

North Yorkshire Health and Wellbeing Board

Minutes of the meeting held remotely, via Microsoft Teams, on 18th March 2022

Board Members	Constituent Organisation
County Councillors	
County Councillor Michael Harrison (Chair)	Executive Member for Adult Social Care and Health Integration
County Councillor Janet Sanderson	Executive Member for Children and Young People's Service
Clinical Commissioning Groups	
Amanda Bloor	Accountable Officer, NHS North Yorkshire Clinical Commissioning Group and Chief Operating Officer (Designate), Humber, Coast and Vale Integrated Care System
Fiona Bell-Morrith	Lead Officer, Primary Care, NHS Vale of York Clinical Commissioning Group (substitute for Phil Mettam)
Local Authority Officers	
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
Shaun Jones	Deputy Locality Director, NHS England and NHS Improvement (North East and Yorkshire)
Co-opted Members	
Jonathan Foster	Chief Fire Officer, North Yorkshire Fire and Rescue Service
Thomas Hurst	Head of Nursing, Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust (Substitute for Brent Kilmurray)
Sally Tyrer	Chair of Yorkshire Local Medical Committee Ltd (Primary Care Representative)

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

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

Copies of all documents considered are in the Minute Book

155. Welcome by the Chair

The Chair advised that the majority of County Council meetings at present are classed as informal meetings, operating under emergency powers. Therefore, if a decision was required the Chief Executive would take it. This was unlikely to be necessary today as it was not anticipated the Board would need to take any decisions at this meeting.

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 Chair acknowledged that, during the course of the Pandemic, the Board had met less frequently but, as things return to some sort of normality, it will meet on a more regular basis.

156. Minutes

Resolved -

That the Minutes of the meeting held on 15th September 2021 be approved as an accurate record.

157. Apologies for absence

Apologies for absence were submitted by:

- Stuart Carlton, Corporate Director, Children and Young People's Service
- Richard Flinton, Chief Executive, North Yorkshire Council
- Councillor Richard Foster, Leader of Craven District Council
- Helen Hirst, Accountable Officer, NHS Bradford District and Craven CCG
- Brent Kilmurray, Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust
- Phil Mettam, Accountable Officer, NHS Vale of York Clinical Commissioning Group
- Stephen Russell, Chief Executive, NHS Harrogate District Foundation Trust

158. Declarations of Interest

There were no declarations of interest.

159. Public Questions of Statements

There were no public questions or statements.

160. A look back over the past year from three statutory perspectives

a) Director of Public Health Annual Report

Considered –

The Director advised that her report covered the period 2020/2021 – she will be starting to draft the Report for 2021/2022 shortly. She highlighted a number of matters, including:-

- The main story over the past year lay in the Pandemic response.
- Good progress had been made on past recommendations.
- Health in North Yorkshire generally is good, but there are variations in life expectancy. It is not just the number of years lived that is important - but the number of good, healthy years.

- The period covered had been an unprecedented period and some of the key milestones that occurred were highlighted.
- The Pandemic continues but we have now moved to a different phase.
- There has been some excellent partnership work. For instance, testing and vaccination rollout – led by colleagues at North Yorkshire Clinical Commissioning Group
- The community had pulled together and worked in partnership. It is important to remember that, behind every statistic, is a person who, perhaps, needed help at a particular time with, say, transport, or shopping, or having their medication delivered.
- As well as the Pandemic, work continued with other priorities - such as *Healthy Weight, Healthy Lives* - and ensuring that services remained open, albeit in a different form, making use of digital solutions.
- The vision is that “Everyone in North Yorkshire has an equal opportunity to have the best possible start to a long, healthy and independent life, where all residents fulfil their ambitions and aspirations and the gap in life expectancy across the county will be reduced”
- Priorities for 2020-2025 remain similar to what they were before the Pandemic and these include reducing health inequalities and improving the mental health of our population. To achieve these, we can tap into the natural assets of the county, such as the beautiful countryside, to help improve people’s health and wellbeing.

The Chair referred to the variations in life expectancy and asked what things the Director of Public Health saw as key to addressing these. Louise advised that this is multi-factoral. We need to continue doing the things we can - encouraging people to keep active, for example - but also look at the wider issues around employment, housing and access to good health services.

Richard Webb, Corporate Director, Health and Adult Services, said he had been struck by Louise’s point that it is not just about life expectancy, but the number of good healthy years lived. In parts of Scarborough, life expectancy is in the mid 50s, compared to mid-70s in Hutton Rudby. The lower life expectancy means that people come into contact with services earlier.

NOTED.

b) Healthwatch North Yorkshire

Considered –

A presentation by Ashley Green, Chief Executive Officer, Healthwatch, North Yorkshire.

Ashley highlighted the following:-

- Healthwatch is a charity established under the Health and Care Act 2012.
- Its main focus is to represent the views of the local population – good or bad - on Health and Social Care. Its approach is to work in partnership and act as a critical friend.

- There are three main aspects to their work:-
 - To listen to what people think about services. For example, a quarterly Pulse Survey is produced, which provides a snapshot of the issues people have contacted Healthwatch about.
 - To share their views with those who are able to make changes happen and feedback to Healthwatch what they intend to do.
 - Help people find information they need about services in their area.
- In the last year, they have heard from over 2,000 people. This is an impressive number for a small team.
- Priority areas of work are:-
 - Improve services and quality of care - Care Home Sector
 - Improve access and provision to NHS Dentistry
 - Reduce the gap around health inequalities (with a focus on Scarborough and Selby)
 - Support improvements to young people's health care
 - Influence health and social care – COVID-19 recovery
- The issue that generated the highest level of feedback has been Dentistry – particularly around access. Ashley outlined a Case Study on the work Healthwatch had undertaken on Dentistry. The pandemic had exacerbated the challenges in an already fragile service, with approximately one Dentist for every 8,000 people in North Yorkshire. Of the 77 Dentists in the County, only two were taking on new patients at one stage. Healthwatch had made an impact in a number of ways, such as by increasing the media profile of this issue across North Yorkshire. In addition, local Healthwatch's influenced an additional £50 million funding to support NHS Dentistry and a new Humber and Yorkshire NHS England Dental Network, which includes Healthwatch, has been established.
- Current activities include working with North Yorkshire County Council to understand the needs of Registered Managers in the Social Care Sector – a report on the findings will be published in June – and information provision, as part of a wider Healthwatch initiative nationally, working with Healthwatch York and the County Council. There is real variation in the type of information provided. The intention is to produce an Action Plan that will support providers in their information provision.

Ashley concluded by saying that Healthwatch tend to hear negative things but he is aware that a lot of good things are happening.

In response to a question from the Chair, Ashley stated that the organisation does hear about good news stories. Their role involves being pro-active and going into communities to ascertain views. Partners take on board much of the information they provide and, when they talk to the public, they explain that good things are happening.

Shaun Jones, Deputy Locality Director, NHS England and NHS Improvement (North East and Yorkshire), acknowledged the good work undertaken by Healthwatch. A

number of issues had compounded the situation regarding Dentistry and, from a health inequality perspective, we will need to keep an eye on the situation for several years to come. Working through the Flexible Procurement process was a good example of Healthwatch liaising closely with partners and proactively trying to address challenges.

Richard Webb said that, even when there are points of disagreement with Healthwatch, there is a willingness to have a conversation about these. The work being undertaken on the Care Sector, telling people's stories and the contribution to efforts during the Pandemic, has been appreciated.

Amanda Bloor, Accountable Officer, North Yorkshire Clinical Commissioning Group and Chief Operating Officer (Designate) for Humber Coast and Vale Integrated Care System, advised that the commissioning of Dentistry would move to the Integrated Care System (ICS). The ICS is working through this so that it can respond to people's access needs. Therefore, the information gleaned by Healthwatch on people's feelings and the challenges they face can come to the fore when shaping services.

She also acknowledged the role of Healthwatch in helping people understand the challenges faced by Primary Care and its changed role.

Dr. Sally Tyrer, Chair of Yorkshire Local Medical Committee Ltd., informed Members that there is increasing collaboration in Primary Care between GPs, Dentists, Optometrists and Pharmacists, with a desire from all parts of Primary Care to break down barriers, which can only benefit our communities.

She added that Primary Care would look at how it can bring Healthwatch closer to the system. This could involve inviting Ashley to meetings of the Primary Care Collaborative. Ashley responded that he would welcome this.

NOTED.

c) North Yorkshire Safeguarding Adults Board – Annual Report, 2020/2021

The Chair advised that the Annual Report would normally be presented to the Board by the Independent Chair, Sue Proctor but, because of the meeting structure, it had been circulated to Members, who had been asked to refer any queries to the Independent Chair.

He urged Members to read the Annual Report, if they had not already done so, as the Safeguarding Adults Board (SAB) and the Safeguarding Children's Partnership, are absolutely crucial and some of the lessons we learn, as a system, when things go wrong are things we need to be aware of.

Richard Webb, who is also a Member of the SAB, thanked Sue Proctor and the Safeguarding Adults Board. Working remotely has increased participation.

He added the SAB is seeing two issues:-

- in terms of *traditional* safeguarding work, we are seeing people at a more frail stage of life, older people, many with disabilities, who are receiving Care or NHS Services; and
- an increased focus on people marginalised in the community, with complex life circumstances and with whom the system nationally often finds it difficult to engage with

NOTED.

161. Local Government Reorganisation Update

Considered –

A presentation by Richard Webb.

Richard Webb talked Members through his presentation and highlighted the following:-

- This is one of three major reorganisations; Public Health England has already been replaced by the UK Health Security Agency and the Office for Health Improvement and Disparities and Integrated Care Systems are expected to formally commence in July 2022.
- From 1st April 2023, eight Councils will become one, with the new North Yorkshire Council.
- Work is underway for a devolution deal, which involves a Mayor and a Combined Authority.
- Key dates include Elections on 5th May 2022 and Vesting Day on 1st April 2023.
- Much of the work involves ensuring that, from the first day of the new Authority, there is a transition that is safe and legal.
- This is an opportunity to improve how we work together and to bring greater efficiencies – an important reason for the change.
- The new Council will be large enough to have an impact, in terms of funding and to be a strong voice, but will also be very local with, for example, a focus on market towns and the surrounding areas and local Area Committees.
- Ninety Members will be elected, bringing together the pattern of Borough and District Ward Boundaries.
- The Structural Changes Order confirms that existing Councils remain sovereign until April 2023 but, following the elections, the Shadow Executive will increasingly work with Leaders to ensure that the business is managed through to Vesting Day.
- Implementation Governance comprises the Implementation Board (Leaders of the County and District Councils) and Implementation Team (Chief Officers from County and Districts).
- There are a number of Workstreams in place to plan for the new Council and these are progressing well.
- Implications for the Health and Wellbeing Board include:-
 - Membership will need to be considered
 - It will continue to have a prominent role
 - There will be a single pot of money for local government investment and a single control total for the NHS
 - There are interesting opportunities around devolution and joining up what we do in housing, leisure, culture, etc.

Janet Waggott, Chief Executive of Selby District Council and Assistant Chief Executive, North Yorkshire County Councils – and who also represents Chief Executives of District Councils on the Health and Wellbeing Board – advised that, once the decision had been made, everyone had accepted it and are moving ahead, with a desire to ensure the new Authority is the best it can be for the area.

Janet added that:-

- People are feeling empowered to become involved in change.
- People fatigue is an issue because there is so much occurring and some nervousness about change. Broadly, though, people are working very well together; we are moving in the right direction; and people see this as an opportunity to do the things we do well, even better.
- Over 1,000 staff attended a Webinar by the Chief Executive yesterday.

The Chair commented that there is a realism about the plans i.e. that everything works as it should on Day One. It is good to hear the positive comments.

NOTED.

162. Integrated Care Partnerships/Integrated Care System Developments

Considered –

A presentation by Amanda Bloor, Chief Operating Officer, Designate, NHS Humber, Coast and Vale Integrated Care System.

She highlighted the following:-

- With reference to the comment made by Janet Waggott that people in local authorities are working well together in the move towards the new Council, she expected that this will also be the case with ICS development.
- It is important to remember why this change is occurring and the benefits of it. The last two years have reframed the necessity to think in a different way, to reduce inequalities and improve population health and to consider efficiency challenges across the system and the wider social and economic recovery from COVID-19. The partnerships and relationships that already exist will stand us in good stead.
- The plan remains that ICSs will formally come into existence on 1st July 2022.
- The ICS is the wider system, comprising all of the organisations. The Integrated Care Board (ICB) will be accountable for NHS spend and performance. The Integrated Care Partnership (ICP) will be a Statutory Committee that brings together the NHS and the local authorities to focus on health, public health and social care
- The key is to see the component parts as one system, rather than silos.
- Decisions will be made as close to a local, place level, as possible.
- The Leadership Team is taking shape. Currently appointing to Place Director roles – a key part of the Team.
- The emerging values of the ICS align well with the Board's Joint Health and Wellbeing Strategy.
- The shared purpose is to consider how we get beyond the data to prevent ill health. Subsidiarity does not mean that every decision will be delegated to place - but that the right decisions are taken close to the communities affected, where possible.

- The membership of the ICP will be far-reaching and include Councillors from the six places within the ICS. It will have a remit to set the wider integration agenda for the ICB and its places to respond to.
- In terms of operating arrangements, much of the work will be delivered by places and working with Provider Collaboratives – the ICB and ICP will work closely together.
- There will be a different set of operating arrangements for the North Yorkshire place to reflect, among other things, the number of significant market towns.
- Work is being undertaken with partners around how the Local Care Partnerships will operate; recognising that one end of North Yorkshire looks very different to the other.
- Whilst Craven is an important part of the North Yorkshire geography, it is not in the area covered by Humber, Coast and Vale.
- There will be four Local Care Partnerships: Harrogate; Hambleton and Richmondshire; East Coast; and Vale and Selby. Primary Care Networks and Federations will operate under these.
- There is a real appetite to think and work differently together, whilst recognising there needs to be an element of permission and trust to *get on and do*. We must upstream the shift into preventative work.
- A key task is to break down workforce barriers to arrive at a collaborative model, across organisations, that is joined up and responsive. Workforce is a big challenge and a key priority.

The Chair commented that part of what makes North Yorkshire so special is its diversity. Whilst there is a single vision, it is important to recognise that there is not a one size fits all solution. Amanda Bloor agreed and felt that the strength of relationships would assist in this regard.

The Chair commented that the size and diversity of North Yorkshire is illustrated by the fact that Craven faces towards a different ICS. This does not mean it is forgotten as far as North Yorkshire is concerned.

The Chair also stressed that there is a need to align work. He is conscious of the need to avoid people sitting in different forums, talking about the same things and duplicating effort. This serves no purpose. Amanda concurred and felt there will be a good degree of alignment.

Ashley Green felt the ICS is a positive change - particularly the emphasis on the wider determinants of health. However, he wondered if funding could be a challenge i.e. could it be directed more to other places in the ICS that have greater health inequalities? In response, Amanda Bloor stated that funding issues are a challenge and COVID-19 has made inequalities worse. There will need to be a sensible conversation and a clarity on our priorities, but the Place Model allows us to have a level of confidence. This is where relationships; our understanding of what our population needs are; and getting upstream about prevention is crucial.

NOTED.

163. North Yorkshire Better Care Fund 2021/2022; Summary Narrative

Considered –

A report by the Director of Public Health, which summarised the position in relation to the Better Care Fund 2021/2022.

The Director of Public Health advised that the Fund contains 59 projects, totalling £75.5 million and assured the Board that the monies are being used as intended – namely to ensure integration across Health and Social Care.

The Chair commented that a concern is that we end up in a position with disparate sets of funding streams that do not allow long-term strategic decisions. Are officers concerned about this?

In response, Richard Webb advised that there are issues with fragmentation of funding. The Integration White Paper says that the Better Care Fund will remain a significant vehicle, so we need to examine what the funding will look like and devise a Medium Term Strategy around finances for this.

NOTED.

164. North Yorkshire Pharmaceutical Needs Assessment 2022-2024

Considered –

A Briefing Paper by the Director of Public Health on the Pharmaceutical Needs Assessment (PNA).

The Director of Public Health stressed that the Board has a statutory duty to undertake a PNA. Her Team are working with colleagues in the City of York and a Provider has been commissioned to develop the document – North East Commissioning Support Unit

Efforts are being made to encourage community engagement via, for example, online Stakeholder Surveys, as it is important that the views of the community inform the PNA.

The final draft will be presented to the Board for approval later this year and it will be used to inform the Joint Health and Wellbeing Strategy.

The Chair asked Members to publicise the Stakeholder Surveys, within their networks.

NOTED.

165. North Yorkshire Joint Strategic Needs Assessment (Countywide Profile) and Joint Health and Wellbeing Strategy

Considered –

A report by the Director of Public Health which informed Members of the process for updating the overarching aspect of the Joint Strategic Needs Assessment (JSNA) and producing a new Joint Health and Wellbeing Strategy (JHWBS).

As with the Pharmaceutical Needs Assessment, referred to in the preceding Item, it is a statutory duty for the Board to produce these documents.

The JSNA needs to be informed by quantitative and qualitative needs assessment. There is no set date to produce it, in that it is an iterative process. It does, however, need to be kept up-to-date and there is a wealth of data that can be used to populate it. The data from the JSNA can, in turn, be used to inform the JHWBS.

A number of specialist Workshop Sessions will be held to start to develop the JHWBS.

In response to a question from the Chair, Louise Wallace advised that the JHWBS is likely to be presented to the Board for approval in January 2023.

The Chair also asked how we will ensure that all of the strategies of the Health and Wellbeing Boards that comprise the ICS, align with the wider ICS Strategy. Amanda Bloor felt this could be achieved by making the strategies as straightforward and integrated as possible, avoiding duplication. The strategies can be used to frame the wider ICS Strategy to ensure that that document is fit for purpose and reflects the wider population need.

Resolved –

That the process for updating the overarching element of the Joint Strategic Needs Assessment and for producing the Joint Health and Wellbeing Strategy, as set out below, be noted:-

- a) Data from the new Pharmaceutical Needs Assessment will be used to populate what is required for the Joint Strategic Needs Assessment.
- b) For the Joint Health and Wellbeing Strategy, a number of Specialist Workshops will be held that bring together the data and link to the population health work being undertaken by the County Council and its partners. This will be used to synergise with the three North Yorkshire Place overarching priorities of Workforce, Integrated Community Care and Population Health/Prevention.

166. 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 can change. He had timetabled in matters that the Board has to approve, such as the Pharmaceutical Needs Assessment. It is important to note that the Work Programme is owned by the Board. Therefore, if Members have any items they wish to add, could they advise him of this.

The Chair mentioned that we might need to replace Steve Russell as a Member, with Steve being on a long-term secondment. He added that, with this being the last meeting prior to the elections, the elected Member representatives on the Board may change, following the elections. Membership generally will need to be considered. Patrick Duffy will contact partners direct if a new nomination is required.

The Chair also highlighted the Review of the Health and Wellbeing Board, scheduled for the July meeting. This goes back to the point he made earlier about how the Board links into the ICS, to ensure we make the best use of people's time and avoid duplication.

He confirmed that the next meeting will be on Wednesday 25th May 2022 at 1.00 p.m.

Richard Webb, on behalf of the Board, thanked the Chair for his leadership during the last five years and other colleagues for their contribution.

167. 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 12.15 p.m.

PD