

## North Yorkshire Health and Wellbeing Board

**Minutes of the meeting held on 19 September 2018  
at Selby District Council, Civic Centre, Doncaster Road, Selby**

**Present:-**

Board Members	Constituent Organisation
<b>County Councillors</b>	
County Councillor Michael Harrison ( <b>Chair</b> )	Executive Member for Adult Social Care and Health Integration, North Yorkshire County Council
County Councillor Caroline Dickinson	Executive Member for Public Health and Prevention, North Yorkshire County Council
County Councillor Janet Sanderson	Executive Member for Children and Young People's Service, North Yorkshire County Council
<b>Elected Member District Council Representative</b>	
Richard Foster	Leader, Craven District Council
<b>Local Authority Officers</b>	
Richard Flinton	Chief Executive, North Yorkshire County Council
Dr Lincoln Sargeant	Director of Public Health, North Yorkshire County Council
Janet Waggott	Chief Executive, Selby District Council (District Council Chief Executive Representative)
Richard Webb	Corporate Director – Health and Adult Services, North Yorkshire County Council
<b>Clinical Commissioning Groups</b>	
Amanda Bloor ( <b>Vice-Chair</b> )	Accountable Officer, NHS Harrogate and Rural District CCG
Phil Mettam	Accountable Officer, NHS Vale of York CCG
Gill Collinson (substituting for Janet Probert)	Executive Nurse, NHS Hambleton, Richmondshire and Whitby CCG
<b>Other Members</b>	
Phil Bramhall (substituting for Jill Quinn)	Chief Executive, Chopsticks (Voluntary Sector Representative)
Nigel Ayre (substituting for Judith Bromfield)	Delivery Manager, Healthwatch North Yorkshire
<b>Co-opted Members</b>	
David Kerr (substituting for Colin Martin)	Tees Esk and Wear Valleys NHS Foundation Trust (Mental Health Trust Representative)
Jonathan Coulter (substituting for Dr Ros Tolcher)	Deputy Chief Executive, Harrogate District Foundation Trust (Acute Hospital Representative)

**In Attendance:-**

County Councillor Carl Les, Leader of North Yorkshire County Council  
Michelle Thompson, Chief Executive, Healthwatch, North Yorkshire

**North Yorkshire County Council Officers:**

Robert Ling (Technology and Change). Dale Owens and Louise Wallace (Health and Adult Services) and Patrick Duffy (Legal and Democratic Services)

**Observer:** Ruth Gladstone, Principal Democratic Services Officer

#### **54. Apologies for Absence**

Apologies for absence were submitted by:

- Judith Bromfield, Chief Executive, Healthwatch North Yorkshire
- Stuart Carlton, Corporate Director, Children and Young People's service, North Yorkshire County Council
- Simon Cox, Accountable Officer, NHS Scarborough and Ryedale CCG
- Shaun Jones, Interim Director of Delivery, NHS England, North Yorkshire and Humber Area Team
- Colin Martin, Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust
- Janet Probert, Accountable Officer, NHS Hambleton, Richmondshire and Whitby CCG
- Jill Quinn, Chief Executive, Dementia Forward
- Colin Renwick, Clinical Chair, NHS Airedale, Wharfedale and Craven CCG
- Ros Tolcher, Chief Executive, Harrogate District NHS Foundation Trust

#### **55. Minutes**

**Resolved -**

That the Minutes of the meeting held on 30 May 2018 be approved as an accurate record, subject to it being noted that Councillor Janet Sanderson had been present.

#### **56. Review of actions taken at the last meeting**

Considered -

An Action Sheet produced by the representative of the Assistant Chief Executive (Legal and Democratic Services), who confirmed that the actions had been implemented, or were in the process of being.

**Resolved -**

That the Action Sheet be noted.

#### **57. Declarations of Interest**

There were no declarations of interest.

#### **58. Public Questions of Statements**

There were no questions or statements from members of the public.

#### **59. Digital Theme Update – Presentation**

Considered -

The presentation by Robert Ling, Health and Wellbeing Board Digital Lead. The presentation covered the draft Digital Strategy: *Setting out our approach to become a smart county*.

Robert Ling outlined the main elements of the Strategy which comprised:-

- About this Strategy
- Benefits of the Strategy
- Digital Revolution

- Digital Opportunities
- The Challenges
- Strategy on a page
- Our principles
- Our objectives

He made the following points in particular:-

- There had not been as much progress as had been hoped as a result of the time and resources put into the Regional Local Health and Care Records Exemplar (LHCRE) Bid for Yorkshire and Humberside. That bid had been successful and we were now in a good position to move forward with partners on the digital theme.
- North Yorkshire had excellent representation on the Regional Digital Care Programme Board and the Regional LHCRE Delivery Team through Richard Flinton, Chief Executive and Neil Bartram, Technology and Change Business Partner, respectively.
- The Digital Discharge bid had not been successful, but partners were agreed on what was required. Therefore, this should not limit our ambition or ability to move forward in this area.

The Chair asked to what extent these issues could be influenced locally; were we being swept along by national initiatives? In response, Robert Ling advised that the main drivers were national and there were constraints to executing these locally.

Lincoln Sargeant, Director of Public Health, queried how the theme of loneliness was being picked up and how, whilst ensuring that the Strategy was an enabler, it also addressed potential harms? Robert Ling confirmed that work with Craven was taking place on the issue of loneliness but this thread needed to be developed. Among younger people, an issue to overcome was that, on the face of it, many young people who appeared hugely connected and involved were, in reality, very lonely. We need to understand this more. The Yorkshire and Humber Community Partnership would be looking at this issue further at its meeting in October and he encouraged Members to attend if they can.

Richard Webb, Corporate Director of Health and Adult Services, North Yorkshire County Council, acknowledged the work that had been undertaken outside of formal meetings. He felt this was an exciting opportunity to change lives and move the conversation from one around cutting services. It was encouraging that the Rt. Hon. Matt Hancock, MP, Secretary of State for Health and Social Care, was a proponent of digital.

He added that the North Yorkshire Commissioner Forum would be developing a timeline by which NHS Trusts should cease using fax machines.

Nigel Ayre, Delivery Manager at Healthwatch North Yorkshire, echoed the point about loneliness. Whilst there were benefits to, say, conversations being held between a Doctor and a Patient via skype-type technology, this could be contrasted with a situation where an individual's journey to a GP might involve them walking to a bus stop; talking to people whilst waiting for the bus; speaking to the Receptionist on arrival at the GP Practice and, possibly, other people in the waiting area, prior to a discussion with the GP. This provided far more interaction.

Nigel Ayre also felt it was important that procedures were in place to ensure that people's information was not sold onto Pharmaceutical Companies.

#### **Resolved -**

That the presentation be noted.

**60. North Yorkshire Health and Wellbeing Board, Mental Health, Moving in the Right Direction – Summit Report**

Considered –

The report of Louise Wallace, Assistant Director of Health and Integration, providing an update to the Board following the Mental Health Summit the Board hosted on 30 May 2018.

She highlighted the following aspects:-

- The Summit had been a success. There had been overwhelmingly positive feedback and many ideas had been generated. It was difficult to encapsulate all of these in a summary, but they could be distilled into four key areas, namely:-
  - Access to information and signposting
  - Access to services
  - Comprehensive service offer – 24/7
  - Employment support
- A more detailed report back on the Summit, together with proposals as to how to take things forward, would be made to the next meeting on 23<sup>rd</sup> November.
- There were a number of really good initiatives being undertaken including the initiative being led by Amanda Bloor, Accountable Officer at Harrogate and Rural District CCG, in partnership with Tees, Esk and Wear Valleys NHS Foundation Trust.
- Responses to several questions needed to be developed such as:-
  - do we have a 24/7 mental health offer?
  - is a Single Point of Contact realistic?; and
  - do people know where they can go for help when they are in crisis?
- There needed to be a 24/7 mental health offer. That offer should be available in a multitude of places, including the workplace.

Amanda Bloor advised that challenges in delivering the NHS Five Year Forward View ambition for mental health needed to be addressed with a new approach. Therefore, she had had discussions with Colin Martin, Chief Executive of Tees, Esk and Wear Valleys NHS Foundation Trust, to consider the totality of the resources available and how to achieve the most value possible from these.

She added that good progress was being made. For instance, the Crisis Care Concordat, which she Co-Chairs with Julia Mulligan, the Police and Crime Commissioner for North Yorkshire, had been relaunched and was focusing on how people could be stopped from reaching crisis and, if that cannot be prevented, how individuals can be supported to prevent a reoccurrence.

The Chair commented that it was important that the two main themes that the Board had looked at so far - Digital and Mental Health - were seen through to a conclusion and he looked forward to further information on both at the next meeting.

**Resolved –**

That it be noted that a full summary report of the Mental Health Summit and associated Action Plan will be brought to the Board in November 2018.

## 61. Mental Health Prevention Concordat - Update

Considered -

The report of Dr. Lincoln Sargeant, North Yorkshire Director of Public Health, providing a briefing on the Mental Health Prevention Concordat, an initiative that was referenced in the presentation by Public Health England at the Mental Health Summit on 30 May 2018. The National Prevention Concordat for mental health specifically requests Health and Wellbeing Board sign up. The report provided an update on public mental health activity.

Dr. Sargeant talked Members through this report.

- The Concordat was published in September 2017 by Public Health England to help local areas put in place effective planning arrangements for population-level mental health by March 2019.
- The focus of the Concordat was to:-
  - galvanise action on both a local and national level to prevent mental health problems and promote good mental health;
  - encourage and promote cross sector activity led by health and wellbeing boards, clinical commissioning groups and local authorities; and
  - enable every area to use the best data available to plan and commission the right mix of provision to meet local needs, increase equity and reduce health inequalities
- Excellent progress had already been made. This included the establishment of a Public Mental Health and Prevention Partnership Group which, as part of its work, acted as a reference group and consultation group about public mental health and prevention interventions and proposals and the production of a Joint Strategic Needs Assessment for Mental Health.
- The criteria had been met or was in the process of being.

Nigel Ayre felt that wider engagement was key as there was not a general awareness of how everything fits together. We need to ensure that the public is clear on the huge amount of work that is happening and how they can get involved.

Amanda Bloor agreed and felt that consideration should be given as to how we align groups better. Perhaps a mapping exercise should be undertaken.

Richard Webb welcomed this Initiative. There was some very positive work being carried out in North Yorkshire including the hard hitting training around tackling the stigma of mental health. He considered that thought was required as to how best to support organisations to recognise mental health. He did not favour the approach of having people act as “champions” as there was a danger that people feel the champion is taking care of everything, whereas buy in needs to be spread wider.

**Resolved -**

- (a) That the local activity on mental health improvement be noted.
- (b) That North Yorkshire Health and Wellbeing Board sign up to the Prevention Concordat on Mental Health.

- (c) That further consideration be given to whether or not to appoint a champion for the Mental Health Prevention Concordat at the next meeting.

**62. Integration and Better Care Fund Operational Guidance 2018/19 and Implications for North Yorkshire - Presentation**

Considered -

The presentation by Louise Wallace, Assistant Director of Health and Integration, which provided an update on the Better Care Fund (BCF) and Delayed Transfers of Care (DToC).

- On BCF, key messages included:-
  - agreement had been reached on allocation of the Disabled Facilities Grant;
  - the escalation process had been exited following submission of DToC targets;
  - Quarter 1 2018/19 new combined BCF & Improved BCF update had been submitted to NHSE/DCLG
  - The Section 75 agreement for the BCF pooled budget had been signed
- Challenges for BCF included incorporating additional Improved BCF schemes within the Section 75 agreement; implementing High Impact Changes; and preparing the refreshed narrative Plan for the 2019/20 BCF, which the North Yorkshire Commissioner Forum would work on, prior to consideration by the Board.

Richard Webb commented that he understood that BCF would continue, but possibly in different guises.

- Turning to DToC, there remained a disconnect between quarterly return dates and published metrics, which resulted in partial data for each period.
- Performance varied across areas, with the overall position as follows:-
  - Non-elective admissions = 2017/18 outturn was 1475 NEA's (2.2%) above target. In 2018/19 Q1 indicates on target.
  - Residential/Nursing admissions = 2017/18 outturn was 222 placements (32.3%) above target. In 2018/19 Q1 indicates on target.
  - Re-ablement = data for 2018/19 Q1 not available to assess progress.
  - DTOC = 2017/18 outturn was 1884 days (8.4%) above target. In 2018/19 Q1 indicates 34% above target.
- Among the priorities for DToC, were to continue to challenge UNIFY data, where appropriate; and developing locality specific data reporting for DToC performance so the Board can identify where additional support or actions may be required.
- The discipline and rigour from the daily conversations with colleagues in the Trusts had been extremely beneficial in strengthening working relationships and helping to reduce DToC rates.
- Whilst it would be important not to take our eye off the ball in respect of DToC rates, this should not be the sole focus.

**Resolved -**

That the presentation be noted together with the fact that the BCF refresh is likely to be presented to the Board at its next meeting on 23<sup>rd</sup> November.

**63. Health and Wellbeing Board - Rolling Work Programme/Calendar of Meetings 2018/2019**

Considered -

The Work Programme/Calendar of Meetings for 2018/2019.

The Chair highlighted the fact that recent sessions had concentrated primarily on workshops so that the Board could develop its thinking in relation to the Digital and Mental Health Themes. However, the next meeting would concentrate on formal Items, as there were a number that needed to be considered.

Richard Webb suggested that preparations for Winter/DToC be added to the Work Programme and confirmed that the Health Acute landscape would be considered by the North Yorkshire Commissioner Forum early in 2019.

**Resolved -**

- a) That the November Session of the Board be solely/predominantly a formal meeting.
- b) That the following Items be added to the November meeting:-
  - Digital Update
  - Preparations for Winter/DToC
  - Annual Report of the Director of Public Health

The meeting concluded at 1.50 p.m.

PD