

North Yorkshire Health and Wellbeing Board

Minutes of the meeting held remotely, via Microsoft Teams, on 15th September 2021

Board Members	Constituent Organisation
County Councillors	
County Councillor Michael Harrison (Chair)	Executive Member for Adult Social Care and Health Integration
County Councillor Andrew Lee	Executive Member for Public Health, Prevention and Supported Housing
County Councillor Janet Sanderson	Executive Member for Children and Young People's Service
Clinical Commissioning Groups	
Wendy Balmain	Director of Strategy and Integration, NHS North Yorkshire Clinical Commissioning Group (substitute for Amanda Bloor)
Fiona Bell-Morritt	Lead Officer, Primary Care, NHS Vale of York Clinical Commissioning Group (substitute for Phil Mettam)
Ali Jan Haider	Director of Keeping Well, NHS Bradford District and Craven CCG (substitute for Helen Hirst)
Local Authority Officers	
Stuart Carlton	Corporate Director, Children and Young People's Service North Yorkshire County Council
Richard Flinton	Chief Executive, North Yorkshire County Council
Janet Waggott	Chief Executive, Selby District Council and Assistant Chief Executive, North Yorkshire County Council (District Councils Chief Executive Representative)
Louise Wallace	Director of Public Health, North Yorkshire County Council
Richard Webb	Corporate Director, Health and Adult Services, North Yorkshire County Council
Other Members	
Ashley Green	Chief Executive, Healthwatch North Yorkshire (substitute for Chris Brackley)
Shaun Jones	Deputy Locality Director, NHS England and NHS Improvement (North East and Yorkshire)
Jill Quinn	Chief Executive, Dementia Forward (Voluntary Sector Representative)
Co-opted Members	
Brent Kilmurray	Chief Executive, Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust NOTE: Naomi Lonergan, Head of Mental Health at TEWV, joined the meeting towards the end when Mr. Kilmurray had to leave
Stephen Russell	Chief Executive, Harrogate District Foundation Trust
Sally Tyrer	Chair of Yorkshire Local Medical Committee Ltd (Primary Care Representative)

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

Councillor Carl Les, Leader of the Council, Stephen Loach and Patrick Duffy (Legal and Democratic Services)

144. Welcome by the Chair

The Chair welcomed Members to the meeting and anyone viewing. For the particular benefit of members of the public or the media, he advised that this is a Statutory Committee whose main role is to act as a forum for leaders from the local health and care system to work together to improve the health and wellbeing of the local population.

The full membership of the Board could be seen on the Council's website.

The Chair referred to the statement on the Agenda front-sheet about current decision-making arrangements within the Council, following the expiry of the legislation permitting remote committee meetings.

For absolute clarity, he reminded everyone that this is an informal meeting of the Committee Members. Any formal decisions required will be taken by the Chief Executive Officer under his emergency delegated decision-making powers after taking into account any views of the relevant Committee Members and all relevant information. This approach has been agreed by full Council

The Chair also welcomed Councillor Andrew Lee, who had taken on the Executive Member Portfolio for Public Health, Prevention and Supported Housing from Councillor Caroline Dickinson. The Chair expressed his thanks to Councillor Dickinson for her work as a Member of the Board. The Chair also advised that Jonathan Foster, Chief Fire Officer for North Yorkshire, who was unable to attend today's meeting, had joined the Board as representative of the Emergency Services.

145. Apologies for absence

Apologies for absence were submitted by:

- Chris Brackley, Chair, Healthwatch North Yorkshire
- Amanda Bloor, Accountable Officer, NHS North Yorkshire CCG
- Jonathan Foster, Chief Fire Officer, North Yorkshire
- Councillor Richard Foster, Leader of Craven District Council
- Helen Hirst, Accountable Officer, NHS Bradford District and Craven CCG
- Phil Mettam, Accountable Officer, NHS Vale of York Clinical Commissioning Group

146 Membership

The current Membership of the Board had been circulated with the papers for the meeting, for information. Recent changes were as referred to by the Chair under Minute No. 144, above.

NOTED.

147. Minutes

Resolved -

That the Minutes of the meeting held on 19th March 2021 be approved as an accurate record.

148. Declarations of Interest

There were no declarations of interest.

149. Public Questions of Statements

There were no public questions or statements.

150. Local Government Reorganisation

Considered –

A presentation by Richard Flinton, Chief Executive, North Yorkshire County Council.

Richard Flinton updated as follows:-

- The Secretary of State for Housing, Communities and Local Government had decided to implement the County Council's proposal for a single, Unitary Authority in North Yorkshire, with the City of York as a separate entity
- The seven District Councils and the County Council will come together to form a new Authority
- In terms of timescale, there will be elections for the new Council in May 2022, which will incorporate a new set of ward arrangements.
- Councillors will serve for five years and oversee the final year of the County Council and the implementation of the new Council
- Vesting day will be 1st April 2023. This allows 18 months for what is a major structural change. Whilst this is a significant task, work has begun and there is good engagement between partners and a sense of collective leadership
- A Member implementation Board has been established comprising representatives of the County and Districts. This met for the first time yesterday and will have oversight of the programme
- A range of workstreams are being devised, several of which will cut across the work of the Board
- The intention is to be outward looking, garnering people's views as to how we move forward
- The changes in the NHS should tie in well with Local Government Reorganisation
- This is a huge opportunity to make sure we derive the most efficient system we can, given the challenges that will be faced

Richard Flinton concluded by saying he would be happy to update the Board as to progress.

Janet Waggott, Chief Executive, Selby District Council and Assistant Chief Executive, North Yorkshire County Council, added that the transition is being handled professionally and people are working well together.

Ashley Green, Chief Executive of Healthwatch North Yorkshire, advised that there are some anxieties among the public. How can these be raised? The Chair responded that one of the workstreams is communication. Richard Flinton added that he understands there will be sensitivities. The key is to ensure that change for the public is seamless. Therefore, a lot of work will be put into aspects such as access arrangements and communications, to reassure them.

NOTED.

151. **Government White Paper on Integration and Innovation: Implications for North Yorkshire**

Considered –

A presentation by Wendy Balmain, Director of Strategy and Integration, North Yorkshire Clinical Commissioning Group.

The Chair mentioned that the Vice-Chair, Amanda Bloor, was disappointed that she could not attend today's meeting.

Wendy Balmain talked Members through this presentation. Among the points she highlighted were:-

- The core elements of Humber, Coast and Vale Integrated Care Partnership which will comprise an Integrated Care Board (ICB) and an Integrated Care Partnership (ICP). The role of the ICB is to allocate NHS budgets and produce a five-year plan for health systems. The ICP will lead the development of an Integrated Care Strategy. Place-based Partnerships will play a pivotal role, along with Provider Collaborates, creating a new way for organisations to talk to each other and plan and organise services.
- The CCG will not exist when Integrated Care Systems commence from 1st April 2022 and there is a significant amount of work required to ensure that the new system is ready to operate.
- The draft Model for the Humber Coast and Vale Integrated Care System has Place-based Partnerships at the fulcrum so as to understand, at a local level, people's needs and to plan collectively to deliver services and improve outcomes for residents.
- We are managing four key elements at present:-
 - transforming the system
 - delivering recovery
 - business as usual work; and
 - transition planning
- Several guidance documents have been issued, which include *Thriving Places*, and the role of the voluntary sector. There are already strong place relationships in North Yorkshire which can support transition to the new arrangements.
- The North Yorkshire and York Operating Model will continue to develop a model that delivers services through four Local Care Partnerships – Harrogate; Hambleton and Richmondshire; East Coast; and Vale and Selby. Primary Care Networks and Federations are also an integral component of the Model.

- Wendy Balmain and Richard Webb, Corporate Director, Health and Adult Services, have co-chaired conversations with Local Care Partnerships. There were several common themes and workforce was by far the biggest issue. A real sense of collaboration is evident.
- It was also clear from the conversations that people want earned autonomy to deliver plans, recognising that they know their communities, but welcome support from the Strategic Partnership Board in North Yorkshire and the Health and Wellbeing Board.

Richard Webb added that a challenge lies in the balance between subsidiarity – so that decisions are taken at the right level. We are trying to dovetail changes with Local Government Review to derive the most opportunity out of this. Prevention and Children and Young People were also widely referred to in the conversations referred to by Wendy. In terms of Craven, we are working closely with colleagues in Bradford. With regard to the recent announcements on NHS/Social Care Reforms, the future stability of the Care Market is a challenge. We will look for the White Paper to give more detail on several other issues, which will be worked through and brought back to the Board in due course

In response to a question by the Chair, it was confirmed that the picture in West Yorkshire is similar. *Act as one* comprises leaders across Local Government and Health in Bradford and Craven and the County Council is part of these arrangements.

Ali-Jan Haider, Director of Keeping Well, Bradford District and Craven CCG, added that the overarching system in Bradford is similar to that outlined by Wendy Balmain. There is a great opportunity to tailor systems to be more effective at a place level - utilising data to drive change. There is good engagement occurring with key stakeholders to ensure co-production with areas that share a boundary with Bradford.

NOTED.

152. Covid-19 Systems Overview

Considered –

A presentation by several Members of the Board outlining the effect of Covid-19 on their organisations and key issues arising from this.

Louise Wallace, Director of Public Health, introduced the presentation and stated that:-

- It felt opportune to update the Board as it has not met for some time.
- The Vaccination Programme is having an impact on the number of people being hospitalised and deaths. Infection rates remain high, however. Therefore, we are encouraging people to continue to think about what they can do to reduce the risks – maintain social distancing; hand washing and so on.
- We are beginning to live with Covid.
- Her Team continues to provide support to schools, workplace settings, etc., as required. The Public Health response is still very much in place, including the Locality Teams to glean intelligence on the ground.
- The overall picture for the system is one of pressure.

Louise then introduced the following speakers, who advised the Board of the situation in their respective areas.

Sue Peckitt, Chief Nursing Officer, North Yorkshire CCG

- Excellent progress made on the vaccination programme.
- The Evergreen offer continues for anyone who is yet to come forward.
- A number of successful Pop-up and Walk in Clinics are in place.
- Uptake along the 18-29 year old cohort has been higher than expected.
- Preparing for Phase 3 Booster Programme to be delivered through nine GP Local Vaccination Sites.
- Due to supply issues, it is not currently the intention to administer a booster jab and flu jab at the same time.

In response to a question from the Chair, Sue advised that if someone is eligible for both the flu and Covid vaccines and stocks are available of both when they arrive, she saw no problem in them receiving both.

Sally Tyrer, Chair of Yor Local Medical Committee, added that there is a big impact on Primary Care so, where supply permits, they will try to co-administer.

Richard Webb, Corporate Director, Health and Adult Services (Social Care)

- North Yorkshire is well placed to deal with the challenges we are likely to face this autumn and winter.
- There are 20,000 people who work in the Care Sector with, at any one time, about 1,000 vacancies. Facing competition for recruitment of staff from other sectors
- Some packages of care are being handed back by Providers.
- Very pro-active on quality issues, including a Quality improvement Team who work with Providers.
- Seeing high levels of crisis referrals to Social Care and Mental Health Services.
- The requirement for mandatory vaccination of care staff will impact on the sector and not all staff have chosen to be vaccinated.
- Fatigue with the Pandemic among staff and the public is an issue.
- We await more detail on Social Care Reform, particularly around the operation of the care market.
- Good co-operation exists between partners.

In response to a question from the Chair as to what would happen if a Nursing Home was de-registered, Richard Webb advised that other options would need to be looked at including, as a last resort, moving residents to a Home where they could receive the nursing care required.

Sally Tyrer, Chair of Yor Local Medical Committee (Primary Care)

- Significant patient demand for appointments. Capacity is an issue; struggling to meet demand even though more appointments have been offered than previously.
- Workload pressures – people waiting a longer time for Hospital treatment will contact their GP.
- Staff resilience – the delivery of the Vaccination Programme is over and above normal work.
- Significant staff absence due to stress and Covid infection. There is immense goodwill but little energy or capacity left in the system to step up.
- Respiratory illnesses – seeing a significant rise now that people are mixing more. It can be difficult to tell whether someone has a Covid or non-Covid condition. Need to take a cautious approach.
- Face to face appointments represent 60% of all appointments.

Councillor Janet Sanderson said she saw parallels with the stress and burnout faced by teachers and asked how outbreaks in school communities are being monitored? In addition, thinking back to a presentation by the Health Service in the Highlands to the Board last year, have we learnt any lessons with regard to virtual meetings?

Louise Wallace advised that rules around schools and isolation and bubbles changed as schools returned in September 2021. LFD tests have been encouraged to maximise testing of asymptomatic people. The Public Health Team continue to offer support but the process within schools is now managed differently as a result of the changed Guidance.

Regarding the point around the Highlands presentation, Richard Webb commented that there has been a shift in innovation, with people meeting virtually and many online care assessments and reviews, where this is right for the person concerned. The system makes far greater use of digital than was the case prior to the Pandemic.

Ashley Green informed the Board that Healthwatch North Yorkshire had received mixed feedback about online consultations, although the majority of people were positive. Healthwatch tries to have a balanced message approach by advising the public that GPs are increasing the number of appointments and that other options are available, such as local pharmacies and dialling 111. It perhaps needs to be pointed out to the public that many people do not attend their appointment.

In response to a question from Councillor Andree Lee, Sally Tyrer explained that in the data presented the “Other” category could relate to data extraction, which does not tell you the exact set up of a Clinic.

Stephen Russell, Chief Executive, Harrogate District Foundation Trust (Acute Care)

- Has been a real team effort among partners, with Team cohesion vital during this difficult time.
- Services have been very busy – not just Acute Care, but community-based services, who face different pressures.

- The three main Hospital Trusts – Harrogate; Yorkshire and Scarborough and South Tees - have seen an 8% increase in emergency care since 2019/2020 - often involving patients with more complex issues.
- Building on digital transformation - although this is not relevant for every circumstance.
- Waiting times have increased for a variety of reasons. Working hard to reduce times with a number of key actions in place. Waiting lists impact on Primary Care, as patients become, understandably, anxious and will contact their GP.
- Recovery is focused not just on activity but on lived experience; wellbeing and minimising harm – not just clinical harm, but the consequences of waiting longer in terms of pain and mobility.
- Focusing also on reducing health inequalities – examining waiting times and waiting lists to make sure we are not exacerbating these inequalities.

Wendy Balmain, Director of Strategy and integration, North Yorkshire Clinical Commissioning Group - North Yorkshire and York System pressures (Community Health)

- Challenges include operating at a high level across the County; these pressures are heightened by staff absences/turnover.
- Developments include all Community Provider Services working to strengthen their two-hour Crisis Response Services and a number of locality-specific initiatives, such as the Geriatric Outreach Pilot work, as part of the Friarage Ambulatory Care, coupled with frailty service design.
- Now dealing with long Covid implications, which are not yet fully understood. To develop our understanding, three Assessment Centres have been established in Harrogate, South Tees and Scarborough.
- Huge amount of innovation occurring across the system.

Brent Kilmurray, Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust (Mental Health)

- Forecasting an increase in demand of 61% from pre-Covid levels.
- Crisis beds under severe pressure, resulting in people being admitted to beds in other parts of TEWV.
- Staff sickness has been an issue – now returning to more normal levels, but localised staff availability remains a risk.
- People are presenting with higher needs and more complex needs.
- People's wellbeing and mental health is coming under significant strain.
- Looking at different ways of working to offer earlier support and intervention to challenge the trends in the forecast models.
- A Resilience Hub has been established across Humber, Coast and Vale to assist health and care staff through outreach work.
- Providing wellbeing support; psychological therapies and access to services.

Jill Quinn, Chief Executive of Dementia Forward, advised that her organisation has been commissioned by the CCG and have been recruiting six Dementia Care Co-ordinators to work with Primary Care - primarily looking at people who may have slipped through the net and supporting people on the waiting list.

She added that workers can collect collateral evidence and, hopefully, streamline the diagnosis process.

The Helpline, which previously averaged between 70 and 100 calls per month for referrals, now receives over 200 calls each month.

The process is working and it is hoped that this will assist in easing waiting time issues.

Wendy Balmain, Director of Strategy and Integration, North Yorkshire Clinical Commissioning Group (North Yorkshire and York System pressures - Silver Command)

Wendy presented a slide which illustrated how system pressures are being pulled together, via Silver Command.

Today, the Board had considered individual updates from partners but the Silver Programme, which she and Richard Webb Co-Chair, meets every week and reports through to the North Yorkshire and York Strategic Partnership Board on system pressures. These include workforce; communications; triage; ageing well; care market and primary care.

On triage, she referred to the Medicare System service expansion, which enables a Care Home to have a video consultation with a Hospital as to how they can support someone to avoid admission. This has been expanded and will provide additional support throughout the winter.

She ended her presentation by stressing that partners are working together with a clear programme.

Louise Wallace concluded this Item by outlining the Next Steps:-.

- The Covid Winter Plan will be key, with its strong emphasis on pharmaceutical interventions and vaccines. Isolation remains an important part of managing the number of cases.
- There will be messages advising people how to support themselves, their families and communities to reduce the risk of infection.
- Winter resilience will involve a great deal of work between the NHS and Social Care – with different complexities this year.
- The Vaccination Booster Programme and the Flu jab will be crucial.
- Strong system working remains key.

Richard Webb added that need to prepare ourselves for winter to support people to stay safe in the best place possible - be that Hospital, Care Home or their own home.

There has been tremendous work around community support, with over 20 support hubs and 137,000 hours of volunteering.

The Chair thanked partners for their contribution. He commented that system working and the scope of the system, including the Voluntary and Community Sector, is key and has come across in everything said today.

153. Approach to future meetings

The Chair said that the decision had been taken not to meet when the Pandemic was at its height to allow partners to get on with dealing with the situation. He sought Members views on the approach to future meetings. His view was that remote meetings should be the default, unless it is clear that meeting in person can add value or where a decision is required.

Members agreed with the Chair's view.

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

There was none

The meeting concluded at 2.52 p.m.

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