

Notice of a public meeting of Health and Wellbeing Board

To: Councillors Runciman (Chair), Craghill, Cuthbertson, Looker,

Dr Nigel Wells (Vice Chair) – Chair, NHS Vale of York Clinical Commissioning Group

Dr Emma Broughton – Chair of the York Health and Care Collaborative & a PCN Clinical Director

Sharon Stoltz – Director of Public Health, City of York Council

Lisa Winward – Chief Constable, North Yorkshire Police
Alison Semmence – Chief Executive, York CVS

Siân Balsom – Manager, Healthwatch York

Shaun Jones – Deputy Locality Director, NHS England and Improvement

Naomi Lonergan – Director of Operations, North Yorkshire & York – Tees, Esk & Wear Valleys NHS Foundation Trust

Simon Morritt – Chief Executive, York Teaching Hospitals NHS Foundation Trust

Stephanie Porter – Director for Primary Care, NHS Vale of York Clinical Commissioning Group

Mike Padgham – Chair, Independent Care Group

Michael Melvin (Substitute for Corporate Director of People) – Director of Safeguarding

Anne Coyle (Substitute for Corporate Director of People) – Interim Director of Children’s Services

Date: Wednesday, 19 January 2022

Time: 4.30 pm

Venue: Remote meeting

A G E N D A

In the event that the Health and Wellbeing Board are required to make decisions, physical attendance meetings will be arranged.

1. Declarations of Interest

At this point in the meeting, Board Members are asked to declare:

- any personal interests not included on the Register of Interests
- any prejudicial interests or
- any disclosable pecuniary interests

which they may have in respect of business on this agenda.

2. Minutes (Pages 1 - 16)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on 17 November 2021.

3. Public Participation

At this point in the meeting members of the public who have registered to speak can do so. Members of the public may speak on agenda items or on matters within the remit of the committee. Please note that our registration deadlines have changed to 2 working days before the meeting, in order to facilitate the management of public participation at remote meetings. The deadline for registering at this meeting is at 5.00pm on Monday 17 January 2022.

To register to speak please visit

<http://www.york.gov.uk/AttendCouncilMeetings> to fill out an online registration form. If you have any questions about the registration form or the meeting please contact the Democracy Officer for the meeting whose details can be found at the foot of the agenda.

Webcasting of Remote Public Meetings

Please note that, subject to available resources, this remote public meeting will be webcast including any registered public speakers who have given their permission.

The remote public meeting can be viewed live and on demand at www.york.gov.uk/webcasts. During coronavirus, we've made some changes to how we're running council meetings. See our coronavirus updates (www.york.gov.uk/COVIDDemocracy) for more information on meetings and decisions.

- 4. Annual Summary: JSNA** (Pages 17 - 28)
This report provides members of the Health and Wellbeing Board with an update on the Joint Strategic Needs Assessment (JSNA), including work undertaken in the last year, the refreshed JSNA working group and planned work for the coming year.
- 5. Renewal of the Joint Health and Wellbeing Strategy 2017-2022** (Pages 29 - 32)
This report sets out a proposal to renew the Health and Wellbeing Board's [Joint Health and Wellbeing Strategy 2017-2022](#).
- 6. Establishment of a Children's and Young People's Health and Wellbeing Programme Board** (Pages 33 - 38)
This report asks the Health and Wellbeing Board to approve the establishment of a Children's and Young People's Health and Wellbeing Programme Board as a sub-committee of the Health and Wellbeing Board.
- 7. Preventing Harm and Supporting Recovery for those using Drugs and Alcohol in York** (Pages 39 - 50)
This report provides Board members with information on the impact of drug and alcohol use in York and work being done to prevent harm to and support recovery for users. Members are asked to provide comments and feedback and consider signing the North Yorkshire and York 'Dual Diagnosis Pledge'.

8. Verbal Update: Current Situation re: Covid 19

The Director of Public Health will give a presentation on the current situation in relation to Covid-19 including recovery plans. This item will be in presentation format to ensure that the most up to date information can be presented to the Health and Wellbeing Board.

9. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972.

Democracy Officer:

Joseph Kennally

Telephone No – 01904 551573

Email – joseph.kennally@york.gov.uk

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting:

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

Contact details are set out above.

This information can be provided in your own language.

我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی میا کی جاسکتی ہیں۔ (Urdu)

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City of York Council

Committee Minutes

Meeting

Health and Wellbeing Board

Date

17 November 2021

Present

Councillors Runciman (Chair), Cuthbertson,
LookerDr Nigel Wells (Vice Chair) – Chair, NHS
Vale of York Clinical Commissioning GroupDr Emma Broughton – Chair of the York
Health and Care Collaborative & a PCN
Clinical DirectorSharon Stoltz – Director of Public Health, City
of YorkAnne Coyle - Interim Director of Children's
Services

Michael Melvin - Director of Safeguarding

Alison Semmence – Chief Executive, York
CVSShaun Jones – Deputy Locality Director, NHS
England and ImprovementNaomi Lonergan – Director of Operations,
North Yorkshire & York – Tees, Esk & Wear
Valleys NHS Foundation TrustSimon Morritt – Chief Executive, York
Teaching Hospitals NHS Foundation TrustPhil Cain, Deputy Chief Constable, North
Yorkshire Police (Substitute for Lisa
Winward)Janet Wright, Chair, Healthwatch York
(Substitute for Siân Balsom)

Apologies

Councillor Craghill,

Mike Padgham - Chair, Independent Care Group,

Stephanie Porter – Director for Primary Care, NHS Vale of York Clinical Commissioning Group

Sian Bâlsom - Manager, Healthwatch York

Lisa Winward, Chief Constable, North Yorkshire Police

60. Declarations of Interest

Board Members were invited to declare any personal, prejudicial or disclosable pecuniary interests, other than their standing interests, that they had in relation to the business on the agenda. None were declared.

61. Minutes

Resolved: That the minutes of the meeting held on the 15 September 2021 be approved and signed by the Chair at a later date.

62. Public Participation

It was reported that there were no registered speakers under the Council's Public Participation Scheme.

63. Development of a Dementia Strategy: Progress Report

This report presented the Health and Wellbeing Board with an update on the development of a dementia strategy for York. The Commissioner, Adult Mental Health, NHS Vale of York Clinical Commissioning Group and the Lay Member for Patient and Public Involvement, NHS Vale of York Clinical Commissioning

Group were in attendance to present the report and respond to questions.

Key points raised during the presentation of the report included:

- There was a delay in the timescales of the completion of the strategy, which had been originally scheduled to be completed in late autumn.
- The Dementia Action Alliance, had been reformed into the Dementia Collaborative as the voice and influence of the dementia strategy to aid in ensuring that it was co-produced with those with lived experience of dementia.
- Funding had been secured to carry out engagement with people suffering from dementia, however the launch was delayed and the survey eventually had to be held online due to the Covid-19 pandemic. Around 700 surveys were sent out, however only 86 responses in total were received, of which the majority were from carers.
- There were now opportunities to meet people face-to-face in dementia cafes for which risk assessments had been set up. This engagement was ongoing and due to finish in December.
- There was considerable work underway with those on the strategy group representing providers of dementia services in York which was detailed in the annex to the report.
- Dementia Forward had been commissioned to offer pre and post diagnosis support, by referral from a GP or self-referral.
- Diagnosis rates were around 55% against the national standard of 66.7%.
- Work was underway for people with early onset dementia, for which support was currently limited for activities and care homes. People with lived experience were invited to contribute to this.

Comments from board members included:

- It was important to provide alternatives to accessing services digitally to prevent sections of the population without access to the internet from being excluded.
- The work of the dementia co-ordinators in primary care had enabled the diagnosis rate to improve greatly.
- The importance of co-production was emphasised by members.

- Health services were struggling to provide for those with severe dementia who required complex care, and it was hoped the strategy would be able to address this.

Resolved:

- i. That the contents of the report be noted.
- ii. That the Health and Wellbeing Board indicate their ongoing support for the direction of travel and revised timescale for completion of the York Dementia Strategy.

Reason: To give the Health and Wellbeing Board oversight of the work in relation to the development of the dementia strategy.

64. Health Protection Annual Report

The Health and Wellbeing Board received a report which provided an update on health protection responsibilities within City of York Council and builds on the report from July 2018. The Nurse Consultant in Public Health was in attendance to present the report and respond to questions.

Key points raised during the presentation of the report included:

- The data in the report represented a snapshot in time, but showed a stable and improving picture in the uptake of preventative measures such as screening and vaccination.
- It was acknowledged that flu was a health protection risk, which could put pressure on all health and social care systems.

Questions and comments from board members included:

- There were concerns about some targets included on late HIV presentation and the number of cases/testing of chlamydia.
 - Late diagnoses were usually due to people coming into the area following a diagnosis elsewhere, which York health services do not learn of until later.
 - There was now less late diagnosis of men who have sex with men due to PrEP, and now those being diagnosed with HIV were increasing from groups less traditionally seen as at a high risk from the virus.

- There was research being undertaken to understand why fewer people were coming forwards for testing across the region.
- The Director of Public Health thanked the whole of the public health team for their work throughout the pandemic, on issues related to Covid and other day to day health protection work which continued during the pandemic.

Resolved:

- i. That the report be received by the Health and Wellbeing Board.

Reason: So the Board can remain updated on health protection responsibilities.

65. York Multiple Complex Needs Network: Cultural Values

This report provided information on the Cultural Values Survey, undertaken by the York Multiple Complex Needs (MCN) Network in August 2020, supported by Barrett Values Centre. This was done as a part of a desire to build relationships and consensus about 'what good support looks like', and to identify what enables 'system stakeholders' to act collectively in order to better support people. The York MCN Programme Coordinator, York MCN Enabling Team, and two members of the York MCN Cultural Values Facilitation Team were in attendance to present the report and respond to questions.

Key points raised during the presentation of the report included:

- The Network formed in early 2018 following discussions about individuals and organisations can better collaborate to support those with multiple complex needs.
- Network activity so far had included understanding what the Network means by MCN, running a systems changes training programme, exploring different commissioning models, better engaging and collaborating with people with lived experience and learning from other areas in the country doing similar work.
- The Cultural Values Survey was a learning process to better understand the culture and health of the systems and services which respond to those experiencing severe and multiple disadvantages in York.
- Results of the survey showed that people saw the pre-Covid culture in the system was that it was change-

averse, control focused and there was a culture of blame. People saw the current culture (as of August 2020) as one with a focus on short-term goals, uncertainty and a lack of resources. People's desired culture focused on learning, adaptation, community and an inclusive culture.

- There were commonalities between the current, pre-Covid and desired cultures and an energy for change demonstrated by the survey.
- The sense-making journey and benefits of undertaking a cultural values process were discussed, which can be found in the presentation.

Comments from board members included:

- A clarification that the network was examining the entire system, rather than specific organisations that work with those with multiple complex needs or the individuals themselves. However, the data collected was useful to look at both of those.

Resolved:

- i. That the contents of the report be noted.
- ii. That Health and Wellbeing Board members consider how this work could be taken forwards within their own organisations, as well as across partnerships.
- iii. That the HWBB would be keen to undertake the cultural values survey process themselves in conjunction with the York Health and Care Alliance

Reason: To support those with multiple complex needs in York.

66. Current Situation re: Covid-19 and Covid Recovery

The Director of Public Health gave a presentation on the current situation in relation to Covid-19 including recovery plans. This item was in presentation format to ensure that the most up to date information was presented to the Health and Wellbeing Board.

Key points raised in the presentation included:

- Covid case rates in York had fallen slightly, although this was likely due school half-terms and a decline in testing. However, this fall had been reversed and rates were increasing in York, regionally and nationally.

- The case rate stood at 426.5 per 100,000, which represented 900 new cases of Covid in the last 5 days, which was not the highest in Yorkshire and the Humber, but was above both regional and national averages.
- An analysis of this saw a majority of cases in children and younger people, with the 5-9, 10-14 and 40-44 age groups in which cases were concentrated. This that the majority of infections were in school outbreaks and household transmission, which was in line with national trends.
- A steady increase in the number of cases for those over 65 had been observed, which was worrying in light of the high prevalence of pre-existing conditions and likelihood of the need for hospital admittance for that age group. The reason for this was likely vaccine complacency in coming forward in the misunderstanding that being vaccinated makes one totally immune to the virus. Finally, it was possible that immunity in older people was waning since they were the ones who had first received that vaccine, which highlighted the need for Covid booster vaccine.
- Hospitals were similarly busy as they were in December 2020, although there had not been a sudden spike as in previous waves, there had been a slow and steady increase.
- As of 14/11/21, just under 87% of the over-16 population in York had received the first dose, and just over 82% had received their second dose. Vaccines 12-15 year olds were currently being rolled out, with around 41% having received the vaccine.
- 41,000 eligible residents in York had received the booster vaccination.
- A winter campaign, named #YorkTogether, was planned, which was to remind residents and visitors that the pandemic had not abated and to promote the wearing of facemasks, handwashing, symptom-free testing and working from home.

In response to questions from members, it was noted that:

- It was important to ensure that flu vaccinations remained available, the uptake of which had been good this year.
- Contact tracing sign-ins for shops, restaurants, etc. had greatly reduced since government legislation requiring it expired. However, under the 'Plan B' arrangements considered by Government, people will be mandated to prove their Covid status, in showing proof of vaccination or

a negative test. This was due to changes in rules in requirements of self-isolation when vaccinated.

- An IT solution was being worked on nationally for NHS Covid apps which did not register a third booster dose, although timescales for this were unknown.

Resolved:

- i. That the contents of the update be noted.

Reason: To enable the Health and Wellbeing Board to remain updated on the Covid-19 pandemic.

67. Update from the York Health and Care Alliance

Board members received an update on the York Health and Care Alliance and upcoming NHS reforms. The Joint Consultant in Public Health, NHS Vale of York CCG and City of York Council was in attendance to present the report and respond to questions.

Key points raised during the presentation of the report included:

- The Alliance had received a draft constitution for the Integrated Care Board along with additional information on the structure of the Humber, Coast and Vale Integrated Care System (ICS).
- The ICS was to be composed of 6 'places', of which one is the City of York. There were to be 4 sector-based provider collaboratives based around mental health, community health, primary care and learning disabilities & autism.
- The Integrated Care Board was to run day-to-day operations, while the Integrated Care Partnership was due to have wider membership and set the strategic direction of the ICS.
- Updates had also been received on recruitment and membership of the Integrated Care Board, including the appointment of a Chair, which was detailed in the report.
- The appointment of a Chief Executive had not yet been announced and other appointments would be more place-based, to replace local Clinical Commissioning Groups.
- The Health and Wellbeing Board was to retain its role as setting the local strategic direction of the whole health system. Thus, the Integrated Care Partnership was to include each Health and Wellbeing Board Chair from the areas it covers and the Integrated Care Board was to be

required to submit plans to local Health and Wellbeing Boards.

- The Alliance had continued to build its capacity and determine its functions and work programme.

Board members commented:

- The Chair and Director of Public Health had sent preliminary comments in response to the report and were preparing a further response due for release on 26 November.
- The Director of Public Health noted the short timescales given for comment on the documents. Therefore, while City of York Council had submitted comments, it had not been able to share these with all partners. It was suggested that both responses were shared with Board members.
- City of York Council felt there was insufficient local authority representation on the proposed ICS Board – this view was shared by all other local authorities in Humber, Coast and Vale. Discussions with the ICS were ongoing and it was possible that there would be changes to the draft constitution. It was suggested that a draft Health and Wellbeing Board response be created and circulated to members for approval.
- The Director of Public Health reminded members of the previous resolution to review the Health and Wellbeing Board's terms of reference, however she suggested that the Board await further information, such as the appointment of a ICS Chief Executive and the completion of the consultation of the constitution, before progressing with the review.
- At present there was due to be one member on the ICS Board to represent all 6 local authorities, discussions with the ICS had not yet resulted in an agreement on how this might be changed. The view of City of York Council was that all 6 authorities ought to be individually represented on the ICS Board. It was noted that the West Yorkshire ICS had adopted this model.
- It had not yet been determined who the representative of City of York Council on the ICS Board might be.
- Concerns were raised about the large and diverse nature of the geographical area the ICS was to cover.

Resolved:

- i. That the update on the NHS reforms and the York Health and Care Alliance be noted.

Reason: To enable the HWBB to remain informed on NHS reforms.

68. Healthwatch York Report: What people are telling us: Experiences of York GP Services. A snapshot report

Board members considered a report from Healthwatch York which looked at what people told them about GP services during the pandemic. The Chair, Healthwatch York presented the report and responded to questions.

Key points raised during the presentation of the report included:

- Healthwatch York received a large number of calls from residents around GP services, since they were often the first health service port of call for residents.
- Healthwatch York had emphasised to residents that GPs had been delivering more care than ever before, especially with regard to vaccination programmes, and that GPs also could get ill or have family problems like anyone else.
- Healthwatch York also heard from key partner organisations: those working with unpaid carers or those experiencing mental ill health and disabled people to understand the key challenges they face. A feeling of digital exclusion was widely reported across many areas of health and social care, as well as reports of organisations feeling an added strain due to increased need for advocating on behalf of residents.
- The recommendations of the report are focused on communication and information – Healthwatch York asked several individuals and organisations to review the report presented, including Nimbus Care and NHS Vale of York CCG, whose comments are included.

Comments from board members included:

- The current stress on the health system was immense, and demand was outstripping capacity, which was worrying to GPs and primary care, especially in difficulties in working on prevention due to a lack of capacity. Long term, the Marmot Principles should be emphasised to

ensure that people have the best start in life in order to prevent health conditions later, however the short term focus had to be getting through oncoming winter and Covid-19 pandemic.

- There was a large amount of public anger towards GPs and primary care, however it was a limited resource and so it was important to ensure it is being used in the most efficient way possible, with the Choose Well Campaign and Continuity of Care Group were emphasised.
- Increased digitisation of general practice had enabled a greater capacity than ever before, suited working age adults very well and increased response times. A single digital system was used by all GPs in York.
- However, it was important not to leave behind those who struggle with digital set-ups and those who need more support such as the elderly.
- There were good recruitment levels in general practice in York, unlike other areas of Yorkshire and the Humber, however large numbers of reception staff were considering leaving in light of the public anger towards primary care.
- Primary care was not going to return to pre-Covid conditions, but Healthwatch York was helping to alleviate the risk of poorer access to services creating inequalities.
- It was suggested that Healthwatch York facilitate a co-production approach for GPs to meet with a representation of individuals who cannot access digital services, in order to prevent the marginalisation of already vulnerable people.

Resolved:

- i. That Healthwatch York's report, 'What people are telling us: Experiences of York GP Services. A snapshot report' be received.
- ii. That organisations represented at the Health and Wellbeing Board respond directly to Healthwatch York within 28 days regarding the recommendations made to their organisation.

Reason: To keep up to date with the work of Healthwatch York.

69. Report of the Chair of The York Health and Care Collaborative

The Health and Wellbeing Board were asked to consider a report on the work of the York Health and Care Collaborative. The Chair of the York Health and Care Collaborative presented the report.

Key points raised during the presentation of the report included:

- The community alcohol pilot was very close to being started and two posts had been recruited. A large group of patients had been identified through primary care who had a problem with alcohol, but not at the level of dependency. These patients are often frequent users of A&E and have a high rate of concomitant mental health issues, and the recruited workers were to be embedded into primary care teams to address this as part of a structured behaviour input.
- A brief update on developments in the Community Mental Health Programme was included in the report, on which integration was improving and contact practitioners were working more with primary care.
- The most marginalised group with the greatest health inequalities both in York and nationally were people with learning disabilities, and the population health management approach to learning disability was to examine all aspects of care for those with learning disabilities such as screening, health outcomes and engagement with long term conditions.
- There was a large focus on end of life care at the last meeting. The hospice in York was under massive pressure and was closed to admissions, which put a large strain on primary and secondary care. Outreach work with patients at home was underway, but the situation remained worrying.

Board members commented that:

- The positive developments around first contact mental health workers in primary care would continue to grow over the next two years. The development of hubs would help to transform community mental health services and improve access.
- Work around alcohol was positive, and it was suggested that the Health and Wellbeing Board receive and update on its outcomes in the future.

- A systems approach around registers for those with learning disabilities could be discussed in future meetings.

Resolved:

- i. That the report of the Chair of the York Health and Care Collaborative be noted

Reason: There is a shared objective of improving the health and wellbeing of the population. The York Health and Care Collaborative is unique in bringing together; providers and commissioners of health and social care services (from the NHS and City of York Council), colleagues from City of York Public Health together with the voluntary sector as a means of working on joint priorities to achieve this objective. The York Health and Care Collaborative agreed to provide regular updates on its work and progress.

70. Better Care Fund Update

The Board received an update on the Better Care Fund (BCF), including the national BCF reporting process, 2020-21 Performance return for sign off, the planning arrangements for 2022-23 and a review of BCF Performance and Delivery Group Terms of Reference. The Director of Prevention and Commissioning was in attendance to present the report and respond to questions.

Key points raised during the presentation of the report included:

- A BCF Framework was received in September which included changes to expectations of reporting and activity.
- It was not nationally required to report on delayed transfers of care in 2021 or 2022, however officers stated that local delayed transfers of care were monitored.
- Non-elective admissions fell in 2021, but this was primarily due to Covid-19.
- The target of 85% of people staying at home post-90 days following hospital discharge had not been met, with around 79% of those discharged remaining at home.
- Targets for admissions of older people into residential care homes, with admissions reduced in 2021.

- A Better Care Fund Review had been carried out, which had identified the need to develop an intermediate and reablement care end-to-end approach. This had been set up as a rolling yearly programme of review to examine all BCF schemes each year.
- There had been some changes to future planning arrangements, including changes to the method of reporting around non-elective admission which will focus on ambulatory care conditions. Also, on delayed transfers of care there was to be a greater emphasis on the length of stay.
- The terms of reference of the BCF were still being reviewed, and there had been conversations within the BCF Delivery and Performance Group to make some changes to the terms of reference and membership, which was to be presented to the Health and Wellbeing Board in the next quarterly update.

Board members commented that:

- It was important to ensure that local area co-ordinators are accountable to their ward and councillors in order to prevent a democratic deficit. Officers commented that:
 - Local area co-ordinators were run through the BCF which tracked and examined its progress e.g. in reducing numbers of people accessing social care by helping them to live independently. The Communities Recovery Board was also to have oversight of all work that ran through contracted commissions within the community and voluntary sector, including local area co-ordinators.
 - Recent reports from local area co-ordination had shown the system was working well to support those with complex needs to prevent the need for them to access health and social care, which was why an additional 4 local area co-ordinators had been recruited. These reports were to be shared with board members.
 - Local area co-ordinators did not work in isolation, and co-ordinated closely with primary care e.g. for social prescribing.
- Performance information for the BCF had shown an continued year on year improvement on the number of people being supported to remain at home rather than having to access health and social care in a hospital, which was above the regional and national average. A focus on prevention of admission and reablement was to

occur going forward with an expansion of these services with an aim to focus more on prevention.

- It was retrospective to approve a financial plan in November, two thirds of the way through the financial year.
- The BCF was to be rolled forward for another year and there was likely to be little material change between now and next year while the wider context around the place of the BCF in health/social care continues to be resolved.
- All BCF schemes were reviewed in the summer of 2021 by the BCF Performance and Delivery Group, however it was agreed that there was room for improvement going forward, especially in supporting early intervention and prevention of readmission. There was some duplication of work in schemes, which was to be addressed by upcoming work around reablement and intermediate care.
- In the next plan, it was likely there would be a reduced, consolidated number of schemes.
- In hospitals, capacity had been constrained by the Covid-19 pandemic, with around 80 Covid-19 positive patients in hospital across York and Scarborough.
- There had been support from City of York Council to facilitate discharges from Foss Park Hospital, particularly in the working age adult population, though there was a particular challenge in supporting older people e.g. with dementia and challenging needs.

Resolved:

- i. That the York better Care Fund update for information be received.
- ii. That the 2021/2022 BCF return be agreed.
- iii. That authority be delegated for future returns to be signed off by the Director of Prevention and Commissioning appropriate CCG lead in partnership with the Health and Wellbeing Board Chair.

Reason: The Health and Wellbeing Board is the accountable body for the Better Care Fund.

Cllr C Runicman, Chair

[The meeting started at 16:30 and finished at 18:39].

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Health and Wellbeing Board**19 January 2022**

Report of the Director of Public Health

JSNA – Annual Update**Summary**

1. This report provides members of the Health and Wellbeing Board with an update on the Joint Strategic Needs Assessment (JSNA), including work undertaken in the last year, the refreshed JSNA working group and planned work for the coming year.

Recommendations

2. Members of the Health and Wellbeing Board are asked:
 - i. to note the content of this report and comment on how the JSNA and work of the Population Health Hub can shape the next York Health and Wellbeing Strategy.
 - ii. to comment on the mechanism for keeping the board informed about JSNA progress
 - iii. to comment on the use of the JSNA within their own organisations, and suggest how this use could be increased.

Background*Recent Developments in York's JSNA*

3. Health needs assessments (HNA) are a key 'tool' within the public health field and specialism, used internationally as a coherent and robust tool to understand the needs and inequalities of populations and to underpin planning and decision-making. Whilst a variety of approaches can be beneficial, most HNAs incorporate elements of epidemiological assessment (e.g. trends in disease prevalence, service activity),

comparative assessment (evidence and data from other areas) and stakeholder/patient assessment (e.g. focus groups, surveys).

4. Since 2013 it has been a statutory duty of CCGs and Local Authorities, through the Health and Wellbeing Board, to produce a Joint Strategic Needs Assessment, which usually consists of an overarching narrative summary on the needs of a population and deeper pieces of work on specific groups within that community. In York, the JSNA steering group has overseen the production of the overarching narrative alongside ‘topic-specific’ needs assessments, which in recent years have covered a broad range of areas themed by the four key areas of the Health and Wellbeing Strategy:

Starting and Growing Well

Sexual Health Needs Assessment - 2018
 Starting and Growing Well: Inequality Report 2018
 Children and Young People Oral Health Needs Assessment – 2019
 SEND Needs Assessment 0-16 2020
 SEND Needs Assessment 16-25 2022

Living Well

Student Health Needs Assessment - 2017
 All Age Autism Needs Assessment - 2016
 Learning Disability Needs Assessment 2018

Aging Well

Healthy ageing in older adults, inequalities report - 2019
 Self-funders needs assessment - 2019 summary report
 The Older People's Survey - 2017
 Frail Elderly Needs Assessment - 2015
 Eye Health Needs Assessment – 2015

Mental Health

Mental health report into equity of access to services 2018
 Self Harm Needs Assessment - 2016
 Alcohol Needs Assessment - 2016
 Suicide Audit - 2016
 Mental Health Needs Assessment – 2015
 Bereavement Needs Assessment 2021

Other

Rapid Review into the Impact of Covid-19 - 2020
 Indices of multiple deprivation 15/16 (published 2019)
 Homeless Health Needs Assessment - 2018
 Pharmaceutical Needs Assessment (2018-2021)
 Poverty Needs Assessment - 2015
 Pharmaceutical Needs Assessment – 2014

5. Work on the JSNA is closely aligned to work on a population health management approach to health and care services. Because of this, the JSNA working group now sits as part of the newly formed Population Health Hub (PHH) steering group. The Population Health Hub is a multi-agency network comprising of representatives of City of York Council, Vale of York CCG, York and Scarborough Teaching Hospital NHS Trust, Tees, Esk and Wear Valleys NHS Trust, North Yorkshire Police, Healthwatch York, with other organisations welcomed to join.
6. The PHH steering group’s purpose is to ensure that the development and delivery of population health management (PHM) programmes and the JSNA is well managed and embedded into local decision-making. Further

information on the PHH steering group's purpose, responsibilities and governance can be found in the Terms of Reference (Annex A).

7. Population Health Management (PHM) improves population health by data driven planning and delivery of services to achieve maximum impact. It includes segmentation, stratification and modelling to identify local 'at risk' population groups. Following this identification of population groups, it is then about designing and targeting interventions to prevent ill-health and to improve care and support for people with ongoing health conditions.
8. Within York, the PHH has three main functions:
 - i. Enabling - Supporting the York health and care system to use population health data, and PHM as a tool
 - ii. Analysing - Improving the JSNA, making it useful and used
 - iii. Doing - Leading tangible PHM projects which show the benefit of this approach
9. The JSNA is an integral part of the PHH and it is hoped by combing the existing membership of the JSNA working group into the newly formed PHH steering group, the JSNA can become an integral part of future service planning, commissioning and improvement.
10. Alongside the overarching strategic needs assessment, topic specific needs assessments (sometimes referred to as deep dives) are also undertaken. In an effort to simplify the process for requesting a topic specific needs assessment, a simplified request form has been developed (Annex B). This form is accessible through the JSNA website or on request from the public health team. Requests are considered at each PHH steering group and if agreed to be undertaken, the assessment is put on the JSNA forward plan.

JSNA outputs in 2021

11. Alongside the revision of the JSNA working group into the PHH steering group, there have also been two topic specific needs assessments undertaken. The number of assessments produced is lower than in previous years due to the impact of COVID, which has put pressure on public health capacity to undertake assessments and has also resulted in less requests. All topic specific needs assessments are published on the JSNA website (www.healthyork.org).

12. Topic specific needs assessments are in-depth pieces of work, usually taking several months to complete. They require a collaborative approach across the local authority and partner organisations, to collate the relevant data, gain insight and feedback from professionals and service users and then produce the assessment with recommendations. During 2021 reports were produced on:

- Bereavement – requested by the Mental Health Partnership. This found that overall there are a good range of bereavement support services in York, supplemented by a very broad range of national bereavement support organisations. None of the services identified a significant increase in demand due to covid, but all identified that the lockdown measures had caused them to need to deliver support in a different way. The report was presented to the Mental Health Partnership in September 2021.
- SEND Phase 1 – produced in response to the 2019 Ofsted and CQC inspection. This report looked at many areas across early years and young people (aged 0 – 16) with SEND. The report produced a large number of recommendations for the SEND improvement board to take forwards. A second phase is ongoing, with a focus on those young people aged 17-25.

Planned outputs for 2022

13. The initial priority for 2022 is to ensure the overarching JSNA is up to date with the latest data, data sources and is identifying the correct areas where York is doing well, where York needs to improve and where there are areas of inequality. The data is presented on the healthyork.org website, where it can be viewed online or downloaded into document format. The data will continue to be presented under the following headings: starting and growing well, living and working well, ageing well, mental health and place. The refresh will also incorporate data presented in graphical and tabular formats, alongside narrative.
14. It is anticipated that board members will use the updated JSNA to inform the upcoming refresh of the Joint Health & Wellbeing Strategy. Information contained within the JSNA will help the board to identify areas of priority need within the city.
15. The Pharmaceutical Needs Assessment (PNA) is a statutory duty of the Health and Wellbeing Board. The purpose of the PNA is to consider the current and future need for pharmaceutical services in an area, and to

describe to what extent the current pharmaceutical services meet that need. The current PNA covers the period 2018 – 2021, with a renewed assessment due to be published in March 2021. However due to the COVID pandemic, this deadline was extended to March 2022 and then again to October 2022.

16. As with the previous PNA, officers from City of York Council Public Health are working in partnership with colleagues from North Yorkshire County Council. Two separate assessments will be produced for each local authority. It is anticipated that a draft PNA will be available for consultation by board members and members of the public in July 2022. The final report will be presented to the board in September 2022 for sign off, prior to publication in October 2022.
17. Two topic specific needs assessments are currently scheduled to be undertaken in 2022, SEND phase 2 (as discussed above) and Early Years. The Early Years needs assessment is part of a wider focus on Children and Young people across all ages, with a survey being sent to school children of both primary and secondary age. The survey asks questions around a range of health and wellbeing topics, with results expected shortly.
18. The Early Years needs assessment will have an age range focus from pre-conception through to 3 years old. The needs assessment will consider a breadth of topic areas, such as demographics, physical health, mental health, education, housing status and service utilisation. The focus will be how these topic areas influence two focus outcomes, which have been identified as priority areas at EYIB (Early Years Improvement Board); Speech and language communication and Social, emotional and mental health.
19. Additionally, it is anticipated that further topic specific needs assessments will arise, either through requests from officers within the local authority and/or external organisations, or in response to local requirements for reactive needs assessments.
20. In order to increase the reach of the JSNA and its utilisation, a regular newsletter is planned with a target audience of interested professionals and members of the public. A “sounding board” is also planned to be delivered, where updates on the JSNA topics will be discussed and presented to members of the public. This will also give the opportunity for

discussion on recommendations identified and enable suggestions for future topic specific needs assessments.

21. It is proposed that progress on the Population Health Hub and JSAN is reported annually to the Health and Wellbeing Board

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Chief Officer Responsible for the report:

Chief Officer's name: Peter Roderick
Title: Consultant in Public Health

Report **Date** 06.01.2022
Approved

Wards Affected: [List wards or tick box to indicate all] **All**

For further information please contact the author of the report

List of Abbreviations Used in this Report

CCG – Clinical Commissioning Group

CQC – Care Quality Commission

EYIB – Early Years Improvement Board

JSNA – Joint Strategic Needs Assessment

NHS – National Health Service

PHM – Population Health Management

PHH – Population Health Hub

PNA – Pharmaceutical Needs Assessment

SEND – Special education need and disability

Annexes

Annex A – PHH ToR

Context

1. The York Population Health Hub [PHH] steering group is a multi-agency network that oversees the outputs of the PHH.
2. The PHH core group meets on a frequent basis to drive forward population health management programmes and the Joint Strategic Needs Assessment [JSNA]. The core group's functions are to Enable, Analyse and Undertake population health management approaches, alongside the JSNA outputs.
3. The JSNA is a statutory function that underpins the work of the Health and Wellbeing Board [HWBB], providing the evidence base for the production of the board's Joint Health and Wellbeing Strategy.
4. Legislation does not define what a JSNA should consist of. This allows the York PHH to develop its own approach, in conjunction with the HWBB.

Purpose:

5. The purpose of the PHH steering group is to ensure that the development and delivery of population health management programmes and the JSNA is well managed and embedded into local decision-making by the PHH core group.

Key Responsibilities of the PHH steering group

6. The key responsibility of the PHH steering group is to support and shape the direction of the PHH core group work programme:
 - Enabling - Supporting the York health and care system to use population health data, and PHM as a tool
 - Analysing - Improving the JSNA, making it useful and used
 - Undertaking (doing) - Leading tangible PHM projects which show the benefit of this approach
7. The PHH steering group will also be responsible for

- considering applications for in depth JSNA topic specific needs assessments and prioritising the production of health needs assessments on behalf of HWBB
- providing an evidence based summary of the overall health and wellbeing status of the people of York to fulfil the HWBB's statutory requirements
- providing in-depth intelligence on the main emerging issues for commissioners to address including the status of assets and community resources available to address these issues
- raising awareness of the JSNA and how it can best be used
- involvement in JSNA events as and when required; including helping to agree content and purpose

Governance:

8. The PHH is a resource for the whole system. The steering group will be accountable to the York Health and Care Alliance (the city's place-based board).
9. As a statutory duty of HWBB, JSNA content (including chapters and topic specific needs assessments) will be presented to the HWBB as and when appropriate, through regular updates. JSNA content will also be presented to other strategic boards and partnerships as required.
10. The PHH steering group will minute its meeting and keep an action log.

Membership:

11. Membership of the PHH steering group will be flexible to allow it to be responsive to identified needs. We aim to ensure a broad membership including:

Position	Organisation	Job Title
Lead Officer (chair)	City of York Council	Consultant in Public Health
Public Health Representative	City of York Council	Public Health Specialist Practitioner
Business Intelligence Representative	City of York Council	Senior Business Intelligence Analyst

Business Intelligence Representative	NHS Vale of York Clinical Commissioning Group	Business Intelligence Manager
Strategic Policy Lead	City of York Council	Strategic Support Manager
Data Representative	York Teaching Hospital NHS Foundation Trust	Senior information analyst
Data Representative	Tees, Esk & Wear Valleys NHS Foundation Trust	Senior Planning and business development manager
Joint Strategic Intelligence Assessment Representative	North Yorkshire Police	Partnership intelligence analyst
Healthwatch Representative	Healthwatch York	Service Manager
Voluntary Community Sector Representatives	Organisations as required	VCS officer/managers

Requests for membership of the PHH steering group are welcomed and should be directed to the chair.

Administrative support is provided by City of York Council's public health team.

12. **Frequency of Meetings:** Flexible, but it is planned that the group will meet monthly.

13. Terms of Reference for the PHH steering group will be reviewed annually.

Date Agreed: 29 November 2021

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Annex B – JSNA Request Form

JSNA Topic Specific Needs Assessment Request Form

This form is to be completed by anyone requesting a topic specific needs assessment. The Population Health Hub (JSNA) Steering Group will review the form at the next monthly meeting, before any work commences.

What is a Health Needs Assessment (HNA)?

A HNA is a systematic approach to understanding the needs of a population. The assessment can be used as part of the commissioning process so that the most effective support for those in the greatest need can be planned and delivered. A health needs assessment provides an opportunity to improve outcomes where a population may be a group with a specific health need, demographic characteristic or geographical community. It is a holistic assessment considering social, economic, cultural and behavioural factors that influence health.

Topic title: [Click or tap here to enter text.](#)

Topic focus: [Click or tap here to enter text.](#)

Name of person requesting: [Click or tap here to enter text.](#)

Email address: [Click or tap here to enter text.](#)

Phone number: [Click or tap here to enter text.](#)

Please provide a brief summary of what is requested, and why (max 200 words):

[Click or tap here to enter text.](#)

Key stakeholders / contributors:

[Click or tap here to enter text.](#)

Data Requirements:

[Click or tap here to enter text.](#)

Public or patient engagement (is this required, is there an opportunity to do this, are there existing service user groups):

Click or tap here to enter text.

Reason for request (select all that apply):

- Part of commissioning cycle
- To support a funding bid
- Identified inequality
- Other (please detail) Click or tap here to enter text.
- Service improvement
- To launch/refresh a strategy
- Board request

Type of output requested:

- Rapid (3-5 pages)
- Other (please detail) Click or tap here to enter text.
- Detailed (5-20 pages)

Date required: Click or tap to enter a date.

Please save the completed form and return to healthandwellbeing@york.gov.uk or post to:

JSNA – Topic Specific Request
Public Health
City of York Council
West Offices
York
YO1 6GA



Health and Wellbeing Board**19 January 2022**

Report of the Director of Public Health for the City of York

Renewal of the Joint Health and Wellbeing Strategy 2017-2022**Summary**

1. This report sets out a proposal to renew the Health and Wellbeing Board's [Joint Health and Wellbeing Strategy 2017-2022](#).

Background

2. The current joint health and wellbeing strategy for 2017-22 follows a life course approach and identifies four principal themes to be addressed namely starting and growing well; living and working well; ageing well and mental health and wellbeing. Within each of these themes there are a number of discrete priorities and delivery against these continues.
3. Progress has been reported back via Health and Wellbeing Board annual reports, the most recent of these in [2018/19](#).
4. Additionally the Health and Wellbeing Board undertook a mid-term review of its strategy and in early 2020 approved a [supplementary document](#) identifying the focus for the remaining time of the strategy.

Renewing the Strategy

5. The Joint Strategic Needs Assessment (JSNA) provides us with data and information on the health and care needs of our residents and will be key to shaping the board's next Joint Health and Wellbeing Strategy. A refresh of the JSNA is currently underway, and regular topic-specific needs assessments are added to the document as it evolves over time. The JSNA is not the sole source of information needed to produce a new strategy; there should be opportunity for input from board members; other health and social care partners; the voluntary sector and other interested parties.

The valuable reports that Healthwatch York produce and the recommendations within them should also be included as part of this evidence base.

6. Additionally the new strategy will need to be framed within the context of new legislation around NHS Reforms, the dissolution of Clinical Commissioning Groups and the creation of Integrated Care Systems; including integrated care boards (at the wider regional level) and localised place based partnerships, in York this is currently the York Health and Care Alliance (YHCA).
7. The impact of the pandemic on the health and wellbeing of York's residents will also need to be reflected in any new strategy along with plans for recovery in what is an already pressurised health and social care system.
8. The YHCA are creating a prospectus setting out their vision and direction for health and healthcare in the city within the new arrangements for integrated care; City of York Council are creating a 10 year plan for the city, and Integrated Care Boards will be creating plans that cover the wider Humber, Coast and Vale geographic area and these must take into consideration the Joint Health and Wellbeing Strategies of all the HWBBs in their area.
9. Thus a new Joint Health and Wellbeing Strategy for York must reflect the multifaceted system that the Health and Wellbeing Board will be part of, including positioning the Board appropriately in its unique contribution and leadership role for this system.
10. It is proposed that the new strategy has a lifespan of 10 years with its high-level principle being to reduce gaps in life expectancy and healthy life expectancy in populations across the city. Actions and priorities will be identified using the evidence in the JSNA and other data sources. However, 10 years is a long timeframe and delivery plans for the new strategy should be 'living documents' that are reviewed on at least an annual basis so that the HWBB can be assured of progress.
11. It is proposed that work starts on the new strategy immediately with a view to bringing a draft strategy to the Health and Wellbeing Board's meeting in July 2022 and thereafter undertaking an 8 or 12 week formal consultation process.

Consultation and Engagement

12. As a high-level document setting out the strategic vision for health and wellbeing in the city, the new Health and Wellbeing Strategy can capitalize on existing consultation and engagement work being undertaken on deeper and more specific projects in the city, for example work being undertaken by the Multiple Complex Needs network around cultural values, work undertaken to co-produce the community mental health transformation programme, and the YHCA prospectus. Engagement opportunities for partners and the public within the writing process for the new Health and Wellbeing Strategy will then be an additive rather than a duplicative process.
13. Co-production is a principle that has been endorsed by the HWBB and will form a key part of the delivery, implementation and evaluation of the strategy
14. A formal consultation will take place once the draft strategy has been agreed by the Health and Wellbeing Board.

Options

15. Health and Wellbeing Board are asked to approve the proposal to develop a new Joint Health and Wellbeing Strategy for the city.

Implications

16. It is important that the priorities in relation to both the current and any new joint health and wellbeing strategy are delivered. Members need to be assured that appropriate mechanisms are in place for delivery. The Terms of Reference for the Health and Wellbeing Board and its governance arrangements will be reviewed together with its relationship to the new ICS partnership arrangements.

Recommendations

17. The Health and Wellbeing Board are asked to support the proposal to renew the Joint Health and Wellbeing Strategy.

Reason: To ensure that the Health and Wellbeing Board fulfils its statutory duty to produce a Joint Health and Wellbeing Strategy

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Chief Officer Responsible for the report: Sharon Stoltz
Director of Public Health for the City of York

Report Approved **Date** 07.01.2022

Specialist Implications Officer(s)

None

Wards Affected: All

For further information please contact the author of the report

Glossary:

HWBB: Health and Wellbeing Board
JSNA: Joint Strategic Needs Assessment
NHS: National Health Service
YHCA: York Health and Care Alliance

Definitions:

Healthy Life Expectancy: the average number of years that an individual is expected to live in a state of self-assessed good or very good health, based on current mortality rates and prevalence of good or very good health

Life Expectancy: the average number of years that an individual is expected to live based on current mortality rates

City of York Children's and Young People Health and Wellbeing Programme Board

Proposed Terms of Reference

Purpose

The establishment of the City of York Children's and Young People Health and Wellbeing Programme Board will provide oversight for the delivery of improvements to maternity, children's and young people's health and care in York. It will bring together providers and commissioners of maternity and children's health care services, and other stakeholders to reflect the work of the whole system.

The role of this Board will seek to co-ordinate maternity and children's health transformation activities in York, facilitating joint working whilst avoiding duplication. It will set the strategic direction to improve health and wellbeing outcomes, including the development of a high level strategy and delivery plan. It will draw on work from a variety of programmes, both locally and across the Integrated Care System, in seeking to secure a whole system approach to improving health and care outcomes and reducing health inequalities.

In order to do this the Board will also seek to influence and support the wider determinants of health including the work of the Council and other organisations in, for example, addressing poverty, improving educational outcomes, promoting economic opportunity and securing better housing. It will complement the work of the Safeguarding Children's Partnership ensuring a collective focus on outcomes for children and young people across the totality of their needs.

The Board will align its vision to that of the City of York Joint Health and Wellbeing Strategy, the York Health and Care Alliance, the HCV ICS Children and Young People's Alliance and HCV ICS Local Maternity System.

Key Principles

We will lobby and advocate for children, young people and their families by ensuring their voice is heard and represented in all that we do.

We will build an integrated local system which works for children, young people and their families to improve quality and experience of care and support.

We will seek to align resources, knowledge and expertise across organisational boundaries to drive integration of services and draw on regional and national expertise and evidence to inform best practice.

We will seek to reduce the duplication and overlap of workstreams / programmes to provide clarity and maximise the best use of resources.

We will adopt an asset based approach that enables children and young people to have the fullest life possible and which supports them, their families and carers in informed decisions;

We will be outcomes focused.

We will prioritise the reduction of inequalities.

Core Functions

Develop and oversee delivery of a City of York Children's and Young People's Plan.

Oversee development of the maternity, children and young people's Joint Strategic Needs Assessment (JSNA).

Ensure there is equal focus on integration of children's and young people's services within York as there is on adult's services, including children and young people's mental health services.

Provide local leadership and governance for the implementation of the HCV ICS Children and Young People's Alliance Transformation Programme.

Provide local leadership and governance of the HCV ICS Local Maternity System Transformation Programme.

Ensure that the mental health needs of children and young people are included in the overall Mental Health Strategy.

Work with different parts of the system to ensure better transitions for children and young people, including transition from childhood to adulthood.

Ensure the needs of infants, children and young people are fully reflected in locality plans and implemented.

Ensure the needs of children and young people are fully reflected in information management and technology and digital strategies for the city.

Ensure that the opportunities to improve care for children and young people are fully recognised in innovation strategies, including the role of medicines and devices, the use of apps and other software to increase personal choice and control.

Identify priorities and receive reports on progress from the key groups which report to the Board.

Delegate issues requiring detailed consideration to the appropriate sub-group or partner organisation.

Make recommendations on the development of services for children and young people within York.

Accountability and Reporting

The Board will be a sub-committee of the Health and Wellbeing Board and will be directly accountable to them. The Board will, at the minimum, report back to the HWBB annually.

The Board can establish sub-groups, task and finish groups and working groups to support it to undertake its responsibilities.

The Board will establish appropriate reporting and assurance mechanisms with the York Health and Care Alliance Board and the Humber, Coast and Vale Integrated Care System.

Chair and Vice-chair

The chair shall be the Director of Public Health and the Vice-chair shall be the Assistant Director of Public Health.

Membership

Sharon Stoltz (Chair)	Director of Public Health
Fiona Phillips (Vice-Chair)	Assistant Director of Public Health
Rose Howley	Head of Service of Multi-Agency Safeguarding Hub (MASH)
Maxine Squire	Assistant Director Education & Skills (CYC)
Jamaila Hussain	Director of Prevention & Commissioning (CYC)

Anne Coyle	Interim Director of Children's Services (CYC)
Jodie Farquharson	Head of Public Health (Healthy Child Service)
Natalie McPhillips	Public Health Specialist Practitioner Advanced
Representative	Safeguarding Children's Partnership
Carol Redmond	Child & Adult Mental Health Services (CAMHS)
Alyson Scott	Chief Executive York MIND
Christine Marmion	Community & Voluntary Sector
Paula Middlebrook	Deputy Chief Nurse (CCG)
Susan De Val	Commissioning Manager (CCG)
Michala Little	Midwifery Service – York Hospital
Sal Katib	Head of Children's Nursing – York Hospital
Representation	Consultant Paediatrician
Representative	Primary Care
Representative	Schools and Education
Representative	Schools and Education
Cllr Ian Cuthbertson	Executive Member for Children and Education
Cllr Carol Runciman	Executive Member of Health and Adult Social Care & Chair of Health and Wellbeing Board
Tim Madgwick	Independent Chair of Mental Health Partnership

Other members may be co-opted onto the Board with the agreement of the Chair.

Meetings

The Board will aim to meet once every two months (6 meetings per year)

Quoracy

The programme board will be quorate when at least 4 are present including:

- The chair or vice chair
- At least 3 other non-CYC board members

Decisions

Any recommendations from the Board will need to be ratified within the governance arrangements of the individual organisations represented on the Board.

What the programme board does not do

The Board is not directly responsible for the management and delivery of services.

The Board does not have responsibility for budgets.

Programme Management and Secretariat

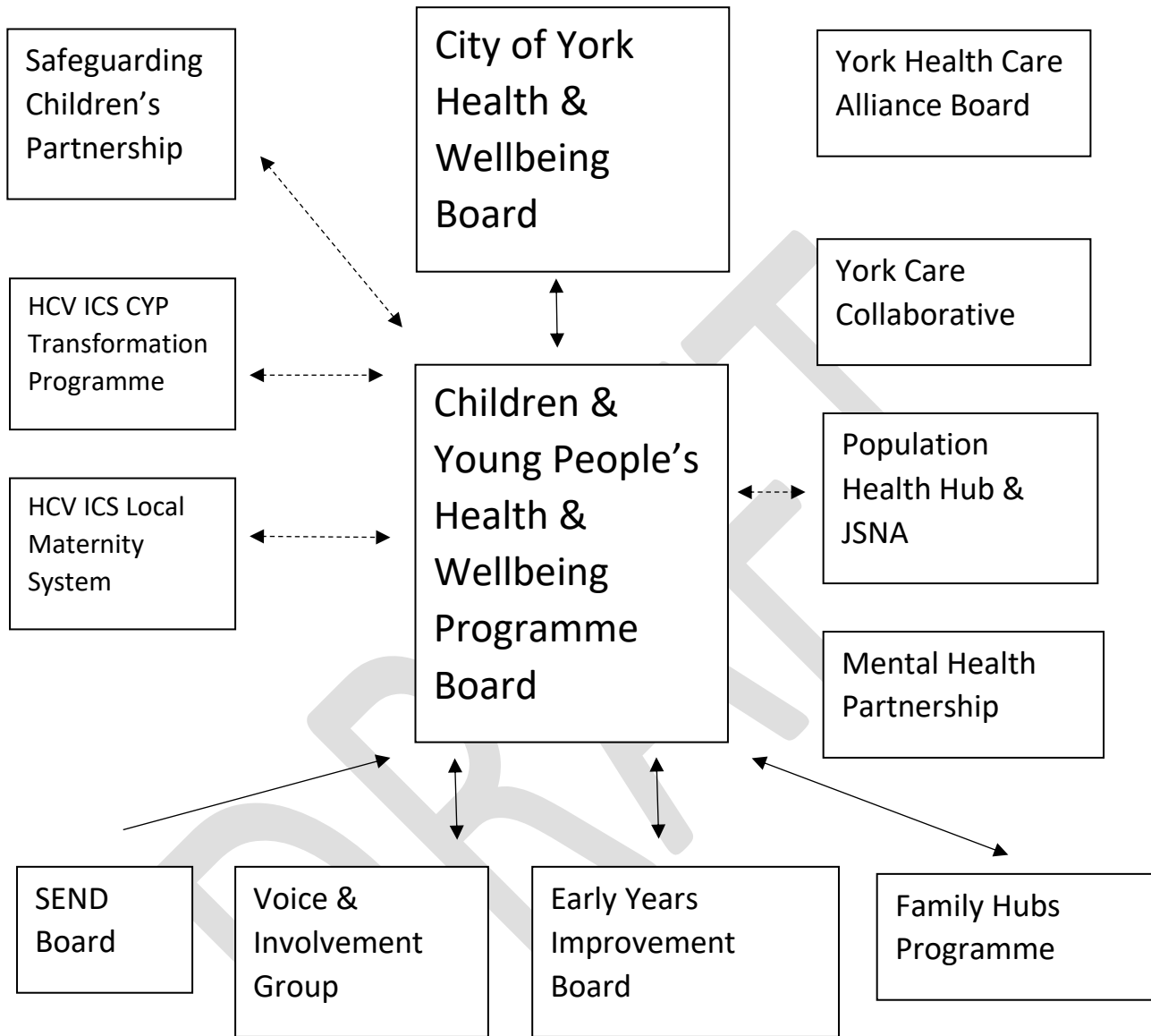
To be provided by City of York Council Public Health Team.

These Terms of Reference to be reviewed annually

Terms of Reference Ratified by the HWBB January 2022

Next Review Date: January 2023

Governance Structure





Health and Wellbeing Board**19th January 2021**

Report of the Consultant in Public Health, City of York Council and Vale of York CCG

Preventing harm and supporting recovery for those using Drugs and Alcohol in York**Summary**

1. The health harms, social impacts and economic costs of alcohol and drug use are substantial nationally and in York, with rising rates of alcohol-related diseases, an upward trend in drug-related deaths, clear and enduring links between mental ill-health and substance use, criminal justice and community safety issues relating to drugs and alcohol, and overall costs to society estimated at £21.5bn for alcohol use (PHE) and £20bn for drug use (Home Office).
2. These issues involve multiple partners in our city, ranging from schools and universities to primary care and hospital services, specialist drug treatment and recovery services, the police, housing and probation services, and many more. There are very few parts of civic society in York untouched by drug and alcohol issues.
3. In December 2021 a new ten-year national drugs strategy ('From harm to hope' – see Background Paper) was published, alongside significant commitment of investment to tackle alcohol and drug harm to be distributed to local areas. This report summarises the key implications of these announcements for partners in York.
4. One key issue is that of improving support to those who have concurrent mental health issues and addiction issues ('dual diagnosis'). A local work programme has been set up and partners in North Yorkshire and York are being encouraged to sign a 'Dual Diagnosis Pledge' (see Annexe A) committing organisations and professionals to better joint working between addiction and mental health services.

Recommendations

5. The Health and Wellbeing Board is asked to:
 - 1) Note and comment on trends and needs around drugs and alcohol in the City of York
 - 2) Note and comment on the new ten year national drugs and alcohol strategy and its implications for partners in York
 - 3) Note and comment on proposals to work more closely in partnership with North Yorkshire area, including working towards a combined North Yorkshire and York Drugs and Alcohol Strategy
 - 4) Consider signing the North Yorkshire and York 'Dual Diagnosis Pledge'

Background

Overview of the impact of Alcohol in York

6. Alcohol is widely available and consumed by the majority of adults in England; however its harms are often under-appreciated. The stance of the World Health Organisation, based on extensive global research, is that there is no 'safe' level of drinking, with any level of alcohol consumption, regardless of the amount, shown to lead to loss of healthy life at a population level. The UK advice from the CMO focusses on encouraging people to limit their consumption to 14 units of week, with one unit being equivalent to half a pint of regular strength beer or half a small glass of wine.
7. A PHE best practice summary from 2021 highlights that:
 - 28% of men and 14% of women are drinking at increased or higher risk of harm (more than 14 units per week).
 - Of these, 589,000 adults potentially need specialist treatment for alcohol dependence.
 - 24,202 deaths in 2017 were caused by alcohol consumption in England.

- In the UK since 1987 alcohol has become 64% more affordable (NHS Digital, 2019), with successive freezes in UK alcohol duty since 2012 which have led to increased levels of alcohol consumption.
8. Locally, data from the Public Health Outcomes Framework shows that alcohol harm and misuse is a major issue in York, especially considering most of our population generally live in relatively good health and see better outcomes on other health indicators. This can be seen across the whole alcohol 'pathway', from our average consumption levels to our hospital admissions and deaths:
- The number of premises licensed to sell alcohol per square km in the city is 3.1 vs 1.3 in England
 - In the off-trade (e.g. supermarkets), the amount of alcohol sold per adult per year in York is 6.4 litres vs 5.4 litres in England
 - The proportion of adults who abstain from drinking alcohol in York is 11.2% vs 16.2% in England
 - The proportion of adults drinking over 14 units per week is 21.4% vs 22.8% in England
 - 28.7 per 1000 patients on GP registers in York have a 'substance misuse' code
 - In 19/20, the admission rate of York residents to hospital:
 - directly attributable to alcohol was 545 per 100,000 in York vs 519 per 100,000 in England;
 - indirectly attributable to alcohol was 1,996 per 100,000 in York vs 1,815 per 100,000 in England
 - 21 people in York died in 2020 from conditions directly related to alcohol, and 69 people died in 2020 from conditions indirectly related to alcohol
9. Population level prevention is a key factor in tackling these issues, with PHE's 2016 evidence review concluding that taxation and Minimum Unit Pricing (MUP) are the most effective and cost-effective approaches to reducing alcohol-related harm. However local action on pricing, marketing, and availability is limited by national legislative barriers.
10. For individuals, as part of our local work to reduce alcohol harm people in York are encouraged to use an evidence-based resource such as the PHE 'One You' quiz to assess if their alcohol consumption is within the guidance, with its many helpful links and resources to support for reducing drinking levels.

11. Extensive training has previously been carried out by the council's public health team (funded by the BCF) on Identification and Brief Advice (IBA) which trains professionals on the use of the AUDIT tool to identify alcohol harm and offer brief interventions. This will be further rolled out across 2022.
12. City of York Council's Health Trainer service now offer up to six 1:1 support sessions around living healthily, including alcohol use, supporting clients to understand their alcohol use and set goals for reduction using a motivational interviewing approach.
13. At the start of 2022, a new service commissioned by public health will be launched, 'Changing Habits', a pilot of an intensive primary-care based intervention for those with harmful drinking levels not reaching the threshold for treatment and recovery services.
14. At the higher-impact end of alcohol consumption around 400 adults require specialist alcohol treatment in York at any one time, through the York Drug and Alcohol Service provided by Changing Lives, including clinical interventions around managing withdrawal, psycho-social interventions, and access to day recovery and inpatient detox if required, as well as a positive and flourishing recovery community (York in Recovery).

Overview of the impact of Drugs in York

15. Addiction to drugs and substances is a chronic health condition responsive to treatment and support, from which many people recover and in the long term live substance-free. It can however cause severe health, social and mental health harm, and often exacerbates other conditions and multiple complex needs being experienced by the user.
16. A PHE best practice summary from 2021 highlights that:
 - An estimated 314,000 people in England are dependent on heroin and crack cocaine, a rise of 4.4% from 2014-15 to 2016-17.
 - Increasing numbers of people are reportedly having problems with other drugs such as cannabis, new psychoactive substances and image and performance enhancing drugs. Concern is also growing about misuse of, and dependence on, prescribed and over-the-counter medicines (PHE, 2019).

- Injecting drug use continues to be a risk factor for blood-borne viruses such as HIV and hepatitis C, and prevalence in England has remained high among people who inject drugs.
 - Drug-related deaths (DRDs) have risen significantly in recent years, with heroin deaths doubling since 2012. There were 2,917 drug misuse deaths recorded in 2018, an increase of 17% from 2017 and the highest number on record (ONS, 2018).
 - Around 45% of acquisitive offences are committed by heroin and crack users.
 - There are signs that drug use is increasing among young people. The last two national surveys of drug use among school children in England showed a large and statistically significant increase in use among 11- to 15-year-olds.
 - Parental alcohol and drug use were present in over a third of serious case reviews within social care.
 - People who experience homelessness and rough sleeping also experience some of the most severe health inequalities and experience much poorer health than the general population. Many have co-occurring mental ill-health, substance dependence and poor physical health, and have experienced significant trauma in their lives.
17. Around 600 people in York are in treatment for drug use, including clinical interventions around opioid substitution, managing withdrawal, psycho-social interventions, and access to day recovery, as well as a positive and flourishing recovery community (York in Recovery). It is estimated that half of crack cocaine and opiate users are not currently in treatment nationally, meaning there is likely to be significant unmet need in our population.

Overview of the National ten year drug strategy

18. On the 7th December 2021 the government published its 10 year national drugs strategy ('From Harm to Hope'). It aims to delivering on the findings of both parts of the Dame Carole Black Review into the supply of drugs and prevention, treatment and recovery. It includes a commitment of £900m investment over 3 years, across criminal justice and public health.
19. The new strategy represents a combination of strengthened criminal justice actions around the supply and use of drugs, and actions to strengthen treatment/recovery for substance misusers. It recognises that

addiction is a chronic health condition which requires higher quality / better funded support and treatment, but also takes a strong line against decriminalisation and a more punitive stance than current drugs policy especially around recreational drug use.

20. The plan sets out three strategic priorities:

- Break drug supply chains
- Deliver a world-class treatment and recovery system
- Achieve a generational shift in demand for drugs

21. Every area of this strategy has implications for York, ranging from enforcement, education, community safety and partnerships with the criminal justice system, and of course the public health responsibilities around harm from alcohol and drugs and commissioning of prevention, treatment and recovery services.

22. Total funding for prevention, treatment and recovery services is an extra £780m over 3 years, meaning a total of £2.8bn will be spent through the public health grant in total over 3 years, effectively a 40% increase in funding for treatment. The phrase 'rebuilding what was lost' references the fact that even with more recent uplifts in cash terms, the public health grant in 2021/22 was 24 per cent, or £1 billion, lower per head in real terms compared to 2015/16.

23. This funding will be distributed to the 50 local authorities with the greatest need in 2022/23, a second 50 in 2023/24, and the last 50 in 2024/25.

24. However 2021/22 additional funding (£80m nationally, £243k for York) will stay as a baseline for all areas. This year, this has been spent locally on work relating to drugs and the criminal justice system, including:

- Criminal justice workers offering liaison services in custody and with probation, including as part of out-of-court disposals which require people to engage with treatment services
- Harm reduction initiatives e.g. naloxone, needle exchange
- Support for the York recovery community
- Advocacy work with York MIND around Dual Diagnosis.

25. Beyond public health, money in the national strategy will be provided for criminal justice system work including:

- Expansion of drug testing on arrest
- Extra liaison and diversion capacity
- Work to tackle recreational drugs use
- £145m for an upgraded county lines programmes
- Extra regional organised crime unit support to confront middle-market drug supply issues

26. Other relevant schemes in the strategy include

- A £15m expansion of the rough sleeper treatment grant
- £21m on the Individual Placement and Support (IPS) scheme (employment), now covering the whole country
- Links to the Supporting Families programme

27. At the time of writing, key outstanding issues include confirmation of funding envelope over the next 3 years for York, the grant conditions including if the money can be planned over 3 years (which would enable much better recruitment and quality), what schemes will be supported for public health and other partners to commission using the new resource, and given the focus of the strategy on drugs, and how much of the extra investment can be used to tackle alcohol-related harm.

28. There will be increased accountability / scrutiny on the spending of the new money, including a new commissioning quality standard being developed and an encouragement to work in strengthened partnerships with all the relevant organisations and key individuals, and to provide a single point of contact for central government. This partnership could cover one local authority or several.

29. Currently, partnership work on the drugs and alcohol agenda happens both at the city level and as part of North Yorkshire and York. This reflects the fact that some of our needs in the city of York are specific to our denser and urban population, for instance around alcohol, the night-time economy and licensed premises, but many of the partners, for instance Police and Probation services, and TEWV NHS Foundation Trust, operate at a North Yorkshire and York level, and the treatment provider services overlap significantly. Health and Wellbeing Board members are asked to comment on proposals to work more closely in partnership with North Yorkshire area, including working towards a combined North Yorkshire and York Drugs and Alcohol Strategy to take forward our respective areas' response to the nation plan and new commissioning responsibilities.

North Yorkshire and York Dual Diagnosis Pledge

30. One of the groups who suffer the most inequalities and health impact in our city are those who have mental health problems and addictions to drugs and/or alcohol (this is referred to as 'dual diagnosis'). It has been long recognised that not only do these two issues exacerbate one another for the individual, but also see historic barriers between mental health and addiction services, such that people with addictions often struggle to get adequate mental health support (and vice versa).
31. In North Yorkshire and York, a Dual Diagnosis Strategic Group has been working on a Dual Diagnosis pledge, a copy of which can be found in Annex A. Individuals and organisations are being invited to sign this as a display of commitment to this agenda.
32. There are a number of key principles to the approach embodied by the pledge:
- 'The person comes first', including a joint care approach where the 'which came first' debate will be set aside, and both co-occurring difficulties being addressed as a presenting problem that affect the other
 - 'Let's talk', which focusses on communication between services and effective joint-working between agencies
 - 'Commitment to learning, sharing expertise and good practice', through support, advice, training and shadowing opportunities to other specialist services
33. As part of their commitment to both mental health agenda and the drugs and alcohol agenda, the Health and Wellbeing Board are invited to sign the pledge and to take back into their own organisations the principles and values within it, acknowledging the fact that some member organisations of the Board may already have signed (for instance, Tees Esk and Wear Valley NHS Foundation Trust).

Consultation

34. There has been no formal consultation on the contents of this paper regarding information on drug and alcohol impacts in York and the new national drugs strategy. The North Yorkshire and York Dual Diagnosis pledge has been developed following service user input.

Health and Wellbeing Board Strategy

35. This report aligns with the York Health and Wellbeing Strategy 2017-2022, including priorities on:

- Focus on recovery and rehabilitation
- Ensure that York is a mental health friendly environment

Implications

- **Financial**
There are no direct financial implications of this report, however when the new drug strategy funding is announced individual agencies will need to make decisions through their own governance arrangements on the spending of this resource.
- **Human Resources (HR)**
There are no direct HR implications of this report
- **One Planet Council / Equalities**
Drug and alcohol issues disproportionately impact those from marginalised communities and more deprived areas, and future efforts to tackle their impact should be targeted to ensure that health inequalities are reduced.
- **Legal**
There are no direct legal implications of this report
- **Crime and Disorder**
Efforts to tackle drug and alcohol issues in the city have a strong overlap with criminal justice and community safety. There is much debate over the criminalisation of drug use and the effectiveness of a punitive approach to possession. Some major aspects of a public health approach to substance misuse (e.g. opioid consumption rooms and heroin-assisted treatment) are missing from the national drugs strategy. However locally, there is strong partnership working between criminal justice and other agencies to support the optimal use of treatment and recovery and reduce drug/alcohol-related crime in the city, which the strategy will enable us to build on through the Community Safety Partnership and other fora.
- **Information Technology (IT)**
There are no direct IT implications of this report

- **Property**

There are no direct property implications of this report

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Director of Public Health
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Report Approved **Date** [4/1/22]

Specialist Implications Officer(s) List information for all

Financial:-
Name
Title:
Tel No.

Legal:-
Name
Title
Tel No.

Wards Affected: [List wards or tick box to indicate all]

All

For further information please contact the author of the report

Background Paper

‘From Harm to Hope’: 10 year National Drugs Strategy

<https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>

Annexe

Annexe A - North Yorkshire and York Dual Diagnosis Pledge

“Better Together”

Our approach to Dual Diagnosis in York and North Yorkshire

Key principles to the approach:

1. The person comes first

We strive to work towards a joint care approach with the voice of the person we support at the heart of decision-making. Where multiple teams are involved, we will strive to communicate effectively and adopt an approach where the needs of the people we support are held in mind by all services at all points of access.

2. Let's talk

Communication between services is paramount and relationships are essential at all levels to ensure local areas are working together effectively when needed.

3. Commitment to learning, sharing expertise and good practice

We strive to offer support, advice, training and shadowing opportunities to other specialist services so that they can develop their skills set and understanding of the issues surrounding dual diagnosis, even when there are obstacles to overcome.

The Vision – a principled approach to working together:

Person comes first

- The 'which came first' debate will be set aside – with both co-occurring difficulties being addressed as a presenting problem that affect the other.
- We will prioritise the wishes and feelings of the person seeking help, ensuring they are considered throughout and have a voice
- When client is not able/ eligible to access a service, signposting and liaison between services is offered as standard which clear transparent rationale and next steps offered
- Where there is a CPA, Substance use services are to be included

- Care will be responsive, where possible, a jointly approached DNA process will be adopted to ensure that services communicate with and support the person to stay engaged based on their risk and complexity.
- We will share information – read only access to systems and agreements in place to communicate
- We will develop and create local Dual Diagnosis pathways.

Let's talk

- Services and teams will identify Dual Diagnosis champions/ leads in each area or team. These individuals will be part of the dual diagnosis forum, have time to maintain their personal learning and development and be key contacts for external agencies seeking to make contact around general local dual diagnosis queries.
- Staffing structure/ contact details map for each team across services to be available where possible and kept up to date
- Services to make it clear what their Dual diagnosis offer is within its limits, seek to provide guidance on what is needed before a referral is accepted.

Learning and development

- The pledge will be operationalised by all partners and referred to as a way of maintaining the standard. The strategic dual diagnosis meeting will review the action plan and the pledge as part of its dedication to the mobilisation of this work.
- Services to provide opportunity to shadow and observe each other's work to gain greater insight into the work they do
- Mental health and Substance misuse Services will provide specialist training to partners in the pledge
- The Dual Diagnosis network meeting will be accessible to all so that professional multi agency support, learning and networking is common place
- Recovery stories for those who have faced both moderate / severe mental illness and addiction and have found a new way of living healthier and happier lives