

North Yorkshire Health and Wellbeing Board

**Minutes of the meeting held on 23 November 2018 at Ripon Community House,
Allhallowgate, Ripon**

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
Local Authority Officers	
Richard Flinton	Chief Executive, North Yorkshire County Council
Dr Lincoln Sargeant	Director of Public Health, North Yorkshire County Council
Tony Clark (substituting for Janet Waggott)	Chief Executive, Richmondshire District Council (District Council Chief Executive Representative)
Richard Webb	Corporate Director – Health and Adult Services, North Yorkshire County Council
Clinical Commissioning Groups	
Simon Cox	Accountable Officer, NHS Scarborough and Ryedale CCG
Phil Mettam	Accountable Officer, NHS Vale of York CCG
Colin Renwick	Clinical Chair, NHS Airedale, Wharfedale & Craven CCG
Other Members	
Jill Quinn	Chief Executive, Dementia Forward (Voluntary Sector Representative)
Judith Bromfield	Chief Executive, Healthwatch North Yorkshire
Co-opted Members	
Adele Coulthard (substituting for Colin Martin)	Director of Transformation, Tees Esk and Wear Valleys NHS Foundation Trust (Mental Health Trust Representative)
Robert Harrison (substituting for Dr Ros Tolcher)	Chief Operating Officer, Harrogate District Foundation Trust (Acute Hospital Representative)

In Attendance:-

Nigel Ayre, Delivery Manager, Healthwatch North Yorkshire
Dr. Sue Proctor, Independent Chair, North Yorkshire Safeguarding Adults Board

North Yorkshire County Council Officers:

Robert Ling (Technology and Change), Dale Owens and Louise Wallace (Health and Adult Services), Patrick Duffy (Legal and Democratic Services), Sheila Fletcher and Hannah Youngs (Business Support)

Copies of all documents considered are in the Minute Book

64. Apologies for Absence

Apologies for absence were submitted by:

- Phil Bramhall, Chief Executive, Chopsticks
- Amanda Bloor, Accountable Officer, NHS Harrogate and Rural District CCG
- Councillor Richard Foster, Leader, Craven District Council
- Stuart Carlton, Corporate Director, Children and Young People's Service, North Yorkshire County Council
- 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
- Ros Tolcher, Chief Executive, Harrogate District NHS Foundation Trust

65. Minutes

Resolved -

That the Minutes of the meeting held on 19 September 2018 be approved as an accurate record.

66. 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.

67. Declarations of Interest

There were no declarations of interest.

68. Public Questions of Statements

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

69. Membership

Considered -

The report of the Assistant Chief Executive (Legal and Democratic Services) which sought the Board's approval to its membership being extended and clarified the tenure of Members of the Board.

The representative of the Assistant Chief Executive (Legal and Democratic Services) made the following points:-

- The Board comprised a mix of statutory and non-statutory Members.

- For non-statutory Members, there were representative categories of Membership. For example, Janet Waggott, represented all the seven District Council Chief Executives in the County. The rationale behind this was that, given the size of North Yorkshire and the potential number of participants, it helped avoid meetings becoming unwieldy.
- It was, however, suggested that the Board extend its membership to include one representative from the Emergency Services, as a Co-opted Member, given the close links with Health and Social Care.
- The Chief Officers of the Emergency Services had been asked to agree a representative, between themselves, should the Board decide to extend its number. They had agreed that their representative be Mr. Andrew Pippin, Sector Commander, North and East, at the Yorkshire Ambulance Service (YAS) with Lesley Butterworth, Station Manager, YAS, as his designated substitute.
- The second aspect of the report was the tenure of Members. For statutory Members, such as the Corporate Director for Health and Adult Services, they remain Members for as long as they are in post, effectively. For non-statutory Members, it did not appear to be clear how long their term of office lasted. Therefore, to give clarity and consistency, it was suggested that their term of office be until the County Council Elections in 2021.

Richard Flinton, Chief Executive, North Yorkshire County Council, felt that this was a sensible approach; it would help colleagues in partner organisations to have a known refresh point.

Colin Renwick, Clinical Chair at Airedale, Wharfedale and Craven CCG, stressed that YAS should represent the views of all of the Emergency Services.

Robert Harrison, Chief Operating Officer at Harrogate District Foundation Trust, sought clarification as to the process when non-statutory Members retired or changed role. For instance, the Chief Executive of his Trust, Ros Tolcher, would be retiring in March 2019. The representative of the Assistant Chief Executive (Legal and Democratic Services) advised that all of the Trusts providing services in North Yorkshire would be contacted and asked to nominate a representative between them.

Resolved -

- a) That the membership of the Board be extended to include, as a Co-opted Member, with voting rights, one representative from the Emergency Services, subject to the approval of the County Council.
- b) That, following consultation between the Emergency Services, their representative be Andrew Pippin, Sector Commander for North and East Yorkshire, at YAS, with Lesley Butterworth, Group Station Manager at YAS, as his designated substitute.
- c) That the term of office for non-statutory Members be until the County Council elections in 2021.

70. North Yorkshire Health and Wellbeing Board – Theme Updates

- a) Mental Health – Moving in the Right Direction#MHRD

A report by Louise Wallace, Assistant Director, for Health Integration, had been

circulated, which summarised the key issues, ideas and themes generated during the Mental Health Summit, hosted by the Health and Wellbeing Board on 30th May 2018.

Members also considered a presentation by Adele Coulthard, Director of Transformation at Tees, Esk and Wear Valleys NHS Foundation Trust.

The presentation highlighted the good work that was already occurring across children's services; public health; learning disabilities; adults and older people.

In addition, several initiatives were in the pipeline. These included:-

- submitting a partnership application for North Yorkshire to be a time change hub;
- delivering a series of events to promote the refreshed self-harm pathway across the county; and
- agreeing opportunities for additional investment over the long term, through the NHS Ten Year Plan

The presentation also outlined the remaining challenges and the Next Steps. In terms of challenges, staff required more generic skills so as to be able to have a general conversation with clients about "mental health" - rather than this being seen as something that could only be discussed with a mental health professional. Also, the geography of the area was an on-going conundrum: how do we balance the need for local provision with the requirement to deliver clinically and financially sustainable services into the future?

The data challenge was also highlighted. There was no lack of data, but time was required to understand it.

To progress matters, partners would continue to work together to join up what each Agency was doing and the Mental Health Strategy "Hope, Control and Choice", would be refreshed.

Judith Bromfield, Chair of Healthwatch North Yorkshire, enquired about progress in Mental Health First Aid Training. Adele Coulthard advised that there was formal training for adults, but no equivalent for young people. However, there were tools of good practice to support schools.

Richard Webb, Corporate Director of Health and Adult Services, commented that, whilst there was now real energy behind this work, we were some way behind other parts of the country in mental health provision. There was a need to leapfrog over previous NHS Plans and community resources were required. The importance of housing was a big issue and this was being addressed with District Council colleagues and other partners.

Tony Clark, Chief Executive of Richmondshire District Council, asked how this would be progressed at a strategic level. Adele Coulthard responded that discussions would be held with Leaders and Chief Executives in the county. Dale Owens, Assistant Director for Care and Support, advised that a focused piece of work was being undertaken.

Robert Harrison reported that a lot of perinatal mental health work had occurred with partners to improve services.

Nigel Ayre, Delivery Manager at Healthwatch North Yorkshire, informed the Board that in the community there was concern about loss of beds as it was, at a certain point, essential for people to have a space/bed to go to. There was some concern amongst people who use services that there would not be sufficient bed capacity. Adele Coultard responded that the positive impact of innovative integration work with Clinicians was beginning to be felt, so the bed rate was being maintained.

Lincoln Sargeant referred to the Community Harm Pathway being held at The Street, which was a positive development. However, dual diagnosis was an area where further progress was required.

Resolved –

That the report; the associated Action Plan; and the presentation be noted.

NOTE: The Chair agreed that the order of business be varied slightly so that Housing and Health Update be considered as the next item, followed by Digital Theme Update.

b) Housing and Health

Dale Owens presented feedback from the Workshop that had been held on 19th September 2018.

The presentation outlined:-

- The benefits of improving joint working between Housing and Health (which included better joined up working. leading to efficiencies and improved outcomes).
- The key priorities for Health and Housing for Health and Wellbeing Board partners (such as Rural Housing and Homelessness).
- Next steps – how partners could support the Housing and Health Agenda strategically; tactically; and operationally.

Sheltered Housing provision was already good but, in consultation with District Council colleagues, the aim was to expand it further.

Affordability of rural housing was an issue as it impacted on attracting people into care work.

It was crucial that partners worked together to make the best use of limited resources.

Tony Clark welcomed this approach, but stressed that everything needed to be linked in to District Councils Local Plans.

Resolved –

- a) That it be agreed the *why, what and how*, outlined on the slides, are the right things to focus on.
- b) That an Action Plan be developed between partners and brought back to the Board at its next meeting on 23rd January 2019.

c) Digital

Robert Ling, Assistant Director, Technology and Change, presented a report which comprised:-

- an update on progress on the Digital Theme;
- a draft *Green Paper* setting out a vision and a way forward, following the initial Workshop in March 2018 and the updates that he had presented to the Board in May and September 2018;
- a suggested approach to a *Dragons Den* type event;
- an overview of Local Health and Care Record Exemplars activity (LHCRE);
- details of a funding opportunity for Population Health Management; and
- anticipated future activity

He stressed the following:-

- A round table event had been held in Harrogate to discuss the five main priorities/pillars of a Digital Strategy, as agreed by this Board previously. Harrogate Borough Council were looking at their local challenges and several digital labs had been held with front line staff to illustrate how digital solutions can result in better ways of working.
- The draft Digital Strategy/Green Paper, *My Health, My Technology*, was appended to the report. It set out a vision for the use of digital technology within health and social care across North Yorkshire.
- Consent to the sharing of people's data across partners remained an issue.
- A number of trials around Broadband had been held to understand what worked to reduce IT issues.
- The Dragons Den idea was being developed along the lines of the GovTech Analyst, which would enable identification of issues and engagement with the local digital market to come up with solutions to operational service and policy delivery challenges. It was suggested that £50,000 be offered as prize money to the successful companies.
- The LHRCE brings all information together in one repository and would solve data issues. The Board was well represented on its various groups and was actively participating in these.
- Population Health Management sought to improve population health by data driven planning and delivery of proactive care to achieve maximum impact. Harrogate and Rural District had received funding for £37,000 to develop this and similar discussions were underway within Cumbria and North East Integrated Care Services, which included Hambleton, Richmondshire and Whitby partner organisations.
- In terms of future activity, work continued to define the approach to removing faxes and was being given added momentum by the national "Axe the Fax" campaign. Will Smart, CIO of NHS England, would be visiting the County Council in February 2019 to hear about the broader work being undertaken on the Digital Strategy and LHCRE.

The Chair sought clarification as to where the proposed prize money of £50,000 would be funded from. Richard Webb advised this would be non-recurrent funding and could be met from existing budgets.

Richard Webb referred to the good ideas emanating from the Digital Labs. For instance, Occupational Therapists were now using the laser beam measurement, used by Estate Agents, to measure rooms. He also referred to the great technology that was now available to people in their own homes which, as it developed, had the potential to change the conversation away from a sterile one dominated by cuts to services.

Nigel Ayre said that he was keen to be involved in the development of the Digital Strategy.

Robert Harrison welcomed the draft Strategy but felt it was important that payback was achieved. The focus should be on the benefits that would come through for people who use services and employees. Partners need to join up their thinking and, where it is possible to do so, combine their spending power to achieve the best outcomes. Robert Ling recognised this and advised that a spreadsheet had been drawn up that identified what partners were doing in relation to the five pillars of the draft IT Strategy. He would send that around to partners for information and to update it, where required.

Simon Cox, Accountable Officer for Scarborough and Ryedale CCG, commented that 5% of all journeys were related in some way to the NHS. Therefore, the impact of digital advances on the wider environment could be huge.

Resolved -

- a) That the progress made be noted.
- b) That approval, in principle, be given to the draft Green Paper, *My Health, My Technology*, for wider consultation, subject to any additional comments Members may wish to make - to be notified to Robert Ling by Friday 7th December.
- c) That the suggested approach to a Dragon's Den type Event be approved and that two prizes of £25,000 be offered to companies who can provide the best solutions to the issues raised.
- d) That the funding for Population Health Management in Harrogate and Rural District be noted.

71. Report of North Yorkshire Safeguarding Adults Board Chair

Considered -

The report of Dr. Sue Proctor, independent Chair of the North Yorkshire Safeguarding Adults Board (NYSAB), which introduced the Board's Annual Report for 2017/18.

Dr. Proctor made the following points in particular:-

- She had been the Independent Chair since June 2018 and NYSAB was undergoing a significant transition.
- She acknowledged the strong legacy left by her predecessor, the late Colin Morris, and the invaluable work of Lisa Winward, Chief Constable, as Interim Chair.
- An Independent Consultant had reviewed adult safeguarding in North Yorkshire and this had culminated in a number of key messages and areas of learning. In addition, there were the results of a survey by Healthwatch and countywide engagement around the Mental Capacity Act.

- Members of the NYSAB had come together for a Development Session at the start of November and considered the priorities for the Board (having regard to the elements referred to in the preceding paragraph) and the value that the Board could bring over and above the work of its individual agencies, whilst avoiding duplication across the work of partners. This had been a beneficial Session.
- The next NYSAB would receive proposals for a refreshed Strategic Plan, 2019/20. Themes included:-
 - Governance and Leadership – partners are willing to play a more active role. How can the Committees work together and develop a greater understanding of leadership?
 - Broadening the understanding of risks, which include financial and material abuse. A strategic approach to risk would be developed, which included the potential impact of BREXIT on the available workforce.
- Robert Ling would be attending the March meeting of NYSAB to discuss digital opportunities.
- NYSAB want to move forward on communications and engagement and be clear what it stands for and how people, both victims of abuse and those who have concerns, can access help and support.
- NYSAB would be seeking assurance of countywide learning from things that go wrong.

Councillor Janet Sanderson, Executive Member for Children and Young People's Services, commented that, inevitably, some children who were subject to safeguarding would go to adult safeguarding when they were older. How did the independent Chair see this transition process working? Dr Proctor advised that there was good connectivity through the System Leadership Group which was a sound platform for emerging issues.

In response to a question from the Chair, Louise Wallace said that the scale of training required for staff was significant, particularly in the Independent Sector.

Richard Flinton asked how Dr. Proctor was finding the relationships with other Regulators Dr. Proctor advised that these were good and that the Regulators had a strong understanding of the key issues.

The Chair thanked Dr. Proctor for attending and for her informative presentation.

72. Director of Public Health Annual Report 2018 – “Back to the Future”

Considered -

The Annual Report of the Director of Public Health for 2018.

Lincoln Sargeant, Director of Public Health, talked the Board through the main elements of this, his fifth Annual Report, since he became Director in 2013.

The three main recommendations in his report were:-

- *Reduce health inequalities* – partners should consider the role they can play in improving the health and wellbeing of people with the poorest outcomes.

- *Improve public health* – partners have committed to work to strengthen individuals and communities to be resilient and to remove structural barriers to good mental health.
- *Embed a public health approach* – partners are asked to consider how to embed this into their practice as part of everything they do.

He noted that there were eleven lower layer super output areas (LSOAs) in North Yorkshire that are in the 10% of the most deprived areas in the country. An LSOA has a population of about 1500 people. He asked whether there was an ambition, across partners, to aim to have none by 2025.

He said that tackling health inequalities was not new but it was important to ask what we may be missing from our approaches and whether the interventions we seek to implement are developed with the people who we seek to benefit.

Public Mental Health was of critical importance. People with severe mental health problems often do not die early as a direct result of their mental illness, but as a result of common physical health conditions such as heart disease and cancer, as the absence of healthy behaviours is not always identified and addressed within these groups. Progress was being made but early mortality in these groups was still a factor.

In terms of embedding a population/public health approach, he suggested it would be good if people left each contact with health and care services with a Prevention Plan, outlining what they and the health or care professional could do to support them to delay or avoid returning with avoidable problems. Opportunities were being missed as, for instance, there are estimates that nearly three out of four smokers in NHS Hospitals were not asked if they would like to quit smoking.

Robert Harrison commented that, as services become more digitised, forms will include a mandatory field about smoking so it will not be possible to skip some questions, as it can be presently.

Councillor Janet Sanderson said she found the report interesting and asked whether tackling childhood obesity was a priority. Lincoln Sargeant confirmed this was the case. A bid had been made to the Obesity Trailblazer Fund to implement a Healthy Schools Zone concept, building on the *Healthy Weight, Healthy Lives Strategy*.

Simon Cox felt that there was more to be done on embedding a public health approach which is a function of both primary and secondary care. Whilst it was accepted that there were pockets of deprivation within North Yorkshire, there were some significant ones in Scarborough and there should be a focus on these.

Judith Bromfield wondered whether people would be bold enough to adopt a Health Action Zone type approach to give focus and facilitate the type of collaborative working that could lead to real change. Lincoln Sargeant felt this could be a good development, using local intelligence to identify the areas for focus and engaging with communities on what works for people in that locality. He added that there was a need to consider how best to involve the private sector.

Richard Webb also supported this approach, as it would be owned by local people.

Phil Mettam, Accountable Officer at Vale of York CCG, liked the report and said he had invited Lincoln Sargeant to their Governing Body to discuss it in further detail. He added that he would appreciate a conversation as to how to join up the needs of the population in Selby.

Colin Renwick, Clinical Chair at Airedale, Wharfedale and Craven CCG, commented that death attributed to smoking in pregnancy was higher than average. Lincoln Sargeant said this was mainly due to births in Bridlington and Scarborough which contribute most to the average for the county and could be due to family and peer groups who also smoke, making it harder for the pregnant mother to quit on her own.

Lincoln Sargeant agreed with the suggestion that it could be a positive development if the Living Well Team became more involved at the admissions and discharge stage.

Richard Webb thanked Lincoln Sargeant and his Team for all their work and for this excellent report.

Resolved -

That partners consider, within their organisations, the actions that can be taken to implement the recommendations in the Annual Report.

73. Winter Resilience

Simon Cox presented slides that outlined:-

- Why winter is such a challenge
- The roles and responsibilities of local A&E Delivery Boards
- How work is managed and monitored
- Preparations for winter 2018/19
- Steps taken by local A&E Delivery Boards
- The content of Winter Plans
- How the work is funded
- The Plans for each of the local A&E Delivery Boards
- How system oversight is maintained

He commented that, given the continual pressures faced by health and social care, a reasonable question to pose was *Do we actually have winter any more?* You could answer *No*, in that the system was busy virtually all of the time, but *Yes*, because January and February were particularly challenging, due to the increase in seasonal diseases. Preparation started earlier now than in previous years but winter planning was on people's radar all year around.

Monitoring was via a range of metrics, all owned by the Health and Wellbeing Board to a varying degree.

There was much more of a whole-systems approach than previously.

Richard Webb advised that the main issues for his Directorate were market availability and support, which varied throughout the year. Social Care staff work with health colleagues to track this.

Robert Harrison stated that acute provision could be affected by the lack of an available workforce and the shortage of trained staff was a constraint, with the result that occupancy levels rose and it was in A&E that people tended to be backed up.

The Chair asked about the take up of the flu jab amongst health staff and, particularly, the aim that this be 100%. Robert Harrison said that, despite a strong campaign, this was proving challenging, with the current figure in his Trust running at 50%. Unfortunately, a small number of staff decide to say that, having had the jab, it has had no effect whatsoever. This can discourage colleagues from getting the jab themselves.

Phil Mettam asked what discussions had taken place on the County Council's share of the £240 million additional funding that had been allocated to social care nationally. Richard Webb advised that the County Council's share would be £2.4 million. He stressed that this money was one-off funding and was one of two tranches of funding announced. He would hold discussions with NHS colleagues, taking account of A&E Boards' existing proposals and would take forward proposals to colleagues in CCGs and Trusts shortly.

The Chair stated that there had been two sums of one-off funding - one for Highways and one in relation to Social Care. For Highways, it was easier to use monies in a visible way – repairing a road, for example. In Social Care, it was more difficult for improvements to be as visible.

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

Considered -

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

The representative of the Assistant Chief Executive (Legal and Democratic Services) advised that dates of meetings in 2019/20 had been set, as set out in the document. Whilst Members might wish to make a note of these at this stage, calendar invitations would not be sent out until the venues had been determined. This was likely to be done by the end of the year.

NOTED.

75. Urgent Business

The Chair agreed that the following three matters be considered as urgent business.

a) Review of Acute Services in Scarborough

Simon Cox reported that the results of this review, by McKinsey and Company, Management Consultants, would be presented to stakeholders next week. He would arrange for feedback to be shared with the Board. NOTED.

b) CCG Leadership Realignment

Simon Cox advised that Amanda Bloor, the current Accountable Officer at Harrogate and Rural District CCG, had been appointed to oversee a shared Leadership Team across three CCGs – Harrogate and Rural District; Hambleton, Richmondshire and Whitby; and Scarborough and Ryedale. NOTED.

c) Care Quality Commission (CQC) Stakeholder Survey

The representative of the Assistant Chief Executive (Legal and Democratic Services) advised that a stakeholder survey had been received from the CQC, who had indicated that they would welcome the views of the Board.

The closing date for submission of the Survey was tomorrow but a one week extension to the 30th November had been agreed. It was impractical for the Board, as a group, to go through all of the questions in the Survey. Therefore, he suggested that the Board delegate completion of the Survey to the Corporate Director for Health and Adult Services, in consultation with the Chair and Vice-Chair, as required.

Resolved -

That the Corporate Director for Health and Adult Services, in consultation with the Chair and Vice-Chair, be authorised to respond to this Survey, on behalf of the Board, as required.

The meeting concluded at 11.40 a.m.

PD

DRAFT