



## Agenda

Notice of a public meeting of **North Yorkshire Health and Wellbeing Board**

**To: Councillors Michael Harrison (Chair), Janet Sanderson  
Amanda Bloor (Vice-Chair), Wendy Balmain,  
Jonathan Coulter, Stuart Carlton, Richard Flinton,  
Richard Foster, Shaun Jones, Ashley Green,  
Brent Kilmurray, Nancy O'Neill, Mike Padgham,  
Jillian Quinn, Sally Tyrer, Louise Wallace, Janet Waggott,  
Richard Webb and Lisa Winward.**

**Date: Monday, 28th November, 2022**

**Time: 10.30 am**

**Venue: Remote meeting via Microsoft Teams**

This is an informal meeting of the Committee that is being held remotely using MS Teams. Members of the public wishing to attend will be sent a link to the meeting, upon request. Please contact Patrick Duffy for further information (contact details below).

### Business

- 1. Welcome by the Chair**
- 2. Minutes of the meeting held on 25th May 2022** (Pages 3 - 8)
- 3. Apologies for Absence**
- 4. Declarations of Interest**
- 5. Public Questions and Statements**  
Members of the public may ask questions or make statements at this meeting if they have given notice and provided the text of their question or statement to Patrick Duffy of Democratic Services (*contact details below*) no later than midday on Wednesday 23<sup>rd</sup> November 2022. Each speaker should limit themselves to 3 minutes on any Item.
- 6. Director of Public Health Annual Report 2021/2022 - Louise Wallace** (Pages 9 - 30)

Enquiries relating to this agenda please contact Patrick Duffy, Principal Democratic Services Scrutiny Officer.  
Email: Patrick.Duffy@northyorks.gov.uk Tel: 01609 534546  
or e-mail

Website: [www.northyorks.gov.uk](http://www.northyorks.gov.uk)

7. **Updates from Integrated Care Partnerships** **(Pages 31 - 52)**
  - Humber and North Yorkshire: Amanda Bloor, Deputy Chief Executive / Chief Operating Officer and Wendy Balmain, Place Director for North Yorkshire
  - Bradford District and Craven Health and Care Partnership, Nancy O'Neill, MBE., Chief Operating Officer
8. **North Yorkshire Joint Health and Wellbeing Strategy - Louise Wallace, Director of Public Health** **(Pages 53 - 54)**
9. **Rolling Work Programme - 2022/2023 - Patrick Duffy, Principal Democratic Services Scrutiny Officer** **(Pages 55 - 58)**
10. **Next Meeting - Wednesday 18th January 2023 at 1.00 p.m.**
11. **Any other business which, in the opinion of the Chair, should be considered as a matter of urgency**

Barry Khan  
Assistant Chief Executive  
(Legal and Democratic Services)

County Hall  
Northallerton

Friday, 18 November 2022

## North Yorkshire Health and Wellbeing Board

Minutes of the meeting held remotely, via Microsoft Teams, on Wednesday 25<sup>th</sup> May 2022

Board Members	Constituent Organisation
<b>County Councillors</b>	
County Councillor Michael Harrison ( <b>Chair</b> )	Executive Member for Adult Social Care and Health Integration
County Councillor Janet Sanderson	Executive Member for Children and Young People's Service
<b>Clinical Commissioning Groups</b>	
Amanda Bloor	Accountable Officer, NHS North Yorkshire Clinical Commissioning Group and Chief Operating Officer (Designate), Humber and North Yorkshire Integrated Care System
Ali Jan Haider	Strategic Director, Keeping Well, NHS Bradford Craven and District CCG (substitute for Helen Hirst)
<b>Local Authority Officers</b>	
Stuart Carlton,	Corporate Director, Children and Young People's Service
Tony Clark	Chief Executive, Richmondshire District Council (substitute for Janet Waggott)
Louise Wallace	Director of Public Health, North Yorkshire County Council
Richard Webb	Corporate Director, Health and Adult Services, North Yorkshire County Council
<b>Elected Member District Council Representative</b>	
Councillor Richard Foster	Leader, Craven District Council
<b>Other Members</b>	
Ashley Green	Chief Executive, Healthwatch North Yorkshire
Jill Quinn	Chief Executive, Dementia Forward (Voluntary Sector Representative)
Jenny Sleight	NHS England and NHS Improvement (North East and Yorkshire), (substitute for Shaun Jones)
<b>Co-opted Members</b>	
Jonathan Foster	Chief Fire Officer, North Yorkshire Fire and Rescue Service
Naomi Lonergan	Head of Mental Health/Learning Disabilities, Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust (Substitute for Brent Kilmurray)
Lisa Winward	Chief Constable, North Yorkshire Constabulary (Emergency Services Representative)

**In Attendance (North Yorkshire County Council) unless stated:-**

Patrick Duffy (Legal and Democratic Services), Sheila Hall, Health and Adult Services

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

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## **1. Welcome by the Chair**

The Chair welcomed Members of the Board and any members of the public or media who may be viewing the meeting.

This is a remote meeting and he would be say more about formal/informal meetings later on the Agenda

He added that the full membership of the Board can be seen on the Council's website and there is a report on Membership at Item 7.

## **2. Appointment of Vice-Chair**

The Chair advised that, as a Statutory Committee, he is the Chair by virtue of having been appointed by the County Council, but the Vice-Chair is appointed by the Board. Amanda Bloor is the current Vice-Chair.

On being nominated and seconded, it was

### **Resolved -**

That Amanda Bloor be appointed Vice-Chair of the Board.

## **3. Minutes**

### **Resolved -**

That the Minutes of the meeting held on 18<sup>th</sup> March 2022 be approved as an accurate record.

## **4. Apologies for absence**

Apologies for absence were submitted by:

- Wendy Balmain, North Yorkshire Place Director, Humber and North Yorkshire Integrated Care System
- Jonathan Coulter, Chief Executive, Harrogate and District NHS Foundation Trust
- Richard Flinton, Chief Executive, North Yorkshire Council
- Helen Hirst, Accountable Officer, NHS Bradford District and Craven CCG
- Shaun Jones, Interim Locality Director, NHS England and NHS Improvement (North East and Yorkshire)
- Brent Kilmurray, Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust
- Mike Padgham, Chair, Independent Care Group
- Sally Tyrer, Chair, Yorkshire Local Medical Committee
- Janet Waggott, Assistant Chief Executive, North Yorkshire County Council and Chief Executive, Selby District Council

## **5. Declarations of Interest**

There were no declarations of interest.

## **6. Public Questions of Statements**

There were no public questions or statements.

## **7. Membership**

### **Considered –**

A report by the Assistant Chief Executive (Legal and Democratic Services) which asked the Board to confirm the current Membership, together with changes required to reflect the formal establishment of Integrated Care Systems (ICS), with effect from 1st July 2022.

Patrick Duffy, Principal Democratic Services and Scrutiny Officer, presented the report and advised that the Board comprises statutory and non-statutory Members. The term of office for non-statutory Members expires this month. Therefore, he had been in contact with those partners to ask who they wish to represent them.

He added that:-

- The position, as stated in the Appendix to the report, is largely unchanged. The main changes are:-
  - The Integrated Care Systems/Partnerships, which will replace Clinical Commissioning Groups from July – with two representatives from Humber and North Yorkshire and one from West Yorkshire
  - There are now just two, rather than three, elected County Council representatives as the Public Health portfolio has transferred to the Chair
  - The Emergency Services representative will now be Lisa Winward, the Chief Constable for North Yorkshire Police
  - Jonathan Coulter, Chief Executive at NHS Harrogate and District NHS Foundation Trust, is now the representative of Acute and Community Hospital Trusts
- There was just one update to the published report. He had now been advised that Nancy O'Neill, Chief Operating Officer, Bradford, District and Craven Health and Care Partnership, will represent West Yorkshire ICS, with Ali Jan Haider, Strategic Director, Keeping Well, representing the Partnership when Nancy cannot attend.
- Discussions are taking place between the District Council Leaders and Chief Executives to ascertain who their respective representatives will be. If there is any change to the current position, he will report this to the next meeting.

The Chair added that the Board attempts to find a balance between ensuring representation across the Sectors, whilst avoiding the numbers becoming unwieldy. However, when the Board holds informal Workshop Sessions, there is a range of attendees that is broader still.

NOTED

## **8. Humber and North Yorkshire Integrated Care Board**

### **Considered –**

A verbal update by Amanda Bloor, which updated Members on the developments for Humber and North Yorkshire Integrated Care Board (ICB).

Amanda highlighted the following:-

- The Health and Care Act has now received Royal Assent. This is a key milestone in terms of the establishment of the Integrated Care Board from 1<sup>st</sup> July 2022.
- From 1<sup>st</sup> July 2022, Integrated Care Boards will be placed on a statutory footing and CCGs disestablished. CCGs have been represented on the Board – this will now be through the two Integrated Care Boards
- The Humber and North Yorkshire Integrated Care Board is in a good state of readiness and a number of key appointments have been made. Simon Morrill, Chief Executive of York and Scarborough NHS Foundation Trust, has been appointed as the Hospitals Partner and Wendy Balmain has been appointed as Place Director for North Yorkshire. Wendy has enormous knowledge of, and background in, North Yorkshire.
- A lot of work is going on to develop place arrangements.
- In terms of next steps, the final Readiness Checklist is being worked through. The Integrated Care Board has met in shadow form and will meet on 1<sup>st</sup> July 2022 to formalise arrangements. This is when appointments will be formalised having, until now, been designate.
- The Integrated Care Partnership will be the engine room for integration work.

The Chair stated that he is mindful that, whilst the majority of the geography of North Yorkshire feeds into the Humber and North Yorkshire Integrated Care Board, we do face over to West Yorkshire and he asked Richard Webb to comment on how this works from the Health and Wellbeing Board's perspective. Richard advised that the County Council and Craven play into the West Yorkshire Integrated Care Board. He, Louise Wallace and Paul Shevlin (Chief Executive of Craven District Council) are part of the Bradford and Craven Partnership and he represents the County Council on the Integrated Care System Executive Group. We also have links into Lancashire and South Cumbria for people living in Bentham and Ingleton.

Councillor Richard Foster felt that it would be helpful if an update could be provided on the West Yorkshire Integrated Care System/Partnership at future meetings, so that Members are aware of what is occurring there. The Chair concurred.

Ashley Green, Chief Executive of Healthwatch North Yorkshire, informed Members that Healthwatch are linked into the new structures for both Integrated Care Systems.

NOTED.

## **9. Work Programme**

### **Considered –**

A rolling Work Programme, presented by the Principal Democratic Services Scrutiny Officer.

Patrick Duffy stressed that the Work Programme is fluid, as circumstances change. It is open to any Member to input into it. Therefore, if any Member feels that something should be added, they can advise of this now or contact me between meetings. In that regard, he confirmed that he had noted Councillor Richard Foster's point that there should be an update for West Yorkshire and Harrogate ICS as well as for Humber and North Yorkshire ICB.

Looking at the draft Agenda for the July meeting. Clearly, there are too many Items provisionally scheduled. Consideration as to which of these need to be rescheduled will be made at the next Agenda setting meeting.

The Chair reiterated that he and the Vic-Chair did not want the Board to receive reports for noting as this does not represent a good use of people's time. The concentration would be on cross sector working and health improvement

**10. Any other business which, in the opinion of the Chair, should be considered as a matter of urgency**

There was none. The Chair however mentioned that, as a formal Committee of the County Council, the Board has to adhere to various provisions as to the holding of meetings. Therefore, formal decision-making meetings must be held face to face but, where decisions are not required, an in person meeting is not required. He recognises that there are benefits to meeting remotely and therefore that is the intention. It will not be an exclusive approach though, as there are also benefits to meeting in person, in terms of networking. Essentially, a pragmatic view will be taken.

**11. Next Meeting**

The Chair confirmed that the next meeting will be on Friday 29<sup>th</sup> July at 10.30 a.m.

The meeting concluded at 12.15 p.m.

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**28<sup>th</sup> November 2022**

**Director of Public Health Annual Report 2021-2022**

**Report of the Director of Public Health**

## **1.0 Purpose of report**

1.1 The purpose of this report is to introduce the Director of Public Health Annual Report 2021-2022: Lessons learned from the COVID-19 pandemic.

## **2.0 Background**

2.1 The Director of Public Health has a duty to write a report, whereas the local authority's duty is to publish it (under section 73B(5) & (6) of the 2006 Act, inserted by section 31 of the 2012 Act). The content and structure of the report may be decided locally.

## **3.0 Content of the Annual Report**

3.1 The Director of Public Health Annual Report for 2021-2022 considers the following:

- Health in North Yorkshire today
- Continuing the COVID-19 response
- Impact of COVID-19
- Lessons learned
- Recommendations
- Progress on past recommendations

3.2 The report considers the lessons we, and others, have learnt over the last two years whilst focusing on the impacts of these lessons and how we will continue to improve and protect the health of our population. We reflect on the key timeline events throughout the pandemic from policy changes to infection rates, and how we responded locally.

3.3 Throughout the report, we have included summaries of community conversations and examples of people's creativity. Community engagement was a major element of the research for this report, carried out with a broad range of organisations and community groups, plus consideration of engagement undertaken during the pandemic.

3.4 There are also four ‘Spotlight’ pieces to accompany the main report, going into more detail on:

- People’s ‘three wishes’ for the future (illustration)
- People’s creativity in response to the pandemic
- People’s experiences with Community Support Organisations
- Historical examples of infection prevention

3.5 The report will shortly be published on the North Yorkshire Partnerships website and publicly launched via a press release.

#### **4.0 Recommendation**

4.1 That the Health and Wellbeing Board notes the content of the Director of Public Health Annual Report 2021-2022 and considers its recommendations in its strategic planning.

Louise Wallace  
Director of Public Health

County Hall  
NORTHALLERTON

16 November 2022

*Report Authors:*

*Louise Wallace, Director of Public Health*

*Shanna Carrell, Equalities Manager, Health and Adult Services*

# North Yorkshire Director of Public Health

## Annual Report 2021-22

### Lessons learned from the COVID-19 pandemic




# Introduction

- Community conversations and learning from engagement
- Health In North Yorkshire today
- Continuing the COVID-19 response
- COVID-19 Peer Challenge
- Impact of COVID-19
  - Health, long-COVID, mental health, public health services, social care, education, economy, community, inclusion health
- Lessons learned
  - Pandemic preparedness, improving population health, environment, inequalities, community support, communications, Living with COVID
- Recommendations
- Update on previous recommendations
- Thank you

# Community conversations and learning from engagement

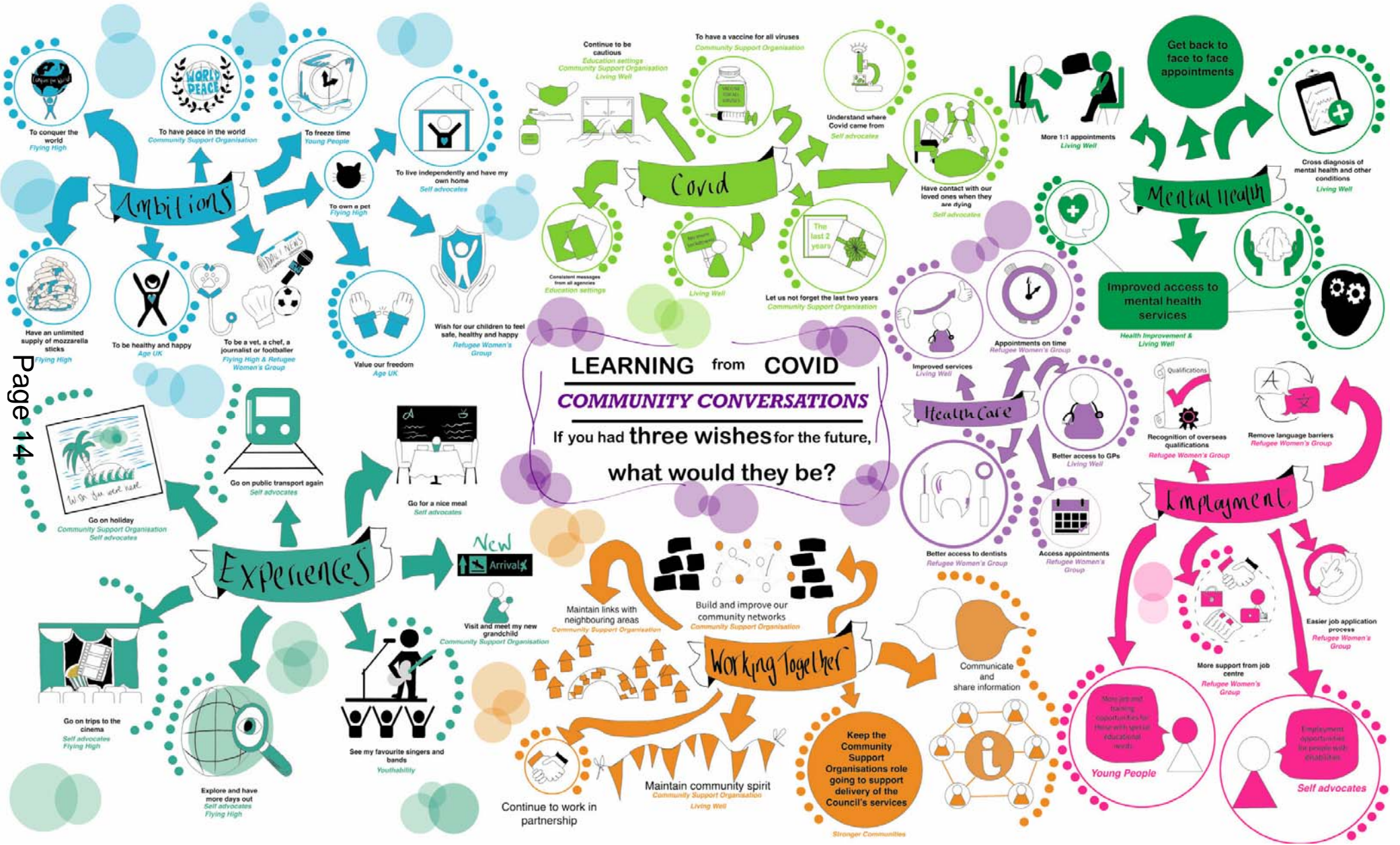
- Community voice and experience of the pandemic used throughout
- *We may have all been in this together but our individual experiences are quite different, and yet by talking together, we find that there are so many similarities*
- Three wishes, conversations with partners and groups, creative work to share experiences of pandemic, qualitative feedback...

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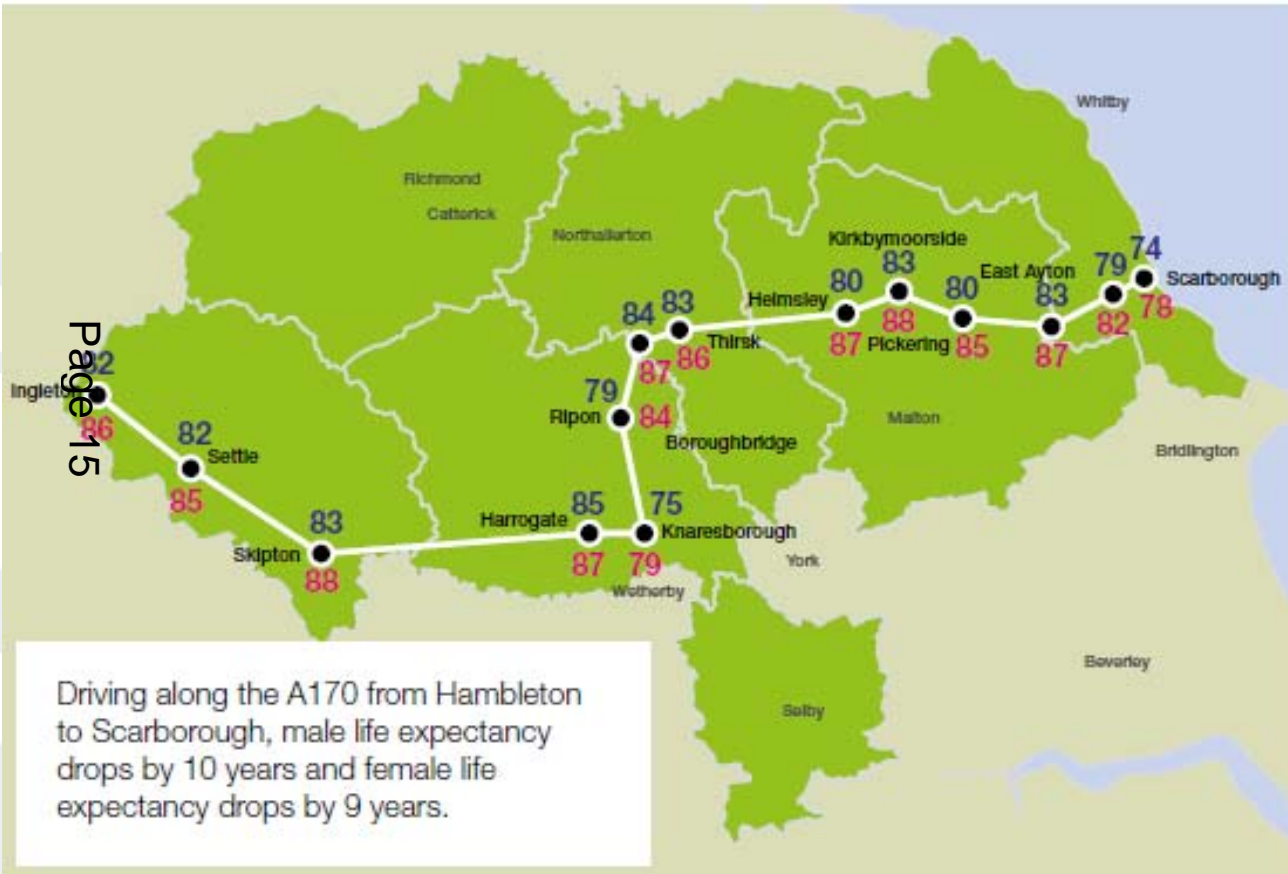


It came from overseas, put us into lockdown  
I never thought Covid would arrive in this small town  
I felt annoyed I wasn't given the information  
About why we had to stay in isolation  
My whole world turned upside down  
In bed all day and it is night I am around  
Didn't take long until I started getting bored  
Our questions to the government just keep being ignored  
Gaming was my way to socialise with my mates  
The only way from these walls I could escape  
Back to school now, my lockdown had stopped  
It was a shock to my body clock  
Finally going back to school, felt like a dream  
Being around other's boosted my self esteem  
It feels so important to be around different faces  
Virtual is fine but we need to be in the same places  
*Rap written by young person working with NYCC Youth Voice Team*

*"I think the pandemic and aftermath showed that people need to pull together more. It's the small things you can do to show that you are thinking of others. It's a big lesson; we need each other and mankind too often forgets that. We need to make sure that now things are getting back to normal, we try not to forget that lesson as we so often do when something blows over. We need to listen to people more; we were always designed to be a collective and not an individual."* CSO recipient

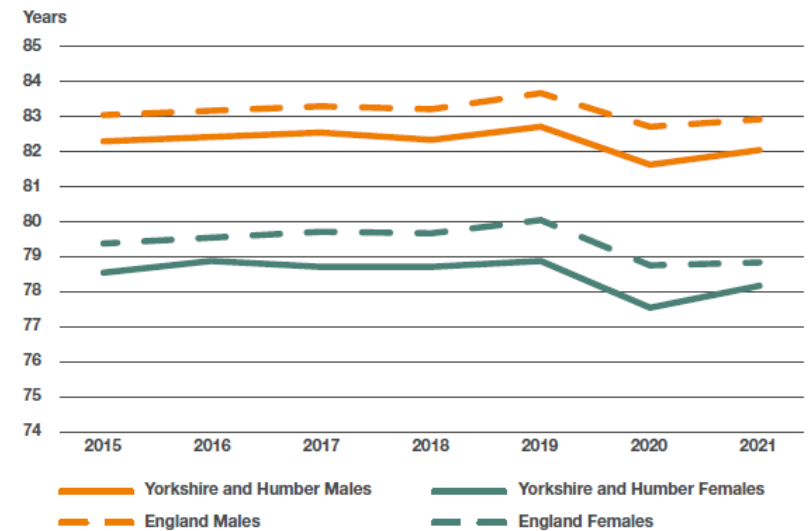


# Health In North Yorkshire today

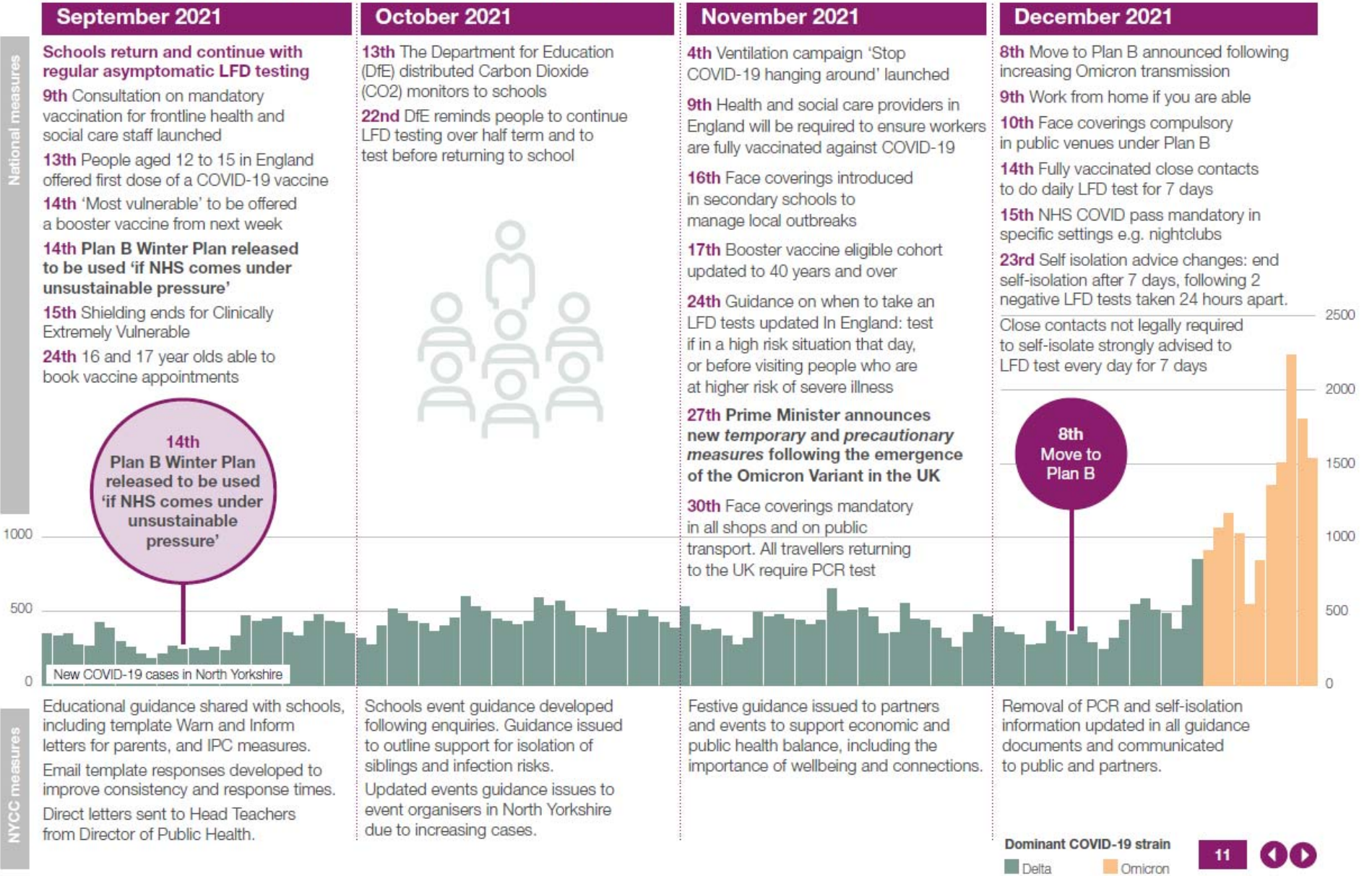


Life expectancy at birth in England and Yorkshire and Humber region (January to December 2015-21)

Source: OHID



# Timeline of COVID-19 September 2021 to December 2021





# Continuing the COVID-19 response

- Multi-agency collaborative response
- Outbreak management hub
- Local outbreak plan updated in March 2021
- 1. Continuing to respond to incidents and outbreaks across a range of settings and communities, with greater focus on a centralised (but expandable) Hub delivery model;
- 2. Continuing to develop local test, trace and isolate capabilities, working alongside regional and national teams to develop a sustainable but flexible model;
- 3. Ensuring we have the resilience to respond to new challenges including enduring transmission, new variants of concern, and potential spikes in prevalence as the government roadmap progresses;
- 4. Focus on addressing both the direct and indirect worsening of health inequalities from COVID-19, including targeted work around vaccination roll out;
- 5. Ensuring that appropriate governance, resourcing, communications and data are in place to enable and support all of the above.
- **Vaccination rollout**

## VACCINATION DAY

### Poem by Gladys Hall

A few days ago I received invitation  
To go into Harrogate for first vaccination  
So son-in-law came to collect me by car  
To go to the Show ground (which isn't too far)  
It was sign-posted well and he waited for me  
While I went to Hall 2, had injection for free.  
It was organised well and, after the jab  
And a quarter-hour wait, it made me feel fab  
To know first vaccination's over and done  
To stop the dread virus and another long run  
Of illness, uncertainty, heartache and fear –  
We look forward in hope to a much improved year.  
Without social distancing and self isolation  
The future looks bright, p'raps a summer vacation?  
But it takes three more weeks to build up immunity  
So must stick to the rules, protect our community,  
Keep pulling together, look after each other  
Whether parent or friend, granny, sister or brother.  
So perhaps it is time for a small celebration  
And rejoice in the day of my first vaccination  
And to those in the village still having to wait  
I hope you'll soon have Astra-Zeneca date.

From [Bishop Monkton Yesterday \(local history group\)](#), ['Images of Isolation' social history project](#)

# COVID-19 Peer Challenge

- LGA peer challenge, September 2021
- Recommendations included:
  - Maintain public health messages to the public and continue to develop communications with internal and external partners
  - Continue to invest in health protection and developing public health across the system
  - Embed the transformative, collaborative and empowered ways of working as part of local government reform
  - Create space for those involved in the response to reflect, recharge and acknowledge their achievements

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*“NYCC is rightly proud of – and should celebrate – what it has achieved at such pace in incredibly challenging and turbulent circumstances. As NYCC and its Districts and Boroughs navigate the next stages of the pandemic, they do so whilst simultaneously managing transition to a unitary structure. This is likely to bring issues such as resilience, wellbeing, and capacity into even starker focus than for other authorities. There is nevertheless optimism that closer operational collaboration and achievements during the pandemic can provide a positive foundation to build on for the changes and challenges to come.”*

LGA, 2021

# Impact of COVID-19

- Direct or indirect
- Short term or long term
- Positive or negative
- On individuals or on wider society
- Related to health, or related to wider factors such as education or the economy

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*“The pandemic has exposed and amplified underlying inequalities in society.*

*Health Inequalities are the result.*

*Tackling the social causes of health inequalities is even more urgent now.”*

Michael Marmot, 2020



# Health Impacts

## Direct impacts of COVID-19 infection

Long term

Short term

### Long COVID

Increased risk of chronic conditions e.g. cardiovascular disease, diabetes, pulmonary embolism, atrial arrhythmias, venous thromboses

Impact on mental health e.g. Post-traumatic Stress Disorder (PTSD) following Intensive Care Unit (ICU) admission

### Variable illness

No symptoms



Minimal symptoms



Hospitalisation



Death



Individual

Long-term impact of staff shortages from repeated COVID-19 infections, long COVID and increased levels of other chronic conditions

Staff burnout and long-term workforce pressures

Increased levels of care needed for secondary health impacts of COVID-19 e.g. strokes, diabetes, long COVID

Staffing shortages in health and care workforce due to infection levels



Population

## Indirect impacts of the pandemic

### Negative impacts

- Physical and social deconditioning
- Mental health:
  - exacerbate existing conditions
  - increased loneliness and isolation
  - fear/anxiety about pandemic
  - loss/bereavement/grief
- Increased obesity levels (all ages)
- Increased alcohol consumption
- Family violence and abuse, safeguarding
- Disruption to physical activity behaviours

- Access to health and social care:
  - Suspension of secondary care
  - Reduction in planned admissions
  - Disrupted care for long-term conditions
  - Cancer screening and treatment activity reduced
  - Availability of Adult Social Care
  - Routine immunisation access and uptake

- Backlog in planned care, increased waiting lists
- Reduced hospital capacity to manage other patients
- Avoidance of seeking help for other conditions leading to late presentation and more severe illness
- Staff burnout, leaving jobs, redeployment

### Positive impacts

Daily exercise in early lockdowns



Increased motivation among smokers to quit and stay smoke free

Improvements in telemedicine and digital health



Discharge to Assess



Social cohesion and Civic Participation



Reduction in social disorder

# Health Impacts

- Significant impact on the health of the population
- *Regardless of severity of infection, the risk of many other health problems such as diabetes and stroke increases following COVID-19 infection*
- Other impacts on health include, increased alcohol intake, increased obesity rates, worsening mental health, physical deconditioning, reduced physical activity.
- Indirect impacts such as routing access to healthcare, longer waiting lists
  - *6-million 'missing patients' did not seek treatment in 2020 – The Health Foundation*
- Health and care staff continue to be particularly affected by COVID-19 infections, Long COVID and burnout, leading to continued workforce pressures
- **Long COVID**
  - *"It's that like awful feeling of when is this going to end? When am I going to start to feel normal again or what if I never feel normal again and it's really [...] the depths of despair worrying about the future because you don't know what the future holds."*
- Social care services and people in receipt of care have been **disproportionately affected by both the direct effects of COVID-19 and the wider impacts of the pandemic**

# Wider Impacts

## Direct impacts of COVID-19 infection

Long term

Short term

Loss of income/job if unable to return to work

Academic attainment and career prospects

Loss of education whilst isolating

Loss of pay whilst isolating

Less healthy workforce, with long-term risks around repeat infections and susceptibility to other infections

Short term issues with business continuity due to high staff infection rates



Individual



Population

## Indirect impacts of the pandemic

### Negative impacts

- Furlough, job losses, increased debts
- Rise in domestic abuse
- Missed education and educational attainment
- Household income reduction
- Housing security and quality
- Digital Access
- Food security
- Impaired social attainment in children

- Widening inequalities
- Large sectors of economy shut for considerable time (e.g. hospitality)
- Disruption to education affecting social and academic attainment
- Impact on house prices in desirable areas due to increased working from home
- Economic impact, economic crisis

### Positive impacts

Flexible working improving work/life balance (for those who can)

- Economic measures to support most affected groups e.g. uplift to Universal Credit, furlough scheme
- Reduction in Air Pollution
- Adaptation of business models to allow flexible working, increased focus on safe working conditions
- Climate benefits from decreased travel
- Spending more money locally including local tourism
- Digital acceleration beyond healthcare
- Increase in community cohesion in early pandemic

# Wider Impacts

## Education

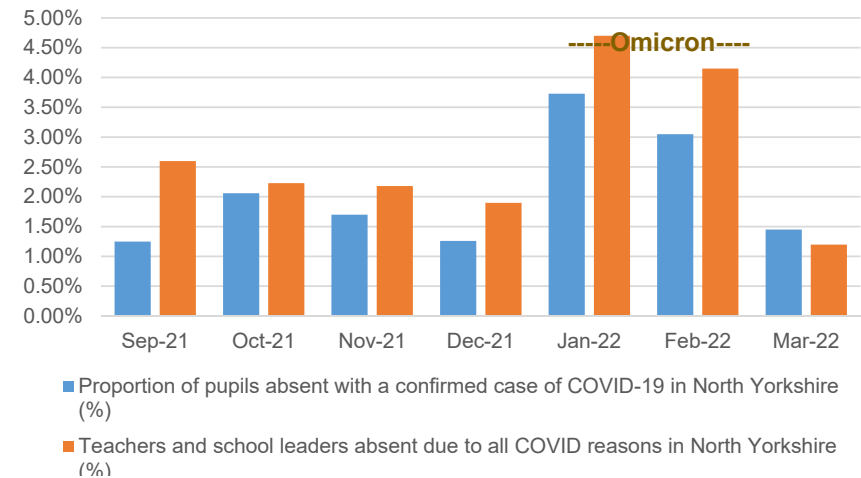
- Disruption risks widening the gap in future health outcomes and prospects, with children from disadvantaged backgrounds more significantly affected
- “Understanding and implementing government guidance has been really challenging, and the short notice meant it was very difficult to plan and communicate. Added to this were high staff absences and supply agencies were unable to fill the gaps. ... we never use the phrase ‘living with COVID-19’ as so many people have suffered personal tragedy or are still at risk.”*

## Economy

- In North Yorkshire, at the peak of lockdown nearly 25,000 out of 32,000 jobs in accommodation and food services and 6000 out of 8000 jobs in arts and entertainment had been furloughed
- The Great Yorkshire Show; “The pandemic forced us to change the way we did things at the Show and there was not one section of the Great Yorkshire Show that was unchanged. This pressed a reset button on our whole operations and some of these changes were so successful, they are here to stay.”*

OFFICIAL - SENSITIVE

COVID-19 absence data in North Yorkshire schools September 2021 – March 2022



# Wider Impacts continued

- Community
  - Some impacts were felt more strongly by specific communities
  - Despite this, communities themselves responded together = created increased community cohesion
- Community Support Organisations *legacy*
- Inclusion Health
  - COVID-19 has **widened existing health inequalities**, many of which were among these higher risk groups, including people who experience homelessness, asylum seekers and refugees, and Gypsy, Roma and Traveller communities.
  - Disabled people have been differentially affected by COVID-19
    - the increased risk of poor outcomes from the disease itself,
    - reduced access to routine health care and rehabilitation,
    - and the adverse social impacts of efforts to mitigate the pandemic (Shakespeare et al. 2021)
  - **Digital accessibility**

*“Local knowledge and that feeling of community was a key ingredient – this wasn’t something we were being told to do, it was something we wanted to do.”*

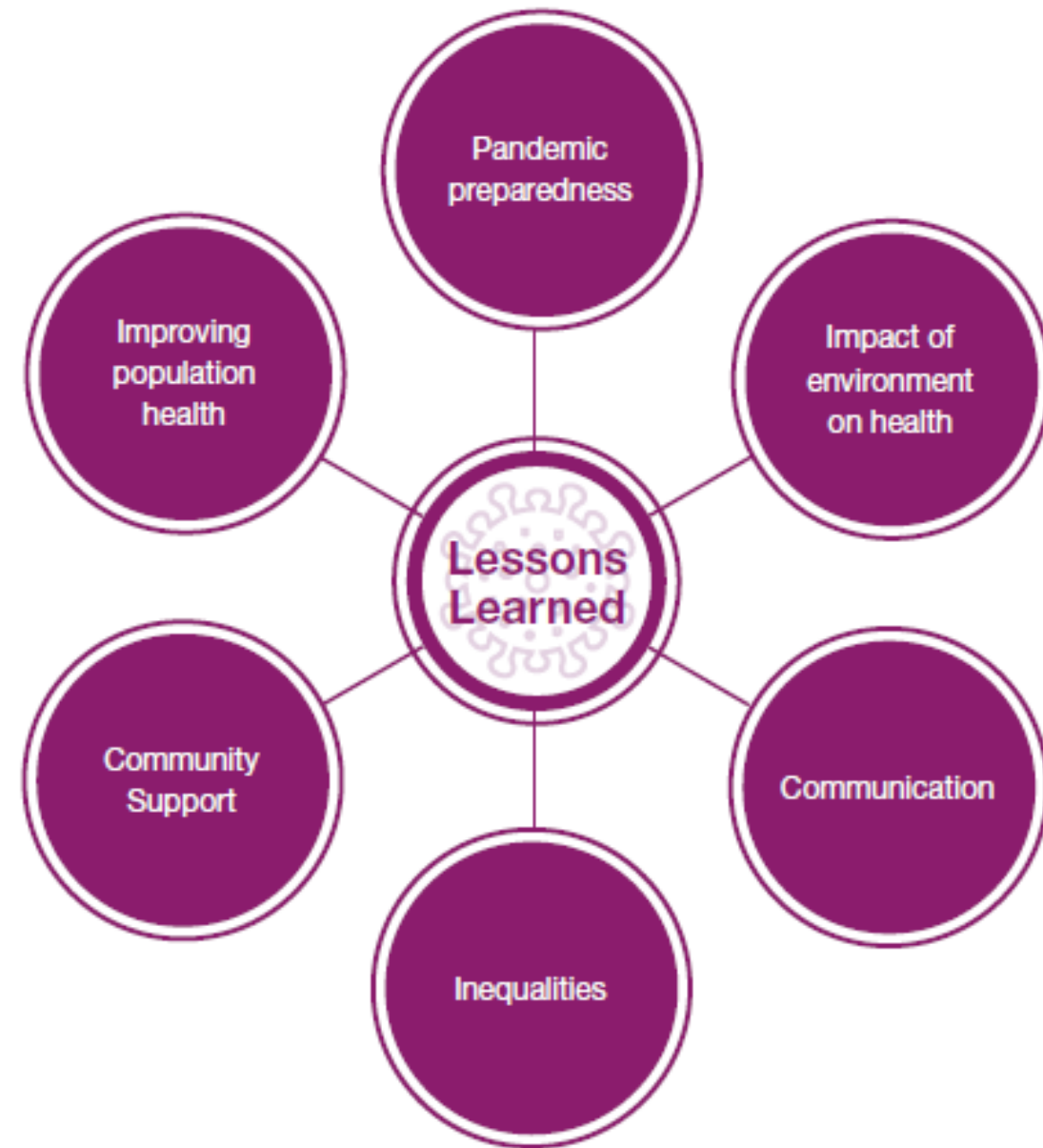




# Lessons Learned

- Learned a **lot** about how to respond to a pandemic
  - Also learnt about ourselves, our society, what we value, and what is valuable in terms of protecting and improving health and wellbeing
- Pandemic is not over, will take many years for true impact to be known

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# “Living with COVID-19”

- National plan announced in February 2022
  - Shifted balance from government-enforced COVID-19 mitigations to individual responsibility
  - Cases of COVID-19, and burden of illness, have remained high in UK and North Yorkshire
  - Continued disruption
  - **Prevention guidance remains key!!!**
- The focus on individual responsibility for individual health overlooks the fact that for COVID-19 (and other infectious diseases) individual behaviour affects the health of other people
- Some people have even greater capacity to affect the health of others, for example business owners who can act to improve indoor air quality, maintain good infection-control practices and offer sick pay to keep infectious staff at home
- Societies function best when people look out for their neighbours, not just themselves.
- **We must therefore acknowledge the challenges and the lessons learnt, applying a partnership approach to the ongoing, and new, challenges we face**

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## Preventing the spread of COVID-19



### 1. Keep the air clean

Open windows to let fresh air circulate. Use air filtration or purification systems indoors where available.



### 2. Wear a face covering in enclosed, crowded spaces

Better grades of face masks will offer better protection.



### 3. Stay at home if you are unwell

If you have symptoms of COVID-19 take a COVID-19 test if you are able and avoid contact with other people, particularly those who are at higher risk of severe disease.



### 4. Maintain good hand and respiratory hygiene

Wash your hands regularly with soap and water, or use hand sanitiser if washing facilities are not available. Cough or sneeze into a tissue rather than your hand, and dispose of the tissue in a bin.



### 5. Get vaccinated

Make sure you are up to date with COVID-19 vaccinations, including booster doses where eligible.

# Recommendations

## Health Protection

- Review system resilience and pandemic preparedness measures, including COVID-19 step up measures
- Improve local health protection assurance processes, including monitoring and reporting
- Promote uptake of COVID-19 vaccination and all routine immunisations
- All organisations to ensure effective support mechanisms are in place for staff responding to significant incidents, workload pressures or traumatic events to reduce the risk of work-related stress and burnout

## Improving Population Health

- Continue to focus on prevention, both for infectious diseases and wider preventable causes of ill health
- Raise awareness of Long COVID and the need for appropriate support to the public and to employers
- Highlight the impact of the pandemic on wider aspects of health, including mental health
- Work with partners to tackle physical and social deconditioning

## Health and the environment

- Highlight the benefits of clean air, both indoors and outdoors, and share knowledge on how to improve air quality
- Work with partners to develop healthy indoor spaces that are accessible, climate resilient and minimise the risk of disease transmission
- Support equitable access to green space

# Recommendations continued

## Inequalities

- Continue to keep health inequalities central to public health work, including championing inclusion health for key groups such as vulnerable migrants and Gypsy, Roma, Traveller communities
- Public health, NHS and wider partners to consider the specific rural and coastal health inequalities affecting North Yorkshire when planning services
- Work with partners to develop inclusive and sustainable approaches

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## Community Support

- Continue to develop Community Support Organisations as key community partners
- Continue to promote NYLAF and other assistance funds to support individuals facing key challenges such as COVID-19 isolation and the cost of living crisis
- Health, care and community services to maintain the recognised benefits of both face to face and digital aspects of service delivery and support

## Communication

- Maintain improved relationships with partners through continued good quality communication, including 'acting as one' on key shared messaging
- Use an appropriate mix of communications channels and formats to target messages to the right audience(s)
- Ensure accessibility is a core feature of essential communications
- Further develop behavioural science work to support health and wider communications



Directors of Public Health  
**175 Years**  
— 1847 - 2022 —

This year the Association of Directors of Public Health are celebrating 175 years since the appointment of the first Medical Officer for Health (now known as Directors of Public Health). Public health success stories from across the country are being shared though [@ADPHUK](https://twitter.com/ADPHUK) and [#DPH175](https://twitter.com/ADPHUK).

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**Humber and North Yorkshire**  
Health and Care Partnership

## **North Yorkshire Health and Wellbeing Board**

**28 November 2022**

### **Update from the Humber & North Yorkshire Integrated Care Board**

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Humber and North Yorkshire:

Amanda Bloor, Deputy Chief Executive / Chief Operating Officer  
Wendy Balmain, Place Director for North Yorkshire

Agenda Item 7



**Humber and North Yorkshire**  
Health and Care Partnership

# Part 1: Humber & North Yorkshire ICB

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Amanda Bloor, Deputy Chief Executive / Chief Operating Officer



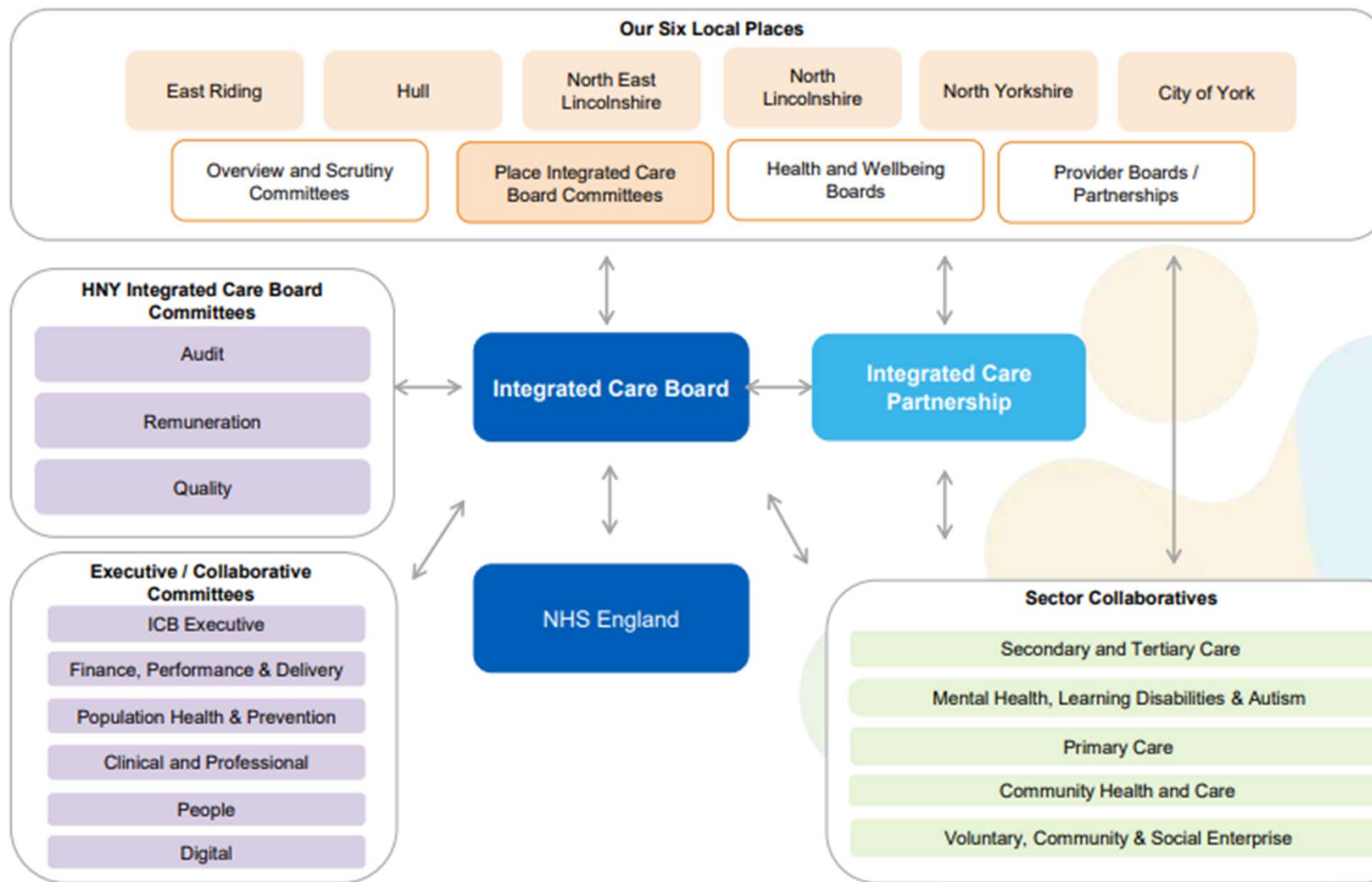
# Overview of Integrated Care Systems

- Integrated Care Systems (ICSs) are a collaboration of health, social care, community and charitable organisations. The **four key aims of the ICS** are to:
  - improve quality of services and outcomes in population health and healthcare
  - tackle inequalities in outcomes, experience, and access
  - enhance productivity and value for money
  - help the NHS support broader social and economic development.

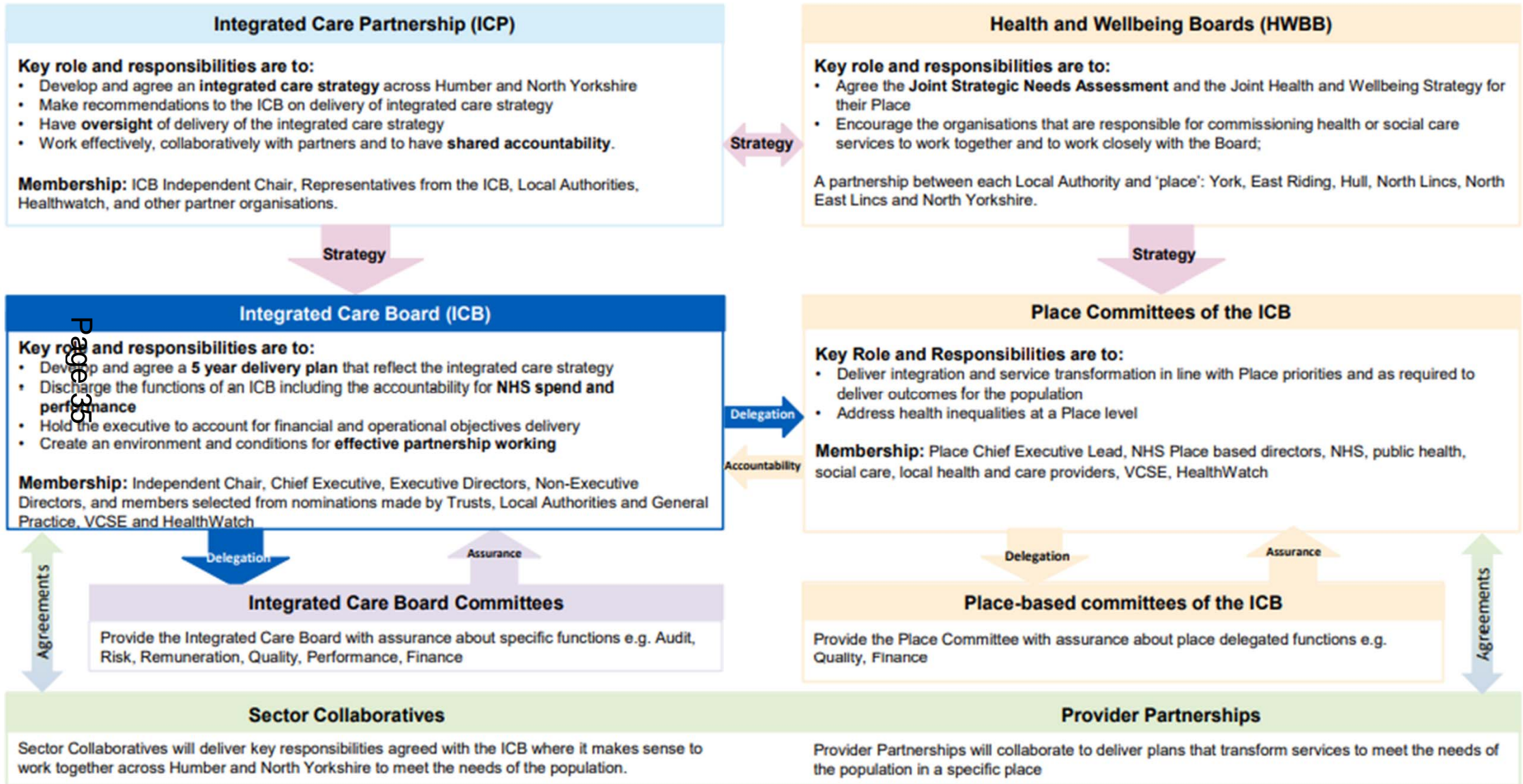
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The **Integrated Care Board (ICB)** is the **statutory organisation** accountable for HNS spend and performance, formally established 1 July 2022. The **HNY ICB has 6 Places**, which are recognised as the key building blocks for delivery.

- The geography of **North Yorkshire falls into two ICSs** – Humber and North Yorkshire, and West Yorkshire.



# Humber and North Yorkshire: Functions and Decisions Map



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**Humber and North Yorkshire**  
Health and Care Partnership

## **Part 2: North Yorkshire Place**

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Wendy Balmain, North Yorkshire Place Director

## North Yorkshire Place – who we are

- North Yorkshire is one of the six Places which constitute the Humber and North Yorkshire (HNY) Health and Care Partnership.
- Largest geographical coverage and largest population of all six Places in HNY at 550K
- Population includes approx. 116,000 from the Vale and Selby area (formerly part of Vale of York CCG)
- While the NY Place Shadow Joint Committee is now formally recognised as part of the ICS – the membership reflects an executive group that has been working closely together since 2019
- The Place Shadow Joint Committee recognises the many different communities within North Yorkshire with differential needs and these will be recognised in how we organise ourselves to develop plans and deliver services

Member	Organisation
Richard Flinton (Chair), Chief Executive,	North Yorkshire County Council
Ali Jan Haider, Strategic Director	West Yorkshire Integrated Care Board
Brent Kilmurray, Chief Executive	Tees, Esk and Wear Valleys NHS FT
Gary Fielding, Corporate Director of Strategic Resources	North Yorkshire County Council
Jane Colthup, Chief Executive	Community First Yorkshire
Jonathan Coulter, Chief Executive	Harrogate and District NHS FT
Louise Wallace, Director of Public Health	North Yorkshire County Council
Mark Bradley, North Yorkshire Place Finance Director	HNY Integrated Care Board
Michele Moran, Chief Executive	Humber Teaching NHS FT
Richard Webb, Corporate director of Health and Adult Services	North Yorkshire County Council
Robert Harrison, Managing Director	South Tees Hospitals NHS FT
Sally Tyrer, PCN Clinical Director	North Yorkshire and York Primary Care Collaborative
Simon Morritt, Chief Executive	York and Scarborough Teaching Hospitals NHS FT
Stuart Carlton, Corporate Director of Children's and Young People's Services	North Yorkshire County Council
Sue Peckitt, North Yorkshire Place Nurse	HNY Integrated Care Board
Wendy Balmain, North Yorkshire Place Director	HNY Integrated Care Board

## A comprehensive and integrated health and social care model Wendy Balmain & Richard Webb

**WHAT DOES GOOD LOOK LIKE**

- Partnerships that understand and respond jointly to the needs of their communities.
- Increase in people living independently or managing safely at home/care setting.
- People are supported to live in a broad range of housing that meets their circumstances.
- Increased care provided closer to home, with a sufficiency of supply of community health, mental health and social care services.
- Public will access urgent care through the most appropriate entry-point and receive care through a new and integrated skill-mix
- Acute and mental health delivery operating much more in the community, coexisting with primary and social care.
- Significantly reduced delayed discharges into community care (whether nursing, residential or domiciliary care).
- Reduced need for acute beds for urgent care and for 24/7 residential and nursing beds.

**KEY ACTIONS**

- Enable 4 Local Care Partnerships that bring different providers together to lead the design of the local integrated model
- Develop a co-ordinated urgent care community response, utilising urgent care, crisis response services and virtual wards
- Embed principles from Fuller review with primary care, LA, NHS, VSCE and community partners to build relationships and neighbourhood operational delivery models, based on the principles of MDT working and consistent 'any door' access
- Develop a consistent and integrated model for intermediate care
- Support Enhanced Health in care homes and joint work through the Quality Improvement Team to improve responsiveness and quality and reduce variation
- Ensure a greater emphasis on self-help, prevention and PHM
- Deliver the community Mental Health transformation programme to offer whole-person, whole-population health approaches which are integrated and aligned with Primary Care Networks
- Improve the lives of children, young people and adults with a learning disability and/or autism who display behaviours that challenge, including those with a mental health condition
- Ensure a strengthened role for the VCSE

## A high quality care sector, with sufficient capacity to meet demand Abi Barron & Sue Peckitt

**WHAT DOES GOOD LOOK LIKE**

- Increase in people living independently.
- Higher recruitment and retention levels across health and social care.
- Learning from incidents and safeguarding reviews is embedded in working practice.
- A care market sustainable for providers and affordable for commissioners and service users.
- Reduced reliance on acute beds and 24 hour nursing/residential care – Home First approach.
- Enhanced community care capacity that can flex to prevent avoidable hospital admissions and facilitate timely hospital discharge.

**KEY ACTIONS**

- Shaping the care market through the transformation of Approved Provider Lists – consider impact of social care funding levy and cap.
- Recruitment and retention of care staff through attractive pay, training and career development.
- Develop innovative models for domiciliary care, including care built on community strengths.
- Undertake fair cost of care exercises for domiciliary care and implement actual cost of care for residential /nursing care to deliver a sustainable care market.
- Work with care providers to implement the national charging reforms for adult social care and the next phase of the NHS discharge pathway.

## A strong workforce Jonathan Coulter & Polly McMeekin

**WHAT DOES GOOD LOOK LIKE**

- Sufficient trained and motivated staff to meet demand through:
  - Positive narratives about the various different roles and professions.
  - Increasing numbers of people being recruited.
  - Range of innovative, possibly even joint funded, posts to help bridge gaps and/or break down silos (e.g. part primary care / community, or part health / social care).
  - Apprenticeships and career pathways across health and social care.
- High recruitment and retention levels of all care staff.

**KEY ACTIONS**

- Develop more balanced/varied roles and better work/life balance, wellbeing support, appropriate rewards.
- Develop innovative approaches to recruitment.
- Develop innovative workforce models.
- Innovative use of technology to support staff.
- Identify opportunities for cross sector working and roles.
- Support international recruitment across sectors.

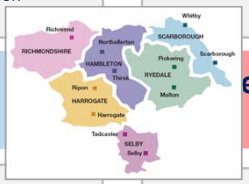
## Prevention and public health: Adding life to years and years to life Louise Wallace and Dr Bruce Willoughby

**WHAT DOES GOOD LOOK LIKE**

- Narrowing of the gap in health inequalities between the least deprived areas compared with the most deprived areas across North Yorkshire.
- Increase in overall healthy life expectancy across the County.
- Improved physical health of people with mental health conditions or a learning disability
- Narrowing of the gap in healthy life expectancy between the people in the least deprived areas compared with those in the most deprived areas across North Yorkshire.
- Having a clear, resourced strategic plan with dedicated staff to implement.

**KEY ACTIONS**

- Commission and provide high quality, accessible prevention, mental health and primary care services.
- Support people to maintain good mental health with timely access to effective primary, secondary and specialist services when needed.
- Support people to be physically active across all ages and stages of the life course.
- Influence through the strength of the partnership the wider determinants of health with a particular focus on coastal communities.
- Promote and invest in stronger communities and strategic commissioning of the VCSE.
- Engage with people in a dialogue about self-care, early help, loneliness and using digital tools.

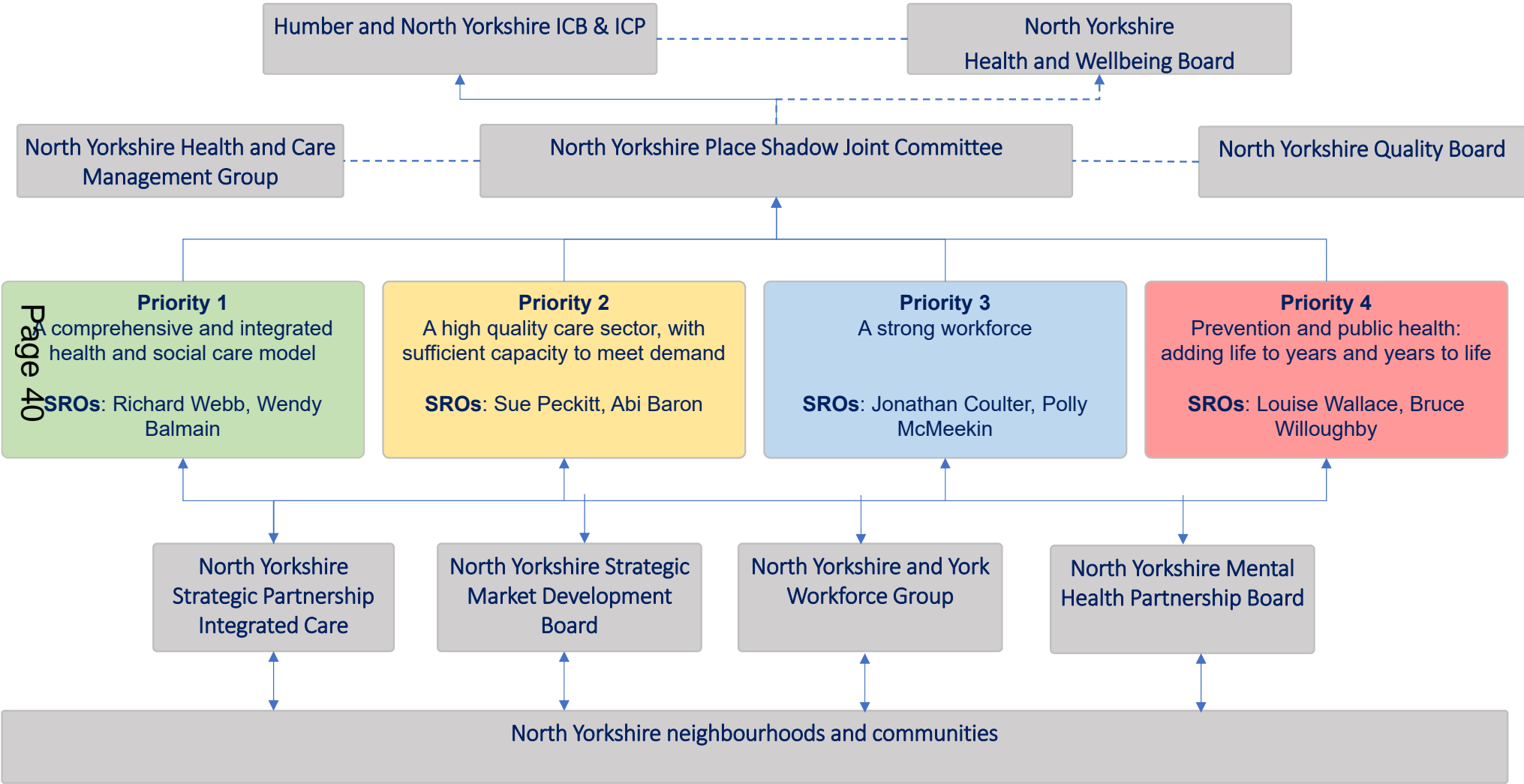


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## North Yorkshire Place – what have we been doing

- Maturity assessment refreshed to understand our readiness to operate and support further delegation, to be agreed with the ICB
- Transitional operational agreement between the ICB and NY Place Shadow Joint Committee agreed
- Stocktake of the 4 priorities to establish baselines and measure progress underway
- Other areas of focus have included:
  - Fuller primary care stocktake: developing neighbourhood teams across 65 practices and 14 primary care networks
    - Adult social care charging reforms – trailblazer site
    - Role of VCSE in understanding their ongoing support to communities and individuals
    - Mobilising virtual wards and good discharge pathways
    - Urgent Care Plan developed across sectors recognising the significant pressure in health and social care

# Delivering North Yorkshire Place Priorities





# Integrated health and care partnership arrangements for Bradford district and Craven

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North Yorkshire Health and Wellbeing  
Board

28<sup>th</sup> November 2022

Nancy O'Neill COO BD&C HCP



# West Yorkshire approach

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**Benefits for colleagues and communities**  
In West Yorkshire we have four aims



# Trusting relationships built over time



**February 2018**  
Integrated care system

**November 2021**  
Integrated Care System of the Year (HSJ Awards)

**2022/2023**  
Refreshed five year plan



Page 43

**March 2016**  
Sustainability and transformation partnerships



**February 2020**  
Launch of the Partnership's five-year plan and big ten ambitions



**2022**  
Statutory integrated care board and integrated care partnership arrangements



# West Yorkshire Health and Care Partnership's 10 Big Ambitions

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1. increase the years of life that people live in good health
2. reduction in the gap in life expectancy for people with mental health, learning disabilities and/or autism
3. address the health inequality gap for children living in households with the lowest incomes
4. increased our early diagnosis rates for cancer
5. reduce suicide
6. reduction in anti-microbial resistance infections
7. reduction in stillbirths, neonatal deaths, brain injuries and a reduction in maternal morbidity and mortality
8. a more diverse leadership
9. global leader in responding to the climate emergency
10. strengthen local economic growth by reducing health inequalities

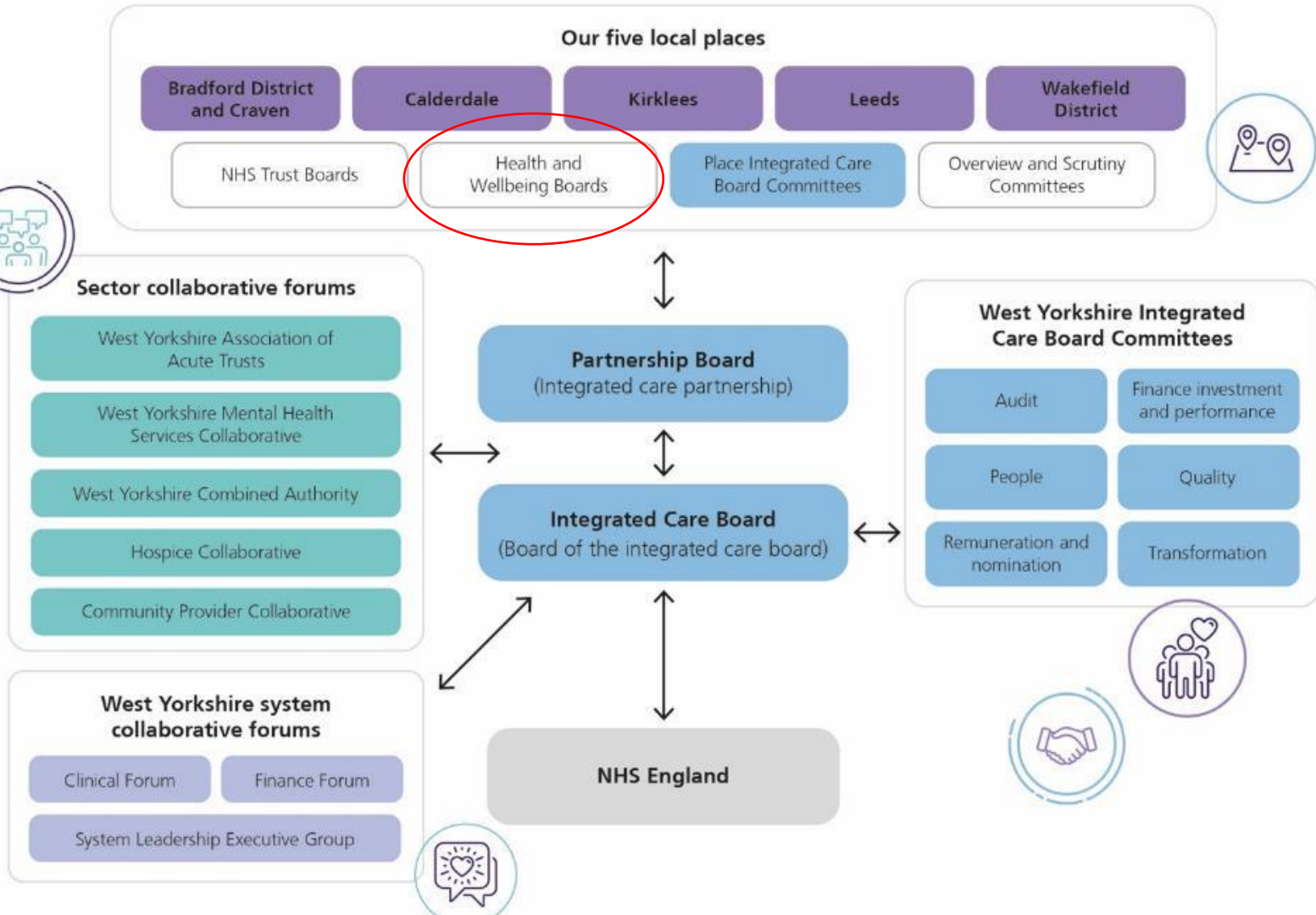
# BD&C Partnership Board delegated responsibilities

Ref.	Responsibility
ICB 1	Agree a <b>plan</b> to meet the health and healthcare needs of the population
ICB 2	<b>Allocate resources</b> to deliver the plan
ICB 3	Develop <b>joint working arrangements</b> with partners
ICB 4	Establish <b>governance</b> arrangements to support collective accountability
ICB 5	<b>Arrange for the provision of health services</b> in line with the allocated resources across the ICS through a range of activities including: <b>contracts</b> and agreements; <b>transformation</b> programmes; primary care networks (PCNs); <b>working with local authority and VCSE sector</b> partners to put in place personalised care for people, including assessment and provision of <b>continuing healthcare and funded nursing care</b> , and agreeing <b>personal health budgets</b> and direct payments for care
ICB 12	Approve decisions on the review, planning and procurement of <b>primary medical care services</b>
Cons. 4.3.2	Develop <b>arrangements for risk sharing and /or risk pooling</b> with other organisations (for example pooled budget arrangements under <b>section 75</b> of the NHS Act 2006), for approval by the ICB Board
Cons. 4	Make arrangements to implement in place ICB <b>risk management</b> arrangements.
Cons. 7	Agree arrangements for complying with the <b>NHS Provider Selection Regime</b> .

# Structures & relationships

## West Yorkshire Health and Care Partnership (integrated care system) - Governance and Accountability

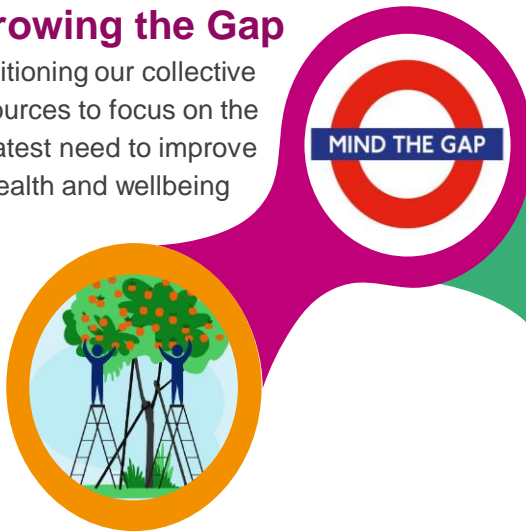
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# Our purpose & our priorities

## Narrowing the Gap

Positioning our collective resources to focus on the greatest need to improve health and wellbeing



## Equity and Justice

Choosing equity as our way to reduce inequality because more equal societies benefit everyone



## Inverting the Power to Act

Sharing responsibility and power, for people to become active and engaged partners



## Our Workforce

Empowered to lead on behalf of the Partnership and the people we serve



## Our Partnership Plan

Tackling the issues no one part of our Partnership can address alone, through public stewardship

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Community Resilience

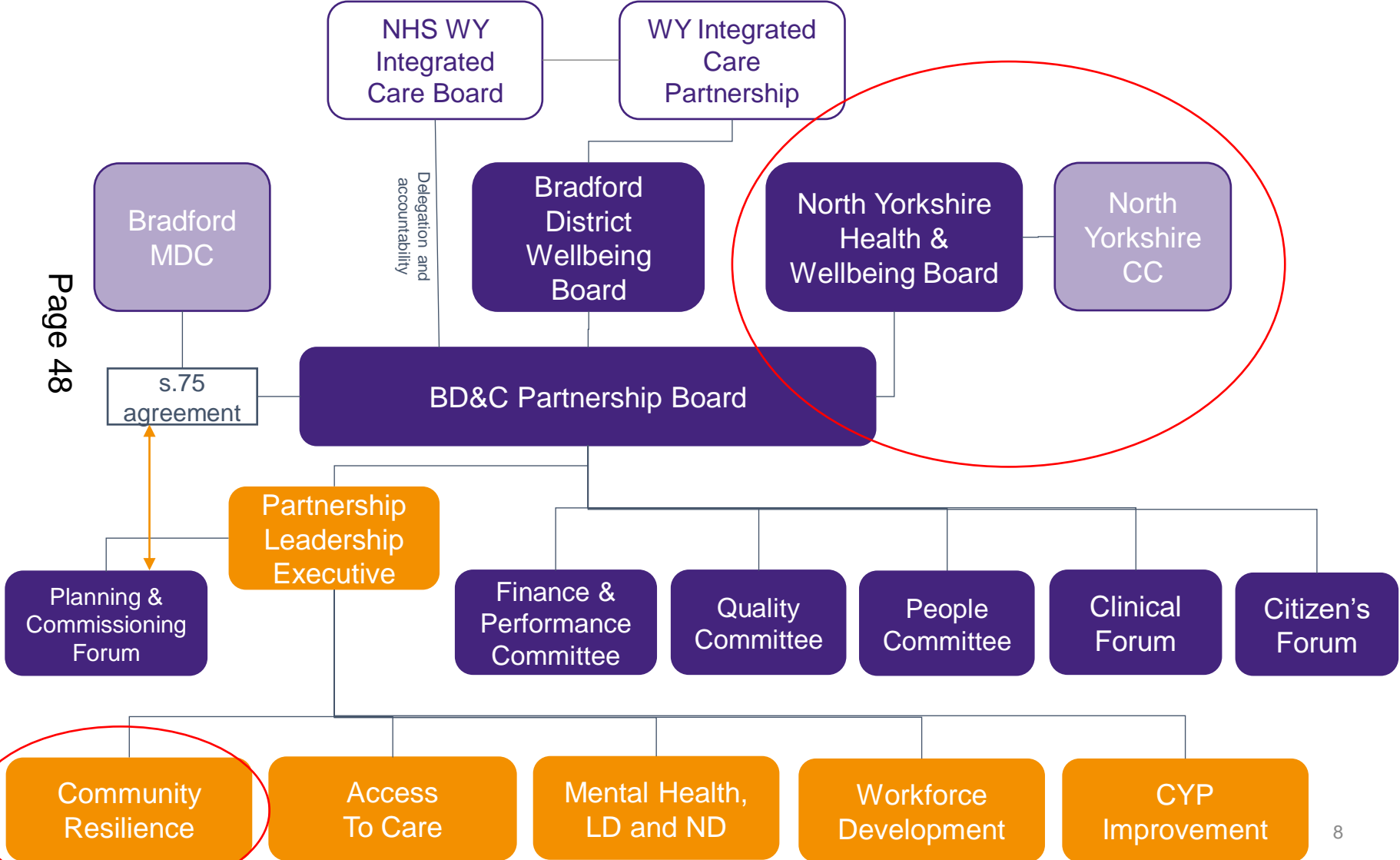
Access To Care

Mental Health, LD and ND

Workforce Development

CYP Improvement

# Bradford District & Craven arrangements



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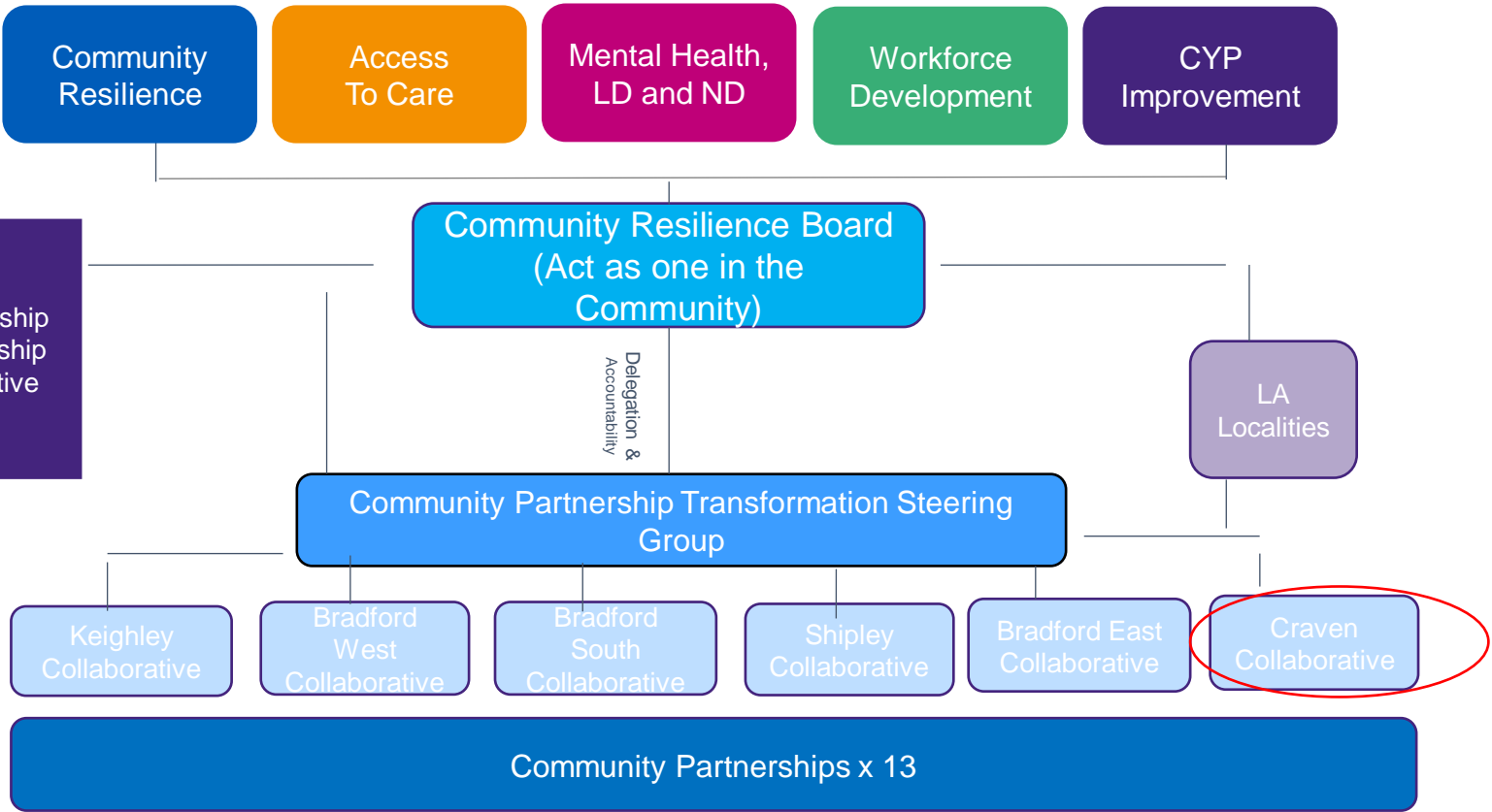


# BD&C Partnership Board membership

Expectation	Proposal	Number
Chair of Partnership Board	<ul style="list-style-type: none"> <li>Independent chair</li> </ul>	1
Place lead	<ul style="list-style-type: none"> <li>Included amongst membership listed below</li> </ul>	n/a
Primary care leadership	<ul style="list-style-type: none"> <li>Chair of Clinical Advisory Board</li> <li>Chair of LMC</li> </ul>	2
Providers of acute, community and mental health services	<ul style="list-style-type: none"> <li>Chief Executives of ANHSFT, BDCFT, and BTHFT</li> <li>Chairs of ANHSFT, BDCFT, and BTHFT</li> </ul>	6
People who use services and their representatives, including Healthwatch	<ul style="list-style-type: none"> <li>Chief Executive Healthwatch BDC</li> <li>Chief Executive Healthwatch North Yorkshire</li> </ul>	2
Local authorities	<ul style="list-style-type: none"> <li>CBMDC Chief Executive, SD HWB, SD Children's and DPH</li> <li>NYCC DASS, DCS and DPH</li> <li>CDC Chief Executive</li> </ul>	8
Social care providers	<ul style="list-style-type: none"> <li>Chief Executive Bradford Care Association</li> <li>Senior representative of care sector in North Yorkshire</li> </ul>	2
VCSE sector	<ul style="list-style-type: none"> <li>Senior representative of Bradford District VCS</li> <li>Senior representative of Craven VCS</li> </ul>	2
System committees	<ul style="list-style-type: none"> <li>Chair of Clinical Forum</li> <li>Chair of Citizens Forum (counted in membership above)</li> <li>Chair of People Committee</li> <li>Chair of Finance and Performance Committee</li> <li>Chair of Quality Committee</li> </ul>	4
		<b>27</b>

# Community Partnerships

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# Craven Community Partnership

WACA PCN

ANHSFT  
Community  
Services

Craven District  
Council

North Yorkshire  
ASC, Stronger  
Communities,

Modality PCN

BDCFT Mental  
Health

VCS  
Organisations

NY Fire &  
Rescue

NY Police

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**28 November 2022**

## **Joint Health and Wellbeing Strategy**

### **Report of the Director of Public Health (Health and Adult Services)**

#### **1 Purpose of the Report**

- 1.1 To seek agreement for proposals to develop a new Joint Health and Wellbeing Strategy for North Yorkshire, as required by the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Social Care Act 2012).

#### **2 Background information**

- 2.1 As outlined in the Joint Report of the Director of Public Health and the Assistant Chief Executive (Legal and Democratic Services) to this Board on 18 March 2022, all Health and Wellbeing Boards have a statutory duty to produce Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies.
- 2.2 As the Board is aware, the current Joint Health and Wellbeing Strategy (JHWBS) covered the time period 2015-2020, and a new Strategy is therefore required.
- 2.3 As a reminder, the purpose of the JHWBS as indicated in the statutory guidance is to:
- Meet the needs identified in JSNAs, unique to each local area;
  - Explain what priorities the health and wellbeing board has set in order to tackle the needs identified in their JSNAs;
  - Set a small number of key strategic priorities for action, that will make a real impact on people's lives (rather than attempting to tackle everything);
  - Translate JSNA findings into clear outcomes the Board wants to achieve, which will inform local commissioning – leading to locally led initiatives that meet those outcomes and address the needs.
- 2.4 There are a number of key interdependencies that impact on the development of the JHWBS:
- It should be informed by the refreshed Joint Strategic Needs Assessment (JSNA), for which the work is currently underway, with a final document expected in January 2023.
  - Similarly, the Humber and North Yorkshire Integrated Care Partnership is required by the Health and Care Act 2022 to produce an Integrated Care Partnership Strategy and this should be informed by the relevant regional JSNAs and JHWBSs. H&NY ICS are aiming for a first draft of the strategy by end December 2022.
  - Other pieces of work that will usefully inform strategy development include the recently published Pharmaceutical Needs Assessment 2022-2025 (also a duty of the Health and Wellbeing Board to produce) and the Integrated Care Board 5-year plan.

### 3. Developing the new Joint Health and Wellbeing Strategy

- 3.1 In order to guide the development of the new strategy, an editorial group has been convened with representation from the County Council and the H&NY Integrated Care Board. This group has been meeting over the summer to develop a project plan and timeline.
- 3.2 In the editorial group discussions, consideration has been given to the possible direction and timespan for the JHWBS, reflecting on the emergent nature of new health and care systems, the purpose of such a strategy, the key issues that impact on our communities' health, and the health inequalities that the health and care system and wider partners need to address.
- 3.3 Mindful of the above and the connections between the pieces of work referenced in 2.4, a timeline has been created which takes account of the interdependencies and allows for a 12-week period of consultation with partners and communities.
- 3.4 The (proposed) key milestones are as follows:
- Discussion with HWB: November 2022
  - Draft strategy and consultation plan to HWB: March 2023
  - Consultation on draft strategy: April - June 2023
  - Final strategy approval at HWB: September 2023
  - Launch: October 2023

### 4. Conclusion

- 4.1 It is therefore proposed that the starting point for this iteration of the JHWBS is to take account of recent events, particularly the impact of the pandemic on health and wider inequalities; to explore what matters to people now; and to identify longer-term priorities for improving health and reducing health inequalities.
- 4.2 The JHWBS Editorial Group would be grateful for the views of the Board to refine and shape the outline proposals so that they may then be taken forward for further development.
- 4.3 In order to inform 4.2 above, time has been allocated for discussion at the Board meeting on 28<sup>th</sup> November and further detail, with slide deck, will be provided as part of this session.

### 5 Recommendation

- 5.1 That the North Yorkshire Health and Wellbeing Board note this report and following discussion at the Board meeting on 28<sup>th</sup> November 2022, agree the timescales and approach to developing a new North Yorkshire Joint Health and Wellbeing Strategy.

Louise Wallace, Director of Public Health

18 November 2022  
County Hall, Northallerton

Report Authors:

Louise Wallace, Director of Public Health  
Shanna Carrell, Equalities Manager, Health and Adult Services

#### **Background documents relied upon in the preparation of this report:**

*Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies; DoH 2013*

*Report to North Yorkshire Health and Wellbeing Board 18<sup>th</sup> March 2022: North Yorkshire Joint Strategic Needs Assessment (Countywide Profile) and Joint Health and Wellbeing Strategy*



**ROLLING WORK PROGRAMME 2022/2023**

**NOTE: Items subject to change. All meetings to be held remotely via Microsoft Teams, unless stated otherwise**

<b>MONDAY 28<sup>TH</sup> NOVEMBER 2022</b>			
<b>ITEM</b>	<b>LEAD</b>	<b>REPORT DEADLINE</b>	<b>COMMENTS</b>
Director of Public Health Annual Report	Louise Wallace	Thursday 17 <sup>th</sup> November 2022	Report and presentation
Update from Integrated Care Partnerships	Amanda Bloor Wendy Balmain Nancy O'Neill	Thursday 17 <sup>th</sup> November 2022	Presentations  Standing Item
North Yorkshire Joint Health and Wellbeing Strategy	Louise Wallace	Thursday 17 <sup>th</sup> November 2022	Report  To seek Members views on the proposed approach
Rolling Work Programme	Patrick Duffy	Thursday 17 <sup>th</sup> November 2022	Report  Standing Item

## ROLLING WORK PROGRAMME 2022/2023

WEDNESDAY 18 <sup>TH</sup> JANUARY 2023			
ITEM	LEAD	REPORT DEADLINE	COMMENTS
North Yorkshire Safeguarding Adults Board – Annual Report	Dr. Sue Proctor	Monday 9 <sup>th</sup> January 2023	Report
SEND Local Area Strategy	Chris Reynolds	Monday 9 <sup>th</sup> January 2023	Report
North Yorkshire Better Care Fund 2022/2023	Louise Wallace	Monday 9 <sup>th</sup> January 2023	Report/Presentation Sign off the BCF
North Yorkshire Joint Alcohol Strategy 2014-2019 – End of Strategy Update	Natalie Smith	Monday 9 <sup>th</sup> January 2023	Report To provide an end of Strategy update
North Yorkshire Joint Strategic Needs Assessment	Louise Wallace	Monday 9 <sup>th</sup> January 2023	Report
Update from Integrated Care Partnerships	Amanda Bloor Wendy Balmain Nancy O'Neill	Monday 9 <sup>th</sup> January 2023	Presentations Standing Item
North Yorkshire Joint Health and Wellbeing Strategy – progress update	Louise Wallace	Monday 9 <sup>th</sup> January 2023	Report
Review of Health and Wellbeing Board	Louise Wallace and Patrick Duffy	Monday 9 <sup>th</sup> January 2023	Report. To include modus operandi in the light of ICS; LGR and Devolution
Rolling Work Programme	Patrick Duffy	Monday 9 <sup>th</sup> January 2023	Standing Item



**ROLLING WORK PROGRAMME 2022/2023**

<b>FRIDAY 17<sup>TH</sup> MARCH 2023</b>			
<b>ITEM</b>	<b>LEAD</b>	<b>REPORT DEADLINE</b>	<b>COMMENTS</b>
Update from Integrated Care Partnerships	Amanda Bloor Wendy Balmain Nancy O'Neill	Wednesday 8 <sup>th</sup> March 2023	Presentations  Standing Item
North Yorkshire Joint Strategic Needs Assessment	Louise Wallace	Wednesday 8 <sup>th</sup> March 2023	Sign off updated Countywide Profile
North Yorkshire Joint Health and Wellbeing Strategy – progress update	Louise Wallace	Wednesday 8 <sup>th</sup> March 2023	Report
Rolling Work Programme	Patrick Duffy	Wednesday 8 <sup>th</sup> March 2023	Standing Item

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The following matters are unallocated in terms of a date:-

- Integration White Paper – update
- Care Quality Commission – role and links with Health Systems
- Loneliness Strategy – potential Workshop
- Coastal/Rural initiatives – potential Workshop

Patrick Duffy, Principal Democratic Services Scrutiny Officer

November 2022

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