

# Health and Wellbeing Board

## North Yorkshire



**Meeting: North Yorkshire Health and Wellbeing Board**

**Venue: REMOTE MEETING VIA MICROSOFT TEAMS**

**Date: Friday, 19 March 2021  
From 9.15 - 9.45 am**

Pursuant to The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority Police and Crime Panel Meetings) (England and Wales) Regulations 2020, this meeting will be held using video conferencing with a live broadcast to the Council's YouTube site. Further information on this is available on the committee pages on the Council website -

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

The meeting will be available to view once the meeting commences, via the following link -

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### Business

No.	Agenda Item	Action	Page Nos.
1	Welcome by the Chair		
2	Apologies for Absence		
3	Membership	To note	5 - 6
4	Declarations of Interest		
5	<b>Public Questions or Statements</b> 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 16 <sup>th</sup> March 2021. Each speaker should limit themselves to 3 minutes on any Item.		
6	Minutes of last meeting held on 22nd January 2020	To approve	7 - 20
7	The last twelve months: Reflections - Presentation by Richard Webb, Corporate Director of Health and Adult Services; Amanda Bloor, Accountable Officer, North Yorkshire Clinical Commissioning Group and Louise Wallace, Director of Public Health	To note	

8	<b>Any other business which, in the opinion of the Chair, should be considered as a matter of urgency</b>		
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Barry Khan  
Assistant Chief Executive (Legal and Democratic Services)  
County Hall, Northallerton

11<sup>th</sup> March 2021

Contact Details

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**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**.

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# Agenda Item 3

## NORTH YORKSHIRE HEALTH AND WELLBEING BOARD – MEMBERSHIP ( MARCH 2021)

<b>County Councillors (3)</b>		
1	HARRISON, Michael (Chair)	Executive Member for Adult Social Care and Health Integration
2	DICKINSON, Caroline	Executive Member for Public Health, Prevention and Supported Housing
3	SANDERSON, Janet	Executive Member for Children and Young People's Services
<b>Elected Member District Council Representative (1)</b>		
4	FOSTER, Richard	Leader, Craven District Council
<b>Local Authority Officers (5)</b>		
5	FLINTON, Richard	North Yorkshire County Council, Chief Executive
6	WEBB, Richard	North Yorkshire County Council, Corporate Director, Health and Adult Services
7	CARLTON, Stuart	North Yorkshire County Council Corporate Director, Children and Young People's Service
8	WAGGOTT, Janet	Chief Executive of Selby District Council and Assistant Chief Executive, North Yorkshire County Council (Chief Officer, District Council Representative)
9	WALLACE, Louise	North Yorkshire County Council, Director of Public Health
<b>Clinical Commissioning Groups (3)</b>		
10	HIRST, Helen	Accountable Officer, Bradford District and Craven CCG
11	BLOOR, Amanda (Vice-Chair)	Accountable Officer, North Yorkshire CCG
12	METTAM, Phil	Accountable Officer, Vale of York CCG
<b>Other Members (3)</b>		
13	JONES, Shaun	Deputy Locality Director NHS England and NHS Improvement (NE and Yorkshire)
14	BRACKLEY, Chris	Chair of Healthwatch North Yorkshire (Healthwatch Representative)
15	QUINN, Jill	Chief Executive of Dementia Forward (Voluntary Sector Representative)

Continued overleaf/...

<b>Co-opted Members (5) – Voting</b>		
16	TYRER, Sally	Chair of North Yorkshire Branch, YORLMC (Primary Care Representative)
17	KILMURRAY, Brent	Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust (Mental Health Trust Representative)
18	RUSSELL, Steve	Chief Executive, Harrogate District Foundation Trust (Acute Hospital Representative)
19	BRODIE, Andrew	Chief Fire Officer, North Yorkshire, Fire and Rescue Service (Emergency Services Representative)
20	PADGHAM, Mike	Chief Executive, Independent Care Group (Care Providers Representative)
<b>Substitute Members</b>		
	BALMAIN, Wendy	North Yorkshire CCG
	BELL-MORRITT, Fiona	Vale of York CCG
	BRAMHALL, Phil	Voluntary Sector
	BROWN, Brendan	Acute Hospitals
	BUTTERWORTH, Lesley	Emergency Services – Yorkshire Ambulance Service
	DIXON, Catherine	Primary Care (subject to formal Council approval)
	GREEN, Ashley	Healthwatch, North Yorkshire (subject to formal Council approval)
	LONERGAN, Naomi	Tees, Esk and Wear Valleys NHS Foundation Trust
	O'NEILL, Nancy	Bradford District and Craven CCG
	PROCTOR, Bev	Care Providers
	WAUGH, Michelle	NHS England and Improvement

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## North Yorkshire Health and Wellbeing Board

Minutes of the meeting held on 22 January 2020 at 1 Racecourse Lane, Northallerton

Board Members	Constituent Organisation
<b>County Councillors</b>	
Amanda Bloor ( <b>Vice-Chair, in the Chair</b> )	Accountable Officer, North Yorkshire Clinical Commissioning Groups
County Councillor Caroline Dickinson	Executive Member for Public Health and Prevention
County Councillor Janet Sanderson	Executive Member for Children and Young People's Service
<b>Clinical Commissioning Groups</b>	
Helen Hirst	Accountable Officer, NHS Airedale, Wharfedale and Craven CCG
Fiona Bell	Lead Officer, Primary Care, Vale of York CCG (substituting for Phil Mettam)
<b>Local Authority Officers</b>	
Richard Flinton	Chief Executive, North Yorkshire County Council
Tony Clark (substituting for Janet Waggott)	Chief Executive, Richmondshire District Council, (District Councils Chief Executive Representative)
Lincoln Sargeant	Director of Public Health, North Yorkshire County Council
Richard Webb	Corporate Director, Health and Adult Services, North Yorkshire County Council
<b>Other Members</b>	
Chris Brackley	Chair, Healthwatch North Yorkshire
Jill Quinn	Chief Executive, Dementia Forward (Voluntary Sector Representative)
<b>Co-opted Members</b>	
John Crompton	Primary Care Network and System Integration Lead for YOR Local Medical Committee Ltd
Colin Martin	Colin Martin, Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust
Steve Russell	Chief Executive, Harrogate and District NHS Foundation Trust
Mike Padgham	Chair, Independent Care Group (Care Providers Representative)

### In Attendance:-

Nigel Ayre, Delivery Manager, Healthwatch, North Yorkshire  
 Professor Elaine Mead  
 County Councillor Andy Paraskos, Older People's Champion  
 County Councillor Karin Sedgwick  
 Leah Swain, Chief Executive, Community First Yorkshire

### North Yorkshire County Council Officers:

Louise Wallace, Assistant Director, Health and Integration, Rachel Richards, Public Health Consultant (Health and Adult Services), and Patrick Duffy (Legal and Democratic Services)

### **121. Apologies for Absence**

Apologies for absence were submitted by:

- The Chair, County Councillor Michael Harrison, Executive Member for Adult Social Care and Health Integration, North Yorkshire County Council
- Phil Bramhall Charity & Community Business Manager, CHOPSTICKS (North Yorkshire) Ltd (substitute Voluntary Sector Representative)
- Stuart Carlton, Corporate Director, Children and Young People's Service, North Yorkshire County Council
- Councillor Richard Foster, Leader, Craven District Council
- Shaun Jones, NHS England
- Phil Mettam, Accountable Officer, Vale of York Clinical Commissioning Group
- Rachel Pippin Sector Commander (North), Yorkshire Ambulance Service
- Janet Waggott, Chief Executive, Selby District Council and Assistant Chief Executive, North Yorkshire County Council – District Councils Chief Executive Representative)

### **122 Membership**

The Chair reported that:-

- Steve Russell, Chief Executive of Harrogate and District NHS Foundation Trust, has been appointed as the representative of Acute and Community Hospitals on the Board.
- Fiona Bell-Morrith, Lead Officer, Primary Care, at NHS Vale of York Clinical Commissioning Group, has been appointed as substitute for Phil Mettam.

The Chair welcomed Steve and Fiona to this, their first meeting of the Board. She added that Wendy Balmain, Director of Strategy and Innovation, North Yorkshire Clinical Commissioning Groups, had been appointed as her substitute.

### **123. Minutes**

#### **Resolved -**

That the Minutes of the meeting held on 29 November 2019 be approved as an accurate record.

### **124. 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).

NOTED.

### **125. Declarations of Interest**

There were no declarations of interest.

### **126. Public Questions of Statements**

There were no public questions or statements.

## 127. Digital Theme Update

Considered -

A verbal update by Robert Ling, Assistant Director, Technology and Change at North Yorkshire County Council, who reported as follows:-

- Overall, the North Yorkshire Digital Strategy is moving forward. District Councils are now engaged. It would be helpful if there was a representative from the North Yorkshire Clinical Commissioning Groups.
- On the Local Health Care Record (LHCRE):-
  - The first Hospital in the Yorkshire and Humber region is now “live” on the Yorkshire and Humber Care Record (YHCR) - Rotherham NHS Trust (for people who are receiving further cancer care at Leeds Teaching Hospitals NHS Trust with the Brachytherapy Team). Imminent progress is expected at Yorkshire Ambulance Service, Doncaster & Bassetlaw Teaching Hospitals Trust, Humber Teaching Hospitals Trust
  - Regional YHCR infrastructure is now assured by NHS England across technical, IG, clinical safety and cyber security aspects.
  - Slower progress than expected for NYCC as first early adopter local authority – Programme priority given to the above live site connections.
- The Board had agreed at a previous meeting the outline of the Digital Charter coming from the Yorkshire & Humber LHCRE. The Charter has been agreed through the STP/ICS routes with some alterations from the previous version. While these changes were not anything fundamental he would arrange for the latest version to be sent out and if anyone has any concerns would they please contact him by the end of January.
- With regard to the Digital Challenge and the *Dragons Den*-type Event, the situation with the three bids that had been received was as follows:-
  - *Mobile Rocket Dementia App* – user engagement had been completed with Dementia Forward. There were some positive comments but generally this is seen as something that already exists and there are user access difficulties as identified by the Board – decision taken not to proceed.
  - *Save9 – Medication Management* – Looking to plan a session with Primary Care and Pharmacy professionals to assess real world effectiveness. It would be useful to know if there are any groups / meetings we could attend to facilitate this, setting up bespoke sessions has not worked so far.
  - *Parent Monitor* – user feedback has been completed. There were some issues around monitoring etc., but these had been addressed and people were very supportive of the concept. The proposal is to run a limited trial with an identified cohort of people using services – NYCC and NRS OT will work alongside and develop practice guidance as part of the pilot.

- The proposed 2020 Digital Challenge will focus on Supported Living and Learning Disabilities.
- A meeting had been held with NHSx and the Deputy Directors, Social Care Technology and Data.
- LGA funding had been secured for a Video Conferencing Pilot for Adult Social Care.
- LGA funding had also been secured for Cyber Security for Care Homes.
- A bid around digitising Hospital Discharge had failed; currently looking at the options to move forward.
- An initial conversation around Care Homes had been held between the County Council and Harrogate and Rural District and Scarborough and Ryedale Clinical Commissioning Groups to consider what more could be done.

Nigel Ayre, Delivery Manager, Healthwatch North Yorkshire, commented that the Digital Charter did not appear to include the north of the patch. Robert Ling advised that data was already being shared with South Tees.

**Resolved –**

- a) That the latest version of the Digital Charter be circulated to Members.
- b) That if Members have any particular comments or concerns about the Charter, they advise Robert Ling of these by 31<sup>st</sup> January 2020.

**128. Mental Health Theme Update**

Considered –

A presentation by Amanda Bloor, Accountable Officer, North Yorkshire Clinical Commissioning Groups and Colin Martin, Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust.

Amanda Bloor introduced the presentation entitled *One North Yorkshire: Working Better, Together – North Yorkshire Mental Health and Learning Disability Partnership Update Item* and stated that she was proud of the work that had been undertaken.

The presentation had been circulated with the papers for the meeting.

Colin Martin took Members through the presentation and highlighted the following aspects, in particular:-

- the Partnership had been formed in 2018 comprising three Clinical Commissioning Groups – Harrogate and Rural District, Hambleton, Richmondshire and Whitby and Scarborough and Ryedale - TEWV, as service provider, and North Yorkshire County Council;
- its Vision is *To improve the health and wellbeing of people across North Yorkshire with mental health issues and/or a learning disability through partnership working;*
- key principles include mental health being seen as important as physical health; and being ambitious for the people we serve and the staff employed;

- working in partnership has facilitated a shared analysis and collective agreement to get things sorted;
- priority areas have been designed to focus how money can be spent better and deriving better outcomes with a more resilient service in, or close to, the county;
- the trajectory of spend into mental health and learning disability services is increasing;
- achievements so far include a Children's Attention Deficit Hyperactivity Disorder Service in Scarborough; enhanced perinatal mental health services; and "Kooth", the online counselling service for young people; and
- future intentions include exploring further integrated Health and Social Care working

Amanda Bloor commented that there has been a complete move away from what had, essentially, been a contractual discussion, which can lose sight of services and outcomes. It now felt as if the Partnership can tell a story of benefit. This was all underpinned by trust between commissioners, providers and the County Council.

Councillor Janet Sanderson, Executive Member for Children and Young People Services, asked why there were still two strategies – one for children and one for adults? Also, whilst she noted waiting times had reduced this was from a high base point and an average of 50 weeks wait was still not at all good. Colin Martin responded that there had always been a Strategy for children but adults came up as an operational issue. The ambition exists to reduce the waiting times down.

Nigel Ayre, Delivery Manager, Healthwatch North Yorkshire, made the following comments:-

- feedback received by Healthwatch North Yorkshire was that people were not receiving support while on the waiting list;
- it still feels as if there is the lack of a voice from patients and the voluntary sector;
- the Partnership does not include some parts of Selby

Amanda Bloor responded that there is a well established patient/family group network and there is an ambition to have a wider cohort represented at Partnership meetings. With regard to Selby, a large proportion of the town would be included in Vale of York and Helen Hirst, Accountable Officer at Airedale, Wharfedale and Craven Clinical Commissioning Group, would be able to provide an update in respect of Craven.

John Crompton, Primary Care Network and System Integration lead at YOR Local Medical Committee, Ltd., commented that access to IAP has been a positive development. Primary Care struggles with the group of people in the middle i.e. those with an enduring need but not in crisis. Colin Martin advised that there are plans to concentrate on this group,

John Crompton also mentioned that it is a disappointment to GPs that mental health has not been included in the national contract. GPs would like to see increased flexibility as to what additional monies could be used for. What is required is mental health services on the ground, in the community. Amanda Bloor stated that the Partnership supports this and that the *Right Care, Right Place* initiative will start to address this.

NOTED.

## 129. Housing and Health Theme Update

Considered –

- a summary report by Rachel Richards, Public Health Consultant, North Yorkshire County Council, containing the background to the Joint Strategic Needs Assessment (JSNA)
- a final draft of the JSNA Health and Housing in North Yorkshire, prepared by the JSNA Steering Group; and
- a presentation by Rachel Richards

All of the above had been circulated with the papers for the meeting.

Rachel advised that, given time constraints at today's meeting, she would talk to the presentation that had been circulated. However, she had a more in-depth presentation that she would be happy to share with Members.

The four priority themes that had emerged were:-

- *Affordability* of housing - particularly changing demographics and difficulties recruiting and retaining employees and key workers. So the impacts on health are direct (people have less disposable income for food, for example) or indirect (people don't live/work in North Yorkshire and the demographic changes to only those who are older and need more care after they retire here)
- *Energy Efficiency* of Homes – improving EPC ratings – to prevent homes being a cause of ill health and to reduce fuel poverty.
- *Adaptability* of homes – to provide good quality housing that meets the needs of the occupants whatever their age across the course of a lifetime.
- *Accessibility* of homes – it is no use building affordable, high quality, energy efficient homes, if they are inaccessible and don't enhance community/connectedness/reduce isolation etc.

At its meeting earlier this week, the JSNA Editorial Group had asked that the board help to prioritise the recommendations contained in Section 8.2 of the final draft document. Rachel handed out a hard copy of the recommendations and asked Members to mark down their priority order which they could return at the end of the meeting.

Tony Clark, Chief Executive of Richmondshire District Council, raised the following questions/observations:-

- What is the status of the report - is there still the opportunity to amend it as refinements are required?
- Most agencies involved in housing would recognise the high level issues and he was happy, on behalf of the District Councils in North Yorkshire to buy into the report. However, some of the data is now quite old and needs a refresh.
- There needs to be greater engagement to ensure credibility and for people to feel confident that the recommendations will be implemented.

Rachel confirmed that the report was still draft. The Chair added that the JSNA is an iterative process.

Lincoln Sargeant, Director of Public Health, North Yorkshire County Council, advised that recommendation 8.4 addresses the aspect about the currency of the data. Once information is on the web, his Team can link it quickly to the other forms of data.

**Resolved –**

- a) That agencies working within North Yorkshire continue to collaborate to improve joint working arrangements across health, social care, planning and housing and jointly provide effective solutions to housing issues, thereby improving health outcomes recommendations at Section 8.2 of the paper be endorsed.
- b) That the partnerships involved in further consultation and implementation of the other recommendations be supported.
- c) That further updates be reviewed as required.
- d) That the more detailed presentation be circulated to Members.

**130. Learning from the work between Tees, Esk and Wear Valleys NHS Foundation Trust and NHS Highland – Creating and supporting a culture of improvement, innovation and collaboration**

Colin Martin introduced Professor Elaine Mead and Doctor Maimie Thompson, who had worked with Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust on this initiative and who would be sharing their experience of working with TEWV and others.

Elaine Mead said she had been Chief Executive of NHS Highland and Maimie Thompson, Head of Engagement and Communications. They were not representing NHS Highland or The Highland Council, but sharing their experiences of the work undertaken. The following elements were highlighted:-

- The Highlands are primarily rural and remote, similar to some parts of North Yorkshire.
- In 2012 a five year Partnership Agreement had been signed between Highland Council, NHS England and Argyll and Bute Council.
- The Partnership's vision was to improve the quality of our care to every person every day – this represented a shift from *care for patients*, to *care for all people*. The key element to achieving this was by developing Quality Information capability which included Lean Leadership; a whole system approach; and high level engagement at Board level. In particular, lean ways of working focused on empowering staff.
- The transfer and combining of resources was crucial to the success of the project.
- An important message was that high quality services actually cost less. The average cost per patient seen reduced, despite the number of patients increasing. The length of stay in ED saw an incredible reduction from 282 days to 31 days. Yes, systems are important but it is people's mindset that is pivotal.
- The voluntary and community sector were key partners in the process.

- Key learning points were:-
  - Single management with a single agreed budget and single governance process are key to success
  - We do not understand the complexity of each other's business
  - Integration is not just about health and social care
  - Professional anxieties around roles can be a barrier to change
  - The current models of care are not sustainable
  - We must genuinely engage people in order to make change
  - Communities can be very resilient

Richard Webb, Corporate Director, Health and Adult Services, North Yorkshire County Council, stated that there are some parallels with the work that North Yorkshire is doing and asked about models of care. Maimie Thompson responded that access to all was the aim, depending on the tension in the system. In areas such as North West Sutherland, for instance, there is no Hospital. This meant that clinicians work in a different way utilising Step-Up Beds and Care Homes.

In response to a question from Helen Hirst, Elaine Mead said that the main driver had been to meet the needs of the people served, rather than debating whose fault something was.

Robert Ling enquired about how data sharing has been managed. Elaine Mead advised that these issues had been worked through but had still been a big challenge.

Councillor Janet Sanderson remarked that it was interesting that the public had sold the idea of digital appointments to clinicians, rather than the other way around. Maimie Thompson added that it had been younger people who were not so keen on this type of appointment. Therefore, the lesson learnt was not to make assumptions.

The Chair thanked Elaine Mead and Maimie Thompson for having travelled a long distance to make their presentation which was informative and illuminating.

NOTED.

### **131. Director of Public Health Annual Report 2019**

Considered –

A presentation by Lincoln Sargeant, Director of Public Health for North Yorkshire, which had been circulated with the papers for the meeting.

A link to the Annual Report had been included on the Agenda.

Lincoln Sargeant said that he would not be referring in any detail to his presentation as he appreciated that several Members would already be aware of his Annual Report. He did, however, stress the following points:-

- Essentially, he has looked at poverty from a public health perspective.

- His report provides a review of the health of our population and focuses on some of the areas where collective actions can protect people from the worst effects of poverty.
- Based on this, he had made seven recommendations, as outlined in his report.
- The report has been sent to partners. He would like it to inform discussions within their organisations and he, or a member of his Team, would be happy to join strategic discussions within partner organisations as to how they can implement the recommendations.
- A key challenge is *How do we record what we do?* The assumption is often made that nothing is happening in certain areas. In fact, a great deal is occurring but the work, on occasions, is not connected up.
- It is always best to talk to people so that they are aware of the work being undertaken and given the opportunity to help shape that work.

Nigel Ayre referred to the final recommendation about working with voluntary and community partners to strengthen the involvement of local communities in shaping plans by reducing the impact of poverty in areas of deprivation. What will this support be? Lincoln Sargeant advised that the intention was to roll this out next year.

Richard Webb thanked Lincoln Sargeant for a stimulating and well written report and commented that, of 2,000 staff in Adult Social Care in North Yorkshire, some 1700 were on a lower rate of pay. If, for instance, key workers cannot afford accommodation, we will not have people to do these important jobs. So it is important to bear in mind that poverty is not some abstract concept experienced by “other people” and we need to consider how we can help our own staff.

Fiona Bell, Lead Officer, Primary Care, at Vale of York Clinical Commissioning Group, commented that the Primary Care Networks that are being established have had helpful conversations with the County and District Councils about how this could be taken forward. Discussions will continue to see how we can make a difference to our populations.

Lincoln Sargeant referred to work happening in the Woodfield Ward in Harrogate. He had been there on 2nd January. The targeted approach is enabling anticipatory work to be undertaken.

John Crompton felt that there must be a focus on need, rather than a generic offer. Lincoln Sargeant agreed – the service had to be front and centred.

The Chair concluded the discussion by saying she had had a conversation with the Chief Fire Officer about opportunities for tripartite working with the Clinical Commissioning Groups and the County Council. Different options needed to be considered due to rurality.

#### **Resolved –**

- a) That the report be used to inform discussions in partner organisations.
- b) That if any Member would like Lincoln Sargeant, or one of his Team to join in their strategic discussions about their role in implementing the recommendations they should contact Lincoln Sargeant direct.

### 132. North Yorkshire Joint Strategic Needs Assessment

Considered –

A web-based presentation by Ed O'Malley, Data Intelligence Team Leader, North Yorkshire County Council.

The presentation illustrated the range of information that was available on the *Data North Yorkshire* website which contained a wealth of information relating to the 2019 version of the JSNA.

Robert Ling advised that the site, which was hosted by the County Council, affords one single repository that can house all of the data relating to North Yorkshire. He asked any partners who are interested in putting information onto the site to contact him.

Louise Wallace, Assistant Director, Health Integration, North Yorkshire County Council, stressed that the JSNA is a key document and it is one of the Board's statutory responsibilities to produce it. She added that the website is not yet at full potential. Its value will be that it is used and the information kept up-to-date.

The Chair suggested that the link be sent to Members.

**Resolved –**

- a) That Members contact Robert Ling if they have any information that they would like to appear on the website.
- b) That the tools available be noted and that the web link be circulated to Members.

**NOTE:** The link is reproduced below, for ease of reference.

<https://www.datanorthyorkshire.org/JSNA/articles/north-yorkshires-joint-strategic-needs-assessment-2019/>

### 133. North Yorkshire Joint Health and Wellbeing Strategy 2020/2025

Considered –

A report by Louise Wallace, Assistant Director, Health Integration, North Yorkshire County Council, which updated the Board on the development of the Joint Health and Wellbeing Strategy (JHWBS) for 2020-2025. She highlighted the following:-

- production of the JHWBS was one of the Board's statutory duties;
- the current Strategy was developed in 2015 setting out priorities until 2020;
- partners had worked well together to make good progress towards the stated outcomes. It was now time for a review of the Strategy and for the Board to set out its priorities for the next five years;
- Leaders across the NHS and Local Government had formed a System Leadership Executive (SLE) to shape priorities in the wider context of the developing West Yorkshire and Harrogate Health and Care Partnership and Humber, Coast and Vale Integrated Care System Work Programmes; and

- the proposal was that further work be undertaken to draft an aligned set of priorities for the SLE and the Board which will provide the basis for the draft North Yorkshire JHWBS 2020/2025.

The Chair said she hoped there would be some form of analysis of the progress made against the outcomes in the current JHWBS. Louise Wallace confirmed there will be.

**Resolved:-**

- a) That the Board note the work of the System Leadership Executive and the opportunity to develop an aligned set of priorities with the Board that will provide the basis of the draft North Yorkshire Health and Wellbeing Strategy, 2020-2025.
- b) That a summary of the progress made against the intended outcomes contained in the current JHWBS be undertaken and presented to a future meeting/forum.
- c) That consideration be given to the most appropriate way to present the above e.g. this could be to a wider gathering of stakeholders.
- d) That the draft JHWBS for 2020/2025 be considered at the July 2020 meeting of the Board, after realignment of priorities has been undertaken.

**134. Rolling Work Programme/Calendar of Meetings 2019/20**

Considered –

The latest Work Programme.

Patrick Duffy, Senior Democratic Services Officer advised that:-

- there would be an Item at the next scheduled meeting of the Board on 20<sup>th</sup> March 2020 summarising progress against the Board's Themes in 2019/2020 and suggesting Themes for consideration in 2020/2021;
- if Members had any suggestions as to Items for future meetings or Themes they should contact him; and.
- consideration of the draft Pharmaceutical Needs Assessment, which was a statutory duty of the Board to produce every three years, would need to be added to the Work Programme

**Resolved:-**

That the Work Programme be noted and that Members advise Patrick Duffy if they have any suggestions for Agenda Items or Themes for future meetings.

**135. Be Social, Be Well: A Strategic Framework to build relationships and tackle loneliness and social isolation in North Yorkshire 2020/2026**

Considered –

A final draft of the above document, together with a presentation by Leah Swain, Chief Executive of Community First Yorkshire, which had been circulated with the papers for the meeting.

Leah Swain highlighted the following:-

- Community First Yorkshire has been working with the Voluntary Sector , NHS, local authority partners and private businesses to develop a North Yorkshire wide, all ages, Strategy for Tackling Loneliness and a series of campaigns, toolkits and workshops.
- Community First Yorkshire had been asked to take this work forward.
- Determining where to start had been a challenge as there is so much research about loneliness, but a good basepoint had been the work produced by Kate Joplin for Age UK in 2015.
- It is important that the strategy is an all-age one, focusing on prevention. It was evident that a framework was required that would reach people experiencing loneliness; understand their specific circumstances and signpost them to appropriate support.
- Funding had been secured from the National Lottery Community Fund for £99,555 over a two year period to December 2020. The bid was the only successful one for developing a framework – all other successful bids related to delivery.
- Other funding partners include the County Council (Stronger Communities); DEFRA; Community First Yorkshire and in-kind support from the Public Health Team at the County Council;
- The Strategy is not stand-alone; it connects into several other initiatives across the county;
- Whilst North Yorkshire is an area with relatively high levels of happiness and a good reputation for the friendliness of its people, it does not necessarily follow that services are as connected as they could be.
- Progress so far included a *Staying Social, Staying Well* Quiz which had been viewed by over 1,000 people from July to December 2019 and, in association with the County Council's Public Health Team, data gathering and analysis to create a profile of loneliness across the County.
- the Framework has five ambitions:-
  - Eliminate stigma
  - Make connection easier
  - Build enlightened services
  - Foster meaningful relationships; and
  - Kindness in communities
- Loneliness is associated with key trigger points in people's lives. For example, children moving from primary to secondary school and bereavement. We need to think about how support can best be built in at these junctures.

In response to a question by Richard Webb, Leah advised that, if Members had any pressing comment to make, it would be appreciated if they could advise her of these as soon as possible and by 31<sup>st</sup> January at the latest.

Lincoln Sargeant felt that the strategic ambitions are sensible and added that what we do as a society is key, rather than seeing loneliness as an individual's issue. Every

incidence of loneliness has a context to it and as a society (commissioners, carers, etc.) we can help shape that context positively.

Richard Webb asked if, in terms of accessibility, there would be an easy read/summary version made available. Leah confirmed this would be the case.

Richard added that the Board would need to be have regard to the framework when reframing its priorities.

**Resolved –**

- a) That the Strategic Framework be endorsed, in principle, but if any Member has any pressing comment on the document they should inform Leah Swain as soon as possible, but by 31<sup>st</sup> January at the latest.
- b) That progress against the Framework be submitted to the Board.
- c) That the Board have regard to the Strategic Framework when drawing up/refreshing its priorities for 2020/2021.
- d) That a link to the *Staying Social, Staying Well* Quiz be circulated.

The meeting concluded at 3.45 p.m.

PD

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