental Health.</p> <p>c) That further consideration be given to the appointment of a Champion for the Mental Health Prevention Concordat at the November meeting of the Board, when the detailed report on the Mental Health Summit is considered.</p>	- LS LW
63	Health and Wellbeing Board Rolling Work Programme/ Calendar of Meetings 2018/2019	<p>a) That the November Session of the Board be solely/predominantly a formal meeting.</p> <p>b) That the following Items be added to the November meeting:-</p> <ul style="list-style-type: none"> - Digital Update - Preparations for Winter/DToC - Annual Report of the Director of Public Health <p>NOTE: It was also confirmed that the Health Acute landscape will be considered by the Commissioner Forum in the new year</p>	PD PD and as below RL LW LS RW & SC

NB Updates on Digital and BCF were noted, together with, under Other Business, the fact that the West Yorkshire and Harrogate Integrated Care Services was progressing and would be going through partners' governance processes in early October.

NORTH YORKSHIRE HEALTH AND WELLBEING BOARD – 23 NOVEMBER 2018

Report of the Assistant Chief Executive (Legal and Democratic Services)

North Yorkshire Health and Wellbeing Board – Membership

1. Purpose of Report

- 1.1 To seek the Board's approval to its membership being extended to include, as a Co-opted Member, one representative from the Emergency Services.
- 1.2 To clarify the tenure of the Members of the Board

2. Background

- 2.1 The North Yorkshire Health and Wellbeing Board is a statutory body which brings together leaders across the NHS, local government and wider partners to focus on key health and wellbeing issues. The Board has nineteen Members.
- 2.2 Given the size of the County, and the number of potential participants, the Board comprises representative categories of membership, in addition to the prescribed statutory membership. For example, there is currently one Chief Executive representing the four main Acute and Community Hospital Trusts in the Board's area; one Chief Executive representing our two Mental Health Trusts; a representative elected by the Voluntary and Community Sector; and two representatives from across the seven Borough and District Councils.
- 2.3 At present, there is no representation from the Emergency Services. It is suggested that the Board would benefit from extending its membership by one representative from this area.
- 2.4 The Chief Officers of the Police, Fire and Rescue Service and Ambulance Service have been advised that this matter is being considered at today's meeting and they have been asked who they would wish to represent the Emergency Services and who would be the nominated substitute in the event that the Board decide to extend its membership.
- 2.5 The Chief Officers have agreed that, subject to approval by the Board, they would wish Andrew Pippin, Sector Commander for Hull and East, at Yorkshire Ambulance Service (YAS) to represent the Emergency Services with Lesley Butterworth, Group Station Manager at YAS, as his designated substitute.

2.6 The Board has previously decided that Co-opted Members should have voting rights. Therefore, should the Board agree to extend its membership, it is suggested that this be extended to newly-appointed Members. It should though be noted that, in reality, the Board operates by consensus and a formal vote is rarely taken.

3 Category of Membership and tenure for current Members of the Board

3.1 As mentioned at paragraph 2.2, above, the Board comprises a mix of Members who the Health and Social Care Act prescribes must be on the Board and who the Board has appointed - the legislation enables Boards to appoint such other persons as it sees fit.

3.2 There is no set term of office for the statutory members. In effect, they remain Members whilst in post. For example, the Corporate Director of Health and Adult Services and the representatives of the CCGs.

3.6 For other Members, there is also no set term. It is suggested that this should be until the County Council elections in 2021. If the Board agrees with this suggestion, the Members concerned can, of course, be renominated by their organisation(s) at that time. This need not be a complicated process. Prior to the elections, I will contact the organisations concerned to ask if they wish their current representatives to continue.

3.7 Attached as an Appendix is a table containing the current membership of the Board, specifying whether they are statutory/non-statutory and information on who makes the nomination/appointment.

4 Recommendations

4.1 That the Board consider whether it wishes to extend its membership to include, as a Co-opted Member, with voting rights, one representative from the Emergency Services, subject to the approval of the County Council.

4.2 That, if the Board does agree to extend its membership, the representative from the Emergency Services be Andrew Pippin, Sector Commander for Hull and East, at YAS, with Lesley Butterworth, Group Station Manager at YAS as his designated substitute.

4.3 That the term of office for non-statutory Members be until the County Council elections in 2021.

Barry Khan
Assistant Chief Executive (Legal and Democratic Services)
November 2018

NORTH YORKSHIRE HEALTH AND WELLBEING BOARD

NO.	REPRESENTATIVE/ORGANISATION	STATUTORY?	APPOINTED / NOMINATED BY
County Councillors (3)			
1	County Councillor Michael Harrison, Executive Member for Adult Social Care and Health Integration	Yes	Leader of NYCC
2	County Councillor Caroline Dickinson, Executive Member for Public Health and Prevention	Yes	Leader of NYCC
3	County Councillor Janet Sanderson, Executive Member for Children and Young People's Services	Yes	Leader of NYCC
Elected Member District Council Representative (1)			
4	Councillor Richard Foster, Leader of Craven District Council	No	Leaders & Chief Executive's Group
Local Authority Officers (5)			
5	Richard Flinton, Chief Executive, NYCC	No	The Board decided it wished the Chief Executive to be a Member
6	Richard Webb, Corporate Director for Health and Adult Services, NYCC	Yes	N/A
7	Stuart Carlton, Corporate Director for Children and Young People's Services, NYCC	Yes	N/A
8	Lincoln Sargeant, Director of Public Health, NYCC	Yes	N/A
9	Janet Waggott, Chief Executive of Selby District Council and Assistant Chief Executive of NYCC – District Council Chief Executive Representative	No	Leader & Chief Executive's Group
Clinical Commissioning Groups (5)			
10	Colin Renwick, Clinical Chair, NHS Airedale and Wharfedale CCG	Yes	The CCG
11	Janet Probert, Accountable Officer, NHS Hambleton, Richmondshire & Whitby CCG	Yes	The CCG
12	Amanda Bloor, Accountable Officer, NHS Harrogate and Rural District CCG	Yes	The CCG
13	Phil Mettam, Accountable Officer, NHS Vale of York CCG	Yes	The CCG
14	Simon Cox, Accountable Officer, NHS Scarborough and Ryedale CCG	Yes	The CCG
Other Members (3)			
15	Shaun Jones, Interim Head of Delivery, NHS England, Yorkshire & Humber	Yes	NHS England
16	Judith Bromfield, Chair of Healthwatch, North Yorkshire	Yes	Healthwatch North Yorkshire
17	Jill Quinn, Chief Executive of Dementia Forward (Voluntary Sector Representative)	No	Voluntary and Community Sector
Co-opted Members (2)			
18	Colin Martin, Chief Executive, Tees Esk & Wear Valleys NHS Foundation Trust	No	Mental Health Trusts
19	Ros Tolcher, Chief Executive, Harrogate District NHS Foundation Trust	No	Acute and Community Hospital Trusts



Mental Health Summit Update Report

Friday 23rd November 2018

Presented by: Assistant Director of Health Integration

Summary:

The purpose of this report is to provide an update to the Health and Wellbeing Board following the Mental Health Summit the Board hosted on 30th May 2018.

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 other strategies and plans in place in North Yorkshire?

Mental Health and Wellbeing is a key priority for action in the North Yorkshire Health and Wellbeing Strategy.

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

That the Health and Wellbeing Board discuss and note the full summary report of the Mental Health Summit and associated action plan.



Mental Health Moving in the Right Direction

Summit Report

#MHRD

INTRODUCTION

This report summarises the key issues, ideas and themes generated during the Health and Wellbeing Board Mental Health Summit – ‘Mental Health Moving in the Right Direction #MHRD’ on 30th May 2018.

This Summit was to recognise that mental health is one of the biggest health issues facing the people of North Yorkshire and to promote understanding and greater awareness. It was also the first time the Health and Wellbeing Board, members of the public and leaders from the public, private and community sectors had come together, to identify what could be done together to tackle mental ill-health and to improve outcomes.

THE SUMMIT

The Summit brought together almost 100 people for a full day, to focus on mental health and wellbeing across North Yorkshire. This included people working in statutory, community and voluntary sector agencies, as well as people accessing services or with a special interest in mental health.

Participants in the Summit heard from a wide range of speakers during the morning including:

- Rob Webster, Chief Executive from South West Yorkshire Partnership NHS Trust
- Alison Iliff, Health and Wellbeing Programme Manager, Public Health England
- Eden-Maia Shackleton and Jazz Parkinson, North Yorkshire, Youth Voice Executive
- Gareth Atkinson, North Yorkshire County Council

They shared the following insights:

Shared vision: we are
a guest in people's
lives

It's ok not to be
ok

Services need to be
underpinned by
strong values to
support people to
reach their
potential and live
well in communities

Leading from
Every seat

Structure last,
people first

Mutual accountability
and improvement

Aligned shared ambition
between partners

Focus on people and
place

Collaboration

1 in 10 children experience a
mental health problem

1 in 5 adults has considered
taking their life at one point

Good mental health is a vital asset for
dealing with the different **stresses**
(physical and mental) and problems in life

Mental illness means
– your life chances
are poorer, your
potential is wasted
and you will die much
sooner than others –

Put people first and
in the centre and
know that families
and carers matter

Youth Voice

Youth Parliament

1 in 6 adults have had a common mental health problem in the last week

9 in 10 people with mental health problems experience stigma and discrimination

Good mental health is associated with better **physical health, increased productivity** in education and at work and **better relationships** at home and in our community

Consider How to support mental health across:

Life course approaches

- family, children and young people
- working age
- older people

Whole population approaches

- strengthening individuals eg mental health literacy
- strengthening communities and healthy places eg housing, social networks
- addressing wider determinants eg mentally healthy policy

Targeted prevention approaches

- groups facing higher risk eg criminal justice
- individuals with signs and symptoms eg suicidal behaviour
- people with mental health problems eg recovery

Youth Voice | **North Yorkshire County Council**

Are you a young person aged 11 - 18 who needs some help with your mental health?

Do you need some more information?

- Talk to family, friends or an adult you trust.
- Teen Mental Health: teenmentalhealth.org
- NHS Mental Health Support Hub: www.nhs.uk/Livewell/youth-mental-health/Pages/youth-mental-health-help.aspx
- NHS Mood Self-Assessment Quiz: www.nhs.uk/conditions/stress-anxiety-depression/mood-self-assessment
- Young Minds: www.youngminds.org.uk
- Rethink Mental Health: www.rethink.org/diagnosis-treatment

Would you like to talk to someone?

- Compass BUZZ US: 07520 631168. Support is available 9am - 5pm Mon-Thurs, 9am - 4.30pm Fridays
- 5-19 Healthy Child Service - call 01609 780780 Press 2 and ask to speak to a Healthy Child Nurse
- Mind Discussion Group: www.mind.org.uk
- The Mix: Call 0808 808 4994 for advice and support between 11am and 11pm
- Book an appointment with your local GP
- Childline: Call 0800 1111 to talk to anyone at any time for free <https://childline.org.uk/get-support/1-2-1-counsellor-chat/> for confidential counselling <https://www.childline.org.uk/get-support/message-boards/> talk to young people who may be feeling the same as you

Do you need urgent support or help?

- If there is immediate danger of serious harm or risk to life call 999
- If you need someone to talk to and the problem isn't immediately life threatening call 111
- HopeLine UK: 0800 068 41 41
- Childline: 0808 808 4994
- If you're over 18 you can call the Samaritans: 116 123
- CAMHS Crisis Number (Child and Adolescent Mental Health Services): Hambleton and Richmondshire 0300 0132000 (Option 6), 7 days a week, 24 hours. Whitby and Scarborough & Ryedale 01723 346502, 7 days a week, 10am-10pm. Harrogate and Ripon 01423 544335, 7 days a week, 10am-10pm. Craven 01274 221181, 7 days a week, 24 hours. Selby 01904 615348, 7 days a week, 10am -10pm

Email: nyyouthexecutive@gmail.com

THE PLEDGES, MARKET PLACE AND MINDFULNESS



During lunchtime there was an opportunity through a 'marketplace' for people to talk, network and learn about each other's services and experiences, as well as discuss how to move mental health and wellbeing in the right direction across North Yorkshire. People were also invited to make a 'pledge' to commit to taking positive action to support either their own mental health or on behalf of others. There was also an opportunity to practice 'Mindfulness' during a session led by Dr Paul Bernard from Tees, Esk and Wear Valleys NHS Trust.

THE WORKSHOPS

The afternoon was full of energy and there were lots of ideas generated during 3 workshops focused on children and young people; working age adults and older people. As mental health is one of the biggest health issues facing the people of North Yorkshire, discussions in the workshops considered how to promote greater awareness of mental health and wellbeing and identify what can be done together to tackle mental ill-health and to improve services across North Yorkshire.



The outputs of the 3 Workshops are outlined at Appendix 1.

Appendix 2 contains some quotes from the day.

Appendix 3 contains feedback from the Bright Ides Wall.



WHAT NEXT?

The Summit was aimed at all partners coming together to think about how mental health and wellbeing across North Yorkshire moves in the right direction. From the Summit this means:

- Raising awareness of mental health and wellbeing and promoting ways in which to support people to have good mental health.
- If people need help and support it is about making sure that help is available early and people know where to seek help.
- If people need more bespoke support and access to services, that this is available and is accessible, tailored to their needs.

The Health and Wellbeing Board hosted the Summit because the Board identified mental health and wellbeing was something all partners could influence and work together on and take action.


During the workshops there was lots of discussion and ideas shared that can be broadly grouped into the following themes:

- Access to information and signposting
- Access to services
- Comprehensive service offer – 24/7
- Employment support
- Housing
- Enablers

The page overleaf is a high level action plan, outlining what could be done across the 6 themes. It is acknowledged there is a lot of work already happening on the themes and this action plan is not intended to duplicate this but complement it:

High Level Action Plan

Theme	Action	Progress
Access to Information and Signposting	<ul style="list-style-type: none"> • Review the information and sign posting processes used by all HWB partners and identify ways to ensure consistency. 	
Access to services	<ul style="list-style-type: none"> • Review existing pathways and access routes into services to identify if they can be simplified. • Options appraisal to explore a single point of contact for mental health services. 	
Comprehensive 24/7 Service Offer	<ul style="list-style-type: none"> • Map the spectrum of preventative services and ensure they are publicised and accessible. • Develop an integrated primary, community and social care mental health service offer based on the principle of care close to home. • Develop an effective secondary and tertiary service to meet identified need. • Map transitions between children and adult services to identify areas for improvement. • Develop support to support for carers 	



Theme	Action	Progress
Employment Support	<ul style="list-style-type: none"> • HWB partners will review their own organisation's approaches to supporting people to maintain good mental health. • Integrate employment into a wider preventative offer across all pathways of care. 	
Housing	<ul style="list-style-type: none"> • Develop supported housing options • Explore options for a dementia village • Identify housing needs of people with complex –multi morbidity cases • Deliver the Transforming Care Programme 	
Enablers	<ul style="list-style-type: none"> • Maximise the use of digital solutions such as video consultations 	

FEEDBACK FROM WORKSHOPS

Children and Young People

Issue	Solutions
Information	<ul style="list-style-type: none"> • Clarity about services available for children and professionals – possible use of chat box. • Self-help material
Workforce	<ul style="list-style-type: none"> • Compass Buzz across the County • Support teachers • Scarce workforce in the future • Buddy systems in schools • Is there an untapped workforce? • Do we need a different workforce for transitions? • Workers in workforce to support families
Services	<ul style="list-style-type: none"> • Referral to CAMHS from schools • One number, one site, one app • Services can be difficult to navigate • Need to support children with disabilities • Children's MAST for mental health • 24/7 access to CAMHS • Mindfulness • Social support is needed as well as specialist services • Rationalise numbers for services • Simplify access, one number, one access point. • Work with families, Surestart, perinatal, attachment and bonding • Work in primary schools as well as secondary schools. • 'Crucial Crew' mental health module • Peer support - young people helping young people
Transitions	<ul style="list-style-type: none"> • What does good look like? • All age service based on need. • Link between drugs and mental health
Technology	<ul style="list-style-type: none"> • Practitioners toolkit could be online • Develop a sponsored app to deliver level 2 training • Validation of existing website or do we need our own? • Equity across County of phone / digital signals and access

Working Age Adults

Issue	Solutions
Housing	<ul style="list-style-type: none"> • Help for homeless people • Affordable houses in communities
Services	<ul style="list-style-type: none"> • Hook in GPs and primary care • Multi-disciplinary meetings • Smooth transitions processes between children’s services and adult services and agencies. • Tailored activities and services that work for people e.g. walking, running, art classes, photography Start with blank sheet of paper and do not just add onto existing services. • Handover points need to be flexible and responsive • Services for carers • GP with special interest • Community mental health services need capacity • Brave enough to stop doing things as well as starting • Build knowledge into primary care – Harewood pilot • Monitor transitioning of services between primary IAPT, primary and secondary care • Consistency across geographies • Focus on strengths and assets • Peer support workers within community mental health services • Peer support networks supported by health and social care organisations • Walk in one stop shop services • Open access point in pathways that is not A&E • ‘Life rooms’ – Liverpool model • Service user involvement group • Service user liaison workers • Peer support • Create safe spaces – hubs • Maximise green spaces – more green gyms • Join up commissioning • Pooled budgets • Social prescribing by GPs • Voluntary services to be recognised as they matter to ‘deliver on the ground’ services • First response service ‘one call fits all’. • Getting the front door offer right • Simple menu of services • Clear pathways for crisis services • Use of faith based organisations • Cinnamon network • Helplines • More dual diagnosis support



	<ul style="list-style-type: none">• Assist training for public• Mindfulness• ‘teabag scheme – Selby’• Outreach workers• Early interventions• Out of hours services• Living Well Co-ordinators thinking about mental health issues – signposting• Men in Sheds initiative• Fruit and vegetable projects• Scarecrow Festivals• Simple process self-referral and GP referrals• Insomnia – peer support• Mental health friend badge<ul style="list-style-type: none">• Lunch clubs• Youth cafes• Trains with meditation carriages• Self-referral to IAPT• Music festivals to raise awareness• ‘pub as the hub – classes, IT, job search• Service in schools
Employment	<ul style="list-style-type: none">• Mental health support in job centres• Support to keep people in work• Employers giving people opportunities to volunteer outside of work as a team• Employers giving people time off to learn a non work skill – permission to have time out and be honest about mental health issues.• Mental health first aid for managers• Agile working• Look at how employers recruit – see skills and resilience of people with mental health issues• Access to mental health support at work.• Employers need to make reasonable adjustments• Think about work design and mental health• Work life balance• Informal walks and talks with colleagues• Employer mental health and wellbeing policy• Employers sign up to disability confident• Cycle to work, cycle at work• Embed mental health into organisational culture – ‘not an add on’• Mindful employer• Need to identify ways to work with micro employers• Find ways to keep people in work and provide support to managers to look after themselves and the people they are responsible for

Workforce	<ul style="list-style-type: none"> • Skilling up first response providers and core workers
Digital technology	<ul style="list-style-type: none"> • Make available online applications that work • Use technology such as text, email etc.
Business	<ul style="list-style-type: none"> • Look at examples such as ‘Communi – lec- selby’

Older People

Issue	Solutions
Information	<ul style="list-style-type: none"> • Consistent, sensitive language in relation to mental health and wellbeing • Focus on needs not chronological age • Not all just online – make use of community hubs, GP practices
Workforce	<ul style="list-style-type: none"> • Social workers in over 65 year old team
Services	<ul style="list-style-type: none"> • Develop a long term vision • Use of volunteers – new ways of working ‘Hull coin’ • More low level support options for people who do not have an eligible social care need • Invest in prevention • Dementia villages • Multi-generational work in hub and spoke model

QUOTES FROM THE WORKSHOP

'not to medicalise lives'

'Don't pathologies'

'Work together'

'Do what you say'

'Staying safe in services'

'Start with person – what do they want not what do we think they need'

'No acronyms for services'

'Can feel like pushing a boulder up a hill'

'Cross party working'

'Right care right time'

'One size doesn't fit all'

'The small things matter'

'Simple menu of services as you don't know what you haven't been told'

'People in crisis can't cope with current system'

FEEDBACK FROM THE BRIGHT IDEAS WALL

Below is the feedback from the bright ideas wall:

- *Twitter: follow these accounts! #inspiring*
 - @imwtclothing*
 - @CUnderwoodUIT*
 - @AidenHatfield*
- *Love Rob Webster's idea that services are guests in people's lives. IDEA: promote NY connect website so people can access connections independently.*
- *Skype consultations for young people to access earlier mental health referrals.*
- *Check out In Music We Trust on Twitter @Imwtclothing.*
- *Flowchart for Adult Mental Health Services.*
- *Some form of progress feedback to delegates in x months.*
- *Look at bringing the Mental Health Agenda and LD agendas closer together.*
- *I'M GOING TO HAVE A CHAT WITH GARETH!*
- *Mental Health literacy... good but also addiction literacy (exploring its links to mental health) at school age to prevent young people, protect them from addictive/destructive/self-harming behaviour e.g. sugar, fizzy drinks, devices, food, drugs.*
- *1 map that shows all the organisations involved and what they do and how to access it! ← Great idea, link them all together. Think "Heads together".*
- *'CAF' type of form for adults.*
- *Tools to help service users transition from youth to adult mental health services. This can be scary for service users and their families.*
- *3rd sector involvement.*
- *Family therapy more widely available.*
- *With dedicated long term funding! "We can't do it for nothing!"*



Report of North Yorkshire Safeguarding Adults Board Chair

23rd November 2018

Presented by Dr. Sue Proctor, Independent Chair of the NYSAB

Summary:

This report introduces the Annual Report of the North Yorkshire Safeguarding Adults Board (NYSAB) for the financial year 2017/18, and outlines the future areas for development by the Board.

The Annual Report is available on the following link:-

<http://www.nypartnerships.org.uk/sabannualreports>

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 other strategies and plans in place in North Yorkshire?

Safeguarding Adults Boards are a statutory requirement made upon each Local Authority area in England. They have specific duties and responsibilities to ensure that the partner agencies that meet under the auspices of the Board work together to provide safe, effective, and efficient safeguarding arrangements to those most vulnerable adults living in their areas. The Partnership is made up of a rich mix of both statutory and non-statutory bodies.

As such, the work of the Board links to other strategies and plans that address the wider wellbeing of the residents of North Yorkshire.

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

Note the North Yorkshire Safeguarding Adult Board's Annual Report for 2017/18, and the Board's Future plans for 2019/20 and beyond; and

Consider the links between the work of the Health and Wellbeing Board and the Safeguarding Adults Board, and opportunities for closer working between the Boards

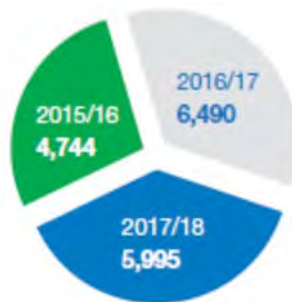
Background

1. The Care Act (2014) requires local authorities to set up a Safeguarding Adults Board (SAB). The Act identifies that the Board must
 - include the local authority, the NHS and the police, who should meet regularly to discuss and act upon local safeguarding issues;
 - develop shared strategic plans for safeguarding, working with local people to decide how to protect adults with care and support needs in vulnerable situations;
 - publish a strategic plan and report to the public annually on its progress, so that constituent Partnership organisations can ensure that they are working together in the best way.

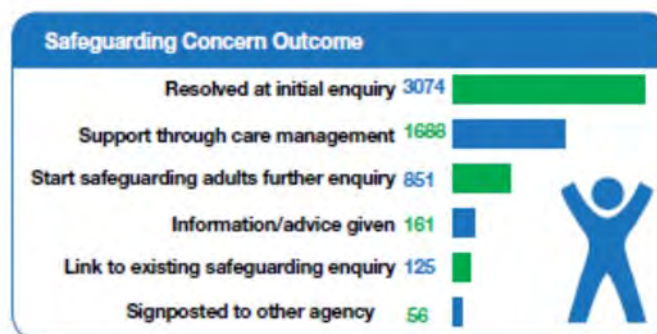
2017/18 – Key Messages

2. It has been a year of change for the Board; sadly, my predecessor, Colin Morris, passed away in January. Colin was a strong and passionate Chair of the Board, whose dedication and commitment to making safeguarding personal was the driving force behind the many improvements and new areas of work for the Boards over the last couple of years. He is greatly missed by all who worked with him.
3. In 2017 an independent consultant, Richard Burrows, was commissioned to undertake a review of adult safeguarding in North Yorkshire, working with NYSAB partners to reflect on practice and where possible improvements could be made. The report identified the following key messages and areas of learning for NYSAB:
 - A clearer vision and stronger arrangements for how we learn lessons and coordinate change.
 - Being open and transparent about our strengths and weaknesses and the challenges we face.
 - We have focused on the development of monitoring, measuring and understanding information around safeguarding to make sure our processes reflect what is important to those who use our services, our staff and partners. The report recommended that we continue to do this and use evidence to continually learn and improve.
 - Going forward NYSAB need to focus on evidence gathered from people's experience and learning from things that have happened, as well as looking at data to make sure that we make safeguarding personal for everyone.
 - NYSAB and partners were praised for the commitment to, and investment in training and activities to promote awareness of safeguarding. It was recommended that NYSAB look at how partners can work more closely together to develop their workforces.
 - It was noted in the report that being inclusive is at the heart of everything we do. Safeguarding can be a difficult process to understand, and NYSAB should continue to adopt a personalised approach to safeguarding.
 - NYSAB should get better at talking to each other and sharing information and learning.

- Although North Yorkshire County Council provides social care, the NYSAB is a partnership of organisations who all take responsibility for safeguarding in North Yorkshire. NYSAB need to improve the understanding across all partners of this joint responsibility and how it sits alongside the provision of social care services.
 - NYSAB focus on local areas to make sure that safeguarding is personal. It was recommended that SAB Partners could have a better understanding of how things work locally to give NYSAB a clear direction of priorities going forward.
4. In March 2018 NYSAB published its first Safeguarding Adults Review (SAR), a multi-agency review process that seeks to determine what the agencies involved could have done by working more closely together. The SAR looked at where there were lessons to be learned and how to promote effective learning and improvement to prevent similar situations in the future. The Board published a “7 minute briefing” on the key messages of the SAR, which is attached.
 5. There was a reduction in the number of safeguarding concerns raised during 2017/18. This was largely due to improved reporting practice by North Yorkshire Police and Yorkshire Ambulance Service.



16% of the concerns made progressed into safeguarding or are linked to existing safeguarding enquiries.



6. We built on our existing joint working with safeguarding and community safety colleagues in North Yorkshire County Council and City of York Council through delivery of Safeguarding Week, with a conference for over 300 staff.

The annual week provides an opportunity to raise awareness of different aspects of safeguarding with staff, managers and the public.

Future Plans

7. Members of NYSAB came together for a Development Session on 1st November, during which we considered the priorities for the Board going forward and the value the Board can bring over and above the work of its individual agencies. Taking into account what we have been told through the Burrows Review, a survey by Healthwatch, and Countywide engagement around the Mental Capacity Act, the key themes that came out of the discussion are below:
 - Given the demographics of North Yorkshire, we should involve representatives from the Military, Trading Standards, and the Farming Community in the work of the Board. We should also consider how we can develop community resilience and build on existing social capital.
 - A range of issues around Communication:
 - We need to have a stronger focus on Communication with partners, staff and the public about safeguarding generally, and about the business of the Board.
 - We should improve our links with the media, and look for opportunities to work across Safeguarding Boards and Community Safety Partnerships (CSPs) around public campaigns and messages
 - The language we use needs to be easily understood by people so that they understand what we mean
 - We need to think about how we can communicate better with people about what happens when a concern is raised, and how we keep in touch with people during Safeguarding and keep them updated
 - We should build on the joint work that already exists with other Safeguarding Boards and CSPs to improve our joint responses strategically, and at a local level, to areas of common interest eg Modern Slavery, Domestic Abuse, County Lines.
 - We need to strengthen how we capture people's views and experiences of safeguarding so that we can learn from these and improve how we carry out safeguarding
 - We have an evolving and improving approach to learning eg SARs and Lessons Learned, that provides us with a good foundation to continue to develop and strengthen our approach to Continuous Learning, so that the Board can be assured that immediate and longer term learning is understood and implemented.
 - Safeguarding needs to be supported by confident and competent practice that makes use of multi-agency discussions in complex cases to ensure joint working wherever possible; the Board needs to be assured of the competency and capacity of staff across the partnership.
 - We should think about how we can link most effectively with national and regional colleagues to identify best practice and share learning.
 - We need to have a better understanding of the range of risks to the work of the Board and its partners, particularly those that could have system-

wide implications eg the impact of Brexit on the workforce, and the financial sustainability of the care sector.

Further work is being carried out to translate these into strategic objectives for the Board in 2019/20, and which will then be discussed at its meeting in December.

8. A key aspect of the Board's work going forward is the implementation of new Multi-agency Safeguarding Policies and Procedures from April 2019. A range of work in the following areas is taking place prior to implementation:
- Communication of, and engagement about, changes with partners;
 - Work across all partners on cultural and practice change;
 - Development by each agency of Operational Guidance that will underpin the Policy and Procedures;
 - Review and redesign of HAS's IT system to reflect the new safeguarding procedures; and
 - Training of workforce

Progress on this is monitored through a Project Board and reported to the Board and, due to the complexity, dependencies and far reaching nature of the work required, a shared post has been created to Project Manage this work on behalf of the NYSAB. Whilst the policies and procedures will be implemented in April 2019, work to personalise and streamline our approach to safeguarding will continue beyond this.

Dr Sue Proctor
Independent Chair, North Yorkshire SAB

01 Safeguarding Adults In North Yorkshire

What is a Safeguarding Adults Review (SAR)?

A SAR is a multi-agency review process, which seeks to determine what relevant agencies and individuals involved could have done to have prevented harm or death from taking place. It will establish whether there are lessons to be learned and promote effective learning and improvement to prevent future deaths or serious harm happening again. A SAR should reflect the six safeguarding principles of **empowerment, prevention, proportionality, protection, partnership and accountability.**

07

Key Learning: Person Centred Working

"Making Safeguarding Personal" guidance should be embedded in all practice, including Social Work Practice – we need to ensure that the person is at the 'heart' of the process.

We must promote a holistic approach to patient assessment and care planning to ensure it is personalised to the individual.

Care plans should be personalised to reflect decisions of the patient – even if contrary to medical advice.

Key learning: Training

All practitioners across all SAB Partners should undergo a rolling programme of Safeguarding Training that is relevant and appropriate to their job role and function.

06

The full SAR report is available [here](#)

Background

Mrs A was an 88 year old lady who died in June 2015 of septicaemia. She had received care at home four times a day since 2010 and despite some physical frailty, socialised regularly with friends and was described as having an 'iron constitution, sharp views and a strong mind' by her family. In March 2015 she broke her femur while being assisted with personal care. Due to a breakdown in communication between professionals they weren't aware of this. Complications lead to septicaemia and Mrs A refused treatment. Following two hospital admissions she died in June 2015.

03

Key Learning: Information Sharing and Communication

A review of systems and processes is required to facilitate multi-disciplinary working. This includes a system which enables agencies to 'talk to each other' with a system for checking that urgent tasks have been received and there is confirmation of actions taken so each agency knows who has done what and if they have any outstanding actions so that things don't get missed.

Each organisation must have an appropriate mechanism for escalating concerns.

Key Learning: Mental Capacity and Unwise Decisions

Everyone has the right to make unwise decisions. Mental Capacity Assessments must be time and decision specific. Any capacity decision must be recorded accurately: it is not enough to record that a person has, or may have previously 'had capacity'.

A person's right to decline assessments under the Care Act must be weighed sufficiently, fully and carefully against professional standards in Health and Social Care.



Key Learning: Support and Guidance

All agencies should provide support and guidance to staff around safeguarding, the role of their organisation and make any support offered to staff easily accessible.

Consideration should be given to the level of support offered to smaller agencies to enable them to engage more effectively with future SAR's.

05

04



**Director of Public Health Annual Report 2018:
“Back to the Future”**

23rd November 2018

Presented by Dr Lincoln Sargeant

PLEASE NOTE: The report is available from the following link:-

<http://www.nypartnerships.org.uk/dphreport2018>

Summary:

“Back to the Future” is the 2018 Director of Public Health Annual Report for North Yorkshire. This year Dr Sargeant has looked back to review progress made in improving population health in North Yorkshire since 2013, viewed data and engaged with partners to jointly develop priorities for population health until 2025. Based on this work, Dr Sargeant has made three recommendations for the Health and Wellbeing Board to consider:

1. Reduce health inequalities: All partner agencies should consider the role they can play to improve the health and wellbeing of people with the poorest health outcomes and take explicit actions to address the factors that they can influence to close the gap experienced by people and communities who have shorter and less healthy lives compared to the rest of North Yorkshire.

2. Improve public mental health: As signatories to the Prevention Concordat for Better Mental Health the North Yorkshire Health and Wellbeing Board have committed to implement its principles. Specifically, this commits partner organisations to work to strengthen individuals and communities to be resilient and to remove the structural barriers to good mental health including reducing poverty and discrimination, and improving access to education, employment, transport, housing and support for the most vulnerable people.

3. Embed a public health approach: All partners in North Yorkshire consider how to embed a public health approach into their practice, including impact on sustainability, integration, prevention and reducing inequalities; and increasing skills around data, evidence and evaluation.

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 other strategies and plans in place in North Yorkshire?

- Joint Health and Wellbeing Strategy 2015–2020
- The Council Plan
- North Yorkshire Community Plan
- Caring for Carers 2017–2022
- Living Well With Dementia in North Yorkshire
- Winter Health Strategy 2015-2020
- Joint Alcohol Strategy 2014–2019
- Tobacco Control Strategy 2015-2025
- Healthy Weight, Healthy Lives Strategy 2016-2026
- Hope, Control, and Choice 2015-2020

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

- The ***Health and Wellbeing Board*** are asked to receive the report and to consider the actions that members can make to implement the recommendations



North Yorkshire Health & Wellbeing and Commissioner Forum

ROLLING WORK PROGRAMME/CALENDAR OF MEETINGS 2018/2019 – Updated 15th November 2018

Date	Meeting	Details	Item (contact)
November 2018	Health and Wellbeing Board <i>Report Deadline: Tuesday 13 November</i>	Time: 9.30 a.m. Date: Friday 23 November Venue: Ripon Community House	<ul style="list-style-type: none"> • Membership (Patrick Duffy) • Theme Updates <ul style="list-style-type: none"> a) Mental Health (Amanda Bloor and Adele Coulthard) b) Digital (Robert Ling) c) Housing (Dale Owens) • Report of North Yorkshire Safeguarding Adults Board Chair (Dr. Sue Proctor) • Director of Public Health Annual Report (Lincoln Sargeant) • Winter Resilience (Michelle Waugh and Shaun Jones) • Rolling HWB Work Programme
January 2019	Health and Wellbeing Board <i>Report Deadline: Friday 11 January</i>	Time: 1.00 p.m. Date: Wednesday 23 January Venue: Falsgrave Community Resource Centre, Seamer Rd, Scarborough.YO12 4DJ	<ul style="list-style-type: none"> • “Dragons Den” re Digital Theme (Robert Ling) • Housing Theme Update (Janet Waggott) • Multi-Agency Forum on End of Life Care – Concluding Report (Gill Collinson) • Rolling HWB Work Programme

Date	Meeting	Details	Item (contact)
March 2019	Health and Wellbeing Board <i>Report Deadline: Tuesday 12 March</i>	Time: 9.30 a.m. Date: Friday 22 March Venue: Dishforth Village Hall, Dishforth, YO7 3JU	<ul style="list-style-type: none"> • Digital Theme – take stock of progress and plan for 2019/20 (Robert Ling) • Better Care Fund Update (Louise Wallace) • Conclusion of work on Mental Health • Rolling HWB Work Programme

NOTES:

Meeting dates

Dates for meetings of the Health and Wellbeing Board in 2019/20 are as follows:-

- Wednesday 29th May 2019 at 1.00 p.m.
- Friday 19th July 2019 at 9.30 a.m.
- Wednesday 18th September 2019 at 1.00 p.m.
- Friday 22nd November 2019 at 9.30 a.m.
- Wednesday 22nd January 2020 at 1.00 p.m.
- Friday 20th March 2020 at 9.30 a.m.

Venues to be confirmed

Dates for Commissioner Forum to be determined

Agenda Items not yet allocated a specific date

- Healthy Ageing (Health and Wellbeing Board)
- Speech Therapy – potential Workshop Topic (Health and Wellbeing Board)
- Consideration of whole system issues – extended hours; 24/7 working (Commissioner Forum)

- Healthy Child Programme Review (Ages 0-5 and 5-19) (Commissioner Forum)
- Workshop to consider: How best to align BCF with the various funding streams; and the acute landscape (Commissioner Forum)