

North Yorkshire Health and Wellbeing Board

Minutes of the meeting held via Microsoft Teams on Wednesday 20th September 2023 at 10.30 a.m.

Board Members	Constituent Organisation
Councillor Michael Harrison (Chair)	Executive Member for Health and Adult Services
Foluke Ajayi	Chief Executive, NHS Airedale Foundation Trust (substitute for Jonathan Coulter)
Stuart Carlton	Corporate Director, Children and Young People’s Service, North Yorkshire Council
Ashley Green	Chief Executive, Healthwatch North Yorkshire
Nic Harne	Corporate Director, Community Development, North Yorkshire Council
David Kerr	Service Manager, Community Mental Health, Tees, Esk and Wear Valleys NHS Foundation Trust (substitute for Zoe Campbell)
Councillor Simon Myers	Executive Member for Culture, Arts and Housing
Nancy O’Neill, MBE	Chief Operating Officer, Bradford District and Craven Health and Care Partnership – part of West Yorkshire Integrated Care System (substitute for Ali Jan Haider)
Councillor Janet Sanderson	Executive Member for Children and Families
Christian Turner	Deputy Director, Business Change and Planning - NHS Humber and North Yorkshire Integrated Care Board (substitute for Wendy Balmain)
Sally Tyrer	Chair, Yorkshire Local Medical Committee (Primary Care Representative)
Louise Wallace	Director of Public Health, North Yorkshire Council
Richard Webb	Corporate Director of Health and Adult Services, North Yorkshire Council
Dr. Bruce Willoughby	Clinical Place Director, North Yorkshire - NHS Humber and North Yorkshire Integrated Care Board (substitute for Amanda Bloor)

In Attendance:-

Councillor Carl Les, Leader of North Yorkshire Council
 Patrick Duffy, Principal Democratic Services Scrutiny Officer, North Yorkshire Council
 Jane Scattergood, Place Director for South Cumbria Integrated Care Board
 David Smith, Democratic Services and Scrutiny Officer North Yorkshire Council

Copies of all documents considered are in the Minute Book

21. Welcome by Chair

The Chair welcomed everybody to the meeting. 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.

22. Apologies for Absence

Apologies were received from:-

- Wendy Balmain, Place Director for North Yorkshire, Humber and North Yorkshire Integrated Care System
- Amanda Bloor, Deputy Chief Executive and Chief Operating Officer, Humber and North Yorkshire Integrated Care System
- Zoe Campbell, Managing Director, North Yorkshire, York and Selby, Tees, Esk and Wear Valleys NHS Foundation Trust.
- Jonathan Coulter, Chief Executive, Harrogate and District NHS Foundation Trust
- Ali Jan Haider, Director of Integrated Health and Care, Bradford District and Craven Health and Care Partnership – part of West Yorkshire Integrated Care System
- Shaun Jones, Interim Locality Director, NHS England and NHS Improvement
- Lisa Winward, Chief Constable, North Yorkshire Police

23. Minutes of the meeting held on 21st July 2023

Resolved –

That the Minutes of the meeting held on 21st July 2023 be approved.

24. Declarations of Interest

There were no declarations of interest.

25. Exclusion of the Press and Public

Resolved –

That the press and public be excluded from the meeting during consideration of the Item entitled *Closed Session: To consider the elements of the Regulatory Oversight Briefing that contain exempt information* (See Minute No. 33, below), on the grounds that it would involve the likely disclosure of exempt information as defined in paragraph 3 in Part 1 of Schedule 12A to the Local Government Act 1972, as amended.

26. Public Participation

It was confirmed that no public questions or statements had been received.

27. North Yorkshire Joint Local Health and Wellbeing Strategy

Considered –

A report and presentation by Louise Wallace, Director of Public Health, which set out the draft Strategy and sought feedback on it.

The presentation is available [here](#)

A summary of the points made by Louise Wallace is set out below:-

- Whilst the Strategy is very much the result of partnership work, ultimately it is owned by the Council.
- The Strategy is underpinned by the NHS CORE20PLUS5. This is a national approach aimed at reducing healthcare inequalities, at both national and local level, via targeted action. It concentrates on the most deprived 20% of the national population (Core), the groups that experience poorer than average health outcomes (PLUS), and five specific clinical areas.
- There are three key Priorities – it is felt that a small number of priorities will ensure focus and simplification:-
 - Think People - *In North Yorkshire, we will work with our communities who experience the poorest health outcomes to make sure that they can access and benefit from the services and opportunities they need.*
 - Think Place - *In North Yorkshire, where you live should help you stay well and happy. We want to make sure that where you live does not unfairly reduce the quality of your health or length of your life.*
 - Think Prevention - *In North Yorkshire, we will improve the health and wellbeing of all our residents by concentrating on the big actions that will make the most difference to our population*
- Against each priority there are a range of actions that will be undertaken.
- The priorities focus on areas where there are opportunities for partners to work together to have a real impact on health and wellbeing outcomes for people of all ages, to provide children with the best start in life and to reduce health inequalities.
- Prevention will play a particularly crucial role. There are many forms by which this can be enhanced. Our aim is to ensure good prevention opportunities to prevent/delay failing health by people making healthy choices, as well as through accessing care.
- A number of *enablers* will cut across each of the priorities to bring them all together. These include accessibility of services and communication and joining up our co-production and engagement.
- The draft Strategy has been informed by what residents have told us in the engagement review. Further engagement will be undertaken on the draft before a final draft is presented to the Health and Wellbeing Board. All feedback will be triangulated.
- The Strategy will be implemented by building on existing good partnerships and we will work at the local community level with Local Care Partnerships and Community Partnerships. Integrated Care Boards and Place Boards will also have an important role to play.
- This Strategy will not sit on a shelf; it will be a living document. To help ensure this, a Delivery Plan will be developed to measure the difference we are making. Progress reports will be presented at the quarterly Health and Wellbeing Board meetings and the Health and Wellbeing Board will hold a spotlight session on each work area to examine progress in more detail through the year.

In response to a question from the Chair, Louise Wallace outlined the membership of the Editorial Group who are overseeing the development of the Strategy. She Chairs the Group, which also includes a number of colleagues from North Yorkshire Council and from NHS Humber and North Yorkshire Integrated Care Board. The latter are represented by Dr. Bruce Willoughby, Clinical Place Director, North Yorkshire, Christian Turner Deputy Director, Business Change and Planning and Wendy Balmain, Place Director for North Yorkshire. Anyone with a contribution to make is welcome to join.

Dr. Bruce Willoughby commented that the NHS cannot achieve priorities in isolation – the Strategy provides a full Framework. It is good to see that CORE20PLUS5 has been incorporated.

Christian Turner added that the timing of the Strategy is good as Integrated Care Boards are maturing and the new North Yorkshire Council is responsible for all local government services in the county.

Ashley Green, Chief Executive Officer of Healthwatch, North Yorkshire, felt this is an inspiring document. It is good to see the recognition of the wider determinants of health, such as transport, as these can sometimes be missed out. A challenge, however, will be around funding and how we achieve all of this. In terms of the consultation, there is a lot of information for people to digest. It will be important to make it understandable and achieve buy in.

Richard Webb, Corporate Director, Health and Adult Services, stressed that the Strategy has to be meaningful and purposeful, with thought given to how we balance inequalities affecting a small number of people against the many i.e. How do people waiting for a dementia assessment also feel that their voices are being heard? The conversation needs to continue throughout the consultation.

Louise Wallace advised that by November 2023 there will be Consultation Plan and this will cover the *who/what/when/where and how*.

Nic Harne, Corporate Director, Community Development, reflected on the role of economic growth; creating jobs, etc., in the place making aspect. We need to reduce inequalities wherever they occur, as it is from these that health inequalities stem.

Resolved –

That a final draft Strategy, to go out for consultation and an accompanying Consultation Plan, be considered by the Board at its meeting on 29th November 2023.

28. Place Board Update from NHS Humber and North Yorkshire integrated Care Board

Considered –

A presentation by Dr. Bruce Willoughby and Christian Turner.

The presentation, which is available [here](#), contained a review of the Strategic Priorities in respect of North Yorkshire Place.

The presenters highlighted the following:-

- The Place Board operates within multiple North Yorkshire communities.

- Partnership working is key and comprises four Local Care Partnerships (covering Harrogate; Vale and Selby; the East Coast; and Harrogate and Richmondshire); 30 Market Towns and Community Networks; North Yorkshire Place and the Integrated Care Partnership.
- North Yorkshire Place has four Strategic priorities
 - A comprehensive and integrated health and social care model
 - A high quality care sector with sufficient capacity to meet demand
 - A strong workforce
 - Prevention and public health
- Good progress is already being made across each of the Priorities. For example, under *A comprehensive and integrated health and social care model*, a joint North Yorkshire and York Urgent Care Board has been established, and the Integrated Urgent Care Redesign is underway for York, Scarborough, Vale and Selby areas. Under *Prevention and public health*, the rate of severe mental illness health checks has increased.
- The main focus is to reduce health inequalities and improve the services offered.
- Next steps include:-
 - At its next meeting the next North Yorkshire Place Board will review progress against priorities over the first year in existence of the Integrated Care Board and the new North Yorkshire Council. As part of this, the Place Board will consider the priorities for the next year
 - The Place Board will continue to support the system to deliver performance improvement and a new 'dashboard' is being developed to help the Place Board understand areas targeted and the collective actions that may help the system overall.
 - Continuing recognition of the role of localities and communities across North Yorkshire, while strengthening local input to delivery.

The Chair asked whether rules for Care Homes are restrictive for Nurses. Richard Webb advised that discussions have been held between Lincolnshire Care Association and Rachel Bowes, Assistant Director for Care and Support, which should help the situation.

NOTED.

29. Place Board Update from Bradford District and Craven Health and Care Partnership/links with Lancashire and South Cumbria

Considered –

A presentation by Nancy O'Neill, MBE., Chief Operating Officer, Bradford District and Craven Health and Care Partnership; Richard Webb, Corporate Director, Health and Adult Services and Jane Scattergood, Place Director for South Cumbria.

The presentation can be viewed [here](#)

Nancy O'Neil outlined examples of priorities in Craven. These included:-

- Scoping and understanding of options is being undertaken to improve falls prevention and management support services work and considering how we can

use the learning and success from the Ashfield care home beds to continue to support patient flow and discharge over winter.

- Working closely with North Yorkshire Council colleagues to share learning from the SEND (Special Educational Needs and Disability) inspection and monitoring visits that have taken place in Bradford to support readiness for the upcoming inspection.

She added that everything is done in partnership, with the goal of achieving better outcomes for the people we serve.

Richard Webb advised that he and Louise Wallace had taken stock with NHS Bradford and Craven colleagues, following Local Government Reorganisation, to think through who does what and how voices can be articulated in Craven to ensure services are wrapped around people who require intermediate care.

In addition, a joint approach with Lancashire and South Cumbria Integrated Care Board for the Bentham and Ingleton communities, has been developed,

Jane Scattergood, Place Director for South Cumbria Integrated Care Board, outlined the work being undertaken by Lancashire and South Cumbria Integrated Care Board:-

- People can sometimes *fall between* services, so rapid work has been undertaken to address this.
- Much of the thinking is in line with that of North Yorkshire and work is being undertaken to delegate decisions to *places*.
- Whilst one size does not fit all, one way of thinking across the life course does work well.
- That life course has five priorities...
 - Starting Well
 - Living Well
 - Working Well
 - Ageing Well
 - Dying Well
- The NHS Joint Forward Plan is a long-term plan for the NHS in Lancashire and South Cumbria and will set out how it is intended to deliver the statutory aims of the Integrated Care Board.
- Emerging long term strategic priorities include improving prevention and improving and transforming care provision.
- The aim is to shape services together to co-author solutions with the people who use services and get the benefit of their wisdom. Different approaches are required, as formal meetings can, sometimes, feel *hostile* to non-professionals,
- Work is at an embryonic stage – she would be happy to take on board any suggestions colleagues may have.

Foluke Ajayi, Chief Executive, NHS Airedale Foundation Trust, mentioned that she has worked across all of the three areas. There is a positive commitment to improve services for people and to deliver good outcomes - rather than being overly concerned with geographical boundaries.

NOTED.

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30. Local Plan

Considered –

A verbal update by Louise Wallace.

Louise advised the Board that the enthusiasm and momentum engendered by the discussion on the Local Plan, at the Workshop in Scarborough in July, will not be lost. Conversations are continuing to link health aspects with the Local Plan.

There are two key things required:-

- To consider how we write our Policies to make them as health and wellbeing focused as they can be; and
- To look at where the key areas for growth are and have conversations about integrating health within these.

The Chair asked what the duration of the Local Plan would be. In response, Nic Harne advised that the Plan itself could cover a period of any number of years - although it is usually about 20 years, with key review points built in. It will be evidence-based.

Councillor Simon Myers, Executive Member for Culture, Arts and Housing, stressed that, whilst the Local Plan will be important, so are leisure, libraries, culture, etc., and the Health and Wellbeing Board underpins all of these services.

31. Rolling Work Programme – 2023/2024

The Chair introduced this report and emphasised that the Work Programme is for the Board to edit and add to as they wish.

NOTED.

32 Regulatory Oversight Briefing

Considered –

A presentation by Louise Wallace, which is available [here](#)

Louise highlighted the following aspects, in particular:-

- The Inspection Framework for Integrated Care Systems and Local Authorities is underpinned by best practice and guidance.
- Formal assessments are expected to commence later this year.
- Local Authorities will be judged against four domains and nine quality statements.
- Integrated Care Systems will be assessed against three themes and six categories.

- A mock inspection by Dr. Carol Tozer had been held in June 2023 and a further one is planned.
- There are a number of on-going actions to prepare for inspection, including the preparation and collation of the *evidence chest* – qualitative and quantitative information to develop our narrative, highlighting what we do
- Seven Adult Social Care improvement areas have been identified, along with three Public Health *Big Ticket* issues. These are:-

Adult Social Care Improvement Areas

- Waiting Well
- Reviews
- Direct Payments
- Carers
- Reablement
- Home First
- Complex Care

Public Health Big Ticket Issues

- Best start in Life
- Getting people moving more
- Healthy ageing

In response to a question from the Chair, Richard Webb confirmed that providers and partners are inspected separately and as part of the Council's Inspection. Partners will need to stand together and be supportive to each other.

The Chair asked Stuart Carlton, Corporate Director, Children and Young People's Service, if he had anything to add as the Directorate had recently been inspected and adjudged outstanding in all areas. Stuart Carlton advised that the inspectors will triangulate across organisations. For instance, with regard to the Inspection of the Police Service in North Yorkshire, which had been adjudged inadequate, the Inspectors wanted to know the impact of this on the Directorate and what the Directorate was doing to overcome this. Therefore, it is important to read across and co-own issues.

NOTED.

33. Closed Session: To consider the elements of the Regulatory Oversight Briefing that contain exempt information

NOTE: The Chair confirmed that the press and public are excluded for this Item of business, as resolved by the Committee at Minute No. 25, above.

Louise Wallace advised Members of the confidential feedback from Phase 1 of the Mock inspection. This had identified a number of key strengths, as well as some priority areas for improvement.

NOTED.

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

There was no other business.

35. Date of next meeting – Wednesday 29th November 2023 at 10.30 a.m.

The meeting concluded at 12:15 p.m.

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