

North Yorkshire County Council

North Yorkshire Health and Wellbeing Board

Minutes of the remote meeting held on Wednesday, 18th September, 2024 commencing at 12.30 pm.

Board Members	Constituent Organisation
Councillor Michael Harrison (Chair)	Executive Member for Health and Adult Services
Councillor Simon Myers	Executive Member, Culture, Arts and Housing
Wendy Balmain	Place Director, North Yorkshire, NHS Humber and North Yorkshire Integrated Care Partnership
Ashley Green	Chief Executive Officer, Healthwatch, North Yorkshire
Nic Harne	Director of Community Development, NYC
Louise Wallace	Director of Public Health, NYC
Richard Webb	Corporate Director of Health and Adult Services, North Yorkshire Council
Brian Cranna	Tees Esk and Wear Valleys NHS Foundation Trust
Samual Peate	Chief Operating Officer, South Tees Hospitals NHS Foundation Trust

In attendance:-

Christian Brennan, Assistant Democratic Services Officer.

Sohail Abbas, Deputy Medical Director for our NHS West Yorkshire Integrated Care Board

Copies of all documents considered are in the Minute Book

1 Welcome by the Chair

The Chair welcomed everybody to the meeting.

2 Apologies for Absence

Apologies were received from:-

- Jonathan Dyson
- Mike Padgham
- Janet Sanderson
- Stacey Hunter, substituted by Sam Peate
- Sally Tyrer
- Amanda Bloor
- Zoe Campbell, substituted by Brian Cranna

3 Declarations of Interest

There were no declarations of interest.

4 Minutes of the Meeting Held on 19th July 2024

That the Minutes of the meeting held on be approved 19th July, 2024 be approved.

5 Public Participation

One public question had been received from Mr. Roger Tuckett.

Mr. Roger Tuckett

Mr Tuckett made the following statement:-

Since March's HWB, I have met with Councillor Harrison, and put forward some specific suggestions ("five asks"). I am now in regular contact with Natalie Smith, and have been asked to joined the drafting Group. Her report to this HWB Meeting is to be welcomed. Suggestions of a 2025 JNSA for Autism appear to be being discussed. Progress has been made on Oliver McGowan training of members, leaders and executives, specifically. The Council appears in listening and cooperation mode.

In parallel, growing cooperation exists with the ICB MHLDA Collaborative and its new Autism Strategy Lead, albeit that with associated organisational adjustments, some transitional uncertainty remains.

Can the ICB give any definite information as to whether a new consultation either for NY, NY&Y or the ICB a whole (through the Collaborative) is imminent on the assessment pathway, and specifically whether it will include the important matter of pre- and post-diagnostic support? I appreciate matters may still be fluid, and a written reply quite soon would suffice.

Could I encourage all HWB Members give some attention in the debate today and to follow:

The importance of ever-closer cooperation between Health Care, Social Care, the VCSOs including The Retreat and Autism/ND Communities; and in the case of the ICB, between Place activities and MHLDA Collaborative activities?

That NICE and NHSE Guidelines are clear and precise on both the assessment pathway and support, which central Government is expecting to be applied, and do not require to be re-written and watered down even if this involves difficult and challenging budgeting issues at ICB Main Board level.

Recognition that further Autism and ND community engagement is unlikely to be fruitful in an atmosphere of trust unless with clear indication from the ICB Board on the availability and timetable for funding of new and materially improved services.

The value of close cooperation with the City of York, where considerable greater progress has been made on community engagement and support, inclusion of ADHD matters alongside Autism and the detailed understanding of unmet need through their own JSNA currently under development by their Public Health team.

The Chair thanked Mr Tuckett for his submission.

Wendy Balmain responded that there was no planned consultation, rather, there had been a series of engagement events regarding the online assessment pathway which spoke to

people with lived experience. The implementation of the pathway had been necessary due to growing waiting lists, and with the feedback, had become a more needs led platform.

6 West Yorkshire Place Update

Considered –

An update from Richard Webb, as summarised below:-

- There was a significant change in personnel as Nancy O’Neill was due to retire from her role as Bradford District and Craven Health and Care Partnership. The NHS West Yorkshire Integrated Care Board had selected Matt Sandford as the new Director of Partnership and Place, and Helen Farmer as Director of System Transformation.
- The Better Care Fund had been signed for the Craven area.
- There is ongoing major work regarding the financial status of Bradford City Council and the NHS in Bradford
- Craven NHS colleagues are now part of a joint commissioning group between the Council and the NHS
- Links with the Lancashire and South Cumbria ICB had been formalised. Further, populations traditionally split along the West Yorkshire ICB and West Yorkshire ICB border were now receiving health provision from their respective ICB.

Louise Wallace added that the Bradford and Craven Place Board received the HWB strategy at their last meeting.

In response to a question from the Chair regarding Airedale Hospital, Richard responded that the planning was ongoing but that the overall position of the scheme was unclear.

Ashley Green asked about the nature of North Yorkshire’s connection with the North East and North Cumbria ICB and the status of the relationship. Richard said there was good engagement with organisations based in the NENC ICB that served North Yorkshire, particularly South Tees and TEWV.. Wendy advised there were ICB to ICB conversations at the chief executive level, in addition to good engagement on the local level that maintained access to services, such as Friarage and the Catterick developments.

7 Humber and North Yorkshire Place Update

Considered –

An update from Wendy Balmain, as summarised below:-

Strategic Overview

- The recently published Darzi report detailed what would be the 10 year strategy for the NHS, which included three big shifts.
 1. Hospital to community care
 2. Analogue to digital

3. Treating sickness to preventing sickness

- That prior to the report, the ICB was already underway with partners to look at how services were delivered for the future, work partnerships were affordable, quality was improved, and long-term mortality rates were improved for the population, in particular those who have a low quality of life. The report would however support how the ICB moved its plans forward.
- That the new ICB strategy included four health priorities, which would be the focus of the ICB.
 1. Reducing harm from cancer
 2. Cutting cardiovascular disease
 3. Living with frailty
 4. Aiding mental health and resilience
- The ICB strategy had a 'golden priority' around how we improve life chances of children and young people.
- As part of the strategy, the ICB had worked with leaders across the system to look at the design for the future, or 'blueprint'. It would become public in the autumn for consultation. The Blueprint would look at three key areas.
 1. The integrated out of hospital model across primary, community, and social care.
 2. Mental Health
 3. Hospitals
- The ICB was looking at a 'delegation to places' model, which would put places at the centre for the delivery of the integrated model around primary, community, and social care. The Place Board, acting as an executive forum, was looking at what this meant for North Yorkshire, what they wanted delegation to look like, and whether it would deliver something different from what currently exists.

Practical Overview

- The ICB was working through the model of community health and what it should look like for the future, its core offer, and its ability to deliver equitable access to its services. She suggested there was an opportunity to cooperate across York and North Yorkshire and its providers of community services.
- There were two primary care network pilots in North Yorkshire which would provide insight into what primary care would look like in the future.
- There was a Health and Inequalities programme in its third year which was testing ways of working with local organisations. It was amongst other smaller schemes of which the findings could be shared at a future meeting.

Louise Wallace added that the schemes had been discussed at the North Yorkshire Place Board, of which many would complement the Health and Wellbeing Strategy. Further, that as Chair of the Population Health Prevention Executive Committee for the ICB, they were keen to find a balance between initiatives which were done as one-offs on a local authority level, and initiatives at the local level could be done on a basis that reflected local needs.

The Chair observed that in the short-term much the operational side was spent enabling people to leave hospitals, freeing beds, or block-buying beds in care homes; while the long-term strategy would redesign services. Wendy added that strategically, they were seeking ways of delivering care closer to home rather than using more nursing and residential care. They would redesign services so that pressure on services were lifted and coordinated differently.

In regard to the Darzi report Ashley commented that it was more than the way people received care, but importantly the issues on why they need it. Social determinants around education, housing, green spaces all contributed to health outcomes, of which the prevention agenda should address.

8 Autism Strategy - Update

Considered –

An update from Louise Wallace.

The Update advised that the team had been engaged in conversations which had helped develop an initial action plan. The data collected would be developed over the next few months but would not impede creating the strategy now. As it was a partnership strategy, Louise asked that the members of the board consider the strategy in their organisations, and feedback during future updates.

The Chair was encouraged to hear that the plan would prioritise its early phase and produce measurable results, rather than map out the full five years and fall behind.

Ashely Green welcomed the work, and said it was important to keep the autism community updated and involved as the strategy progressed.

Richard Webb commented that he was grateful for the engagement and the different views received which helped create the delivery plan. He said that it was important to acknowledge that there will be phased milestones for progressing actions. . On top of this, he suggested to look at other initiatives that were underway during the next five years such as national work with younger people with special educational needs and how we influence the government's policy approach. Further, that he was involved in a piece of work regarding 'work in general', which aimed to understand the changing needs and demographics of working age adults.

9 Rolling Work Programme

The Chair introduced this report and advised members that the Work Programme was open to their input and recommendations.

In response to the Chair's query regarding the status of the Joint Health and Wellbeing Strategy Delivery Plan, Officers confirmed that it was ready for the next meeting.

NOTED.

10 Any Other Items

There was no other business.

11 Date of Next Meeting - 27 November 2024

The meeting concluded at 1.15 pm.