Notice of a public meeting of

Health and Wellbeing Board

To: Councillors Runciman (Chair), Craghill, Looker and Waller
Siân Balsom – Manager, Healthwatch York
Simon Bell - Interim Place Director, York Health and Care Partnership
Dr Emma Broughton – Joint Chair of York Health & Care Collaborative
Zoe Campbell – Managing Director, Yorkshire, York & Selby - Tees, Esk & Wear Valleys NHS Foundation Trust
Jamaila Hussain - Director of Prevention & Commissioning, City of York Council
Shaun Jones – Interim Director, Humber and North Yorkshire Locality, NHS England and Improvement
Martin Kelly - Corporate Director of Children's and Education, City of York Council
Simon Morritt - Chief Executive, York & Scarborough Teaching Hospitals NHS Foundation Trust
Mike Padgham – Chair, Independent Care Group
Alison Semmence - Chief Executive, York CVS
Sharon Stoltz - Director of Public Health, City of York Council
Lisa Winward - Chief Constable, North Yorkshire Police

Date: Wednesday, 16 November 2022

Time: 4.30 pm

Venue: The George Hudson Board Room - 1st Floor West Offices (F045)

A G E N D A

1. Declarations of Interest

At this point in the meeting, Members are asked to declare any disclosable pecuniary interests or other registerable interests they might have in respect of business on this agenda, if they have not already done so in advance on the Register of Interests.

2. Minutes (Pages 1 - 18)

To approve and sign the minutes of the last two meetings of the Health and Wellbeing Board held on 18 May and 20 July 2022.

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. The deadline for registering at this meeting is at **5.00pm** on **Monday 14 November 2022**.

To register to speak please visit 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 Public Meetings

Please note that, subject to available resources, this public meeting will be webcast including any registered public speakers who have given their permission. The public meeting can be viewed 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. Ratification of Decisions made by the Health and Wellbeing Board outside of a Formal Meeting (Pages 19 - 74)

This report asks Health and Wellbeing Board (HWBB) members to formally ratify four decisions which were made outside of a formal meeting. These decisions were purportedly made via e-mail after the cancellation of the September meeting of the board. As such decision-making has no lawful basis, the Board is required to ratify those decisions at the next available meeting.

5. **Report of the York Health and Care Partnership** (Pages 75 - 110)
This report provides an update to the Health and Wellbeing Board (HWBB) regarding the work of the York Health and Care Partnership (previously the York Health and Care Alliance), progress to date and next steps.

6. **Approval of Application for WHO Age Friendly Communities Status** (Pages 111 - 118)
This report asks Health and Wellbeing Board (HWBB) members to apply for World Health Organisation (WHO) Age Friendly Communities Status for York.

7. **Healthwatch York Report: Children's Mental Health - A Snapshot Report** (Pages 119 - 160)
This report is for the attention and action of Board members, sharing a report from Healthwatch York which looks at what people have recently told us about accessing children's mental health support.

8. **Healthwatch York Report: York Voices - What you Have Told Us So Far in 2022** (Pages 161 - 190)
This report is for information, sharing details about what we have heard recently with the Health and Wellbeing Board.

9. **Healthwatch York Report: Accessible Information Update Report** (Pages 191 - 218)
This report is for the attention and action of Board members, following presentation of the joint report from Healthwatch North Yorkshire and Healthwatch York on Accessible Information presented to the July meeting.

10. **Better Care Fund Update** (Pages 219 - 254)
This paper provide a to the health and well-being board in regard to the Better Care Fund (BCF). This report is part of a quarterly update requested by HWB board members and is a requirement of the BCF assurance process.

11. Report of the Chair of the York Health and Care Collaborative (YHCC) (Pages 255 - 294)

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

12. Health Protection Annual Report (Pages 295 - 316)

This report provides an update on health protection responsibilities within City of York Council and builds on the report from November 2021.

13. Director of Public Health Annual Report (Pages 317 - 394)

This report contains the Public Health Annual Report focussing on the City's response to the pandemic and covers the two year period of 2020-2022.

14. HWBB Report COVID-19 update report (Pages 395 - 404)

This report is for information only and provides the Health and Wellbeing Board members with an update on COVID data for York.

15. Urgent Business

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

<u>Democracy Officer:</u>

Margo Budreviciute
Telephone No – 01904 551573
Email – margo.budreviciute@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 مہیا کی جاسکتی ہیں۔ **(Urdu)**

☎ **(01904) 551550**

Agenda Item 2

City of York Council | Committee Minutes

Meeting	Health and Wellbeing Board
Date	18 May 2022
Present	Councillors Runciman (Chair), Craghill, Cuthbertson, Perrett (Substitute for Cllr Looker) 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 Mabs Hussain – Deputy Chief Constable, North Yorkshire Police (substitute for Lisa Winward) David Harbourne - Chair of York CVS (Substitute for Alison Semmence) Siân Balsom – Chief Executive, Healthwatch York David Kerr - Community Mental Health Transformation Programme & Delivery Lead (NYY&S) & TEWV Lead Master Coach (Substitute for Naomi Lonergan) Simon Morritt – Chief Executive, York Teaching Hospitals NHS Foundation Trust Stephanie Porter – Director for Primary Care, NHS Vale of York Clinical Commissioning Group Jamaila Hussain – Director of Prevention, Commissioning and Education [from 4.48pm] Peter Roderick – Joint Consultant in Public Health, City of York Council and NHS Vale of

York Clinical Commissioning Group

Apologies

Cllr Looker

Lisa Winward – Chief Constable, North Yorkshire Police

Alison Semmence – Chief Executive, York CVS

Shaun Jones – Deputy Locality Director, NHS England and Improvement

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

Mike Padgham – Chair, Independent Care Group

Shaun Jones – Deputy Locality Director, NHS England and Improvement

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91. 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.

92. Minutes

The Chair advised that the appointment of Vice Chair would be addressed when membership was approved at Annual Council on 26 May 2022.

The Director of Public Health asked for an action log to be included in the minutes. The Democracy Officer agreed to check this with the Monitoring Officer. A Member requested clarification on the statutory duties around dementia.

Resolved: That the minutes of the last meeting of the Health and Wellbeing Board held on 16 March 2022 be approved as an accurate record.

93. Public Participation

It was reported that there was one member of the public registered to speak under the Council's Public Participation Scheme. Flick Williams spoke on agenda item 5 [Draft Dementia Strategy], noting concern that York was to apply for Age Friendly City status. She explained that older people and disabled people had many interests in common and the exclusion of blue badge holders in the city centre was a significant contributor to older people accessing the city centre. She noted the resulting loss in trade from this and listed other barriers to access the city centre. She did not believe that the city could call itself age friendly.

94. Annual Update from the Health and Wellbeing Board's Ageing Well Partnership

Board Members considered a report from the Chair of the Health and Wellbeing Board's Ageing Well Partnership. He detailed the progress of projects noting that York would apply for Age Friendly Status in December 2022. He gave examples in relation to this.

[The Director of Prevention and Commissioning joined the meeting at 4.48pm]

In response to questions from Members, the Chair of the Health and Wellbeing Board's Ageing Well Partnership explained:

- That he had not received any comments regarding the obstacles (i.e. curbs) as a result of people having to use roads as a result of pavement cafes. He noted that the council was looking at having dropped curbs and the yet to be appointed Access Officer would be looking at this.
- How the Age Friendly Citizen Group had been created.
- That regarding passing on information to people in their thirties and forties, there was an intergenerational coordinator for this.
- An article on 'Take a seat' could be included the Our City publication.

- That a copies of the take a seat map could be provided to Members.

Resolved: That Board Members indicate their ongoing support for the direction of travel for the Ageing Well Partnership including the three identified priorities around progressing the Age Friendly York project; developing a dementia strategy; and undertaking further work around loneliness and social isolation.

Reason: To give the Health and Wellbeing Board oversight of the work of the Ageing Well.

95. Draft Dementia Strategy

Board Members considered a report that detailed the draft Dementia Strategy for York. The Corporate Director, Adults and Integration and Head of Transformation were in attendance to present the report. The Corporate Director, Adults and Integration outlined the paper noting that she was the Dementia lead for the Council. She detailed the proposed delivery timeline noting that the strategy was in its final draft. Referring to the draft strategy at Annex A she noted the support needed for unpaid carers. The Director for Primary Care, NHS Vale of York Clinical Commissioning Group added that statutory bodies had been working on a range of activities to support the strategy.

The Director of Public Health was pleased to see the prevention plan in the strategy and expressed that she would like to see a detailed prevention plan. The Corporate Director, Adults and Integration explained that prevention would be the biggest part of the strategy and she undertook to bring actions back to the Board. The Corporate Director, Adults and Integration was asked and clarified that regarding timelines, the strategy was linking in with the Humber Integrated Care Board and dovetail with this.

Resolved:

i. That the next two months be used to ensure there is a final draft strategy which sets clear and achievable ambitions for the City to provide good support to its residents living with Dementia and their carers.

ii. That the strategy to brought back to the Board for consideration at its meeting in September.

Reason: To ensure there is a final draft strategy which sets clear and achievable ambitions for the City to provide good support to its residents living with Dementia and their carers.

96. Update on the Integrated Care System

Board Members considered a report that provided an update on the Integrated Care System (ICS). The Consultant in Public Health City of York Council/Vale of York CCG outlined the report detailing the developments from the March 2022 update. The Humber and North Yorkshire Integrated Care Board Constitution would be published on 20 May 2022 and the schedule of delegated functions on the 27 May 2022. The minutes of the Board meetings held on 28 February and 29 March 2022 were included at Annexes A and B.

In response to Member questions the Director of Public Health and Consultant in Public Health City of York Council/Vale of York CCG confirmed that:

- Regarding reassurance in governance arrangements discussions regarding governance arranges were ongoing and there would be a strong steer from the ICS Board on governance and a proposal would be taken to the next York Health and Care Alliance Board meeting.
- Healthwatch had a place on the Humber and North Yorkshire Integrated Care Partnership.

[At this point in the meeting the Chief Executive, York Teaching Hospitals NHS Foundation Trust declared a retrospective declaration of interest as the designate provider of the Humber Integrated Care Board].

Resolved:

i. That the developments, including the proposed structure and arrangements for the NHS and care within our region from next financial year be noted.

ii. That the minutes of recent York Health and Care Alliance meetings be noted.

Reason: To ensure members remain informed of developments in the establishment of the Integrated Care System.

97. Presentation on the Day: Covid 19 Update: Recovery and Living with Covid

The Joint Consultant in 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 could be presented to the Health and Wellbeing Board.

Key points raised during the presentation of the report included:

- Covid testing had ended at the end of March 2022 and the
- ONS testing survey used for the data.
- The previous week York had the lowest proportion of infection in Yorkshire with a prevalence of 2.09%.
- There had been a peak in hospitalisations on 1 April 2022 which had decreased slowly and steadily.
- As of 17 May there was 38 patients with Covid in general beds and one in ITU.
- Regarding the long term impact of Covid, the Situational Awareness Explorer Post-Acute Covid-19 model currently predicted that in York, in the two month period 1 May 2022 TO 30 June 2022, there would be 975 new cases of post-acute Covid, of which 185 will require services.
- COVID was still circulating, as well as high levels of other circulating viruses and concerns around lower uptake of e.g. childhood and teenage immunisations. Standard infection, prevention and control measures still need to be emphasised.

The wider and ongoing impacts of Covid on health and care were noted as follows:

- High demands for health and social care, for example 166,966 appointments fulfilled in primary care in March 2022
- York and Scarborough Teaching Hospitals Trust at OPEL 4 (York) and OPEL 3 (Scarborough)
- As of April 17,851 on an elective waiting list in York, 7,615 waiting longer than 18 weeks, 1,199 waiting longer than a year and 60 waiting longer than 2 years

The Chief Executive, York Teaching Hospitals NHS Foundation Trust noted that OPEL scores were consistent, and patient numbers for Covid were coming down (they were largely hospital for different conditions) with the challenge being on the recovery of elected activity. The Chair of the York Health and Care Collaborative & a PCN Clinical Director gave an update on primary care noting the biggest impacts were staff infection rates contributing to OPEL 4 and trying to catch up on preventative work. She asked for patience with the NHS.

The Corporate Director, Adults and Integration and Head of Transformation noted that social care partners were working well and were looking at developing an OPEL system. She added that there had been workforce issues. She reported that that patients with dementia were like to stay in hospital 14-28 days longer than those without. The Joint Consultant in Public Health noted that following the Board Teams workshop the previous week future drafts of the detail strategy would be brought to future meetings

Resolved: That the content of the presentation be noted.

Reason: To ensure that Board members remain updated on the current situation regarding Covid-19 in York.

Cllr Runciman, Chair
[The meeting started at 4.30 pm and finished at 6.00 pm].

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City of York Council | Committee Minutes

Meeting	Health and Wellbeing Board
Date	20 July 2022
Present	Councillors Runciman (Chair), Looker, 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 Zoe Campbell (Yorkshire & York – Tees, Esk & Wear Valleys NHS) Simon Morritt – Chief Executive, York Teaching Hospitals NHS Foundation Trust Stephanie Porter – Director for Primary Care, Humber & North Yorkshire Health and Care Partnership Jamaila Hussain – Corporate Director of Adult Social Care and Integration
In Attendance	Peter Roderick – Joint Consultant in Public Health Tracy Wallis – Health and Wellbeing Partnerships Coordinator
Apologies	Councillors Waller and Craghill Dr Emma Broughton – Chair of the York Health and Care Collaborative & a PCN Clinical Director Shaun Jones – Deputy Locality Director, NHS England and Improvement Mike Padgham – Independent Care Group

98. Declarations of Interest (16:37)

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. Cllr Looker dreclared an interest as a woman. No further interests were declared.

99. Public Participation (16:38)

It was reported that there were no registrations to speak under the Council's Public Participation Scheme.

100. Draft Joint Health and Wellbeing Strategy (15:39)

This report presented a draft version for the Board's comments of the York Joint Health and Wellbeing Board Strategy 2022-32. The Joint Consultant in Public Health gave an overview of the strategy, highlighting that it was a ten year strategy to fit in with the ten year economic and climate change strategies. It also followed the four principal themes to be addressed namely starting and growing well; living and working well; ageing well and dying well and mental health and wellbeing. He detailed the ambitions and goals of the strategy noting that the final version of the strategy would be presented to the Board at its September meeting.

The Chair thanked the Joint Consultant in Public Health for his update and asked each organisation on the Board to give their input into the strategy. The Director of Public Health was asked and explained how the City of York Council Public Health team supported the strategy.

[Zoe Campbell joined the meeting at 17:50]

Board Members made the following points in relation to the strategy:

- A request was made for the consultation documents and the final documents to be made available on Arial font 14 for ease of accessibility.
- There was a need to recognise poverty in the document as it was a huge detriment to health.
- That some inequalities were gender specific. The Joint Consultant in Public Health explained the feedback that came from public consultation and added that the Women's

Public Health Strategy had been published that day could be worked into the Joint Health and Wellbeing Strategy.
- A Member asked for constituent organisations to take the strategy through their governance arrangements, and he noted the importance that the strategy aligned with the six big ambitions of the Health and Care Alliance.
- It was highlighted that the strategies aligned with the CVS strategies and a request was made to expand on references to carers in the strategy.
- That regarding life expectancy, more information was needed in the strategy to demonstrate how the Board wanted people to live a longer healthier life expectancy.
- The importance of mental health was noted.
- It was noted that the infographics were useful.
- A Member asked whether the six big ambitions had the same weighting.

Resolved: That the Board's comments and suggestions on the York Joint Health and Wellbeing Strategy 2022-2032, be noted.

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

101. Presentation on the Day: Covid 19 Update: Recovery and Living with Covid (17:04)

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 during the presentation of the report included:
- The pandemic was not over and there wasn't accurate information on testing as this relied on ONS model estimates.
- The latest data showed that there was a prevalence of 5% of the population and there was still some testing going on.
- York had the highest rates of COVID in Yorkshire and a high uptake of testing which may account for the high figures.

- When broken down the highest rate was in adults in their thirties and forties. The BA4 and BA5 variants were not affecting children as much.
- Hospital admissions due to COVID were increasing with 76 patients in general beds and 3 in ICU that day at York Hospital. For Scarborough and York hospitals combined this was 134 and 5 respectively. The Ambulance Service had indicated that the demand level was high.
- York had seen lower COVID deaths than other areas and the majority of those deaths had been in hospital.
- In Autumn all adults over 50 as well as those in the risk groups would be invited for COVID and flu vaccines.
- The need to be aware of the symptoms of COVID were noted and those eligible to get their vaccines were encouraged to do so. Mask wearing and ventilation were also encouraged.

In response to questions regarding the update, it was confirmed that:

- Askham Bar would was offering the booster vaccine
- Regarding the arrangements for informing blind people of their vaccines, reasonable adjustments would be recorded on patients' records. The Director for Primary Care, Humber and North Yorkshire Health and Care Partnership undertook to look into this.
- Vaccines would be prioritised in the usual way and this would include care staff.
- The Public Heath developing plan for COVID would be presented to the Council's Corporate Management Team (CMT) for approval and Public Health would be working with Nimbus and the pharmacies on the plan.

Resolved: That the content of the presentation be noted.

Reason: To ensure that Board members remain updated on the current situation regarding Covid-19 in York.

102. Better Care Fund Update (17:24)

Board Members considered a report that provided them with an update on the Better Care Fund (BCF), the 2021/2022 year end sign off and an update on the progress on the reablement and intermediate care pathway redesign. The Corporate Director of

Adult Services and Integration and interim Director of Children Services advised that there was a further year of the BCF. She noted that review of care services had been completed and had found that transfers of care and delayed admissions were failing. Work was underway with colleagues on addressing this and care services in hospital, using a collaborative approach.

The Corporate Director of Adult Services and Integration and interim Director of Children Services advised that some performance metrics had changed and some metrics highlighted pressure on the social care budget. She added that 3% of avoidable admissions was a large number of people. She added that the BCF was doing a national demand analysis and she noted the risk regarding the memorandum of understanding.

With regard to the focus of the York Health and Care Alliance, the Director of Public Health suggested that this should be avoidable admissions and length of stay from the pathway to prevention onwards to leaving hospital. This was supported by the Chief Executive, York Teaching Hospitals NHS Foundation Trust.

Resolved: That the Health and Wellbeing Board:

- Receive the York Better Care Fund update for information.
- Agree the attached 21/22 year end return.
- Agree delegated authority for future returns to be signed off by the Corporate Director of Adults and Integration, appropriate ICS lead in partnership with the HWBB Chair Cllr Runciman.

Reason: In order for the Board to meet its obligations as the accountable body for the Better Care Fund.

103. York Place Update (17:39)

Board Members considered a report that provided an update on the achievements of the York Health and Care Alliance, the move to the York Place Health and Care Partnership Board, progress to date and next steps. The Corporate Director of Adult Services and Integration and interim Director of Children Service advised that this was a regular update to the Board and that the Alliance had met two weeks previously. She advised that the council Chief Operating Officer had been appointed as

the Chair of the York Place Health and Care Partnership Board. She advised the changes and next steps to commissioning arrangements under the Health and Care Act (H&C) that came into law during April 2022, adding that Healthwatch York would be joining the York Place Health and Care Partnership Board.

The Corporate Director of Adult Services and Integration and interim Director of Children Service was asked about the risks of the York Place Health and Care Partnership Board and she explained that this was in relation to working with all elected members. She detailed the Members who sat on the Board.

Resolved: That the Health and Wellbeing Board:

i) Noted the content of the report and progress made,

ii) Noted the work of the previous York Alliance as the York Place Health and Care Partnership Board moved forward

iii) Agreed that a further report would be presented to the Board highlighting specific work streams, as well as an updated prospectus in line with the Health and Wellbeing Strategy.

Reason: In order for the Board to kept up to date on the work of the York Place Health and Care Partnership Board.

104. Joint Report from Healthwatch North Yorkshire & Healthwatch York: Accessible Information (17:53)

The Board considered a joint report from Healthwatch North Yorkshire and Healthwatch York providing feedback from people, especially those whose information needs were not currently being met. The Manager, Healthwatch York detailed the report highlighting that access to information was not just about disabled people. She noted the nine recommendations contained in the report. Board Members agreed to share the report with their respective organisations.

[Simon Morritt left the meeting at 18:01]

A Board Member asked how the Board could start raising the matter of vacant posts, for example the Engagement Officer post. In response to comments made by Members the Chair asked and the Manager, Healthwatch York agreed to bring an update report back to a future meeting detailing the responses received.

[Lisa Winward left the meeting at 18:07]

Resolved: That the Board:
i. Received the joint report, Accessible Information
ii. Be reminded to 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

105. Healthwatch York Annual Report (18:07)

Board Members received an information report on the activities of Healthwatch York in 2021/22. Board Members commended the work of Healthwatch York and thanked them for their work. The Manager, Healthwatch York thanked Members for their recognition.

[Lisa Winward rejoined the meeting at 18:11]

Resolved: That the Health and Wellbeing Board receive Healthwatch York's Annual Report.

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

106. Update on the Development of a Dementia Strategy (18:11)

Board Members considered a report briefing them on the work in progress towards the publication of a Dementia Strategy for York place this summer. Members were requested to consider the appended draft and approve the plan for its publication. The Corporate Director of Adult Services and Integration and interim Director of Children Services outlined the strategy noting that

carers saved the system £100million a year and that York was a dementia friendly city.

In response to questions from Board Members, the Corporate Director of Adult Services and Integration and interim Director of Children Services clarified that:

- The action plan would support access to primary care services.
- The Dementia Strategy would be approved by the Council Executive.
- Why there was no column in the action plan for resource.

Resolved: That approval be given to the draft Dementia Strategy.

Reason: Having a York Dementia Strategy will clearly establish the common goals for health, social care, and community organisations in the City to deliver quality support to people with dementia and their carers. Once we have an agreed Strategy, we can progress with a delivery plan to achieve the goals outlined and improve the experience for the thousands of people living with dementia in our City.

107. Progress Report: Citywide System Mental Health Transformation (18:26)

This report provided an update on the Connecting our City mental health transformation project, and in particular the design and prototyping of a mental health hub model for York. The Independent Chair of the Mental Health Partnership gave a presentation on the project. This detailed the City of York priorities and development of a Mental Health Hub (including principles, role and timescales). He explained that the community health transformation fund had users at heart and he explained what would happen when a person presented at the Hub. He added that the goal was to have the first hub running by the end of the year and that it would need to see the release of clinicians to work on this in Autumn. He advised that there would be communications to disseminate to organisations on the opening of the Hub.

Resolved: That the Health and Wellbeing Board:

- Note the content of the report

- Support the request for staff to be released to participate within the hub prototyping process
- Ensure appropriate representation within the hub planning and leadership groups to ensure operationalisation of the hub design
- Notify the Mental Health Partnership of any key meetings/forums where an update on this project would be helpful

Reason: In order to keep the Board updated on the work Mental Health Partnership and progress of the Hub.

108. Report of the Chair of the York Health and Care Collaborative (18:52)

The Health and Wellbeing Board considered a report on the work of the York Health and Care Collaborative which was attached at Annex A. The Director of Public Health explained the progress in priorities and positive development of building on the success of the COVID recovery hub. She asked Board Members to consider York Health and Care Collaborative request to the Board to identify where it thinks the gaps are in supporting deprived communities in York, to aid the group in future discussions about how YHCC can assist closing these gaps by working together.

The Chair thanked the report authors for their report and she requested that the minutes of the York Health and Care Collaborative be circulated to Board Members. The Director for Primary Care, NHS Vale of York Clinical Commissioning Group agreed to undertake this with the Health and Wellbeing Coordinator.

Resolved: That the report 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.

Cllr Runciman, Chair
[The meeting started at 4.30 pm and finished at 6.56 pm].

Health and Wellbeing Board 16 November 2022

Report of the Director of Public Health

Ratification of Decisions made by the Health and Wellbeing Board outside of a Formal Meeting

Summary

1. This report asks Health and Wellbeing Board (HWBB) members to formally ratify four decisions which were made outside of a formal meeting. These decisions were purportedly made via e-mail after the cancellation of the September meeting of the board. As such decision-making has no lawful basis, the Board is required to ratify those decisions at the next available meeting.

Background

2. Health and Wellbeing Board were due to make several decisions at their September meeting; this meeting was postponed due to the death of The Queen and subsequently cancelled. An agenda for the meeting was published prior to the postponement and cancellation.

Main/Key Issues to be Considered

3. HWBB members made decisions in relation to the following items on the September agenda:

    a. **Joint Health and Wellbeing Strategy 2022-32**: board members agreed the content of the draft strategy included within the published agenda pack for September 2022. A designed version is now available and is included at **Annex A** to this report for formal launch.

    b. **Pharmaceutical Needs Assessment (PNA) 2022-2025**: board members approved the PNA for publication and this has now been uploaded to the Joint Strategic Needs Assessment

website. Making this decision outside of a formal meeting allowed for the PNA to be published within statutory timescales.

c. **Review of York's Health and Wellbeing Board**: board members agreed to review the York HWBB which will include reviewing the board's terms of reference including membership and functions; reviewing the current sub-structure of the HWBB and putting forward options for the structure of future HWBB meetings.

d. **Chairship of the Mental Health Partnership**: board members agreed to start the process of appointing a new independent chair for the Mental Health Partnership. This process will be led from within the Public Health Team.

4. All other items on the September meeting were for noting and/or for information and no decisions were required.

Consultation

5. Details of consultation are included within the individual reports on the September agenda.

Options

6. Board members are asked to ratify the decisions made by e-mail after the cancellation of their September meeting.

Analysis

7. In order to ensure the lawfulness of the decisions purportedly made by e-mail, it is essential that they are ratified at the first available HWBB meeting, so as to constitute lawful decisions.

Strategic/Operational Plans

8. Details of relevant strategic and operational plans are included within the individual reports on the September agenda.

Implications

9. **Legal**: the decisions purportedly taken by the HWBB by e-mail were so taken due to the necessity to publish information within a statutory deadline; however, since no urgency provisions applied, the decisions were not lawfully taken. In order to ensure their retrospective lawfulness, it is necessary that the HWBB formally

ratifies the decisions. Equally, it is essential that the HWBB appreciates that this situation must not be repeated.

10. There are no other implications associated with this report.

Risk Management

11. In compliance with the Council's risk management strategy, it is important that the HWBB publish an up-to-date Pharmaceutical Needs Assessment and Joint Health and Wellbeing Strategy. It is also essential, however, that the HWBB acts in compliance with the Local Government Act 1972 and the Council's Constitution.

Recommendations

12. Health and Wellbeing Board are asked to ratify the decisions made in relation to four items on the published agenda for September 2022

Reason: to ensure that the decisions made by the HWBB are lawful.

Contact Details

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	Report Approved	✓	**Date** 04.11.2022

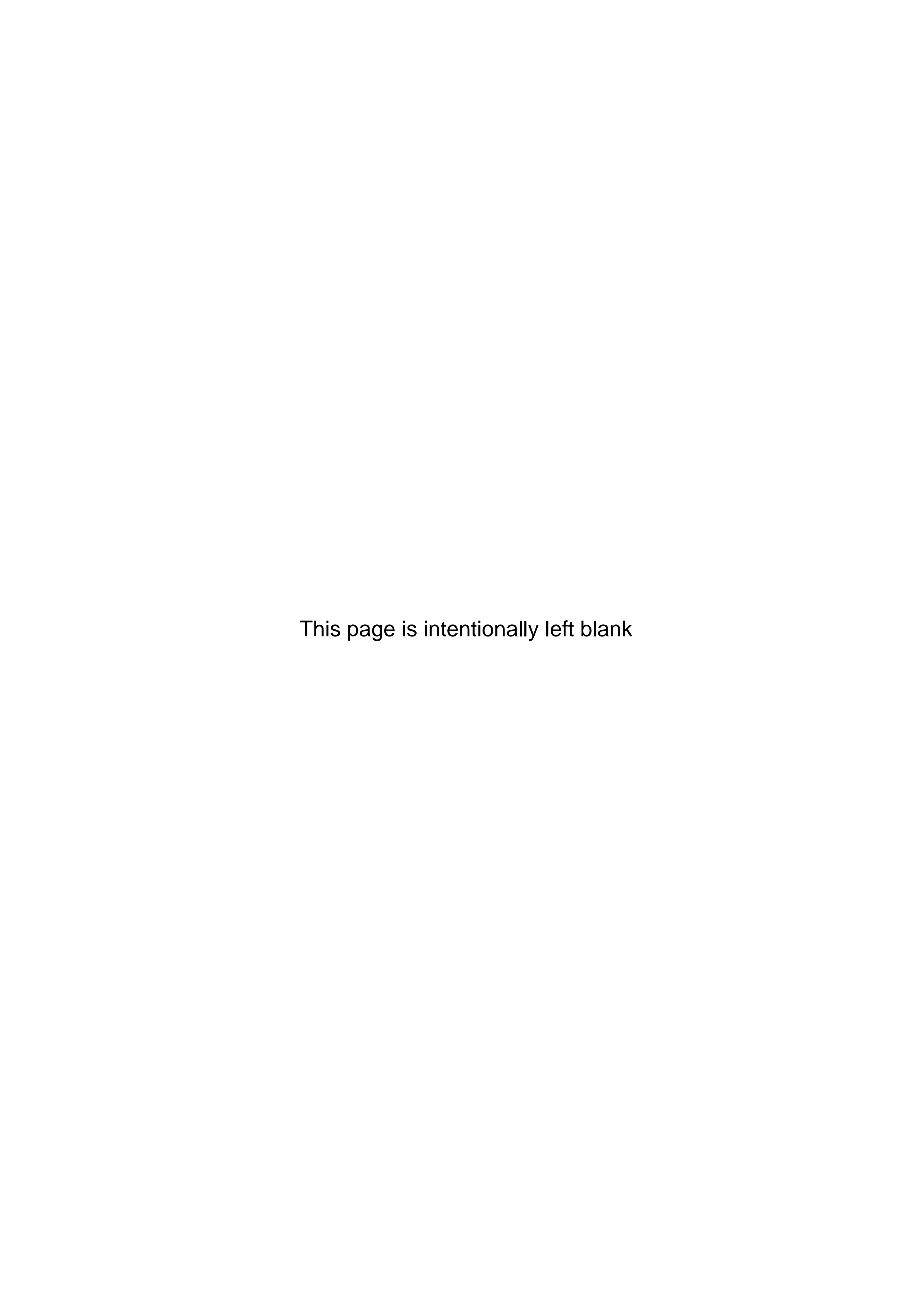
Specialist Implications Officer(s)
Legal: Bryn Roberts; Director of Governance

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers:
Agenda for the September 2022 Meeting of the HWBB

Annexes
Annex A: Joint Health and Wellbeing Strategy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York Joint Health and Wellbeing Strategy

2022-2032

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Front cover from Knavesmire Primary School

Introduction and Contexts

Foreword from the York Health and Wellbeing Board

As a group of senior leaders in health and care – clinicians, voluntary sector leaders, local authority directors, healthcare managers, elected members, leaders in public engagement – we want to thank you for taking the time to read our Joint Health and Wellbeing Strategy for York 2022–32.

We have worked together to develop this strategy because we believe health is precious, and we want more of it for the 200,000 people who live within our wonderful city of York.

At first glance, walking round our beautiful city might give you the impression that the job is done; we've already achieved our goal; York is already a healthy place. And we certainly can celebrate many things about the place we live. We have a strong cultural heritage, beautiful buildings, green spaces, good community roots, a thriving voluntary sector, and higher rates of physical activity and other things which keep people healthy. York certainly is a city full of health assets and strengths.

But we still have plenty of health needs and challenges, and some stark inequalities. Some may say that York is a city in ‘good health’, but this is certainly not the full story. In reality:

Our ‘good health’ is not evenly distributed
We know that in York, the 2010s were a ‘lost decade’, in which improvements in life expectancy stalled and where – in the more deprived areas of York – people are dying earlier than they should

45th out of 152

local authorities on male life expectancy at birth

Our ‘good health’ is not best health
We know that York's overall health outcomes, compared to our regional neighbours, often look good, but compared nationally are average: for example, York ranks 45th out of 152 local authorities on male life expectancy at birth and 76th on female mortality from preventable causes. The 2019 ONS (Office of National Statistics) Health Index ranked York the 119th most healthy area out of 307 local authorities.

Our ‘good health’ hides uneven health
We know that there are several areas of longstanding concern for the city's health, where we don't do as well as our affluence would indicate: for instance more people are admitted to hospital with alcohol-related conditions or after an episode of self-harm than we’d like; and demand for our mental health services is growing dramatically.

Our vision over the next decade is that:

In 2032 York will be healthier, and that health will be fairer

We all know that strategies don't, on their own, achieve anything: it's the action that results from them which makes the difference. The purpose of a strategy is so that together, we pull on all the resources at our disposal in a coordinated direction, and we do it for the long haul. That's why we've set this strategy to run over 10 years.

The things we want to influence are long-term, involving the complex web of factors in society which create health, such as education, jobs, community connection, the impact of the pandemic, economic changes, healthcare services, environmental sustainability. We won't change these things overnight.

It's also why we've kept this strategy high-level. There is simply no way we will be able to articulate all the thousands of actions that will be necessary to get to where we want to get in this strategy. Our real hope with this document is that it inspires, motivates and instigates action.

Alongside regular and updated action plans that we will develop as a board, we hope that organisations, partnerships, staff and ultimately the people of York will find in this strategy a unified vision and set of goals for a healthy city, from which they can develop their own plans and priorities.

The Health and Wellbeing Board meet regularly, in public, to discuss the key issues in health and care and to collaborate on achieving our vision. We commit to you that through these meetings – and behind the scenes – we will work tirelessly to make the words you read in this strategy a reality.

BABBOE

The context for our health and wellbeing strategy

Four things key things over the next decade:

1 York's 10-year Plan

As a city, we are following a sustainable approach to developing our ambitions for the decade ahead. The goal of sustainability is to, "create and maintain conditions, under which humans and nature can exist in productive harmony, that permit fulfilling the social, economic, and other requirements of present and future generations." or put simply - 'Enough, for all, forever'.

This means that sustainable approaches consider the interdependencies between actions that might affect the environment, society, and the economy. To this end, three strategies have been developed to inform city-wide direction over the next decade, including the proposed devolution arrangements for North Yorkshire and York. These strategies cover health and wellbeing, economic growth and climate change. Together, we now have the health, economic and environmental goals of the city aligned, and with them the building blocks for health.

York's 10 Year Plan 2022 - 2032

Economic Strategy

Joint Health and Wellbeing Strategy

Climate Strategy

② Reforms to the Health and Care System

There are currently national reforms to the health and care system, which involve the establishment of Integrated Care Systems (ICSs) to cover every area of the country. Locally, we are working with colleagues across Humber and North Yorkshire to bring care together, increase the quality and outcomes from our health and care services, and improve population health across our region.

Much of this work will be done locally, in our York 'place' area, but in the context of a wider regional structure for our NHS and care partners. One key purpose of the strategy is to articulate York's health ambitions, our priorities, our needs and the things which matter to people living in our city. Part of the job of ICSs (in fact a statutory requirement) is to listen to local places through their Joint Health and Wellbeing Strategies and respond by working with them and giving them the appropriate resources to match their local goals.

3 Poverty and the Cost-of-Living Crisis

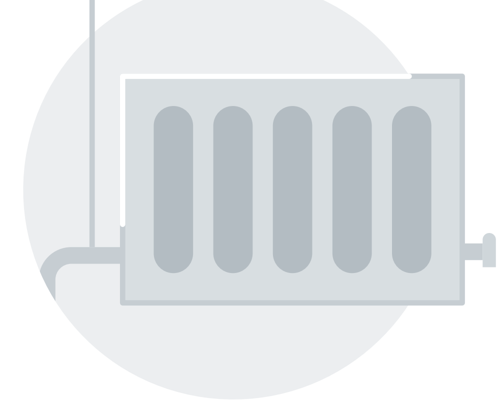
The strategy is being launched during a cost-of-living crisis affecting the whole nation. We know that there will be health consequences when people are not able to afford heating, food and housing costs. Financial exclusion, fuel poverty, debt and food crisis have short term consequences, likely to affect a large number of people in the city, for instance through higher rates of hospitalisation from chronic disease such as asthma and COPD (Chronic Obstructive Pulmonary Disease), or more people suffering mental illness due to anxiety. They also have long term consequences, leading to chronic mental health issues, adverse economic and effects and an impact on education and skills, and broad influences on community coherence. Even before this crisis, York has over 3,500 children and nearly 4,500 older people living in poverty, and over 13,000 people living in fuel poverty.

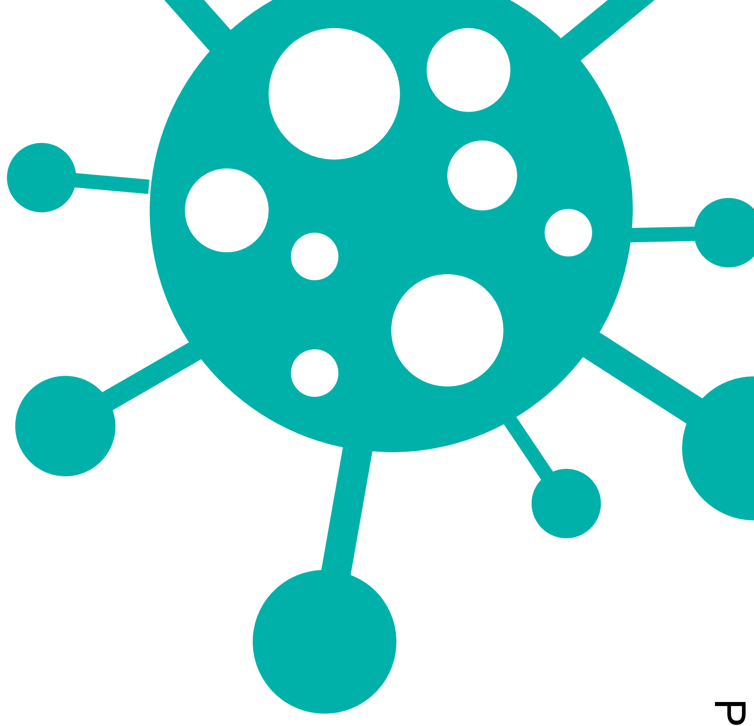
3,500

children and nearly 4,500 older people living in poverty

13,000

people living in fuel poverty





4 COVID-19 recovery

At the time of writing this strategy, we are more than two years into a global pandemic which has had a deep impact on the health of our city.

Together with the direct impact of the virus and the lives it has changed and claimed, the indirect impacts of the last two years on our physical and mental health are still emerging. It is clear that from the educational impacts of lockdown to the increased demand on mental health services and the pressures on physical health services, COVID-19 has taken a heavy toll.

This strategy is written in light of all this, and with recovery in mind. Among many things we have learnt from the pandemic, we have, positively, seen how well a city can pull together, bureaucracy be broken down, and swift action save lives. We have also seen, negatively, how underlying inequalities in society can amplify a global shock like a pandemic virus, and how, yet again, those with less in our city were more exposed and likely to suffer harm.

Our recovery efforts, and this strategy, seek to learn these lessons by emphasising collaboration, building on the assets already present in our city, and tackling the inequalities which we know also exist.

Our Challenges

One of the Health and Wellbeing Board's key tasks is to assess and monitor the health needs of the city as a whole, and the communities within it. This means we are collecting, publishing and interpreting data on a wide range of things to do with health in the city, through the Joint Strategic Needs Assessment (JSNA), including overviews of each stage of life (Start Well, Live Well, Age Well, and Mental Health) and over twenty deeper pieces of work on specific communities. Some examples of health needs in York are illustrated in the pages overleaf

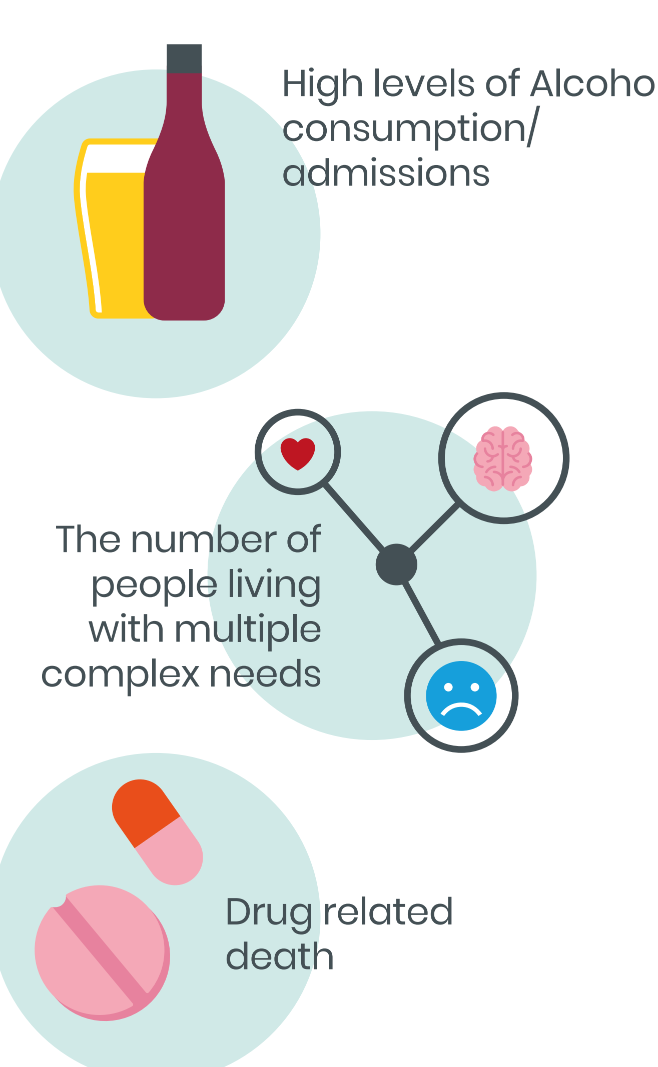
Wider determinants of health

High number of noise complaints

10%
of children living in poverty

Housing affordability

York's 'red flags'



High levels of Alcohol consumption/ admissions

The number of people living with multiple complex needs

Drug related death

Changing Demographics

A growing and ageing population, with a 50% increase in the population over 80 in 2040.

Projected growth in healthcare use:

- 4% increase in hospital use (annually)
- 10% increase in social care (over 5yrs)
- 2.5% increase in GP use (over 5yrs)

Examples of preventable ill-health

1 in 10
people smoke

2 in 3 adults overweight or obese

1 in 7
live with depression

Widening inequality gaps

Life Expectancy/ Healthy Life Expectancy

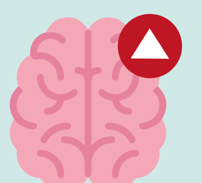
Health of those with a learning disability

School readiness

Mental Health

Under 18s admissions for mental illness

High prevalence of some mental illness



High suicide and self-harm rate

Student Mental Health

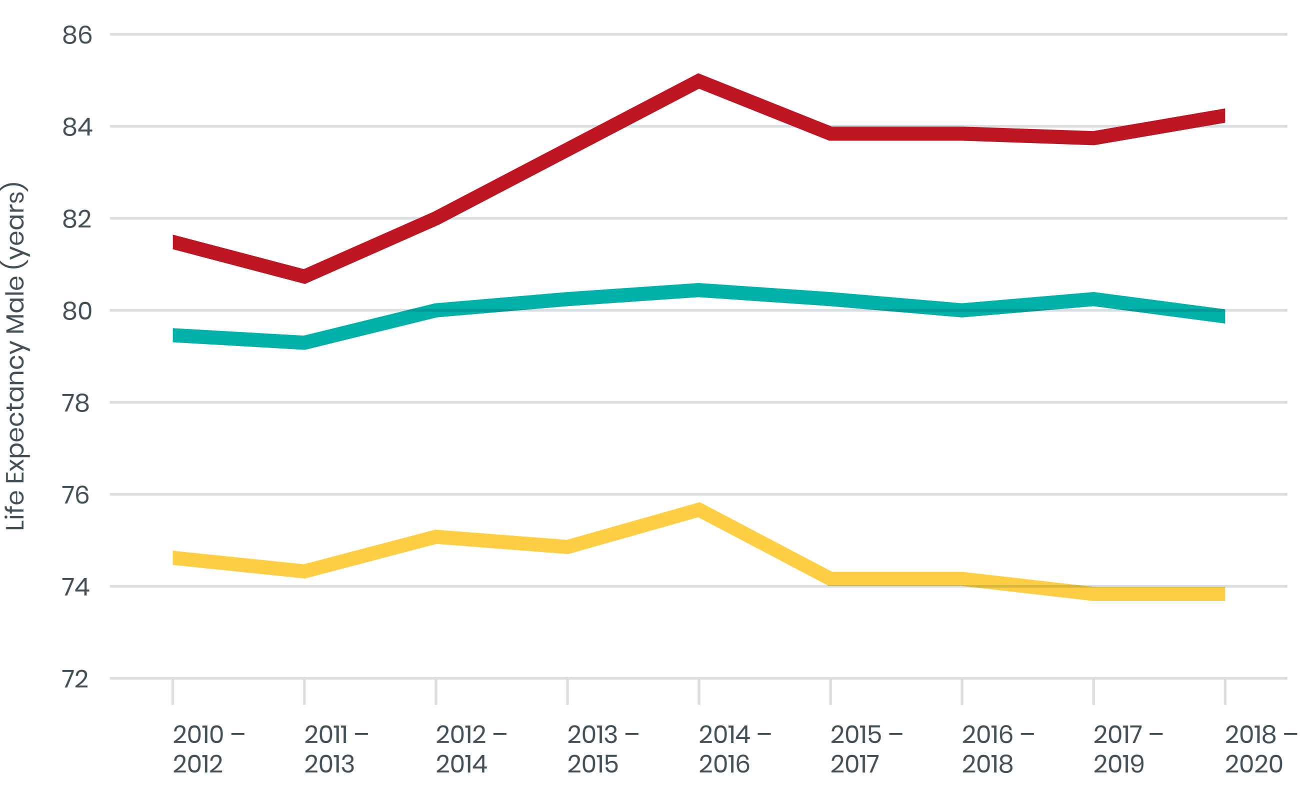
Three key trends in Life Expectancy in York since 2010'

One of the headline indicators for our health challenges is life expectancy, and it is clear that in parts of York people are dying earlier than they should, a fact which is mirrored nationally. Over the last decade there have been three clear trends.

Firstly, for all York citizens, the historical increase (seen since the Second World War) in the number of years people live has stalled.

Secondly, in the more deprived deciles of the population life expectancy declined for the first time in generations, further widening the inequalities gap (for instance in males the gap was 6.9 years in 2010 and 10.3 years in 2020 – see chart)

Thirdly, a large gap in life expectancy is emerging between the most deprived and the least deprived 10% of the population, and the gap between the bottom 10% and the next decile up (second most deprived 10%) is larger than between any other sections of the population.



Our assets and strengths

Whilst we need to understand our health challenges, in York our approach has also been to focus on what's strong, not what's wrong. We take a strengths-based approach which sees people as valuable, not vulnerable, and recognises that everyone has gifts, talents and skills, which empower people as active citizens and gives them hope, rather than simply being a passive recipient of services.

Work which has been developed in the city over the last decade such as local area coordination or social prescribing changes the relationship between statutory services and citizens and communities, by enabling our staff and practitioners to build up a trusted relationship with a person to find out about their skills and gifts, and focus on people's goals and resources, rather than their problems.

This extends to seeing our city as full of assets to use for health. For instance, we could highlight our thriving voluntary and community sector with over 300 organisational members of our Centre for Voluntary Services (CVS); or we could highlight that the average distance to green space in York is around a third of a kilometre, versus a national average distance of a whole kilometre.

How have we made this strategy?

As part of developing this strategy we have tried to listen both to citizens of our city and to health and social care colleagues.

One way we did this was by facilitating local community groups to host conversations with people and ask them a very simple question:

What helps you to live a happy and healthy life?

We collected this information on what helps people to live a happy and healthy life; about health, care and support services; about local communities and our city; what is working well already and what needs to change.

The feedback to this exercise has been integrated throughout this strategy and shapes it in its broadest sense.

Having digested this work, the Health and Wellbeing Board also held a workshop to look at our Joint Strategic Needs Assessment and what is was telling us about the health and care needs of the York population.

They also looked at existing strategies, frameworks and partnerships in York, mindful of the fact that the Board itself will not be able to deliver our aspirations on its own, and we need the help of the rich tapestry of partnership groups and collaboratives in the city to pull with us towards the outcomes we want to achieve.

What helps you to live a happy and healthy life?

What helps in our city?

What one thing is working well?

What one thing needs to change?

What about health, care and support services

What helps in your community

Being able to go out for a walk

Having enough money to do all of these things that keep us well

Support of local people

Someone who cares about you

You can't be happy if you're afraid. You need freedom of fear

Safety - later on in life need to have a safe space

Access to suitable and affordable housing

Having enough money to do all of these things that keep us well

My Christian faith

Knowing where to go to get support

Outdoor recreational activities such as walking the dog

Consideration was also given to reports from Healthwatch York, whose job it is to represent the voice of the citizen on the Health and Wellbeing Board. These provided us with quality information on areas of health and social care residents have raised concerns about.

Once some draft principles for this strategy were established, we commenced a process of public consultation, including a public Health and Wellbeing Board, and 'Our Big Conversation: strategy consultation', together with the Economic and Climate Change Strategies.

What has emerged from this is a strategy which focuses on:

Our four big communities
These are the who; a description of four key groups in our population and how good health is built up over the life course

Our six big ambitions
This is the what: the dreams we have for the type of healthy city we want to be

Our ten big goals
This is the how: the measurable, tangible improvements in health outcomes we want to see for our population

Our Strategy: Communities, Ambitions and Goals

In 2032, York will be healthier and that health will be fairer

Four Big Communities

- York's Children have **the best possible start** in life
- York's **adults** have equal access to things which produce health
- Whenever they reach the **end of life**, people in York die well
- York's older adults flourish in an **age friendly city**

All connected together through families, geographies and communities

Six Big Amibitions

- Become a health generating city
- Make good health more equal across the city
- Prevent now to avoid later harm
- Start good health and wellbeing young
- Work to make York a mentally health city
- Build a collaborative health and care system

Four big communities

Through this strategy we want to improve health for all in York, as seen through the lens of the four big communities within York, our four stages of life.

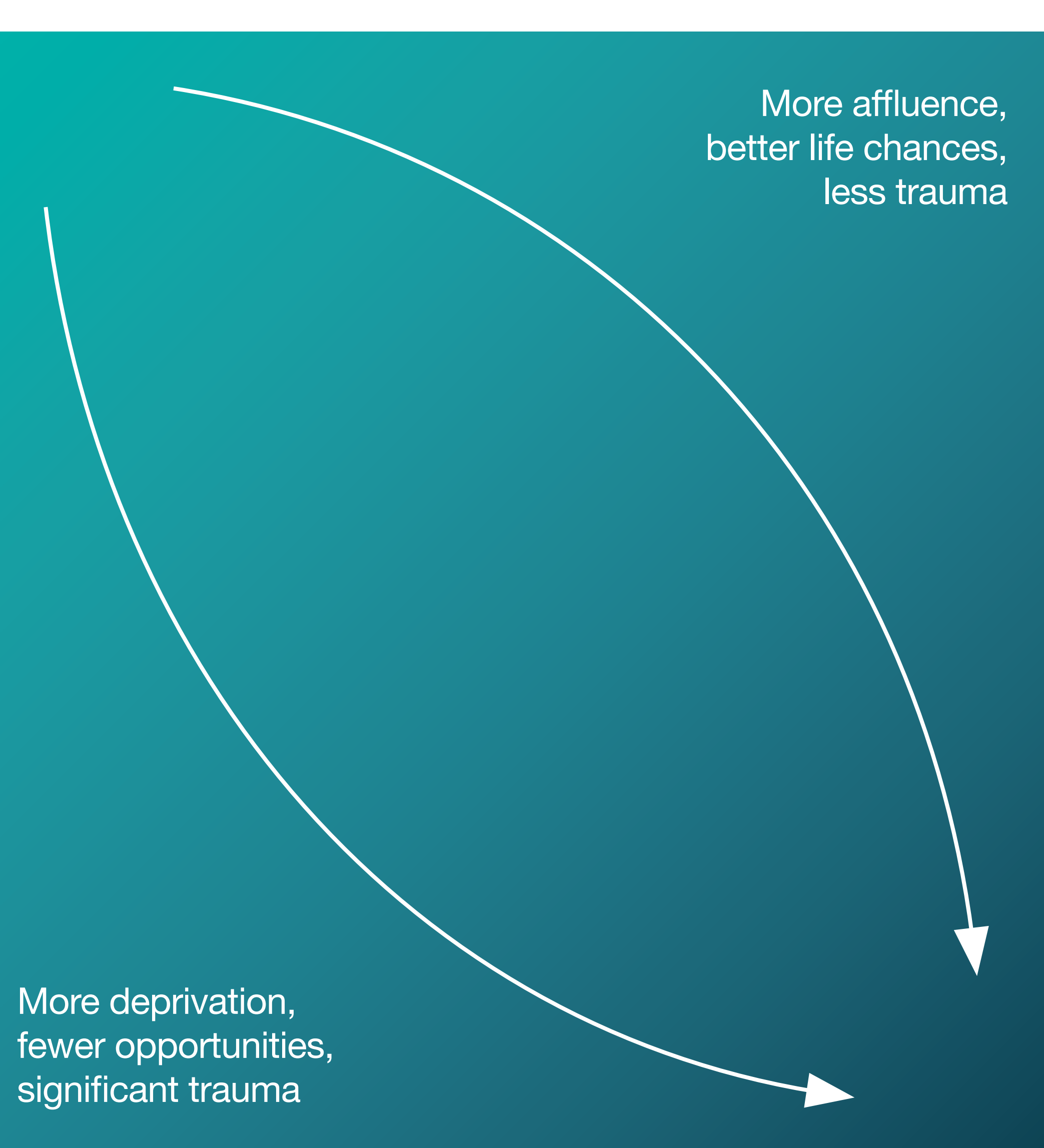
Since the work of Michael Marmot in the first decade of the century, the concept of the 'life course' has become familiar. Central to it is the concept that disadvantage starts before birth and accumulates throughout life, with a person's health (or the health of a population group) being the sum of all the health advantages or disadvantages its members have been exposed to. Rather than framing health as an individual's responsibility – a consequence of their 'choices' – it recognises that health is created by the conditions which surround us; the conditions we experienced even before birth, and during childhood especially, shape our abilities to live healthily as adults, to age healthily in our later years, and to die well.

The journey of life takes us from young to old, and inevitably it takes us from good health to complex health needs and eventually death. However as shown by this graphic, when looking at the population as a whole we are all on the same journey, but not all take the same route:

Good health

Minor health needs

Complex health need



So in York, we want our citizens to experience the best health possible in all four stages of life:

Start Well
York's children have the best possible start in life

Live Well
York's adults have equal access to things which produce health

Age Well
York's older adults flourish in an age friendly city

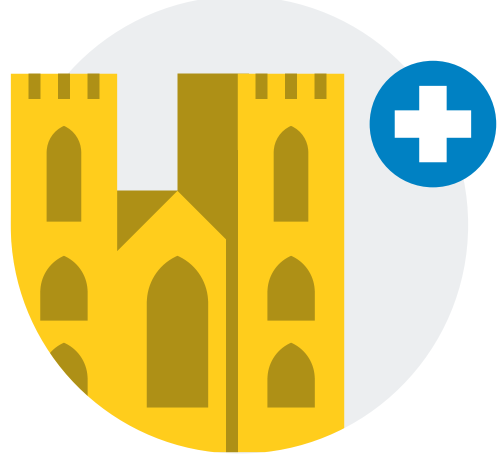
End Life Well
Whenever they reach the end of life, people in York die well

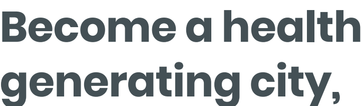
Crucially, whilst people are generally in just one of these stages at a time, they are all connected through families, geographies and communities. The health of our mothers in York will affect the health of our babies; the health of our teachers will affect our pupils; the health of our volunteers will affect those receiving help; the health of older people on a street in Tang Hall will affect the health of younger people on the same street; the health of carers will affect the health of those who they care for; the health of communities and organisations will affect all who participate in them. It's all connected.

We will use this concept of the 'life course' to structure our meetings as a Health and Wellbeing Board, for instances in the reports we commission and discuss. It will ensure we don't leave anyone out of the conversation.

Six big ambitions

This leads us on to the six big ambitions of our strategy, which will drive the work of the Health and Wellbeing Board and its partners. These phrases came out loud and clear in the engagement work we developed, and we hope they set the standard for all changes and developments in health services and beyond in the city over the next decade.





Become a health generating city,

where our starting point is that strong and supportive communities are the best medicine, where we build on the strengths of our people, and give our citizens the best possible chance of staying healthy, especially through three key building blocks of health: good housing, jobs and education

Prevent now to avoid later harm,

acknowledging that two thirds of the gap in healthy life expectancy in York comes from preventable diseases, and therefore ensuring that prevention is in the job description of all health and care staff in the city in order to bring healthy lifestyles within reach of all our residents

Start Good Health and Wellbeing Young,

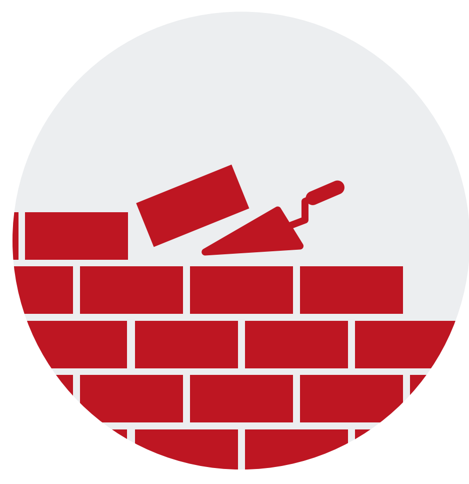
giving special emphasis to the key formative early years of life as the best place our investment can go, creating from maternal/preconception health and beyond the conditions for our families, communities and young people to live healthy and flourishing lives

Make good health more equal across the city,

recognising that people in the poorest areas of York die ten years earlier than those in the richest areas, and to address this we need to deliver our services scaled at a level proportionate to people's need, and thereby reduce health inequalities

Work to make York a mentally healthy city,

ensuring that mental health and wellbeing is given the same attention as physical health, investing in the things which keep people happy and connected, and working together to support people quickly when they need it



Build a collaborative health and care system,

with fewer dividing lines between organisations, creating a local culture of integration built by engaged and valued staff who listen to (and involve) our citizens, so that our care can be accessed by all, and is compassionate, high quality, financially and environmentally sustainable

Ten big goals

Now we have described our communities and the ambitions we have for a healthy York, we want to set out some clear goals for this strategy – things we can measure, things which are ambitious, things which if we achieved them would mean our city truly has become healthier and fairer over the next ten years.

So we have chosen ten goals which draw upon the things which people have told us in our engagement work they want to see, and on the strengths and challenges we have identified through our JSNA process. They are not a comprehensive list of all that needs to change over the next decade, but they represent some of the most important areas that lead to early illness and death in the city, and therefore feel like the things we need to focus our minds on.

Our 10 big goals at a glance:

1 OVERARCHING GOAL: Reduce the gap in healthy life expectancy between the richest and poorest communities in York

Reducing anxiety scores and increasing happiness scores by 5%

Bring smoking rates down below 5% for all population groups

Reduce to 15% the proportion of York residents drinking no more than 14 units a week

Reverse the rise in the number of children and adults living with an unhealthy weight

Reduce health inequalities in specific groups

Reduce both the suicide rate and the self-harm rate in the city by 20%

Improve diagnosis gaps in dementia, diabetes and high blood pressure to above the national average, and detect cancer at an earlier stage

Reduce sedentary behaviour, so that 4 in every 5 adults in York are physically active

Reduce the proportion of adults who report feeling lonely from 25% to 20% of our population

1. Overarching goal: reduce the gap in healthy life expectancy between the richest and poorest communities in york

Public health experts the world over tell us that the best measure of the health and fairness of a local population is the gap between the number of years lived in good health for its richest and poorest communities. When that gap is narrower, communities enjoy greater trust and cohesion, better overall physical and mental health, and are more sustainable – i.e. everyone benefits. Currently in York, the life expectancy difference between wards is a stark 10 years for men and 6 years for women (2015-19 data). Older data suggesting healthy life expectancy differences are above a decade for both men and women.

This is the ultimate goal we are trying to reach for our population, but it will only be met if the other goals are too.

2. Support more people to live with good mental health, reducing anxiety scores and increasing happiness scores by 5%

As well as ensuring the city has good mental health services to respond to illness, we want to raise the overall level of mental health in the city through community assets (e.g. green spaces, community connections), creating a happier population in 2032 than now. The Office for National Statistics measures four dimensions of wellbeing, and we have chosen two of them: one where we do worse than the national average (in 2020/21, 27.1% of York residents had a high anxiety score vs 24.2% nationally) and one where we do better (in the same year, 8.8% of York residents had a low happiness score vs 9.2% nationally).

3. Bring smoking rates down below 5% for all population groups

Smoking is the leading preventable cause of death in York, and one in every two people who smoke will die because of tobacco-related causes such as heart disease, cancer, and respiratory illness. There are still more than 20,000 smokers in the city – more than 1 in 10 people – and whilst rates have fallen over the last decade, this has mainly been in our more affluent population, meaning smoking prevalence is higher in routine and manual occupations (1 in 6 people), as well as those with a mental health problem (1 in 3) and opiate users (1 in 2). So our local approach to tobacco control sets an ambition to halve the number of people who smoke by preventing and supporting smokers to quit, and crucially we want to see this across all groups in the city, closing the gap.

4. Reduce from over 20% to 15% the proportion of York residents drinking above the Chief Medical Officer's alcohol guidelines (no more than 14 units a week)

Alcohol is widely available and consumed by the majority of adults in England; however its harms are often under-appreciated. It is estimated that nearly 600,000 people need speciality treatment for alcohol dependency every year, and alcohol consumption leads to nearly 25,000 deaths. Drinking at lower levels still causes harm, including liver disease, a number of types of cancer, and increased risk of cardiovascular conditions. Whilst there may be no safe level of drinking, the Chief Medical Officer advises adults drink no more than 14 units a week; however that is not the case for over 1 in 5 adults in York (21.7%), with over 1,000 residents admitted to hospital for alcohol-specific conditions in 2020/21. To decrease the population-level harm of alcohol by reducing the proportion drinking over 14 units to 15%, we need to work on the availability of alcohol, the social norms around its use, and support people to manage down drinking levels and choose alternatives. This will also have positive effects on our city life through, for instance, reducing the amount of crime, accidents and anti-social behaviour linked to alcohol.

5. Reverse the rise in the number of children and adults living with an unhealthy weight

Every year, more people nationally are over a healthy weight, and York is no exception. Being overweight or obese has been shown to affect virtually all bodily systems, raising the risk of mental health problems, Type 2 diabetes, stroke, cardiac conditions, cancer, asthma amongst others. In York, over 1 in 5 reception-aged children, 1 in 3 year six children and nearly 2 in 3 adults are overweight. Rates of children over a healthy weight double in primary school, increase with deprivation, and have risen year on year over the last decade. These trends are driven by complex factors: for instance the commercial determinants of health (e.g. marketing), by our food systems, and by trends in the way we travel and move about in daily life.

As an indicator which is worsening, our goal is to reverse this trend, and change the direction of travel on weight for both children and adults; this also includes avoiding stigmatisation, and helping people with an eating disorder get the care and support they need.

6. Reduce health inequalities in specific groups: people with a severe mental illness, a learning disability, those from an ethnic minority or a marginalised group, and gender inequalities in health

We know that certain groups experience radically worse health outcomes. Sixty-three percent of people with learning disabilities die before reaching the age of 65, compared to 15 percent in the general population, and in York you are four times more likely to die before the age of 75 if you have a severe mental illness. There are inequalities experienced in health and healthcare if you are from an ethnic minority in the city, and the health outcomes of people in marginalised groups within our community are worse too, for instance those from Gypsy, Roma or Traveller backgrounds, those who are new migrants, who are homeless or who use substances. We aspire to build proactive and inclusive services which will level off health inequalities for these groups.

7. Reduce both the suicide rate and the self-harm rate in the city by 20%

Death by suicide is a tragedy which affects so many people. Between 2018 and 2020, 70 people died by suicide in York, continuing a trend seen for a number of years of higher rates locally than the regional average. Males are four times more likely to die than females, and whilst complex reasons lie behind every death, there is a clear correlation with deprivation. In 2020/21 there were over 400 hospital admissions for self-harm in the city, with half of them in people aged 10-24. A large amount of human distress lies behind this data, and we want to work together to create the kind of mentally healthy city in which these trends are reversed.

8. Improve diagnosis gaps in dementia, diabetes and high blood pressure to above the national average, and detect cancer at an earlier stage

The early detection of long term conditions gets people treatment faster, avoids illness and saves lives. In York, we see some large delays in diagnosis: for dementia, only 53% of the population estimated to be living with the condition have a diagnosis; for diabetes it's 71%, and for high blood pressure across the Vale of York area its 60%. All of these rates are worse than national and regional comparators. For cancer, over 400 people in the Vale of York area diagnosed with the disease presented with their first symptoms in A+E in 2020/21 – a sign that earlier detection was needed. Through things like blood pressure checks, screening, and NHS Healthchecks, we hope to close these diagnosis gaps.

9. Reduce sedentary behaviour, so that 4 in every 5 adults in York are physically active

York has consistently been one of the most active cities in the country. Around 70% of adults are classed as ‘active’, which means meeting the Chief Medical Officer guidelines of 150 minutes physical activity per week. But this leaves many who are not meeting these guidelines – probably over 40,000 people – with national research showing a higher likelihood of being inactive if you have a disability or long term health condition, are from an ethnically diverse community, or are female. Activity levels also decline with age, and have declined dramatically during the COIVD-19 pandemic. The more we move the greater we benefit, and it is often said by medical practitioners, if physical activity were a pill it would be the most prescribed drug on the market. We think we can go further and get 4 in 5 adults in the city classed as physically active by 2032.

10. Reduce the proportion of adults who report feeling lonely from 25% to 20% of our population

Loneliness has been described as 'the feeling we get when our need for rewarding social contact and relationships is not met'. It can happen at any stage in life, and in response to a national survey in 2020 25.7% of York residents reported that they feel lonely often/always or some of the time. We also know that only 2 in 5 adult social care users in York had as much social contact as they would like, and this number is similar for adult carers too, whether under or over 65. This is a larger problem in York than elsewhere, with our loneliness figures the third worst in the region. This is a problem which cannot be solved by medicine, and requires a community response, as the health effects of loneliness have been shown to significantly increase the risk of disease and premature death.

Taking it all forward

Creating the conditions to achieve our ambitions and goals

The building blocks of health, also known as the wider determinants of health, are a diverse range of social, economic and environmental factors which impact on people's health. Such factors are influenced by the local, national and international distribution of power and resources which shape the conditions of daily life.

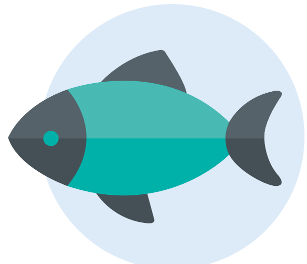
They determine the extent to which different individuals have the physical, social and personal resources to identify and achieve goals, meet their needs and deal with changes to their circumstances.

These building blocks are unevenly distributed. They are the 'causes of the causes' of health outcomes and health inequalities. We propose to create the conditions for health through all three of our city strategies, and the interdependencies between them are crucial.

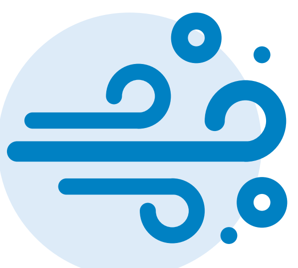
Some examples of how the Joint Health and Wellbeing Strategy, the Economic Strategy and the Climate Change Strategy all reinforce one another are shown below:

improving transport options…
to support active travel and a fitter population

an inclusive economy…
so that prosperity benefits everyone in the city



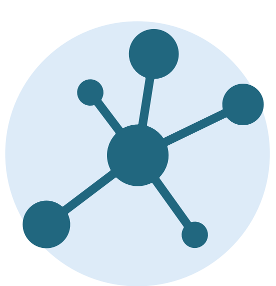
sustainable food systems…
so that healthy food is accessible and affordable



cleaner air…
leading to a reduction in respiratory disease

a healthy workforce…
Leading to more economic productivity

building liveable attractive public spaces …
by planting more trees



increasing social connection…
to maximise the potential of our citizens

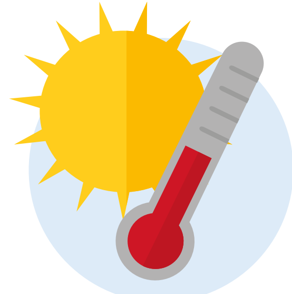
inclusion of all…
including those living with a disability

attracting green jobs…
driving down carbon emissions and pollution

a cleaner NHS…
reducing the estimated 7% of UK CO2 coming from healthcare

net zero carbon by 2030…
improving air quality and heat-related illness

high quality health and care…
getting people back into thriving work



climate resilience…
to protect businesses and health against heat/drought/flood

more high-quality jobs…
Leading to better mental health and wellbeing

Creating the actions to deliver this plan

This strategy deliberately doesn't contain a detailed action plan. As a 10-year strategy, we needed to set out a framework for our work and our aspirations which could last the distance, and be relevant across the next decade, with the many changes in national, regional and local circumstances which may occur.

So, following the publication of this strategy, we will work together as a Board to write two key documents:

- An outcomes framework, which will go into further detail about how we will measure and know we are making progress on the 6 ambitions and 10 goals
- An action plan, which will need to be refreshed a number of times over the life of this strategy, and which will set out the next set of actions the Board and its partners need to undertake to keep us on track to meet the goals and ambitions. These actions will need to be specific, assigned to key leaders in the system to own, to be achievable within our limited resources, and to align with current work programmes and priorities within, for instance the NHS.

Working as one city to deliver

The Health and Wellbeing Board will oversee this strategy, but it will only be successful by influencing the actions of a wide range of partners across the city. To illustrate how all the pieces of the puzzle fit together, here are some of the roles we think the different parts of our local system will need to play over the next 10 years:

Health and Care Organisations

- Co-produce plans for service change with service users and people with lived experience,
- Provide and commission services which support the six 'Big Ambitions' of the York Joint Health and Wellbeing Strategy
- In particular, lead on the sixth ambition to 'build a collaborative health and care system'

York Health and Wellbeing Board

- Act as a public forum for engagement with this strategy
- Provide leadership and direction to the system, influencing and advocating for these ambitions and goals to be embedded in operational plans
- Hold organisations, including Integrated Care Systems, to account on how they are delivering the priorities of the York strategy

Communities and People

- Participate in the public work of the Health and Wellbeing Board, and hold organisations to a high stander on quality and equality
- Take ownership and responsibility for promoting community health and wellbeing
- Support vulnerable members of the community to be healthy and have strong social connections
- Make best use of community assets and leadership to create local solutions

Other Partnership Groups

- Take ownership on aspects of work needed to deliver the York Joint Health and Wellbeing Strategy, for instance around mental health
- Create plans and strategies which help achieve the ten 'Big Goals' York Joint Health and Wellbeing Strategy
- Promote partnerships wherever possible, working as one organisation for York

What our partners say

To illustrate how this might work, we asked each member of the Health and Wellbeing Board to give examples of how they and their organisation will be supporting this strategy. This is what they said.

York CVS will contribute to reducing the gap in healthy life expectancy between the richest and poorest communities in York by working with others in the health and care system, including the Voluntary and Community Sector and people in York to identify actions that will give those living in the poorest communities the opportunities and support needed to live longer and healthier lives.

York Centre for Voluntary Services

Children's Services will develop an integrated psychologically informed approach to improve our support to young people who experience early childhood trauma and/or neurodiversity.

City of York Council

We will support the strategy through the delivery of our Police and Crime Plan, working jointly as a trusted partner to prevent harm and damage, intervening early to solve problems. For example, our interventions with members of the public who are suffering from alcohol abuse, poor mental health, or a child at risk will take a holistic approach to prevention, early intervention and a whole systems approach with partners to improve their health and wellbeing and the longer-term opportunities to live a happier and healthier life.

North Yorkshire Police

The 10 goals of this strategy run right through the work of our public health department, and we will align all our work to it, whether it is helping people quit smoking, building healthy housing policy, or protecting the city from communicable disease.

Director of Public Health

We will deliver high quality care to our population, for example tackling health inequalities through annual Learning Disability Health Checks and Health Action Plans, working on Cardiovascular Disease by identifying and managing more patients with high blood pressure, personalising care with PCN's and their Social Prescribing Link Workers referring more patients into wider Community based and Voluntary Sector services, through proactive care planning to provide effective long-term condition management, and improve access to services

Humber and North Yorkshire Health and Care Partnership

We will support the strategy by continuing to work with local people and partners in primary care, secondary care, voluntary and community sectors to develop and transform local community mental health support. The Trust will build on initiatives that support people to receive the right care as quickly and as close to home as possible, which includes having dedicated mental health practitioners in GP surgeries. In addition, we will continue to co-create our services with our patients, carers, and local communities. We are one of the first NHS trusts in the country to appoint two lived experience directors who will play a key part in this, by ensuring experienced voices are heard at all levels of the organisation.

Tees, Esk and Wear Valleys NHS Foundation Trust

We will work alongside colleagues in York CVS to consider ways to support the health and wellbeing of our staff teams; we will work alongside partners to encourage more people to get involved in shaping the future of our city and raising awareness of opportunities to do this and we will work alongside our community, using our platform to amplify their voices and share what really matters to them.

Healthwatch York

As a key institution in the city, and a major employer of York citizens, we commit to taking this Health and Wellbeing Strategy to our Executive Board for adoption and development of a Trust response

York and Scarborough Teaching Hospitals NHS Foundation Trust

The York Health and Wellbeing Board

- City of York Council
- Healthwatch York
- York CVS
- NHS Humber and North Yorkshire Health and Care Partnership
- NHS England
- North Yorkshire Police
- Independent Care Group
- York and Scarborough Teaching Hospitals NHS Foundation Trust
- Tees, Esk and Wear Valley NHS Foundation Trust
- York Primary Care Networks

York Joint Health
and Wellbeing

Strategy 2022-2032

If you would like this document in an alternative format, please contact:

(01904) 551550 **ycc@york.gov.uk**

@CityofYork **@cityofyork**

It is available in the following languages:

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 مہیا کی جاسکتی ہیں۔ **(Urdu)**

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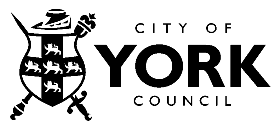
Publication date: November 2022

For further information: West Offices, Station Rise, York, Y01 6GA

 Agenda Item 5



Health and Wellbeing Board 16 November 2022

Report of the York Health and Care Partnership

Simon Bell, Interim Place Director, York Health and Care Partnership
Jamaila Hussain, Corporate Director of Adult services and Integration (DASS), City of York Council

1. Summary

This report provides an update to the Health and Wellbeing Board (HWBB) regarding the work of the York Health and Care Partnership (previously the York Health and Care Alliance), progress to date and next steps.

2. Introduction

Partners across York continue to work closely together to commission and deliver services for our population. The York Health and Care Partnership (YHCP) has a shared vision and aspires to raise our population health outcomes to become the healthiest city in Northern England. With a focus in our Health and Wellbeing Strategy being on population health, we are theming our work using a life course approach of Starting Well, Living Well, Aging and Dying Well.

The YHCP has an executive committee (shadow) which is the forum through which senior Partnership leaders meet and collaborate to oversee the delivery of the Partnership priorities, working in accordance with the Partnership's values and principles to achieve the aims and shared purpose across the City of York. Minutes from the September and October meeting are available in Annexes A and B.

This report provides an update to the York Health and Wellbeing Board on YHCP's progress since the last report provided in July 2022.

3. National and Local Context

As outlined in the July 2022 report, the Health and Care Act came into law during April 2022. From July 1 2022, this has enabled the dissolution of CCG's and the implementation of an Integrated Care Board (ICB). The Humber and Yorkshire ICB has been established alongside 6 place executive committees (shadow). The new Health and Care Act (2022) places a duty and responsibilities on the ICB to perform the following functions:

- Commissioning Hospital and other Health Services
- Commissioning Primary Care Services
- Transfer schemes in connection with the transfer of Primary Care Functions
- Commissioning Arrangements
- General Functions
- Expansion of financial duties of integrated care boards and their partners.

The Health and Care Act (2022) focusses on statutory agencies working closely together supporting the commissioning and delivery of services across populations and place.

Following the update provided in July 2022, the following national guidance has been published:

- The Department of Health and Social Care has issued statutory guidance to support Integrated Care Partnerships to produce integrated care strategies, and guidance on Adult Social Care principles for Integrated Care Partnerships.
- NHS England has published formal statutory guidance for integrated care boards, NHS trusts and foundation trusts on the new collaborative working arrangements that are possible between NHS organisations and local Government following commencement of the Health and Care Act 2022.
- NHS England has also published the next steps for increasing capacity and operational resilience in urgent and emergency care ahead of winter.

The YHCP continues to work closely with HNY ICB in this dynamic environment to implement guidance and support the health and care system ahead of winter.

HNY ICB have developed a 'Transitional Operating Arrangement' between the ICB and each Placed Based Partnership. The Transitional Operating Arrangement is a statement about the arrangements and the ways of operating in the York Health and Care Partnership as further work is undertaken to understand delegation arrangements at system and place-based level. To align with other Place Based Partnerships in the HNY ICB, the York Placed Based Partnership took the decision to be named the York Health and Care Partnership, signalling a change from the previous title of 'Alliance'.

4. Update on the work of the Alliance and Current position

The Partnership have recently published a Health and Care Prospectus (see Annex C) which describes the new way of working for Integrated Care Systems and Place Based Partnerships, the changes the Partnership is currently putting in place, and what our population has told us they would like to see in future years. The Prospectus was coproduced through the York Big Question engagement exercises, academic input, strategic enquiry, and a coproduction workshop. The document describes the strengths and challenges we have in York and the opportunities we have as a Place Based Partnership to focus on integration, early intervention and reducing health inequalities.

The Partnership has set priorities based on immediate pressures in the health and care system in York, as well as the longer-term needs of our population with a focus on reducing health inequalities:

- **Overarching goal:** Delivery of the York Health and Wellbeing Strategy
- **Priority area 1:** Quality of services: quality, safety, experience of care
- **Priority area 2**: Population health: health generation, prevention, early intervention
- **Priority area 3:** Access to services: general practice, dentistry, planned care

- **Priority area 4:** Resilient community care: preventing admissions, in-and-out-of hospital care, effective discharge

- **Priority area 5:** Urgent and emergency care: capacity, resilience, responsiveness

These priorities are underpinned by a series of enablers including finance, workforce, communication and engagement and the York Population Health Hub[1]. The priorities:

- cover the whole health and care system, including mental health and social care, and cover a pathway from health through low-level care needs to more complex care.

- are sector based but broad enough to cover the YHCP's key responsibilities around immediate pressures whilst also delivering integration and service transformation and reducing health inequalities.

- align well with what people told the YHCP they wanted to see through the Health and Care Prospectus.

- will enable the YHCP Executive Committee to have oversight of operational and financial performance across Place, reflecting the key role of this place committee in the delivery of ICB functions locally.

York's strategic intent slide (see Annex D) summarises the YHCPs intentions under our framework for a health generating city of Grow, Act, Care and Connect.

Currently, the governance structure for the YHCP consists of the Partnership Executive Committee and the City of York Health and Wellbeing Board. The YHCP has an executive committee (shadow) which is the forum through which senior Partnership leaders meet and collaborate to oversee the delivery of the Partnership priorities, working in accordance with the Partnership's values and principles to achieve the aims and shared purpose across the City of York.

Figure 2 below outlines the interim governance structure.

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[1] The York Population Health Hub was established in 2021 to bring together colleagues from health, public health, and business intelligence to enable, analyse and undertake public health management approaches.

Figure 2: YHCP interim governance structure

Humber and North Yorkshire ICB and ICP

City of York Health and Wellbeing Board

Strategy and Assurance

Strategy

City of York Health and Care Partnership Executive Committee (Shadow)

Governance of NHS functions
(currently formally through NHS Place Director- please refer to approved ICB operational scheme of delegation and scheme of reservation and delegation)

- Place Quality Group
- Place Finance Group
- Place Director Group
- Place Primary Care Group

Governance of Partnership priorities
Overarching Goal: Delivery of the York Health and Wellbeing Strategy
1) Quality of Services 2) Population Health 3) Access to Services 4) Resilient Community Care 5) Urgent and Emergency Care

- Resilient Communities Board
- York Health and Care Collaborative
- Integrated Market Development Group
- Urgent and Emergency Care Development Group
- Health Protection Group

Enablers: workforce, finance, estates, digital, BI, quality and safety, communication, coproduction and engagement

Delivery support from an integrated York Place PMO and York Population Health Hub

NB- this interim governance structure represents a point in time and provides the Partnership to explore future delegation options.

The Executive Committee provides reports on its work to the Humber and North Yorkshire ICB and to the City of York Council Health and Wellbeing Board through this report. It is intended by the Partners that as these arrangements develop, the Executive Committee will review how it works with existing partnership engagement forums and the City of York Council Health and Wellbeing Board. The YHCP has recently agreed it's Terms of Reference which will also be subject to review as arrangements develop.

The York Population Health Hub continues to enable the collection of a wealth of data, which provides a clearer picture of the health of the population of York and the inequalities people face across the borough. This clearly shows that there is still work to do if we are to achieve equality of health across the city.

5. Implications

- **Legal**

  The Health and Care Act (2022) is now in place, over the next 12 months the place board will further explore governance process as these will continually change as the ICB and place board develops.

6. Next steps

The YHCP continues to develop and mature partnership arrangements in preparation for future delegation arrangements.

Recommendations

The Health and Well Being Board is asked:

i. To note the content of the report and progress made

ii. To support dissemination of the York Health and Care Prospectus across partners.

Reason: To keep the board updated about the developments at Place.

Contact Details

Author:

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Interim Place Director, York Health and Care Partnership
Humber and North Yorkshire ICB
simonbell@nhs.net

Jamaila Hussain
Corporate Director of Adult services and Integration (DASS)
City of York Council
jamaila.hussain@york.gov.uk

Chief Officer Responsible for the report:
Simon Bell
Interim Place Director, York Health and Care Partnership
Humber and North Yorkshire ICB

Report Approved ✓ **Date** 3/11/2022

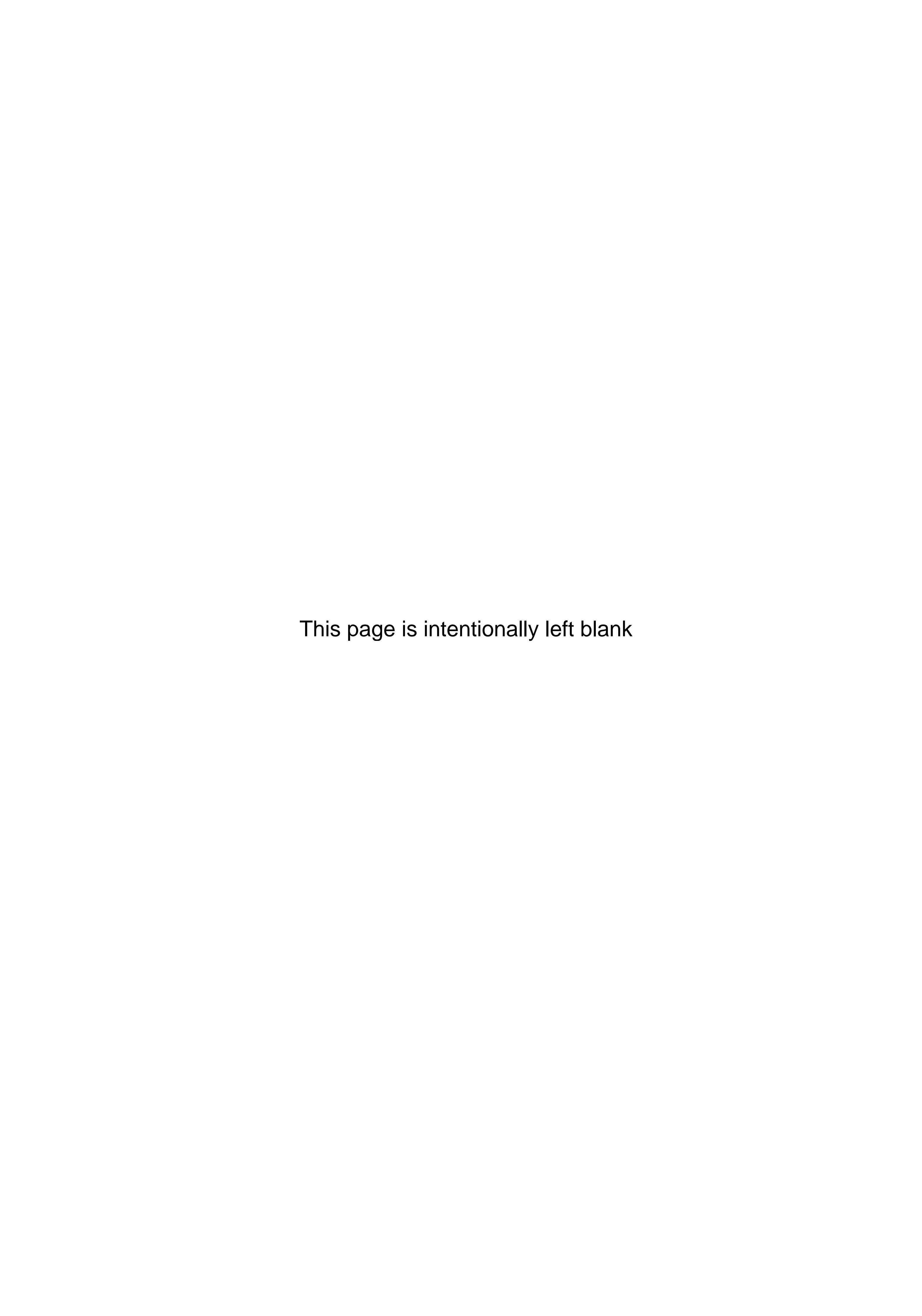
Wards Affected: List wards affected or tick box to **All** ✓

indicate all.

For further information please contact the author of the report

Background Papers:

- Annex A: York Health and Care Partnership meeting minutes September 2022
- Annex B: York Health and Care Partnership meeting minutes October 2022
- Annex C: York Health and Care Prospectus
- Annex D: York's Strategic Intent Slide



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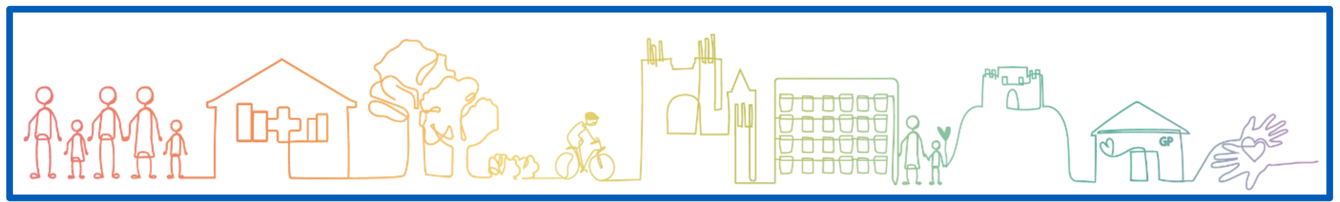

York Health and Care Partnership

Minutes of the meeting of the York Health and Care Partnership held on Monday 26th September 2022

Present

Cllr Nigel Ayre	Executive Member for Finance and Major Projects
Sian Balsom	Manager Healthwatch York
Simon Bell	Chief Finance Officer at Humber and North Yorkshire Health and Care Partnership
Zoe Campbell	Managing Director - Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)
Shelia Fletcher	Commissioning Specialist – Mental Health and Vulnerable Adults – Humber and North Yorkshire Health and Care Partnership
Ian Floyd (Chair)	Chief Operating Officer, City of York Council
Dr Rebecca Field	GP, York Medical Group
Frances Harrison	Legal Team – City of York Council of York Council
Jamaila Hussain	Corporate Director of Adult Service and Integration, City of York Council
Emma Johnson	St Leonards Hospice
Simon Morritt	Chief Executive, York and Scarborough Hospital NHS Foundation Trust
Stephanie Porter	Interim Director of Primary Care at Humber and North Yorkshire Health and Care Partnership
Alison Semmence	Chief Executive, York CVS
Sharon Stoltz	Director of Public Health, City of York Council

In Attendance

Anna Basilico	Senior Programme Manager - Humber and North Yorkshire Integrated Care Board
Amanda Bloor	Deputy Chief Executive and Chief Operating Officer Humber and North Yorkshire Health and Care Partnership
Michele Carrington	Executive Director Quality & Nursing CCG/ Interim Director of Nursing HCV ICS
Denise Nightingale	Director of Mental Health & Complex Care York
Bryn Roberts	Director of Governance – City of York Council
Peter Roderick	Consultant in Public Health, City of York Council / Humber and North Yorkshire Health and Care Partnership
Tracy Wallis	Health and Wellbeing Partnerships Co-ordinator, City of York Council

Apologies

Gail Brown	CEO Ebor Academy Trust
Abby Combes	Head of Legal and Governance, Vale of York CCG

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Professor Mike Holmes — Chair, Nimbuscare York
Professor Charlie Jeffery — Vice Chancellor and President, University of York

AGENDA

The agenda was discussed in the following order.

1. Welcome and apologies for absence
- **Minutes of the meeting held on 22.08.2022**
- **Matters Arising**
- **Declarations of interest**

The Chair welcomed everyone to the meeting and noted the apologies.

There were no matters arising from the last set of minutes and the board agreed them as an accurate record of the previous meeting.

2. Update from ICS Representative
To include:
- **Recruitment to NHS Place Director and interim arrangements.**
- **Expectations of Place Boards and timescale for delegations.**

Amanda Bloor, Chief Officer for the Humber and North Yorkshire Health and Care Partnership provided an update on their behalf. The Place Director post had reportedly gone out for recruitment and interviews were expected to start in October. Simon Bell, formerly Chief Finance Officer at NHS Vale of York CCG had agreed to fill the post in the interim period. Formal guidance around the delegated powers of the board was yet to be received. The operating model is also out for consultation with other place directors. The funding structure would also need to be established as it was confirmed that each place director would have a financial limit of £1.5 million which would in turn be delegated down to the place committee. Amanda confirmed that our board had been developing well, especially when compared to other place-based boards.

The board discussed how acute contracts would be handled as there are nuances in contracts like with urgent care. The board agreed that it will be difficult to recognise the strategic aspirations of the ICS but noting the local interdependencies with other local trusts. The board expressed concerns that the engagement strategy had no mention of York and was predominantly Hull based. Councillor Ayre also expressed concerns around the risk of losing our voice and being commissioned by neighbouring areas. In order to not separate the large acute contracts, Amanda Bloor confirmed they would be manged centrally while being driven by place.

3. Draft Terms of Reference
Tracy Wallis, Health and Wellbeing Partnerships Co-ordinator for the City of York Council wanted to clarify whether the board would meet on a bimonthly basis as other boards do. While the board develops, it was agreed that the board would meet on a monthly basis.

Alison Semmence, Chief Executive of York CVS asked members to nominate deputies

to ensure there's appropriate attendance at all meetings to make decisions. The board agreed to update the Terms of Reference to reflect this decision. The board also agreed that the Terms of Reference should list members by job title, rather than by name. Members were encouraged to attend in person where possible.

The board discussed whether this meeting should be held in public. Various comments for the pros and cons for this were raised and the Chair suggested that another update paper be brought to a future meeting to clarify this.
Action: Jamaila Hussain to update the Terms of Reference to reflect the comments of the board.

The board also noted the change in its name from York Health and Care Alliance Board to the York Health and Care Partnership. This has been noted in the Terms of Reference.

4. For Agreement: Dissemination of Prospectus and Update to Website

Anna Basilico, Senior Programme Manager for the Humber and North Yorkshire Health and Care Partnership brought the prospectus to be signed off by this board. The paper outlines the next steps for disseminating the Prospectus and increasing the visibility of the Alliance. The Programme Manager for our ICB asked for partners to circulate the document in their organisations. The board noted and agreed with the recommendations set out in the paper.

5. For Agreement: Priority Setting 2022/23 and 2023/24

Peter Roderick, Consultant in Public Health for the City of York Council/ Humber and North Yorkshire Health and Care Partnership provided an overview of the ICB operational arrangements and priorities. Four priorities were set out at both the regional and local levels. Once priorities have been agreed, a more detailed framework will be brought back to be ratified. It will also outline and determine which groups will support each priority area. The assurance and outcome framework metric were yet to be decided but are likely to be informed by the ICB.

The board discussed where quality should sit within the priorities and whether it should be its own priority. The board also discussed the language used when describing the priorities. The board agreed to avoid the use of the word hospital and instead use community care.

The board agreed that more emphasis needed to be put on the back log of secondary care. The board discussed how end of life care, social care and mental health care were also missing in the priorities. Although these will be covered in the strategy, they weren't included in the priorities.

The Chair suggested that the amendments should be integrated into the priorities for them to be circulated and agreed at the next meeting. Operationalising the strategy will then be initiated.
Action: Peter Roderick to update the priorities with the comments of the board.

6. Place Delivery Proposals

Jamaila Hussain, Director of Prevention, Commissioning and Education for the City of York Council provided an overview of the governance, delivery groups and how each of the priorities would relate to each group. The main groups involved will be the York Health and Care Collaborative, Market Development Group, Community Resilience

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Board and the Urgent and Emergency Care Group.

Even though some subjects may not be addressed in the existing groups, there are still many that haven't been addressed. Existing groups could adapt and change to deliver other functions, but we need to ensure we avoid any duplication of work.

The Chair asked for the suggested changes to be integrated and agreed at the next meeting.
Action: Jamaila Hussain to integrate the suggested changes to the proposal.

7. Organisation Updates: Primary Care

Stephanie Porter, Interim Director of Primary Care at Humber and North Yorkshire Health and Care Partnership updated on the board on how the Fuller Report yielded actions and was well received. Stephanie Porter informed the board that the health accommodation had a low capacity due to the rate it was being accessed. The board discussed different ways to make efficient use of the spaces that have already been leased. Councillor Ayre suggested looking into the potential funding that would be available through the new development of the Copmenthorpe Estate under section 106.

The board discussed how Humber and North Yorkshire have differing prices for services regarding dental commissioning. Local dental practices were reported to be having a negative affect on secondary and primary care with many patients having to receive emergency treatment. It was one of our statutory duties to perform dental surveys to measure the local provision but unfortunately there's no capacity to deliver it. The issue had reportedly been escalated to the appropriate level.

8. One Year Update on the Population Health Hub

Due to time constraints, this agenda item was postponed until the next meeting.

9. Verbal Update: Urgent Care Update: system pressures; next steps and implementation plan

Due to time constraints, this agenda item was postponed until the next meeting.

Simon Bell Chief Finance Officer at Humber and North Yorkshire Health and Care Partnership informed the board of the recent system pressures of the hospital. There were reportedly over one hundred people awaiting discharge to care settings. They have been struggling to optimise the space available. Pressures and scrutiny will continue from CQC until it has been rectified. The board agreed it to be a system wide issue that would need the attention of all members. The board discussed possible plans to ensure the sustainability of the service as similar problems were noted in the past.

10. Any Other Business

The board had no other business to discuss.

Date of next meeting: Monday 24th October 2022 – 10:00-12:00 – Microsoft Teams

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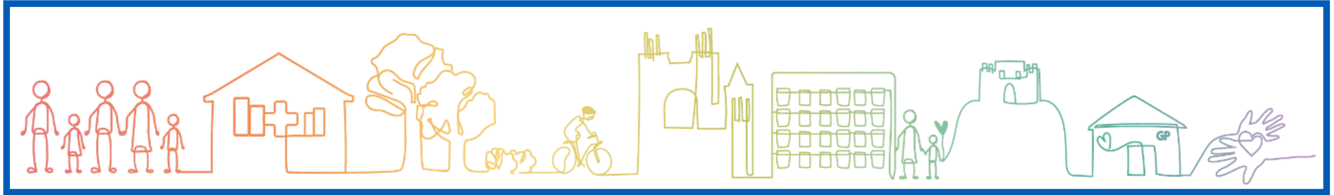


York Health and Care Partnership Board

Minutes of the meeting of the York Health and Care Partnership held on Monday 24th October 2022

Present		
Ian Floyd (Chair)	Chief Operating Officer	City of York Council (CYC)
Simon Bell	Interim Place Director	York Place: Humber and North Yorkshire Integrated Care System (H&NY ICS)
Jamaila Hussain	Corporate Director of Adult Service and Integration	CYC
Emma Johnson	Chief Executive	St. Leonards Hospice
Stephanie Porter	Interim Director of Primary Care	York Place H&NY ICS
Alison Semmence	Chief Executive	York Centre for Voluntary Services (CVS)
Present via MS Teams		
Cllr. Nigel Ayre	Executive Member for Finance and Major Projects	CYC
Zoe Campbell	Managing Director	Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)
Michelle Carrington	Executive Director for Quality & Nursing	York Place H&NY ICS
Rebecca Field	Joint Chair of York Health and Care Collaborative	York Medical Group
In Attendance		
Paul Jacques	Team Administrator	York Place H&NY ICS
Michal Janik	Project Support Officer	York Place H&NY ICS
Melanie Liley	Deputy Chief Operating Officer/Chief AHP	York and Scarborough Teaching Hospitals Foundation Trust (Y&STHFT)
Christine Marmion	Deputy Chief Executive	York Centre for Voluntary Services (CVS)
Fiona Phillips	Assistant Director, Consultant in Public Health	CYC
Bryn Roberts	Director of Governance and Monitoring	CYC

Peter Roderick	Consultant in Public Health	York Place H&NY ICS/CYC
Hannah Taylor	Team Administrator	York Place H&NY ICS
Tracy Wallis	Health and Wellbeing Partnerships Co-ordinator	CYC
Apologies		
Sian Balsom	Manager	York Healthwatch
Gail Brown	CEO	York Schools & Academies Board
Professor Mike Holmes	Chair	Nimbuscare
Professor Charlie Jeffrey	Vice Chancellor and President	University of York
Simon Morritt	Chief Executive	Y&STHFT
Victoria Mulvana-Tuohy	Head of AHP Standards	Y&STHFT
Sharon Stoltz	Director of Public Health	CYC

AGENDA

The agenda was discussed in the following order.

Item	Title	Led by
1	**Welcome and apologies for absence** The Chair welcomed everyone to the meeting and noted the apologies. **Declarations of interest** No declaration of interest reported **Minutes of the meeting held on 26.09.2022** There were no matters arising from the last set of minutes and the board agreed them as an accurate record of the previous meeting. **Actions from the meeting held on 26.09.22** **Draft Terms of Reference** **Action 1:** Jamaila Hussain to update the Terms of Reference to reflect the comments of the board - complete **For Agreement: Priority Setting 2022/23 and 2023/24** **Action 2:** Peter Roderick to update the priorities with the comments of the board - complete **Place Delivery Proposals** **Action 3:** Jamaila Hussain to integrate the suggested changes to the proposal - complete	Chair

2	**'Right to Rehab' for York** Due to apologies from Vicky Mulvana-Tuohy this item will be discussed at the next meeting in November.	Vicky Mulvana-Tuohy
3	**Update from York CVS: Integrated Care Board (ICB) update and Voluntary Sector and Social Enterprise (VCSE) contribution to winter planning** Alison Semmence (AS), presented an ICB update from the Collaborative and an overview of an initial draft of proposals from VCSE on what they could offer York Place in terms of additional support for winter planning. The VCSE Collaborative is part of the system wide governance and will work closely with other collaboratives and Places. The VCSE is represented at the ICB by the Chair Jason Stamp with designated VCSE senior lead in all six Places. AS emphasised the important role volunteers can and do offer in the health and care sector and how crucial it is to involve the voluntary sector from the outset in collaborative work discussion. Consequently, the VCSE Programme Director is working across Integrated Care System (ICS) workstreams to embed the VCSE within all areas of health and care. VCSE York priorities have been identified with hospital discharge pathways as the top priority for consideration. Christine Marmion discussed one of the examples of support into the discharge pathway. The 'Pathway to Recovery' pilot is a Multi Disciplinary Team (MDT) which works closely with staff at Foss Park Hospital together with patients and their families to ensure a smoother experience of discharge from hospital. The team works to wrap around existing services to provide support with the aim of preventing patients being re-admitted to hospital. The approach could be adopted in the acute care hospital setting, building on shared services which are already in place, most notably with Age UK. The proposal paper was being developed and multi-year costings for consideration being refined. The Board discussed the importance of ensuring that all proposals linked to key priorities were identified by the ICB and risk assessed so that consideration of all proposals were reviewed using the same criteria, including assessing the value of the investment with added value perspective. The partnership needs to be confident once ICB funding comes forward that the right schemes have been financed with appropriate outcomes and evaluation measures in place. The data aspect on measuring improvement could be supported by the Business Intelligence team.	Alison Semmence

	The Board discussed the need to think beyond short term funding for Voluntary Sector schemes, so that assurance could be offered to the sector as valued partners, promoting resilience. AS asked for the Board to consider longer term 'top-sliced' ringfenced funding specifically for of VCS. **Action 1: Schedule for next meeting a single paper which aims to identify priorities being submitted to ICB for funding consideration.**	
4	**Update on current system pressures** Simon Bell, Interim Place Director, discussed some of the key pressures being experienced in the local health and care system, highlighting the additional emphasis being placed on the concerns raised as a result of the recent CQC inspections. It was further highlighted that in preparing for additional demand due to winter pressures, there was increased risk to service delivery due to staff shortages impacting on flow into and out of the hospital, this was the experience across all our health and social care providers. Michelle Carrington (MC), confirmed that an action plan is in place and reviewed and updated weekly to respond to the CQC concerns from the previous CQC visit in March 2022, supported by all system partners. Recruitment for Health Care Assistant continued to be successful. MC went on to confirm that to support discharge, additional beds had been commissioned including step down beds in Osborne House. Ward 29 which is being run as a social care ward within the hospital, supported by York GPs, had increased from 15 to 19 beds. Daily escalation meetings were in place to ensure that all discharge opportunities were achieved and all commissioned capacity was utilised. Conversations with patients and relatives who were ready to be discharged but were declining to go to those beds available remained challenging. Whilst the system supported home first, where this was not an option, remaining in the hospital was not the right solution. Dr Rebecca Field (RF) from York Medical Group pointed out that hospital pressures have direct impact on primary care and vice versa so we should understand pressures across the system. In addition, lack of winter funding this year to support primary care enhancing services to respond to increased pressures will impact on primary care performance this winter. RF asked colleagues to be aware of all provider pressures and asked if the Board would consider reporting regularly on system performance and pressures. A discussion took place on whether there was any scope to review risk levels of both NHS 111 and YAS to ensure all options to alternative services was explored before conveyance to ED. There was also a discussion about the role of the Collaboratives and the	Simon Bell

	links across the system to ensure that there was sensible understanding of priorities and reduced duplication. **Action 2: At the next meeting there would be a presentation identifying the role and priorities of all Collaboratives and their links into Place.** **Action 3: Performance dashboard to come to the Board on a monthly basis.**	
5	**5a Priorities & Draft Place agreement** York Health and Care Partnership (YHCP) September meeting reviewed the emerging priorities. The priorities had been updated and members were asked to confirmed agreement. Accepted with the request that the over arching priority for all system partners would be the work to address and mitigate the current system pressures. Each priority to have a short number of actions so that performance and updates against each priority can be reviewed. **Action 4: Priority leads to develop actions and work on performance matrix**. **5b HNY ICB York Place Agreement draft** Place Agreement agreed.	Peter Roderick
6	**6a Governance** Approved by the Board **Governance diagram** Approved by the Board **Action 5: Partners to send any comments/issues to Peter Roderick.** **6b Sub-groups and Place Delivery** Members agreed the governance; sub-group structure and chairs of each workstream (where not already in place and agreed). Sub-group plans and membership to be presented at future meetings. Each sub-group Chair to provide an update to the Partnership through highlights reports, frequency to be agreed. **6c YHCP Terms of Reference** Approved by the Board.	Jamaila Hussain and Peter Roderick

7	**Meeting in Public:** It was recommended that the committee is held as a 'meeting in public' from April 2023 where members of the public can attend to observe a formal meeting. The Legal team has advised that Terms of References and governance need to be further following the enhancement of the Delegation Agreement. **Action 6: Paper back at the next meeting to record the recommendation** **Engagement/Listening Events:** Stephanie Porter (SP) highlighted that they held a vacancy for the Engagement lead and ask partners to consider how support around service transformation and winter pressures were going to be actioned. Discussion took place around the range of resources other partners had and how this could be consolidated to support the actions of the YHCP. Suggestion for Healthwatch to share a presentation on engagement. Suggestion that the Collaborative groups could be approached to understand any remit they have on engagement. **Action 7: *How to improve engagement* to be discussed as agenda item at the next meeting.**	Chair
8	Any Other Business **Urgent Care/Winter Planning** SP highlighted that partners may be aware that that North Yorkshire Place had produced an update paper on Urgent Care plans, which included York activity. This relates to North Yorkshire residents accessing York services. The York Place format is focused around the CQC action plan as previously referenced, but a wider plan which picked up a number of options for funding consideration was in development. This will be shared with partners and formally come to YHCP for ratification.	Chair
9	**To Note** the Statutory guidance - Arrangements for delegation and joint exercise of statutory functions has been shared with members which sets out guidance for integrated care boards, NHS trusts and foundation trusts	

<u>Date of next meeting – Monday 28th November, 1:00pm-3:00pm</u>

A Health Prospectus for York 2022 and beyond

Part I: Introduction to this Prospectus

Purpose of this prospectus

This is not a strategy.

Strategies are helpful, and have their place. This, however is a deliberately short and readable 'prospectus' which has been written at the start of a new stage for York's health and care system. It describes the state of that system in 2022, the changes we are currently putting in place, and what people have told us they would like to see in future years.

Prospectus (noun)

a) a preliminary printed statement that describes an enterprise

b) something (such as a statement or situation) that forecasts the course or nature of something

Merriam Webster

This document was published in the first few months of a new organisation which plans healthcare in our region: **Humber and North Yorkshire Health and Care Partnership.**

Within this partnership, York sits as one of six 'places'. A group of leaders from has been meeting in preparation for these changes since the start of 2021 but we have only been a formal committee (the **York Health and Care Partnership**) since July 2022.

During this preparation year, we have been doing a number of things:

- focussing on improving the relationships between health and care partners
- using data to understand population health need better, with the establishment of the York 'Population Health Hub'
- collaborating on improving care
- engaging with citizens and our partners

This work has culminated in the production of this document, which is a preliminary statement that describes:

Where we are

Where we want to be

How we start the journey

How we made this prospectus

The production of this document drew on a number of opportunities for conversation in the York health and care system, and the events summarised below form the basis of the rest of this document, in its language and content.

York Big Question engagement exercise

We asked our partners in the voluntary and community sector in York to run an engagement exercise for us across winter 2021/22, which involved them hosting a conversation with people around a very simple question: ***What helps you live a happy and healthy life?*** The participants were asked to consider the question in a number of contexts: in the community they live, within health and care services, and through other city services. Additionally, when this document was finished, it was assessed by the Healthwatch York Readability panel for their view on how we have presented things.

Coproduction Workshop

In April 2022 we hosted an open-invite co-production workshop to help us write this prospectus. Participants were asked to focus on a number of areas of health: children and young people's mental health, social isolation/ connectedness, living with long term conditions, and health and care services, and asked two key questions: ***'In ten years, if nothing has really improved, describe what York looks like'***; and ***'In ten years, if things are radically different, describe what York looks like'***

Academic input

We are grateful to several senior academics within York's higher education sector for their input into the process. They talked through with us a number of international **models for health-generating city systems**, including the Marmot City approach, the WHO Healthy Cities indicators, the Preston Model (community wealth building), Doughnut Economics, and the Welsh 'Future Generations' Act.

Strategic Inquiry

The York Health and Care Partnership also held a workshop where a number of well-recognised 'strategic inquiry' questions were posed, aimed at generating meaningful, deep and challenging conversation about the issues we will need to tackle through the newly reformed health and care system. These questions were: **Where is the system now? Where does it need to be? Where are you in your own practice?**

Part II: Where are we now?

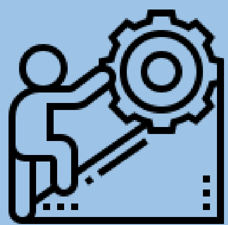
Challenges and strengths

Our work so far has highlighted a number of things to be proud of, and to build on. But it has also brought to light a number of hard and difficult realities we face in our York health and care system, which need to be acknowledged.

Strengths for health and care in York

Improved links between primary care and wider social interventions, e.g. through social prescribing	Many wonderful NHS and care **staff,** and commitment shown in e.g. the vaccination rollout	An abundance of **health assets** – green space, access to culture and heritage, community venues
An emerging aligned set of **prevention services** / practitioner networks	**Research and innovation** – the potential from clinical trials and operational insight	Use of **technology** to enable care and improve ways of getting help (but guard against digital exclusion)
The depth and togetherness of the **voluntary sector**	The power of **involvement** – seen in several 'coproduced' initiatives	Geography, in terms of our **aligned** providers, VCSE and council

Challenges for health and care in York



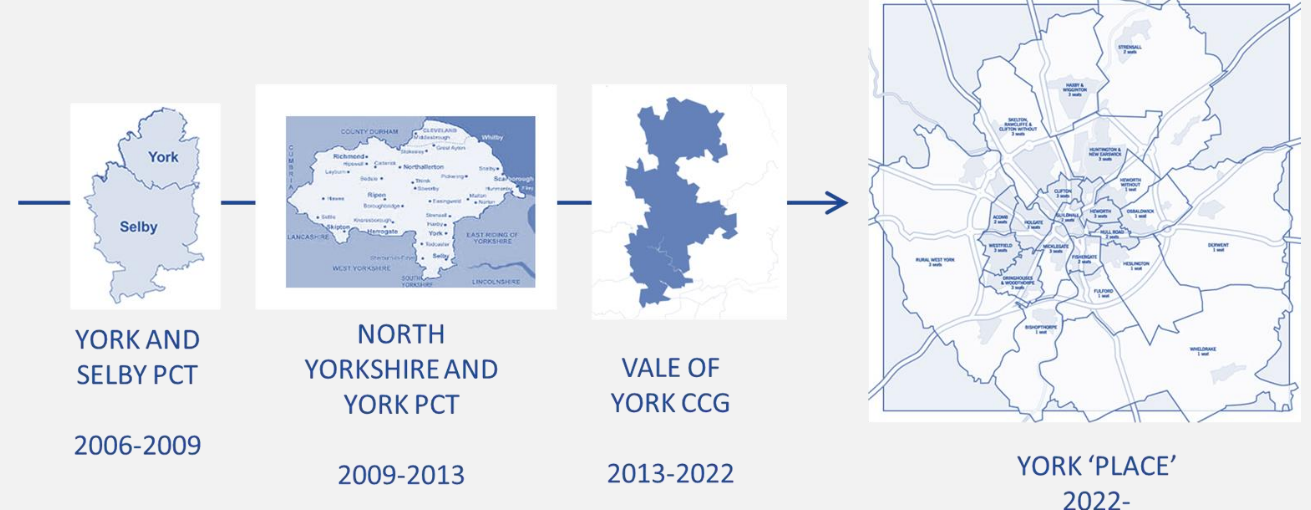
An overstretched, tired and burdened **workforce** where morale is low	**Demand** for healthcare seems to only ever head in one direction (upwards)	A challenging **financial** situation for all providers of care in York
The **short-term** nature of VCSE investment hinders sustainable capacity building	The long shadow and collective trauma of **COVID**	A '**crisis management**', system, not a 'preventative' system
Huge **backlogs** in care and long waits, across hospital care but also GP, community and social care.	A young **people's mental health crisis**, apparent even before the pandemic made it worse	Labyrinth **systems** – people feel they bounce from one gatekeeper to another
People often report ending up in the **wrong place** for too long, be it a hospital bed or the wrong service	**Access issues** to several services, including urgent care, primary care and dentistry	A reversal of **inequality** gains - people in poorer parts of York are dying earlier than they should

Current changes in health and care

The organisations which deliver health and care services in York are **not changing overnight**.

What is changing are the organisations which organise and plan this healthcare – essentially, those who allocate the resource and ensure the quality, safety and adequate provision of services to the whole population ('commissioning'). This is all part of a **national reorganisation** of the NHS and care.

This is not the first time these organisations have changed! As a city, York has been covered by various geographies of commissioning over the last decade:



What is different this time – and potentially a huge advantage – is that **York will have its own local body** focussing solely on the city and its needs and strengths, rather than in combination with other local areas.

Our **York Health and Care Partnership** will be a formal committee of the NHS Humber and North Yorkshire Integrated Care Board (ICB), and as such is charged with the local delivery of the four Integrated Care System goals.

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

This local group brings together senior leaders from all NHS organisations (including **GPs**, **the hospital**, and our **mental health trust**), **local government, St Leonard's Hospice, Healthwatch York,** the **education** and **higher education** sectors, to function as the ICB's decision-making body at place level for health and care.

Part III: Where do we want to be?

The following pages build on what people have described to us through the engagement exercise we have undertaken. They use the language, ideas and ‘voice’ of those who took part.

They tell a story, looking ahead to York’s health and care system in a decade’s time – 2032.

The first imagines that nothing has really improved (‘the same old story’)

The second imagines a radical transformation (‘a better story’).

2032…the same old story…

Its 2032, and York is a pleasant enough place to live. The relative affluence of our city ensures that some of the worst health outcomes seen by neighbouring northern towns (as a result of the pandemic and the cost-of-living crisis) are avoided.

The **seeds of good health**, however, are not being planted. A decade of budget constraints have meant that our local partnerships have mainly focussed on acute care and 'bailing out the boat'. Health and care services still tend to operate under a '**medical model**', placing an emphasis on procedures or packages of care which can be measured, rather than investing in the things which create good health.

We can see this most clearly in the health of our children and young adults. This is **generation COVID**. The disruptions of lockdown and the collective trauma of a pandemic meant that those learning to toddle and talk in 2020 are now starting secondary school; but we haven't proactively supported them. In addition, we've allowed increased pressures on young people, and worries such as isolation, career and housing prospects, and unemployment, to stack up. When this results in mental and physical health issues, it means more **costly interventions are needed**, with higher rates of young people accessing services.

The educational impacts are increasing inequalities in York's young adults, and with the cost of housing still a huge issue, **market forces** become destiny: York's mobile younger generation seek their future in other cities, while the less mobile stay, but struggle to find higher paying work, and to pay the bills.

Social isolation remains a big issue in the city. Parity of esteem in our system for issues like **loneliness or debt** (when A+E is full to-bursting more often than not) seems a luxury. Yet an increasing amount of healthcare demand is driven by inequalities and social factors. Fuel poverty leads to people living in colder houses increasing preventable long-term conditions. Some struggle with bills and budgeting for food, with clear impacts on physical and mental health.

Most people who are being seen by health and care services have more than one condition, but our system hasn't caught up. The **divides** between primary and secondary care, between treatment pathways for single diseases, and between children's and adult's services, are still with us, and patients aren't getting anywhere near what we'd call a holistic or integrated service. This is true in our approach to the workforce, with the same clinical and professional **staffing structures** meaning a coherent and flexible approach to moving staff to the bit of the system which needs them is difficult.

Our work in clinical research, workforce development and innovation is still fragmented, and ad hoc; whilst we have world-class universities and colleges they are not strategically focused on local impact or really part of the partnership - so **we underplay our strengths**.

Out in the community, we haven't taken the opportunity to **involve people in services**, which (again) felt like a luxury we couldn't afford; but in fact designed out the power of people and community to make services higher quality. And our social prescribing services – while helpful, are running out of things to prescribe/refer to, with a number of key voluntary and community groups becoming unviable due to short-term contracts and lack of resilience.

2032…a better story…

Its 2032, and York is recognised as the healthiest and fairest city in the North of England. Life expectancy gaps between the richest and poorest – whilst still with us – are now **starting to close** rather than widen.

Having taken the decision to make improving health and wellbeing for all **a fundamental standard** by which we measure every decision in the city, we now only do things that support this vision, and are starting to reap the rewards.

A large part of this involves a relentless shift in all areas to a **prevention and early intervention** model. At one end of the scale, communities are now defined by the depth of relationships and associations that exist, and not only do we use our health assets, but we grow them. At the other, people with long term conditions all have proactive care plans, and the most complex have a **multi-professional** team which isn't bound by disease area, sector, or the child/adult service division.

We utilised the COVID generation's experience of mental health issues and **turned it for good**, creating a more sensitive, compassionate and kinder culture and building the workforce of the future from people with lived experience. Models of community support based around **local 'hubs'** have arisen which are preventative, meaning people don't need to seek professional help so often, and can find mental wellness in connections and communities.

Children are at the centre of our city life, starting with the most vulnerable. Much better work across all partners involved in the care system, including **better transition** into adult services, means that children in care have better health outcomes, whilst the involvement of education leaders in our health partnerships mean that pioneering work is being done to raise **a healthy generation of children**, most of whom are now growing up accustomed to getting around the city using active travel methods such as walking, cycling and public transport.

Workforce difficulties are still with us, but since the introduction of a city-wide **workforce plan** and collaboration on flexible training in health and social care, we now have the right number of district nurses, carers, mental health practitioners and social workers. Our collective capability in universities and colleges has given us innovative solutions in this area, as well as creating higher-paid research and teaching jobs which boost our economy and wage growth.

In terms of our local health partnerships, York is now really starting to maximise its maturity – building on the closeness, informal and strong relationships and honest conversations needed to sort problems out quickly. Not everything is done by committee (though governance is strong and robust); our niche is to be **nimble, compact and adaptable**; we are starting to get a reputation for pioneering new models of care, and so we attract the clinical and professional leaders needed to make this a reality.

Our NHS is basically now **zero carbon**, and in fact works with the council to identify patients whose homes need insulating. Fewer people are in fuel poverty (since we have a more environmentally sustainable way of heating houses), and those struggling with debt are **quickly identified** by, for example their GP and given support. All of this is slowly reducing pressure on the NHS and social care, who have long moved from focussing on patient flow and discharge, and now **collaborate** on making care more personalised.

Part IV: How do we start the journey?

Develop our behaviours

Over this last year, the York Health and Care Partnership has agreed a Charter of Behaviours. Learning from other high performing health and care systems who have worked hard to behave as one team, we have agreed that as a set of senior leaders:

We are in it together

We agree that we will have a robust airing of views, but that once our team has reached a decision, we will all abide by that decision and support it publicly.

We will trust in people

We agree to openly discuss all matters that affect our ability to make firm decisions, including any conflicts of interest and any limits on our mandate (where we carry these from participant organisations), so that all members of our team are fully aware of any restrictions, caveats or further authority that may be required.

We will be permission-giving and empower staff

We will support our teams, and in particular professional/clinically-led service development. We will deliberately try to enable decisions to be made by 'front-line' staff by saying 'yes' to their solutions. We will promote an environment of high quality and low bureaucracy. We will recognise that Health and Care rises and falls on staff wellbeing.

We are person-centred

Recognising the diversity of our population we will develop solutions that are 'bespoke by default' focussing on understanding the needs of our residents. We will put people at the centre of decision making and be able to question where we think this is not the happening.

We will free the power of the community

People/patients will be actively involved in the system, providing feedback, supporting and leading change.

We are committed to improving population health

We recognise the significant health inequalities experienced across the city. We recognise the upmost importance of working to address these inequalities and support vulnerable individuals and populations when participating in our activities.

We will connect clinicians and professionals

We are committed to restoring the connections between clinicians and professionals from primary and secondary care, nursing and social care, and the voluntary sector. Staff are empowered to make the right decisions without bureaucracy getting in the way, and will understand the system as a whole.

Our finances will align

We will explore ways in which we can use our collective resources to the best possible effect for the population. We will strive to understand the consequences of our decisions on all partners and manage any repercussions so as not to destabilise any organisation and managing risk collectively.

Build on our framework for a health generating city

GROW
the things which keep us healthy

for example: cookery classes, the NHS procuring local goods, offering apprenticeships, more keyworker housing, capacity building in the third sector, cycling skills courses, smokefree hospitals, social prescribing, reduced air pollution

ACT
early and prevent ill health

for example: help to achieve a healthy weight, identification and brief advice for alcohol,, self-management technology, home blood pressure monitoring, peer support groups, population health management, dementia coordination, falls prevention

CARE
with compassion and quality

for example: meeting healthcheck targets, reducing elective waiting lists, supporting maternal health, preventing hospital-acquired infection, advance-care planning, timely care packages, primary care access, trauma-informed care

CONNECT
things into one York team

for example: shared care records, integrated discharge arrangements, co-location of services, locality working, multi-disciplinary working, better treatment of dual-diagnosis, personalisation, involvement of carers

Establish and mature our partnership

The following is our equivalent of a ‘to do list’ for our first year in operation as York’ place within Humber and North Yorkshire ICS:

- Strengthen the foundations of our place partnership, including its governance
- Streamline workstreams and health sub groups in York, building a fit-for-purpose partnership model
- Support the development of a city 10 year strategy, with three key documents – the Economic Strategy, the Climate Change Strategy, and the Health and Wellbeing Strategy, at its centre.
- Lead the health and care sector response to the above strategies, including the development of action plans and associated partnership structures
- Press for a maximal model of delegated functions from Humber and North Yorkshire Integrated Care Board, to further integration plans
- Start work on joining up the health and care research and innovation potential in York, collaborating with higher education sector leaders on joint priorities e.g. workforce supply, clinical research, operational insight
- Develop our co production approach to decision-making
- Produce a realistic future workforce strategy for the city based on the concept of a York ‘health and care team’
- Understand the financial challenge for York ‘place’ within the integrated care system, and develop plans to underpin good long term decision making
- Keep ‘alliancing’, including modelling the behaviours listed in this document
- Work collaboratively on a York and North Yorkshire footprint on things that make sense within the health and care system, for instance urgent and emergency care

Thank you for reading this Prospectus

For more information on please email
peter.roderick@nhs.net

York

Our place intention

…is to collaborate better and integrate further, to redesign and deliver services that meet population need. Working with our citizens and stakeholders we have developed a York 'Prospectus' which describes the state of our system in 2022, the changes we are currently putting in place, and what people have told us they would like to see in future years.

Our health needs (JSNA)

Preventable ill-health	Widening inequality gaps	York's 'red flags'
1 in 10 smoke 2 in 3 adults overweight or obese 1 in 7 live with depression	Healthy Life Expectancy Health of those with a learning disability School readiness	Alcohol consumption/admissions, multiple complex needs, drug related death, student health
Economic factors	**Changing Demographics**	**Mental Health**
Lower than average income 10% of children living in poverty Housing affordability gap	Aging & growing population 4% ↑ hospital use (annual), 10% social care, 2.5% ↑ in GP (over 5yrs)	u18s admissions for mental health need High prevalence of common MH illness High suicide and self-harm rate

Our framework for a health generating city

GROW the things which keep us healthy

ACT early and prevent ill health

CARE with compassion and quality

CONNECT things into one York team

Strengths for health and care in York

Improved links between primary care and wider social interventions, e.g. through social prescribing	Many wonderful NHS and care **staff,** and commitment shown in e.g. the vaccination rollout	An abundance of **health assets** – green space, access to culture and heritage, community venues
An emerging aligned set of **prevention services** / practitioner networks	**Research and innovation** – the potential from clinical trials and operational insight	Use of **technology** to enable care and improve ways of getting help (but guard against digital exclusion)
The depth and togetherness of the **voluntary sector**	The power of **involvement** – seen in several 'coproduced' initiatives	Geography, in terms of our **aligned** providers, VCSE and council

Challenges for health and care in York

An overstretched, tired and burdened **workforce** where morale is low	**Demand** for healthcare seems to only ever head in one direction (upwards)	People often report ending up in the **wrong place** for too long, be it a hospital bed or the wrong service	A challenging **financial** situation for all providers of care in York
Limited **resilience** in a number of smaller voluntary sector organisations	The long shadow and collective trauma of **COVID**	A reversal of **inequality** gains - people in poorer parts of York are dying earlier than they should	**Access issues** to several services, including urgent care, primary care and dentistry
Huge **backlogs** in care and long waits, across hospital care but also GP, community and social care.	A **young people's mental health crisis,** apparent even before the pandemic made it worse	A **'crisis management'**, system, not a 'preventative' system	**Labyrinth systems** – people feel they bounce from one gatekeeper to another

Our priorities

Overarching goal: Delivery of the York Health and Wellbeing Strategy

- **Quality of services:** quality, safety, experience of care
- **Population health:** health generation, prevention, early intervention
- **Access to services:** general practice, dentistry, planned care
- **Resilient community care:** preventing admissions, in-and-out-of-hospital care, effective discharge
- **Urgent and emergency care:** capacity, resilience, responsiveness

How will we achieve our ambitions?

- Strengthen **foundations**, governance and joint decision making in our place partnership, to demonstrate the behaviours agreed in our 'Charter'.
- **Coproduce** plans with communities, staff groups and partners.
- Develop and embed a **population health** approach using the CORE20PLUS5 framework.
- Lead the health and care sector response to the three **City Strategies**.
- Join up health and care **research and innovation** potential in York.
- Produce a realistic future **workforce** strategy based on the concept of an integrated York 'health and care team'.

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Agenda Item 6

Health and Wellbeing Board 16 November 2022

Report of the Information & Social Action Manager, Community & Prevention Team, City of York Council.

Approval of application for WHO Age Friendly Communities status.

Summary and Background

1. In 2019 the Health and Wellbeing Board undertook a mid-way review of the joint health and wellbeing strategy and identified that the following priority would be their focus for ageing well for the rest of the strategy's lifetime:

   The board's ambition is that York will be the most age friendly city it can be. We will ensure that our Age Friendly programme of work is connected across all ages and parts of society.

2. To achieve this, we joined the Age Friendly Communities Network led nationally by The Centre of Ageing Better.

3. A project plan was developed to deliver the required Baseline Assessments, utilising the WHO (World Health Organisation) checklist. An Action Plan was created, as required, to identify what actions would be implemented for age friendly improvements.

4. On 3 November the Ageing Well Partnership signed off the last baseline assessment and project plan confirming that they would now like us to complete an application for WHO status.

5. This has now successfully been achieved and permission is therefore being sought from the Health & Wellbeing Board to apply for WHO Age Friendly Communities status.

6. Membership in the Global Network of Age-friendly Cities and Communities (GNAFCC) states:

   Creating age-friendly environments requires a process across the life course that progressively improves the fit between people's needs and the environments in which they live.

To achieve this a coordinated response is required across many stakeholders, sectors and multiple levels of government. An age-friendly city or community is a place in which people want to grow older.

Age friendly cities and communities foster healthy and active ageing. They enable older people to: age safely in a place that is right for them; be free from poverty; continue to develop personally; and to contribute to their communities while retaining autonomy and dignity. Because older people know best what they need, they are at the centre of any effort by local governments to create a more age friendly community.

The mission of the GNAFCC is to stimulate and enable cities and communities around the world to become increasingly age-friendly. The Network seeks to do this by:

- Inspiring change by showing what can be done and how it can be done
- Connecting cities and communities worldwide to facilitate the exchange of information, knowledge and experience
- Supporting cities and communities to find appropriate innovative and evidence-based solutions

Main/Key Issues to be Considered

7. Obtaining WHO status requires a commitment to continued age friendly improvements for the city. The is an evolving action plan in place which covers identified actions across all the domains. This provides a framework for continued improvements and therefore delivery against the programme.

8. The Age Friendly York action plan is a standard agenda item with both the Age Friendly Citizen Group and Ageing Well Partnership providing both scrutiny and governance.

9. Although there is not a specific age friendly budget the implementation stage has already demonstrated a range of effective outcomes. As seen in the annual reports. Here are a few examples:

Created ‘Take a Seat’ in partnership with Home Instead for 50+ businesses in the centre of York to offer a seat or their facilities without needing to be a paying customer.

- Reviewed all benches inside the outer ring-road to mark whether they are age friendly and what condition they are in. Created additional keys for happy to chat benches and proposed new benches.
- Brought Happy to Chat benches to York as a deliberate way of creating social contact.
- Supported a successful application for funding for changing places in York for people with disabilities.
- Raised awareness of how to report damaged paving to reduce the risk of falls.
- Created an intergenerational newsletter to help to share strengths and social contact across generations.
- Distributed hundreds of bus leaflets to people that may not have access to IT.
- Raised awareness of scams and created a ‘How to stay safe online page’ on Live Well York.
- Created an article to raise awareness to businesses on how to be carer friendly (as people get closer to retirement age they are increasingly more likely to have carer responsibilities).
- Set up an age friendly sensory impairment sub-group.
- Created direct links through citizen focus groups: York Disability Rights Forum; York Bus Forum; York Walkers.
- Created a partnership approach with York Older People Assembly to ensure there is a shared agenda.

10. There is a “progress on a page” approach that enables evidence to be submitted to the two key governing groups around any specific identified action. This can be to: provide a progress update; identify any barriers or evidence delivery against the outcome.

11. There is an established method in place to enable any new actions to be submitted and approved.

12. It needs to be recognised that there are a number of challenges in the city to ensure everyone's interests are represented. The recent challenges by the 'Blue Badge' community are a good example of conflicting needs. However, having an age friendly process in place ensures there is a greater voice for older people and that their views are represented. Having an age friendly process also enables mitigations to take place where a decision may have a detrimental impact on some older people. Age Friendly York created the initiative Take a Seat; assessed all the benches in York to determine which are age friendly and helped create an accessible map as mitigations. It can therefore be argued that as there will be continued conflicting challenges, in a historic tourist city, that in fact, it's even more important to embed this age friendly commitment and associated continuous learning, reflecting human learning systems thinking. Embracing the values of the social model of disability and inclusive design principles, should also complement age friendly cities status.

Consultation

13. A co-produced approach was taken to develop each baseline assessment which then informed the action plan. This included: discussions at community centres; surveys both electronic and paper; citizen discussion groups; themed group discussions with organisations; community groups; councillors and other stakeholders. All decisions go through both a citizen group and stakeholder group before being submitted for approval through the Ageing Well Partnership.

Options

14. The options available are to:

- Apply for WHO status
- Remain part of the age friendly community but not apply for WHO status
- Withdraw from the age friendly community through the Centre for Ageing Better and determine an alternative method to deliver against the ageing well arm of Health & Wellbeing strategy.

Analysis

15. As WHO status is “working towards” then there is sufficient evidence to demonstrate a commitment to listening and responding to the needs of older people on a wide range of issues

16. The co-produced approach with encouragement for the people of York to be active citizens and part of the solution very much aligns with the ethos we strive to have in York

17. The Centre for Ageing Better is an excellent resource that provides a wide range of information and awareness of the impacts to older people.

18. There are weekly national meetings with the age friendly communities, sharing good practice. This provides opportunities for continual improvement.

Strategic/Operational Plans

19. This proposal is submitted as a method to deliver against the ageing well arm of the Joint Health and Wellbeing Strategy.

20. This initiative also contributes to delivery with other strategies. For example: Transport Plan and Dementia Strategy. It also supports the delivery of the development of the Information Strategy and Social Isolation Strategy.

Implications

21. **Financial**

There are no financial implications

Human Resources (HR)

There are no HR implications

Equalities

There would be a risk that older people were not represented as well if a decision was made not to remain part of the age friendly communities.

Legal

There are no legal implications

Crime and Disorder

There are no crime and disorder implications

Information Technology (IT)

There are no IT implications. Age Friendly York is currently held on the City of York Council website with this being an initiative led by the council.

There is the challenge of ensuring information reaches older people who do not have access to IT. The Age Friendly action plan therefore identifies the need for electronic community notice boards with messages delivered through the community website Live Well York.

Property

There are no property considerations

Other

There are no other implications

Risk Management

22. The only risk identified is that stated in point 13. However, there is a clear argument that more has been achieved by having an Age Friendly York initiative than was achieved before this was put in place. Once there is an Access Officer in post then this will strengthen the approach further of ensuring there is a citizen voice in influencing decision making.

Recommendations

23. The Health and Wellbeing Board are asked to consider:

    i. Recommended option - approval to submit an application for WHO Age Friendly Communities status.

Reason: Significant work, as identified in the annual reports, has been achieved over the last two years to:

a. Listen to the voice of older people and representative groups;

b. Identify issues that are important to older people;

c. Create clear action points;

d. Create a method for accountability;

e. Clearly demonstrate where actions have been achieved;

f. Celebrate what's good in the city for older people;

g. Improve awareness of options available for older people.

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Report Approved	✓	**Date**	02.11.2022

Wards Affected: **All** ✓

For further information please contact the author of the report
Background Papers:

All relevant background papers must be listed here.

1. Getting Out and About – Baseline Assessment (online only)
2. Your (leisure) Time – Baseline Assessment (online only)
3. Your (employment) Time – Baseline Assessment (online only)
4. Your Information – Baseline Assessment (online only)
5. Your Service – Baseline Assessment (online only)
6. Your Home – Interim Baseline Assessment (online only)
7. Project Plan (online only)
8. Action Plan (online only)
9. Annual report 2021-22 (online only)

Annexes

None.

Health and Wellbeing Board 16 November 2022

Report of the Manager, Healthwatch York

Healthwatch York Report: Children's Mental Health - A snapshot report

Background

1. This report is for the attention and action of Board members, sharing a report from Healthwatch York which looks at what people have recently told us about accessing children's mental health support.

Summary

2. Healthwatch York provide information and advice about health and care services, signposts people to support, and listens to their experiences when accessing health and care services. Recently we have received a number of case studies regarding challenges in accessing mental health support

3. We also reached out to partner organisations York Carers Centre, and York Mind, who had flagged up challenges they were experiencing around supporting people to access children's mental health services.

4. We appreciate this has been a very difficult time for everyone working in health and social care. We aimed to produce a report that highlighted the concerns being reported to us, and have shared this report to encourage further discussion of these challenges and consideration of ways we can collectively address them.

Main/Key Issues to be considered

5. Our report's key findings are:

- The current process lacks the flexibility to recognise the individual needs of parents and children; for example some families struggle

with appointments being given during school drop off and pick up times.
- There is a need for better awareness of training and resources available to teachers, schools and those involved in the initial referral.
- The pathway through the referral process is unclear, and the reliance on forms prior to, or instead of, conversations can leave parents and professionals ill-informed on how best to assist moving the referral process forward.
- There is a clear need for better administration processes
- There is heavy reliance on self-advocacy or parental advocacy to make sure the child can access the care they need
- It is unclear to parents what triggers a CAMHS diagnosis and in which circumstances you should be signposted to other services
- There is a need for more effective partnership working between organisations working to support children's mental wellbeing

Consultation

6. In producing this report, we did not go out to public consultation, but used the experiences people had already shared with us, alongside experiences shared with partners.

Options

7. There are a number of recommendations within this report set out on page 33. These recommendations were proposed by York Mind's Youth Group, in response to the experiences detailed in the report. The recommendations are:

- Provide teachers with support when completing referral information on behalf of a child. Giving an understanding of what information is needed, why, and how this relates to special educational needs or disabilities, and educational health and care plan.

- Hold a conversation at the first point of contact with CAMHS outlining service options and the expected journey following referral.

- Provide information on ‘who, what, why, when’ as part of their journey to receiving support, for example who will you see, when, for what and why that decision has been made.

- Improve administration processes in accordance with current GDPR.

- Address staff capacity in order to support staff with answering parents’, child’s, and professionals' questions through the referral pathway.

- Better signposting support. On first contact with CAMHS, direct individuals to relevant training and information workshops available.

Implications

8. There are no specialist implications from this report.

Financial

There are no financial implications in this report.

Human Resources (HR)

There are no HR implications in this report.

Equalities

There are no equalities implications in this report.

Legal

There are no legal implications in this report.

Crime and Disorder

There are no crime and disorder implications in this report.

Information Technology (IT)

There are no IT implications in this report.

Property

There are no property implications in this report.

Other

There are no other implications in this report.

Risk Management

9. There are no risks associated with this report.

Recommendations

10. The Health and Wellbeing Board are asked to:

    i. Receive Healthwatch York's report, Children's Mental Health: A snapshot report.

    ii. Remind members of the Board to 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 and be aware of what members of the public are telling us

Contact Details

Author:	**Chief Officer Responsible for the report:**		
Siân Balsom Manager Healthwatch York 01904 621133	Siân Balsom Manager Healthwatch York		
	Report Approved	✓	**Date** 03.11.2022

Wards Affected: All | **All** ✓

For further information please contact the author of the report

Annexes:
Annex A – Children's Mental Health: A snapshot report
https://www.healthwatchyork.co.uk/wp-content/uploads/2022/11/Nov-22-Childrens-mental-health-a-snapshot-report-FINAL-2.pdf

Children's mental health

A Healthwatch York snapshot report, October 2022
In partnership with York Mind and York Carers Centre

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Background

Healthwatch was set up in 2013 to hear people's experiences of health and care services. Healthwatch is your health and social care champion. We make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. There is a local Healthwatch for every part of England. Healthwatch York covers the City of York area.

Healthwatch York at York CVS is based on a very simple idea – that the best people to help shape our health and care system are those who use (or struggle to use) health and care services.

Recently, we have committed to sharing more of what we hear in Snapshot reports. Unlike the reports where we investigate an issue and publish a report to share our findings, our Snapshot reports aim to encourage further conversations. We hope that by knowing what other people are saying about a service, more will come forward to share their experiences, good or bad. In light of the recent health and care system reforms, with renewed focus on user voice and coproduction, we also hope these reports will be useful to those who buy and provide services, providing insight into how people currently experience health and care in the city.

This year, one of our key areas of focus is mental health. We have heard from a number of people experiencing significant challenges in trying to access Child and Adolescent Mental Health Services (CAMHS.) From these accounts we're able to identify where services can focus their resources in order to improve service user outcomes. This report is a collation of these voices, highlighting the challenges people face when accessing care.

Child and Adolescent Mental Health Services (CAMHS)
CAMHS has been used predominantly in this report by parents and teachers as the name for NHS – provided services (across the UK) for children and young people who have difficulties with their emotional or behavioural

wellbeing. However, CAMHS in the wider system iThrive approach covers both specialist mental health services, local authority CAMHS teams and people working in children's mental health in schools and the voluntary and community sector.

The CAMHS workforce can include:

- psychiatrists, psychologists and paediatricians
- nurses, including health visitors, school nurses and specialist substance misuse and learning disability nurses
- social workers
- support workers, such as school counsellors and youth workers
- occupational therapists
- psychological therapists: this may include child psychotherapists, family psychotherapists, play therapists and creative art therapists
- primary mental health link workers

What is the iThrive model?[1]

iThrive is a care framework that aims to replace the four tiered system of CAMHS provision, by grouping children and young people based on their needs. It reflects concerns that the current tiered model reinforces the belief that CAMHS is the ultimate destination. The framework was developed by charity the Anna Freud Centre and the Tavistock and Portman NHS Foundation Trust. It is a response to research suggesting specialist CAMHS is only be effective with 60% of cases and that alternative community based interventions may be more beneficial to some young people and families. The aim is for the whole children's workforce to be able to identify children for early intervention in schools

[1] Implementing iThrive? Pick priorities and prepare, says commissioner (acamh.org) January 2018

National picture

This report is being published at a time of extreme pressure within our health and care system. The latest Care Quality Commission State of Care Report[2] highlights a system in gridlock. They report that people in need of urgent care are at increased risk of harm due to:

- long delays in ambulance response times
- waiting in ambulances outside of hospital
- long waits for triage in Accident and Emergency

The report also spells out the workforce issues, with significant staff shortages across all health and care organisations, and struggles to recruit and retain staff.

When looking specifically at mental health, the CQC's Community mental health survey 2021[3] showed that people consistently reported poor experiences of NHS community mental health services, with few positive results[4] Many said that their mental health had deteriorated as a result of changes made to their care and treatment due to the pandemic. Across many areas of care, experience of using mental health services was at its lowest point since 2014.

The report also highlights specific concerns about children and young people's mental health.[5] They found that:

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[2] State of Care - Care Quality Commission (cqc.org.uk)

[3] Community mental health survey 2021

[4] (based on feedback from 17,322 people who used NHS mental health services in England between 1 September 2020 and 30 November 2020).

[5] Provider collaboration review: Mental health care of children and young people during the COVID-19 pandemic - Care Quality Commission (cqc.org.uk)

- Services struggled to meet demand, increasing the risk of children and young people's symptoms worsening and reaching crisis point, and being cared for in unsuitable environments.
- While there were positive examples of systems working collaboratively together to ensure continued access to mental health support, there were some concerns around silo working.
- Communication – both between services and with families – was mixed, with some people not always aware of what support was available.
- The pandemic shone a light on, and exacerbated, health inequalities faced by some children and young people, in particular those living in deprived areas.
- Digital technology enabled services to adapt almost overnight, ensuring continuation of care. But we heard that this could lead to risks such as staff missing cues or issues that would have been picked up face-to-face.

The Local Government Association, January 2022[6]

In this report the Local Government Association confirm that at least one in six children and young people have a diagnosable mental health condition. This report also goes on to state:

- Children and young people are more likely to have poor mental health if they experience some form of adversity; living in poverty, parental separation or financial crisis, where there is a problem with the way their family functions or whose parents already have poor mental health.
- Young people who identify as LGBTQ+ are also more likely to suffer from a mental health condition.
- Looked after children are four times more likely to experience mental health issues than their peers.
- A third of people in the youth justice system are estimated to have a

[6] Children and young people's emotional wellbeing and mental health – facts and figures | Local Government Association January 2022

mental health problem.

- Nearly three quarters of children with a mental health condition also have a physical health condition or developmental problem.

Further, their report states that demand has gone up, but funding has stagnated. This is leading to an overstretched service without the capacity to meet the mental health needs of their population.

BBC Data Request, August 2022

A BBC article published on the 9th August 2022[7], following a data request identified 18 deaths of people aged 18 and under in CAMHS in-patient units since 2019, and a further 26 deaths of patients who had been discharged within a year in the same time period, amid claims of a lack of ongoing support. The article states that there has been a 77% rise in the number of children needing treatment for severe mental health. Within the article is a collation of first-hand accounts. It concludes that CAMHS units are failing to meet the needs of children and young people under their care. In particular, the article cites specific failures to respond effectively to self-harm attempts across some in patient services. It also suggests that over-reliance on temporary staff is leading to patients being put at risk.

The Times Education Supplement Magazine January 2019[8]

The challenges in providing good mental health support have been exacerbated by the pandemic. But even before the pandemic, the Times Educational Supplement magazine was reporting a record rise in the demand for CAMHS, and CAMHS' failure to meet the needs of the children and young people being referred into these services.

The article suggests that better public education is needed to make sure children are being referred to the right support for them, and that specialist CAMHS are not overwhelmed with inappropriate referrals. "Too

[7] Camhs deaths expose child mental health unit pressures BBC News 9 August 2022

[8] 'The state of Camhs is a national disgrace' TES Magazine 15 January 2019

often CAMHS are dealing with cases that should never have made it to their waiting rooms." However, it also makes it clear there are "severely troubled and vulnerable children being left without help because of how stretched these services have become."

Local picture

City of York Council review of children and adolescent mental health referral systems May 2022[9]

In the City of York Council review, they found that young people in York feel that the wait time for CAMHS is too long and that it is causing further negative impact on their mental health.

This report also found that the provision of mental health services from various providers results in confusion and children being passed from one service to another without explanation.

YorMind Young People's Experiences podcast[10]

You can hear from those who have been directly impacted on the Chat Chit podcast produced by YorMind (a project of York Mind)

Mental Health Services Data Set[11]

Data regarding specialist mental health services (secondary care) for the former NHS Vale of York CCG footprint is available from the NHS Digital Mental Health Services Data Set, or MHSDS. This is now shown as NHS Humber and North Yorkshire ICB – 03Q – 03Q[12].

This visualisation shows data categorised as:

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[9] Review of Referral System City of York Council, May 2022

[10] Young people's experiences podcast YorMind, various date

[11] Mental Health Services Data Set (MHSDS) - NHS Digital

[12] CCG to ICB listing - NHS SBS

- people in contact with mental health services (CYP01) - the number of people known to be in contact with children and young people mental health services
- open ward stays in mental health services (CYP21) – the number of open ward stays in children and young people mental health services
- open referrals in mental health services (CYP23) – the number of open referrals in children and young people mental health services

This tells us that at the end of May 2020 there were 1,925 children and young people in contact with CAMHS. By the end of June 2022 there were 2,765 children and young people in contact with CAMHS, and 2,870 open referrals to CAMHS. The data covers all providers, not just TEWV.

Decommissioning of Kooth

Kooth is an online mental health support service for children and young people. It was commissioned across Humber and North Yorkshire during the lockdown period to provide additional support during the pandemic.[13] It was then decommissioned at the end of the last financial year. Access to the service across North Yorkshire and Humber ended on 30 April 2022 having closed to new registrations on 1 March. NHS Vale of York CCG advised partners:

"We are currently issuing communications to advise partners and signpost to Childline. An engagement process with children and young people is being set up to consider next steps."

North Yorkshire County Council, Young People's Overview and Scrutiny Committee, February 2022[14]

in their consideration by the county council's young people overview and scrutiny committee, give 2021 and 2022 figures on measures such as

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[13] Partnership Newsletter_July2020_v9_ (humberandnorthyorkshire.org.uk)

[14] County Council's Young People Overview and Scrutiny Committee North Yorkshire County Council Children's Mental Health 25th February 2022

waiting times and numbers of referrals into CAMHS. The report shows an increasing demand for CAMHS over the last two years and suggests that some services are unable to meet these demands, with increasing wait times for specific services. This report does not contain any user stories or explain the impact of poor access on the population.

Healthwatch North Yorkshire, May 2022[15]

Healthwatch North Yorkshire report that in their sample of young people (aged 16-24) across North Yorkshire, as much as 72% reported having experienced mental health issues.

They also found that 50% of their sample did not seek help for their mental health issues. They suggest that the barriers to seeking support are due to; long wait times, reluctance to ask for help, stigma surrounding mental health (embarrassment), feeling a burden and/or not knowing where to go for support.

The report concludes that there needs to be an increased awareness on how to access support as well as further work to reduce stigma around mental health. They also recommend that wait times for services needs to be reduced significantly.

[15] Young people's experiences of mental health and well-being report Healthwatch North Yorkshire 12 May 2022

Key Findings

A summary of our findings:

- The current process lacks the flexibility to recognise the individual needs of parents and children; for example some families struggle with appointments being given during school drop off and pick up times.
- There is a need for better awareness of training and resources available to teachers, schools and those involved in the initial referral
- The pathway through the referral process is unclear, and the reliance on forms prior to, or instead of, conversations can leave parents and professionals ill-informed on how best to assist moving the referral process forward
- There is a clear need for better administration processes
- There is heavy reliance on self-advocacy or parental advocacy to make sure the child can access the care they need
- It is unclear to parents what triggers a CAMHS diagnosis and in which circumstances you should be signposted to other services
- There is a need for more effective partnership working between organisations working to support children's mental wellbeing

Recommendations are made at the end of this report.

What people are telling us

What we have heard: April 2021 to September 2022

Comments from our signposting, information and advice work; including comments from our online feedback centre. These comments are in people's own words wherever possible. Where this hasn't been possible, these are shown as a story, though all names used have been changed.

Positives

"Since we have been referred back to CAMHS from private psychiatrist, they have been really responsive to adjusting meds, they listened to parental feedback when the increased dose affected his appetite and returned to the original level. We have had regular checks for both height and weight with HCA as well as 3 monthly zoom calls with psychiatrist."

"Now the clinical psychologist has actually met him (after 18 months wait) things seem to be moving quite quickly with additional appointments / assessments etc."

"Once I was in with CAMHS I had a worker allocated to me. I saw her regularly so I was able to build a relationship with her which helped. When I turned 18 and left CAMHS, I didn't see her again and support wasn't as regular. I felt a bit left on my own."

Negatives

June 2022 – Woman stated that mental health services "practically do not exist in York". She works with teenagers and young adults that are struggling to access any support.

May 2022 – Woman expressed concern about her friend's young daughter who is showing signs of autism and complex needs. She can't seem to get a diagnosis without going private and paying lots of money.

February 2022 - Child of a military family referred for an autism assessment when based in Northallerton. The family were transferred to York in the summer of 2021, and the child was removed from the waiting list. They later received a letter from CAMHS in York stating that they would receive an assessment, but not immediately, and eventually received a date in April 2022 for that assessment. They feel they have been treated unfairly due to being a military family and are requesting an earlier date for assessment.

February 2022
Woman shared that her 14-year-old son has had significant learning and behavioural difficulties over the past few years. With the guidance and support of his school they sought a diagnosis privately. They decided to pay as they were told by the school that diagnosis would take a minimum of three years. This was confirmed by the CAMHS team and his GP.
Her son received a firm diagnosis of ADHD (Attention Deficit and Hyperactivity Disorder - Combined Type) classed as moderate to severe from EBOR Psychology Group in York. There has been a long delay since their GP contacted CAMHS of around two months.

They have since had conflicting advice after speaking to two different members of staff. Firstly, somebody phoned for a telephone meeting - after speaking to him and explaining that they had received a diagnosis privately, he advised them to call back after a few days to make sure that their son was put onto the 'ADHD Pathway.' They asked how long it would be for him to see somebody who was able to talk through possible medications. He suggested that this should not be a problem and her son should be seen within a few weeks given that he has already been professionally assessed.

As advised, she phoned CAMHS and spoke to a manager who told them that the private assessment/diagnosis would not be taken into consideration. They would need to wait to speak to somebody who will then put them on a waiting list to go through the entire process again.

Their consultant's response was:

> *"Hi, I am sorry to hear that and surprised. I have just spoken to a former colleague who still works at York CAMHS who thought this may be happening but there was still some flexibility depending on the quality of the private assessment. We have completed a number of ADHD and ASD assessments for CAMHS in the last few years and so they are happy with our assessment process. They have also recently contracted some assessments out to The Retreat and so obviously still work with independent services. You could ask to speak to the service manager and question their position (to see how accurate it is)."*

She confirmed her concern is that as it was the Service Manager who said a fresh assessment was needed, they will not get any further with this. If the wait is as long as advised, it will carry through into his GCSEs.

What teachers have told us

July – August 2022

Teacher reports that CAMHS regularly lose paperwork and that it's common for him to have to fill out the same assessment forms for the same children several times.

Personal stories 1: Concerns over accessing professional help when needed

[Accessing SEND support] is definitely an issue in state schools. Absolute nightmare trying to get support / help when you know a child has a difficulty and the paperwork / hoops you have to jump through is ridiculous. I don't notice it as much in private [school]. Most parents will pay to go private when they have concerns as they get seen quicker. But they're lucky to be in a position to be able to afford to do that.

Personal stories 2: Concerns over SEND provision in schools

" My main concerns are the following-
-very slow identification of SEND needs in schools. Often because class sizes are huge and schools are underfunded! The slow identification leads to low self-esteem for the kids and potentially, problems that are much greater when they are finally identified than they need to be! Added to this when they are identified, the waiting list at CAMHS is massive, and help just doesn't arrive!
- a lack of training for teachers, I have had almost no formal SEND training (that I haven't sought out and funded myself) in my 20 years of teaching, this means that not only are teachers unable to identity needs but also are unsure how to manage them in busy classrooms.

- a lack of TA support. This speaks for itself. For example, [a well-thought of York Primary School] is allowed class sizes of 34, very few classes have a TA more than a few afternoons a week! Kids with SEND often need tailored materials and support - this is NOT available despite very hard working (exhausted) teachers!"
- the York offer for secondary SEND provision is almost all focused on young people with autism, there is basically nothing for anyone else (Danesgate is the only option, it is not suitable for most kids with SEND and also is oversubscribed)! The autism support is needed but so are the others! Mainstream schools can't manage complex needs (again I cite my 20th year teaching experience here) so kids either 'manage' or they don't!!

Personal Stories 3: Feedback from Ellie*, a teacher in the York system working with students potentially experiencing disadvantage:

A girl I referred in year 9 is now in year 11 and still hasn't had a full assessment, only the initial one. I am concerned she will age out of the system before we can get her a diagnosis.

The paperwork for school is often sent to family homes even though we've described their situation to CAMHS as chaotic. Then the paperwork doesn't reach us and the case is closed as a result of failure to submit paperwork.

One case I referred was closed, because they ring from a withheld number. This meant the parents didn't answer it, and then we're told the case is closed. If you've got parents who are in financial difficulties, getting calls from bailiffs, you won't get them answering withheld numbers. I re-referred it and told the parents they had to answer. And in fairness they did, but they told CAMHS there was nothing wrong with him, he's just a naughty boy. I've been told that the case has been closed again, with no direct contact with the child.

A new pupil moved to the school part way through the CAMHS process. They have the clearest case of ADHD I have ever seen. They've had an initial assessment where CAMHS explained they'd lost the paperwork from the previous school. This meant I had to recomplete that paperwork.

I phone regularly to check on young people and where things have got to with their assessments. I am often on hold for 45 minutes. But I will dedicate that time as I know if I reach the right person CAMHS can make things better.

One young person I work with, he got a diagnosis 18 months ago. I became really concerned about his mental health. He was hearing voices. I had a really good conversation with his CAMHS doctor. She gave me her direct contact details. If you can get these, and the doctor is good, everything changes. She was extremely helpful, gave me great advice that allowed me to feel his mental health was being looked after properly. It's so reassuring when I know he's so vulnerable. I felt like I wasn't the only one in his corner.

I did a referral, and I know I spelt her name right. When the paperwork eventually came her name was misspelt. I alerted CAMHS and changed it on all the paperwork I sent back. When I called to follow up after the initial assessment, they had no record of her on the system. This horrified me. How could that be? But I stuck with it, insisted she had to be there. I asked them to search by date of birth and address. Eventually they found her - under yet another version of her name.

When I think about the situations those kids are in, I could just cry. They are in households where parents either respect or mistrust authority to the point where they won't question or challenge it. There are low levels of literacy and numeracy. I'm not downplaying the problems middle class children and their parents are experiencing, but this is a whole different ballpark. So who is advocating for these kids? I just don't feel the current CAMHS system recognises or takes seriously these inequalities. Also, when we talk about ADHD running in families, the harder we make it, the less likely we'll address these issues. We're building opportunities into the system to whittle down waiting lists by timing people out.

What parents are telling us

What we have heard: July 2022 to date

Personal stories 1: A parent to a child aged 15

"My child has experienced anxiety and panic attacks for a number of years, has self-harmed and had an eating disorder for the last three years. They were referred to CAMHS a couple of years ago and received video support calls which finished with no improvement to their symptoms. They were discharged with a list of support apps.

My child was experiencing regular panic attacks at school throughout this period and missing a significant amount of lesson time. School were generally supportive, and on at least two occasions phoned the CAMHS crisis line for support, but there was no response on either occasion. My child has independently phoned the crisis line on at least one other occasion, and again, there was no response.

At the end of last year, the eating disorder had got much worse. My child was receiving group support from MIND, and the group leader suggested to my child they should refer back to CAMHS Eating Disorder Team for some support as they had noted their condition deteriorating. MIND helped my child with the self-referral and 6 months later, we went to Orca House for an assessment. Whilst the CAMHS team noted the eating disorder, they were unable to offer any support as they stated that it was a form of self-harm due to anxiety, and therefore the wrong kind of eating disorder for their service. They suggested that we get in touch with MIND (having missed that the referral came from MIND) and signposted us to IAPT, whilst

acknowledging that my child would probably be too young to access their support.

We put in a self-referral to IAPT and have never received either an acknowledgement or an appointment.

Following this, we went back to our GP for advice, and as part of this agreed that we should request an autism assessment, as this had never been considered previously. We phoned the Single Point of Access number and were given a time for a clinician call three weeks later.

On the day of the call, a Friday, we were given a time slot between 12 noon and 5pm. CAMHS said they would endeavour to call after three as my child was at school, but if the clinician got through the list more quickly it could be earlier, and if we didn't answer the call we would be discharged from the service. My child took half a day off school, I rearranged two dental appointments and a music lesson and we waited all day without receiving a call. From 4.30pm I phoned CAMHS a number of times, but each time it went to answerphone. As my child was getting upset and agitated, we again tried the Crisis number, but no response. I also sent an email, to which I have never received a response.

Early the next week, I tried to call CAMHS again on the Monday and the Tuesday, but with no response. Eventually we received a letter on the Wednesday informing us that they had tried to call but the number appeared to be unobtainable. We had checked this number a few times, and it was correct and a working number. The letter suggested we contact them via the Single Point of Access number again if we wanted to continue. I immediately called and did manage to speak to the receptionist who was apologetic, and mentioned that there were

other calls that day that appeared to be unobtainable, suggesting an issue with the CAMHS phone system. We were called back by a clinician later that day, and given another appointment.

This telephone appointment went ahead and my child has now been given an appointment for an initial assessment by video. We received a bundle of forms to complete in advance of this appointment, however, were sent the wrong forms (for ADHD screening rather than ASD), I then had to email and phone twice to request the correct forms. As the school term has ended, the school forms may not be completed in time for this assessment, which is likely to delay things further.

We also phoned IAPT again to follow up the online referral, and they had no record of the referral. When I suggested that they should check their systems if the online referrals were not being received, I was told that there was nothing they could do about that and we should call next time.

The whole experience has been hugely frustrating and upsetting for my child. They have lost any hope that they will receive any useful support and the anxiety, panic attacks and eating disorder continue. We work hard to support in every way we can as a family, but without appropriate clinical support, I fear that this will have a long-term impact on my child's future.

Personal stories 2: A parent of a child in their last year of primary school

"“They never answer the phone or acknowledge messages. This leads to more anxiety and stress for parents as you don't know if messages have been received or acted on, for example if you need to rearrange an appointment. This can lead to 'missed' appointments. Complete lack of empathy and understanding! Last week I did manage to speak to reception (once in 20 calls) and after I really pushed it, was told a clinician would call me. They rang 2 minutes later by which time I was dealing with war between the kids so missed it. They left a message saying if I still wanted to speak to someone I could call back but of course I haven't managed to speak to a person again. I left a message saying I really wanted to speak to a clinician so please call again, but of course no-one did. Assessment calls with parents - call between 12 and 5 no regard for school run etc. Miss call and discharged!

Personal stories 3: A parent of a child in year 4 of primary school

" My journey with CAMHS so far is as follows:
The SEND lead at school is fantastic – they sorted a referral the second day after he started there (March 2021).
The SEND stayed in contact with me and chased CAMHS for me to have a call back.

I eventually received a call back from CAMHS. I shared my concerns regarding my child and was told I'd receive forms in the post (within 5 days) that would need to be completed by me and by the school – 1 for ADHD and 1 for Autism. I felt reassured.

A week later I'd not received any forms – I called every day for a week or more, didn't get through and so left a message every day.

I finally had them sent to me – the forms were completed by myself and the school and posted off together in 1 envelope.

Months passed and then I received a letter to say that if I didn't complete documents, my child would be discharge.

I called and spoke to someone about this. His ADHD paperwork had been lost, but the Autism document had been received (along with our change of address). My child had only been put into the admin system as needing assessment for Autism and not ADHD. Therefore it appears some of the documents had been lost. I was asked to complete documents again, and for the school to complete them again, and return them.

When I first spoke to someone regarding my concerns that my child's paperwork was floating about somewhere, they told me they couldn't have been completed. They lacked any understanding as to why I'd be annoyed. If anything, they were annoyed with me.

Had to chase for these to be sent out again. When I asked, they were able to confirm that they had received his change of last name and address (which was sent with the other documents) but that they could not find the assessment documents – the lady was lovely and even went to the archive room to look for them whilst I was on the phone. They couldn't be found.

Myself and the school completed the forms again and sent them on. I don't remember receiving any confirmation of receipt, but I did receive a letter to say how we could contact crisis line and other services if we

needed to. Following this letter, I heard nothing for months and months. My attitude after having shared my experience with others, was that was just how it was! And that I'd have to sort something out myself. Thankfully the school is amazing and implement additional support to meet his needs, despite lack of support from external agencies.

After a year of waiting to hear anything from them (hoping if I did it would be for an appointment!), I contacted our MP to raise my concerns. I was concerned for other Children in York and the lack of acknowledgement of the issues. Following this contact with the MPs Team (who promised to chase my son's case) I received the same letter with contact information about how to call for crisis support and information on other services, but nothing else. No date or information on next steps.

I know from speaking to others that it's at least a 2 year wait with around 4 'assessments' before diagnosis – we've had nothing other than the initial telephone conversation following the school's referral. I have in the last few days received a call from CAMHS asking why I hadn't attended an appointment on zoom that morning. I explained that I hadn't any knowledge of an appointment! She didn't seem surprised by this, and said she'd find out what happened and to get another sent to me for 2 days later. This has now been received.

I was surprised to hear her say that they had enough information on him to do a zoom assessment, but then be asked whether I had returned my assessment forms? How could they know about him if they've not yet seen the forms! This suggests to me that the practitioners don't have the time to fully prepare for their assessments with the children – very poor considering the experience is already reduced by providing only online zoom appointments.

My concerns are as follows:

- *How can primary schools provide effective provision if they don't have the support needed – practical, resources, training and financial?*
- *What happens to children moving from primary to secondary?*
- *There must be a growing number of children presenting with MH/LD/Autism/ADHD but with no diagnosis – how are schools being supported to prepare for this?*
- *Why are there SO MANY assessments and calls before formal diagnosis/final assessment? Surely this is a waste of resources.*
- *Also, with how long the whole process takes, how are children on the waiting list managed when they reach adulthood (before having a diagnosis under CAMHS) – do they go onto a list to access adult mental health services?*

I feel strongly that people have become complacent and feel that it's 'just how it is'. But I know from experience that there are great examples of care across the country! So why is this being so poorly managed in York?

Managing referral systems and overseeing administration is a very simple thing - losing paperwork is a serious breach of data regulations – it also wastes the trusts time and resources

It seems that at every step there is a waste of CAMHS staff time and resources, not tackling this now will put an expensive burden on adult services as these children grow up with their needs unmet".

Personal stories 4: A parent to a child in year 4 with complex emotional needs

"[Our] CAMHS experience is no different to expectations. 18 months from referral to them starting the diagnosis assessment process. The issue is that his problems are severe and he nearly got excluded from school. Which made matters stressful. With their support, we have also only really addressed his ADHD. I think there are other underlying issues (maybe pathological demand avoidance type autism) – but despite having been in contact with CAMHS over the past 18 months, and despite his risk of being excluded from primary school, I haven't even started to explore this with them. I haven't found CAMHS very good at dealing with complex cases. But we are being seen, and in the meetings, they have seemed helpful. Hopefully, we might get there in a few years!"

What professionals are telling us

September 2022

Comments from those working with or within CAMHS services.

There is a lack of transparency internally. Staff aren't sure of what the pathway to accessing care is. Staff don't know how long an individual has been waiting.

It feels like a closed organisation. There is a lack of transparency. This is shown in their confusing reporting.

"From my experience, CAMHS support isn't effective for those considered 'complex cases'. There is no joined-up working".

Views from Contributors

York Carers Centre

The stories from parents are sadly very familiar. Examples include systems that do not take into account the individual needs of the family - for example, putting pressure on a parent to get their child to remain throughout a video call when they have Pathological Demand Avoidance - the very reason they need support!

One carer talks to us about issues getting through via the crisis line, which has been extremely tricky and only through sheer determination and 'pestering' have they managed to access some appropriate support. They worry about those who do not have the will to push for services.

We feel that eating disorder responses are far better than they used to be, with some assessments happening quickly and families able to access relevant advice and support in order to prevent further issues. Others still feel there is a long way to go, especially where there are complexities for example an eating disorder linked to OCD, Autism or other conditions.

In Response

We are currently running a 3-year National Lottery funded project offering CBT and whole family support to young carers. This project was developed in response to long waiting lists at CAMHs (6 months + for an assessment in many cases), and many young carers not even meeting the threshold support after this wait. This led to worsening mental health both during the wait and on being declined intervention. For those who have been eligible for support, many struggled to engage with the group CBT sessions offered, stating that they would prefer 1:1 work.

We had input into the bid from the CAMHS Whole Pathway Commissioning and we see this project as being complimentary to the work they do, and providing an early intervention approach.

More recently we have met with different areas of the CAMHS service (co-creation lead, Single Point of Access team, CBT group coordinator) who have been very supportive of the work, and where appropriate, shared resources and information.

We have spoken with the co-creation lead about being able to refer young carers who have completed NL funded CBT and require further services – for a 'higher' tier of support.

Additionally, should they need to continue their journey through referral to statutory services, we would also be applying early intervention support to help stop their condition from worsening.

York Mind

The following is from York Mind's research into young people's experience of accessing mental health services in York. This included a range of services which young people had either accessed or attempted to access and included statutory CAMHS.

As part of York Mind system change project, York Mind have captured the experiences of those aged 13 – 20 who access mental health services across York. A summary of our findings to date show:

No one size fits all when it comes to young people's mental health services. But what we have concluded is that a holistic system is

needed. One that can offer a range of services based on the individual and their needs is of paramount importance.

What is apparent is that all of the experiences could have been improved with **earlier intervention**.

Whilst on waiting lists, and in-between counselling sessions, there was the feeling that there was a severe **lack of communication** with them, which resulted in an internal battle where the young person would question themselves about not being taken seriously enough or not being "bad enough" to get the help they felt they needed.

When they did receive communication and were signposted to another service, they felt like they were **"fobbed off"** rather than having it explained to them why they were directed to this alternative service.

A number of issues repeated themselves throughout the research. Both the **lack of support** outside of school coupled with a lack of awareness of what help and support was potentially available to them, led to their mental health deteriorating.

Additionally to this, it became apparent there was a lack of youth provision with no services and support available to those young people who weren't "bad enough" despite evidently needing support. One young person expressed stated that

> *"doctors just refer to CAMHS; what about other options, what about other places?"*

In some people's experiences CAMHS had offered some good resources and coping mechanisms. But many felt, patronised, given lots of homework and summarised their experience of CAMHS as "not worth the wait".

Responses to this report

Before publishing our reports, we ask key partners to fact check them. This also gives them the opportunity to respond.

We would like to thank all those who responded below.

Tees Esk and Wear Valleys NHS Trust (TEWV)

TEWV confirmed "We use all parts of the working day so appointments will be offered during school drop off and pick up as well as other times of the day. We have to maximise the use of clinical time. What works for one family will not work for another, but there also needs to be a better understanding that for a specialist service, in the same way as for other specialist appointments in acute hospital settings, outpatient clinics have to run to maximise appointment time."

They also questioned why there would be a lack of clarity as to what triggers a CAMHS diagnosis. They clarified that a diagnosis can only be provided following the assessment and information gathering process and provided by a qualified clinician.

In response to some concerns, we have made a number of changes to the report to better explain data and reflect the wider CAMHS workforce.

City of York Council, Education and Skills Directorate

CAMHS is not the only support that is available for children and young people and families where there are concerns about mental health. The School Wellbeing Worker Service, which is jointly funded by City of York Council and health is a universal service working with all primary and secondary schools in York. The service provides a wide range of support including whole school training and individual casework and group work sessions in schools. The Wellbeing in Mind team (NHS funded Mental Health Support Team) works with 8 schools (primary and secondary) to provide interventions both in school and also with families. City of York Council have commissioned additional counselling support from York Mind and also commissioned York Mind to deliver the Department for Education Wellbeing for Education return resources to schools between 2020 and March 2023. All secondary schools in York have accessed the Department for Education Senior mental health leader training in the last year.

The case studies in the report do highlight a need to ensure that there is better communication about the different ways that children, young people and families and teachers can access support in York. In the case of teachers this is important as very often SENCos and pastoral leaders are aware of the support available but this information may not be as accessible for class teachers and subject staff in secondary schools.

York Health and Care Partnership

The comments in the report appear to relate solely to specialist CAMHS services, which are commissioned to treat children and young people with moderate to severe mental health difficulties. The report does not reference the wider and long standing CAMHS offer in York which is commissioned across the NHS and City of York Council. This includes

- School Well-Being Service

- Wellbeing in Mind Team
- The support service working with children with complex needs arising from autism
- The embedded mental health nurse working with the Youth Justice Service
- York Mind's counselling service.

The report should also reference within the definition of CAMHS the work of third sector organisations who support the emotional and mental well-being of children and young people, such as The Island or IDAS.

All the above have an important preventative as well as therapeutic role: the delivery model in York is iThrive, which focuses on what enables children and young people to manage their emotional ups and downs and know and be confident in seeking advice and help when they need it. Thus the approach, particularly in schools and fostered by the School Well-Being Service, is focused on what makes for a thriving and nurturing environment. Resource is put into other support, all with a role in prevention and early intervention: this includes the All About Autism Hub run by York Inspirational Kids, an autism social prescriber, and a mental health social prescriber due to work in primary care in an early advice and intervention role.

The Integrated Care Board, as successor to Vale of York Clinical Commissioning Group, has a firm commitment to children and young people's mental health and well-being, alongside the City of York Partnership of statutory and third sector agencies in the City.

Recommendations

Healthwatch York worked with York Minds Youth Group to review the experiences gathered within this report. The group have set recommendations based on these experiences. These recommendations come from young adults who have, or who are currently, using mental health services.

Actions needed	By whom
Provide teachers with support when completing referral information on behalf of a child. Giving an understanding of what information is needed, why, and how this relates to special educational needs or disabilities, and educational health and care plan.	TEWV and CYC
Hold a conversation at the first point of contact with CAMHS outlining service options and the expected journey following referral.	TEWV
Provide information on 'who, what, why, when' as part of their journey to receiving support. E.g. who will you see, for what and why that decision has been made.	TEWV, CYC, YH&CP
Improve administration processes in accordance with current GDPR.	TEWV
Address staff capacity in order to support staff with answering parents', childs, and professionals' questions through the referral pathway.	TEWV
Better signposting support. On first contact with CAMHS, direct individuals to relevant training and information workshops available.	TEWV, CYC, YH&CP

Glossary

	Description
CAMHS	Child and Adolescent Mental Health Services
Danesgate	York school that provides education and opportunities for children and young people who have Social, Emotional and Mental Health needs.
SEND	Special Educational Needs and Disabilities
SENCo	A SENCo, or Special Educational Needs Co-ordinator, is the school teacher who is responsible for assessing, planning and monitoring the progress of children with special educational needs and disabilities (SEND).
TEWV	Tees, Esk and Wear Valleys NHS Foundation Trust
Statutory	Services that are paid for and provided by the government e.g. National Health Service(NHS), school nursing, social services.
The Retreat	A Mental Health and Wellbeing provider for adults, children and adolescents.
TA	Teaching Assistant
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
Orca House	The building that York CAMHS work from.
IAPT	Improving Access to Psychological Therapies provide services and therapies to people with anxiety disorders and depression.
Single point of access (SPA)	A team of clinicians who review your emotional and mental health concerns and help establish the best way to support you.
MH	Mental Health
LD	Learning Disability

Conclusions

Snapshot reports are just that – a snapshot of what we are hearing. The aim is to make sure people know that everything they tell us is heard. Everything we share helps shape our future health and care services. We want this to be the beginning of a conversation, not the end.

We understand that with the current challenges facing our health and care system, there are no easy answers. Without additional investment in services, bringing down waiting times for assessment and diagnosis will be extremely difficult. However, what we can do is try and reduce some of the pain and anxiety in waiting. Better communication, and improving parent and teacher confidence in the admin processes could make the journey to diagnosis feel less adversarial.

Within this report there are also hints of further places to explore, and questions we haven't begun to answer. For example, one case study raises the possibility of a child being excluded from their primary school as a result of their mental health. What happens to those children excluded at such a young age? What support is provided to them? How are parents in this position supported to access the services needed and the education their child needs? There is also the feedback from teachers, suggesting either a lack of support available in schools, or a lack of information about how to access that support. The data also suggests particular groups with poorer outcomes, such as looked after children.

Through this report, we want to encourage more people to share their experiences of CAMHS with us and add to our local understanding. We also want to start a conversation with our colleagues in the local health and care system. We know there are no quick and easy solutions to these challenges. We believe that by really understanding what is happening for local people, we can help support those providing services to deliver better. Because ultimately, we are all on the same side – wanting the best health, the best possible future for all our city's children and young people.

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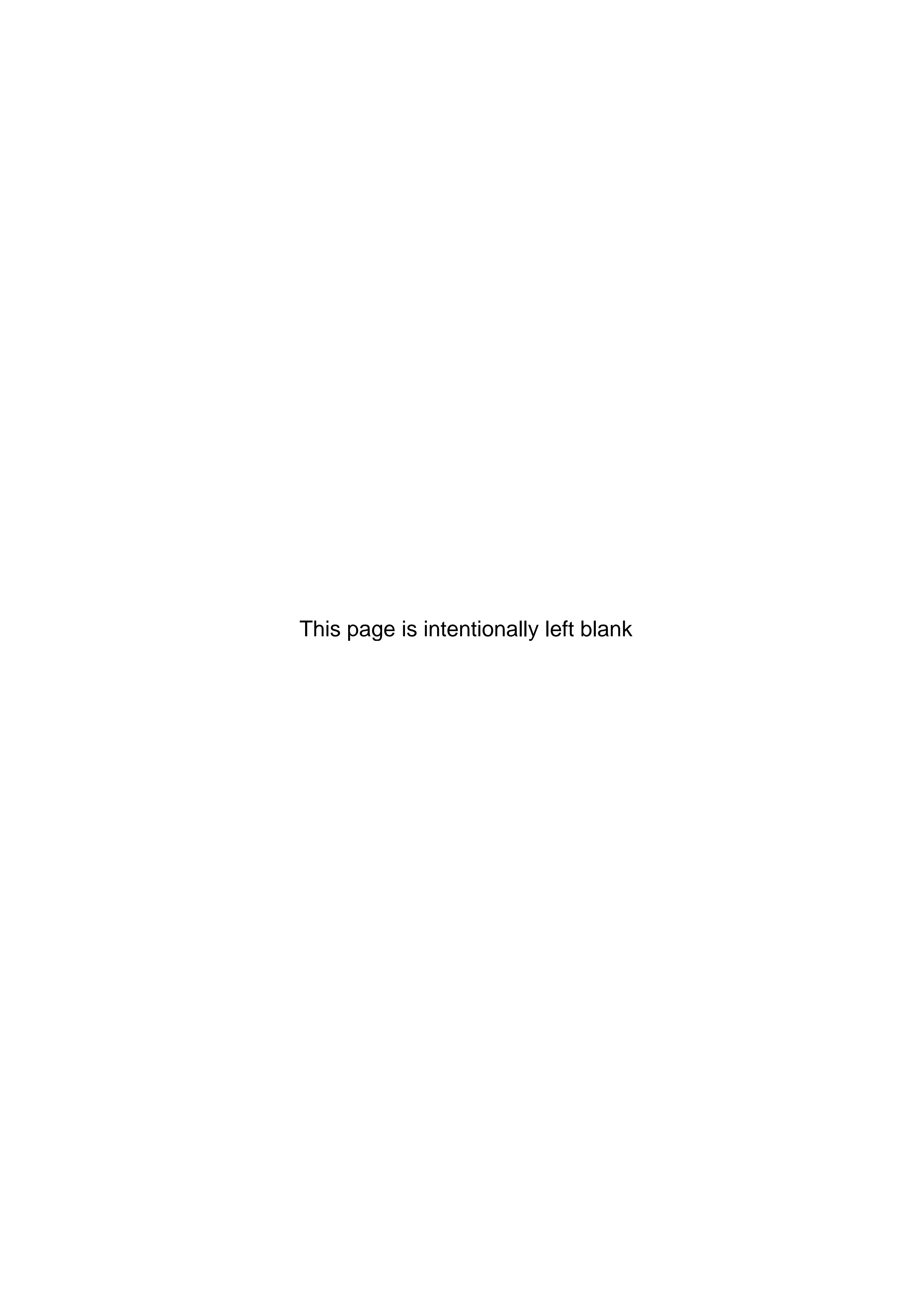
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Health and Wellbeing Board 16 November 2022
Report of the Manager, Healthwatch York

Healthwatch York Report "What you've told us so far in 2022"

Summary

1. This report is for information, sharing details about what we have heard recently with the Health and Wellbeing Board.

Background

2. Healthwatch York has a key role within the Integrated Care System guidance to make sure what matters to people in York is reflected in our design, delivery and review of health and care services in the city.

Main/Key Issues to be considered

3. The ongoing involvement and engagement of Healthwatch York with the work around Integrated Care Systems has been identified by a number of stakeholders as key. Healthwatch York are keen to work with all partners to make sure we collectively develop a wide range of ways for people to be at the heart of this transformation.

Consultation

4. The comments within this report were gathered as part of two consultations. The first was the Big Question work, and this report provides the details of all the responses given to Healthwatch York. The second was our annual Awareness Survey, where we included two questions about Integrated Care Systems. We have also included feedback received through our Information and Signposting Service.

Options

5. Health and Wellbeing Board are asked to note Healthwatch York's report.

Strategic/Operational Plans

6. Areas of work discussed within the report have helped contribute to a number of different strategic and operational plans.

Implications

7. There are no specialist implications from this report.

Financial

There are no financial implications in this report.

Human Resources (HR)

There are no HR implications in this report.

Equalities

There are no equalities implications in this report.

Legal

There are no legal implications in this report.

Crime and Disorder

There are no crime and disorder implications in this report.

Information Technology (IT)

There are no IT implications in this report.

Property

There are no property implications in this report.

Other

There are no other implications in this report.

Risk Management

There are no risks associated with the Annual Report.

Recommendations

8. The Health and Wellbeing Board are asked to:

   i. Receive Healthwatch York's report

   Reason: To keep up to date with the work of Healthwatch York and be aware of what members of the public are sharing with us.

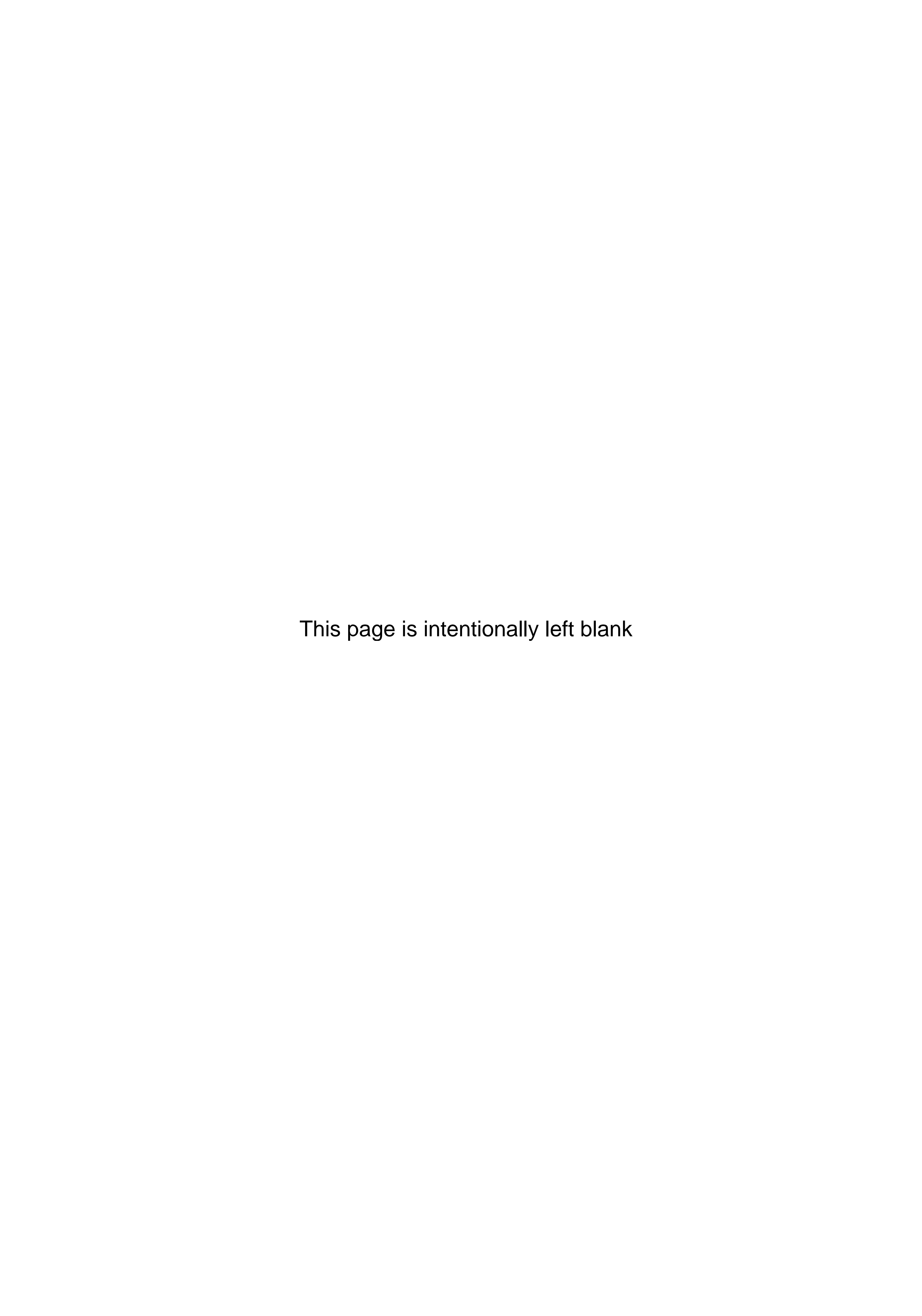
Contact Details

Author:	**Chief Officer Responsible for the report:**
Siân Balsom Manager Healthwatch York 01904 621133	Siân Balsom Manager Healthwatch York
	Report Approved ✓ **Date** 03.11.2022

Wards Affected: All **All** ✓

For further information please contact the author of the report

Annexes
Annex A - Healthwatch York What you've told us so far in 2022 report
Guidance (healthwatchyork.co.uk)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York volCeS

What you've told us so far in 2022

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Introduction

Healthwatch was set up in 2013 to hear people's experiences of health and care services. Healthwatch is your health and social care champion. We make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. There is a local Healthwatch for every part of England. Healthwatch York covers the City of York area.

Healthwatch York at York CVS is based on a very simple idea – that the best people to help shape our health and care system are those who use (or struggle to use) health and care services.

With the new Health and Care Act 2022, Integrated Care Systems are now responsible for delivering health and care services across England. There are two parts to the ICS – an Integrated Care Board, or ICB, responsible for overseeing NHS services, and an Integrated Care Partnership or ICP. The ICP is a wider partnership looking to improve people's experiences of the health and care system.

The York Health and Care Partnership Joint Committee (formerly York Health and Care Alliance Board) is the Place Board for York within the Integrated Care System. To help outline the work the Board need to do, the Public Health team from City of York Council led a partnership exercise to gather an understanding of what local residents felt was important to maintaining their wellbeing. This was through asking York's Big Question.

Also, as part of our preparation for the transformation from CCG to ICS we gathered views of how people understood this change and what they wanted from the new ICS. We did this as an extra question in our annual Awareness Survey.

Throughout this report responses from the big question survey are in blue. Answers from the awareness survey are in green.

Why are Healthwatch York sharing these responses?

One of the guiding principles for new Integrated Care Partnerships is for them to be rooted in the needs of people, communities and places. Our intention with this report is to make sure what we have heard to date is publicly available, and shared with health and care partners. We want to make sure we share everything we hear, so that local health and care partners shape our local plans around you, and to encourage more people to feel confident in sharing what matters to them with us.

What we did to find out more

Under the banner of 'the Big Question' the partnership developed a set of questions to explore what residents valued when it came to their health and wellbeing. This questionnaire was circulated across the wider health, VCSE, and public sector; we as Healthwatch York contributed to this via our public engagement activities and social media. Within Healthwatch York we received 45 responses.

Our annual Awareness Survey is part of our contract, to help us understand what people know about our work. This was developed by Healthwatch York towards the end of 2021, and was circulated via our communication and engagement work e.g., publications and social media from January to March 2022. We received 70 responses in total.

Key findings

Across both surveys we identified these recurring themes:

- A need for an increased number of NHS dentists
- Lack of access to GP appointments, but it is generally felt that once accessed the services are good
- People feel that York health care services as well as York as a whole does not provide adequate accessibility for, and understanding of, the distinct needs of disabled people
- People report that there is a lack of information on how to access services and what services are available
- Services are overstretched and underfunded
- In order to improve health and social care ICSs need to listen to local people and have an understanding of the local areas needs
- Difficulty accessing mental health services
- An apparent need for more joined up services
- Green spaces are vital for both mental and physical wellbeing
- Importance of neighbourhood and community for happiness and wellbeing
- Lack of support for those who are neurodivergent

What people said – in more detail

A need for an increased number of NHS dentists

"Unable to get an NHS dentist."
"Lack of NHS dentists and the ones that are NHS currently not offering treatments just reviews."

"Cannot get a dentist to take me on as a patient"

"The quality of dental services is poor. I'm in constant worry about mine and my family's current and potential health problems."

"No NHS dental access, cannot get on to a waiting list in York."
"Lack of dentist services"

"Dentists are non-existent"

"Terrible access to dental care"
"Dentist really hard to get through and make appointment"

(York needs) "more NHS dentists."

(York needs) "Better access for resident to NHS dental care"

"Like a lot of people I am very concerned about the state of NHS Dentistry in York. The trouble is that it has been deteriorating for YEARS. No one cares or so it seems."

"The frustration of accessing some services locally, e.g. NHS dentists and my local GP group"

"Dentist services seem hard to come by, GP services are over stretched."

Lack of access to GP appointments, but it is generally felt that once accessed the services are good

"GPs are overwhelmed, too many patients to deal with. Hospital under pressure, long delays for routine treatments."

"Not enough GPs."

"Most of them are good and accessible. My doctor is usually good for getting appointments, this new omicron variant has changed that putting my appointment weeks out."

"Health - fine once you to speak to a health professional but takes far too long at present. Worse now than during first lockdown."

"Our GP practice is good, but overworked."

"GP's are stretched beyond their capacity due to pandemic meaning illnesses are missed."

"Doctors' appointments have to be booked 2 weeks in advance of you being sick. Health accessibility is very poor."

"I have been to the GP regularly for medication check-ups and there is always a problem with getting an appointment, especially with a preferred doctor. The system of everyone ringing up at 8am for same day and future appointments is ridiculous."

"Health-wise, GP and hospital services I had had to access have been great, no thanks to Tory underfunding."

"Health services are overstretched. Getting GP appointment is a huge issue. Getting appointment to see a consultant involves a huge waiting list."

"Access to GP can take time but more about they have higher case numbers not a failing of GP."

"During the last 2 years, with being a pensioner and not driving, when I needed help I found I didn't meet the criteria. Tried twice to speak to a GP last year and wasn't regarded as urgent enough to speak to anyone. Not impressed."

"I think the staff available are outstanding. But the lack of funding is appalling. The waiting lists are ten times too long and there simply aren't enough staff so the good ones available are stretched too thin. Waiting lists, lack of staff and lack of funding are causing many services to become ineffective. As they are often too late to be any help or only available in a crisis"

"Healthcare in York at the moment is non-existent - when you ring GP surgery they ask you to ring 111 - 111 advise you to ring GP surgery"

"Very inadequate, GP practices are appalling, dentists are non-existent, hospital not large enough, social care is mainly unheard of."

"Absolute rubbish, cannot access a doctor or practice nurse, surgery closed after 12 noon, cannot reach them by phone, if you don't have technology you cannot contact them. If you go into the surgery the receptionist says we cannot deal with you go home and go onto our website and leave a message."

> "I think that the doctors are good. Never had a problem with my doctors always easy to get an appointment and good follow up service."

"Once you get to a GP or the Hospital the care is excellent."

"Once you are in the healthcare system you get good help."

“Able to access specialist services via GP promptly and has been efficient, prior to pandemic as no experience since it started.”

“Our GPs are pretty good at timely appointments: these may be by telephone, but that's not generally a problem.”

(York needs) “Better access to GPs.”

(York needs) “More resources; GPs, more community health and social care services, more hospital beds and more NHS dentists.”

(York needs) “Access to GPS in a reasonable timescale not 6 weeks for a phone call!”

“I would really like to get back to easy access to GP. I find the online access very frustrating”

“No consistency with a GP. Never speak to the same person.”

(ICSs need to be aware of the) “Time it takes to access GPs services"

(ICSs need to be aware that) “GP services are over stretched.”

“Access to GP’s so that what is right for the patient is suggested and progressed and not multiple visits and discussions and no action taken.”

(ICSs need to be aware of the) “Lack of GP access”

> (ICSs need to be aware of) “The frustration of accessing some services locally, e.g. NHS dentists and my local GP group.”

People feel that York health care services as well as York as a whole does not provide adequate accessibility for, and understanding of, the distinct needs of those with disabilities

"Making sure that everything is accessible for disabled people, and that they are accepted into the city."

"As a city, York could definitely be more accessible for people with physical disabilities, and restrictions on cars into the city centre is disabling to those who need mobility aids, as well as parents with small children."

"Loss of blue badge use for city centre. Not very inclusive anymore."

(Healthcare professionals) "Need more training to make sure that they know how to help and support people who are disabled."

"There is a lot of medical gas lighting of disabled people in both health and social care services and an assumption that disabled people are trying to get more care than they need or that somehow, it's ok that we don't have enough care- disabled people are still treated as less worthy."

(Health and social care) "Could be better for young disabled adults"

"Young disabled adults need support and effort to make part of society, a reason to get out of bed, supported living opportunities set up and opportunities to work."

"I think that they need more training to make sure that they are able to communicate to people who are disabled."

"People who are Deaf miss out on a lot information due to limited access with no interpreter, non-subtitled information videos on GPs websites. Lack of understanding of the needs of Deaf people. Deaf people not being able to access information regarding Diabetes information, for example, diet, exercise, zoom meetings through having no interpreter access."

(ICSs need to be aware of) “Number of people with disabilities”

(ICSs) “Need to know a lot about people with disabilities, and how to help and support them, and to make sure that things are accessible and information is in easy read.”

“Disabled people are so often treated badly by health and care services”

(ICSs) “Need to know about people who have disabilities”

People report that there is a lack of information on how to access services and what services are available

“How and where people find out about local services, including via other non-health advice and support services and local community hubs.”

“Keep information about changes very clear and straightforward. Communication between services is effective -high priority. Don't make changes for changes sake.... see what is working and go from there. Don't make it difficult for public to access a service.”

“More information”

(Would like to know about) “Services that you specifically offer.”

Services are overstretched and underfunded

“So much has been cut away, for example community and youth services and facilities, public transport is expensive, bike routes don't feel as safe as they used to”

“The damage governments have done since 2010 have made health and social care services much worse. Health and Social care staff training has not been supported, social care services have been cut owing to lack of

funding for the council, the growth of large primary care groups have made services more difficult to access, the cuts to hospital and social care beds/ support are part of this damage. The lack of effective mental health services, including those for children and young people is very damaging. The lack of preparedness for the pandemic was shocking."

"They do their best on a small budget."

(Health and social care) "Needs more funding and resources."

"I think they should be properly funded and staff need to be well looked after. Staff in roles that cause secondary trauma, such as social care, need opportunities to rest, take secondments and access counselling when needed."

"Social care and health chronically underfunded with York having big financial deficits in both systems and no real way of recouping."

"Health-wise, GP and hospital services I had had to access have been great, no thanks to Tory underfunding."

(Health and social care) "Not great. I guess lack of money"

"Poor services, everything has been cut to the bone. Mental health services very limited unless you've reached crisis, especially for children and young people, access to GP can take time but more about they have higher case numbers not a failing of GP. No NHS dental access, cannot get on to a waiting list in York."

(Health and social care services are) "Overstretched."

"They are over-stretched and very under-resourced."

"Stretched and difficult to access (but York is not alone in this as it is a problem nationally)"
"I think the staff available are outstanding. But the lack of funding is appalling. The waiting lists are ten times too long and their simply aren't enough staff so the good ones available are stretched too thin. Waiting lists, lack of staff and lack of funding are causing many services to become ineffective. As they are often too late to be any help or only available in a crisis"

"They try hard, are staffed by caring people but due to underfunding are not providing nearly enough for those who are in need."

"Population has outgrown the services provided. Provision of health care hasn't developed to keep pace with the growth and development of housing."

"Think there isn't enough services for the size of the city. The hospital is difficult to access with so many road closures and not enough parking"

"Underfunded. A lack of home carers. Terrible access to dental care"

"It's totally underfunded and offers less than it used to - it's dangerous"

"Funding. The main co-morbidities that affect York and how to treat them / prevent them. Services that you specifically offer."

"They know already but there is a lack of adequate resources."

"Social care needs more money as does mental health in York."

In order to improve health and social care ICSs need to listen to local people and have an understanding of the local areas needs

"They need to understand what 'local need' means for this area so they can respond to it - do different communities have different needs, e.g. urban or rural, poorer or more affluent - they must be able to respond to

different needs, rather than take the easier option of over-generalising (which more services seem to be doing now, to save time and money...but who does that really help?)"

"Some health issues go across the board, but there are many issues that need a local approach"

"They need to meet with groups like York Inspirational Kids and York Ausome kids. They need to hear from schools and parents about the level of unmet need following the pandemic and they need to invest emergency funding."

"The challenges faced by people with care and support needs and how they may be addressed. Person-led, not service-led. How to communicate effectively with residents/patients/clients."

"That there are huge differences in needs across the area. Provision needs to reflect the local situation"

"Listen to local view points and ensure care is tailored to local issues and not just where the Head Office is based. All areas deal with and have different issues. Just because it is bigger doesn't mean it is better."

Difficulty accessing mental health services

"Lack of effective mental health services, including those for children and young people is very damaging."

"Poor experiences of mental health support."

"Mental health services very limited unless you've reached crisis, especially for children and young people"

"Very poor CAMHS service - experience over seven years. Young people are badly let down."

“MIND are doing a project this and last year listening to the voices of young people. This is a great step in the right direction and I hope it can receive further funding”

“Depressed during lockdown and I took more time up at the doctors. More places in the centre for the elderly to socialise would reduce strain on mental health services.”

“Better collaboration with mental health services- Dementia diagnosis in the region is very poor. No way to share documentation or get in home mental health support in a near crisis.”

“CAMHS –waiting time for autism assessment over a year. Is this adequate provision for adolescents?”

“Child mental health support”

“Inadequate access to CAMHS. Waiting lists too long, parents of children and young people with additional needs or mental health difficulties are exhausted and overwhelmed. We are trying to support and keep our children safe but witnessing worsening mental health.”
“I am saddened that it took me a year to access therapy through IAPT and that the therapy is only available during office hours, meaning that I have to use annual leave to be able to attend.”

An apparent need for more joined up services

> “Lack of joint working. Systems do not share info in a timely way if at all.”

“Better collaboration with mental health services- Dementia diagnosis in the region is very poor. No way to share documentation or get in home mental health support in a near crisis.”

“Work together and be less concerned with where borders cross. Help should not depend on a boundary.”

“Joined up care with the person / patient in the centre - holistic care.”

“Different services liaising with each other -as it is very tiring and time consuming trying to contact and make appointments etc.”

“Communication between services is effective - high priority”

“How difficult it is for different services to have an equal voice -integrated working is hard to achieve and needs support / regular reviews of how it is going, and most of all true commitment. Some years ago a scheme was trialled where people with multiple needs were allocated a co-ordinator who oversaw their care -could be any part of healthcare team; nurse, OT, physio etc. and they chased up anything that needed to be done. It was an invaluable service, two people I knew in Poppleton were able to access it, the service worked across community and hospital treatment and care was wonderful.”

“Integration of travel requirements with health care appointments”

“Make sure ALL services can work together. Work for the whole community, that's including the homeless.”

Green spaces are vital for both mental and physical wellbeing

What’s important:

“Access to outdoor spaces (where dogs are allowed), park runs”

“Easy access to shared garden near car-free walks, in accommodation that will suit me for the rest of my life.”

“Green space. Local environment that is well cared for.”

"Outdoor space social activities friends."

"Safe, affordable housing Employment Access to healthcare Connection to others Access to leisure activities Outdoor spaces good food."

"A balanced lifestyle with access to green spaces, nature reserves and good transport links across the city."

"Walking out in Nature. A sense of belonging. Time with friends/family."

"Able to walk and for free in parks."

"Peace, non-violence, healthy diet, green spaces for exercise."

(What's good in York is) "Cycle paths, chatty benches and socialising."

(What's good in York is) "Access to services for all abilities: access to open spaces for all abilities."

(What's good in York is) "Park run sport opportunities- from climbing to swimming and walking."

(What's good in York is) "I have access to great countryside walks on my doorstep"

(What's good in York is) "We live near lots of green space which is wonderful and so important particularly during lockdown."

(What's good in York is) "Access to good quality facilities and resources e.g., leisure services, health services, resources for children and young people, open spaces"

(What's good in York is) "A pleasant & safe area to go out and exercise."

(What's good in York is) "Lots of green spaces allowing easy walking and cycling."

(What's good in York is) "Spaces such as the museum gardens and minster gardens which are free and open to everyone are priceless and good for our psychological and physical health."

Importance of neighbourhood and community for happiness and wellbeing

"Seeing friends and socialising."

"The people around me."

"Community and a well-resourced council/ NHS"

"Being in touch with my friends, family and girlfriend."

"Connection to others Access to leisure activities Outdoor spaces good food."

"Being included in all levels of society."

"Friendly neighbours. Affordable access to music / theatre / arts. Affordable fitness opportunities."

"Having good neighbours and friends."

"Groups where me and my family feel safe and welcome"

"Friendship and a close community spirit."

"People with disabilities being able to be a part of the community they live in."

"Having community activities to do and a safe environment for them to be done."

"Family activities involving all age groups. Inclusivity."

"There are lots of nice and understanding people around"

"Meeting up with friends for a cuppa"

"WI, community cohesiveness, library"

"Good neighbours and local shops but we could be helped by having more local activities."

"Nice neighbours who want to live in the same type of community as I do. Local services and healthcare."

"Local clubs Volunteer opportunities Continuing education Libraries Art and culture Sports facilities"

"Investment in communities. A holistic approach investing funding, resources, people and making assets available for all to use. Investment in creating safe, comfortable spaces for people of ages to live and connect with one another. For example parks, libraries, public toilets and community centres that offer safe spaces for young people, older people and people of all abilities to enjoy and thrive."

"Great neighbours good relationships local knowledge"

"The Arts Barge Project. Being part of a community band. Neighbourhood WhatsApp group. Parent and toddler group The Green Party Great Yorkshire Fringe"

"Friendship"

“The neighbours in our area are a pleasant, sensible bunch”

“Local community activities, more police presence which is nil”

“Good friends and neighbours”

There is a lack of support for those who are neurodivergent

“ADHD diagnosis in female adults is poor around the country. Partner may have it but cannot get a diagnosis and is affecting her life and work.”

“Support for adults with Attention Deficit Disorder”

“Massive waiting times for adult ADHD and severe OCD treatments and diagnosis. My partner currently going through this.”

What we've heard each month

Through our core Information and Signposting service, and through our regular engagement activity, we also log issues from the public every month. We now publish monthly updates to help flag up the key issues we're hearing. These posts reinforce many of the key themes people raised in the surveys:

What we've heard May

-More NHS dentists are going private.

-People are moving to York and are now for the first time having to pay for private dental treatment.

-People are having difficulty getting through to the mental health crisis team when they call.

-People are waiting 18+ months to receive any free Mental Health Care.

What we've heard June

-People cannot contact their relatives when they are in hospital, they can't get through to the ward.

-People are feeling pressured to chose private dentists as they desperately need dental care.

-Individuals that need interpretors for their doctors/hospital appointments can't get one provided.

What we've heard July

-The cost of living increase has meant people do not have money to pay for Health and Care.

- Families are struggling to find social care and mental health support for their children.

-Families are struggling to find suitable care homes for their family members.

What we've heard August

- Families are finding it difficult to find care homes for their loved ones.

-People do not have the money to cover the cost of health care, due to the rise in living costs.

-Care homes are struggling to find enough staff to look after their residents.

What we've heard
September
- People are relying on foodbanks for food and essential items.
-People are worried about the older generation within their community and how the cost of living is effecting them and their health.
-People are worried about the winter coming with cost of heating.

Why we use the term disabled people

At Healthwatch York, we follow the social model of disability and therefore use the term disabled people as a political one. People may have physical or sensory impairments, mental health conditions, or learning difficulties, but they face barriers in daily life because of the way society has developed. They are, in essence, disabled by society.

For example, a wheelchair user may have a physical impairment, but if buildings are developed with ramps and lifts, they are not 'disabled'. Similarly, if we provide sign language interpreters at meetings, Deaf people who use signing are not disabled, but if we do not, they are.

In this report we directly quote the words people used in the survey. It is vital these voices are heard, as disabled people face some of the most significant barriers to accessing facilities, places and services many of us take for granted.

We are aware that some people are more comfortable talking about "people with disabilities". We do not wish to tell anyone how they should describe themselves, and we aim to reflect their terminology in our one-to-one conversations with them.

But, we feel it is important that as an organisation we use the terminology that reflects our belief in empowering people and removing barriers to their inclusion.

We have worked closely with a number of disabled people who are passionate campaigners for a greater understanding of the social model. We hope by using their preferred wording, and explaining why we do this, that we contribute our voices and demand social change.

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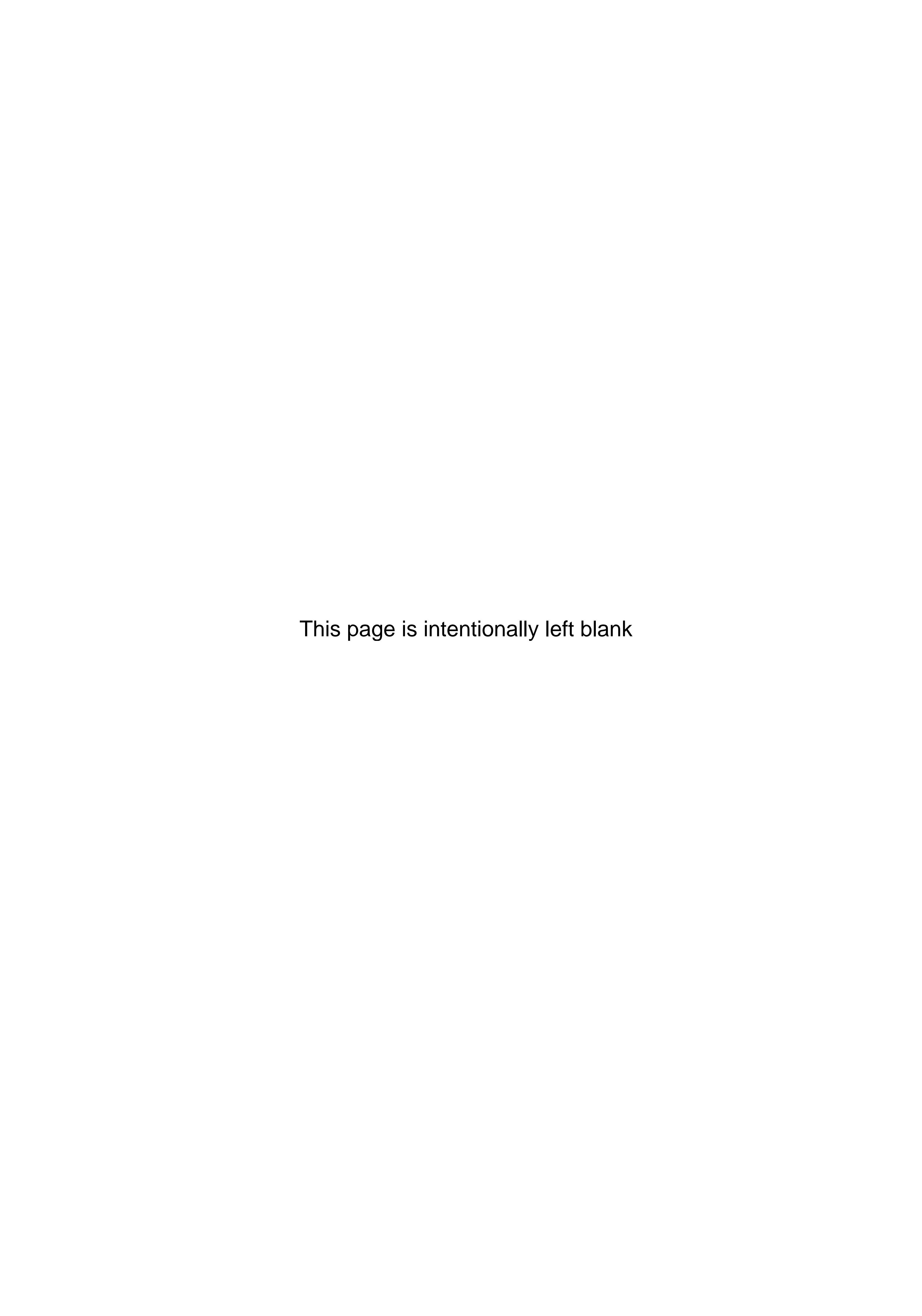

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Health and Wellbeing Board 16 November 2022

Report of the Manager, Healthwatch York

Update following the Joint Report from Healthwatch North Yorkshire and Healthwatch York: Accessible Information Report

Summary

1. This report is for the attention and action of Board members, following presentation of the joint report from Healthwatch North Yorkshire and Healthwatch York on Accessible Information presented to the July meeting.

Background

2. At the July meeting it was agreed an update on progress against recommendations should come back to the Health and Wellbeing Board.

Main/Key Issues to be considered

3. Our report highlights nine principles for organisations, based on the feedback received.

Consultation

4. There has been no further consultation to develop this update.

Implications

5. There are no specialist implications from this report.

Financial

There are no financial implications in this report.

Human Resources (HR)

There are no HR implications in this report.

Equalities

There are equalities implications in this report, as it highlights particular challenges experienced in the main by disabled people.

Legal

There are no legal implications in this report.

Crime and Disorder

There are no crime and disorder implications in this report.

Information Technology (IT)

There are no IT implications in this report.

Property

There are no property implications in this report.

Other

There are no other implications in this report.

Risk Management

There are no risks associated with this report.

Recommendations

6. The Health and Wellbeing Board are asked to:

   i. Receive this update report

   ii. Consider the recommendations

Reason: To make sure there is continued focus on how well our health and care system meets the Accessible Information Standard.

Contact Details

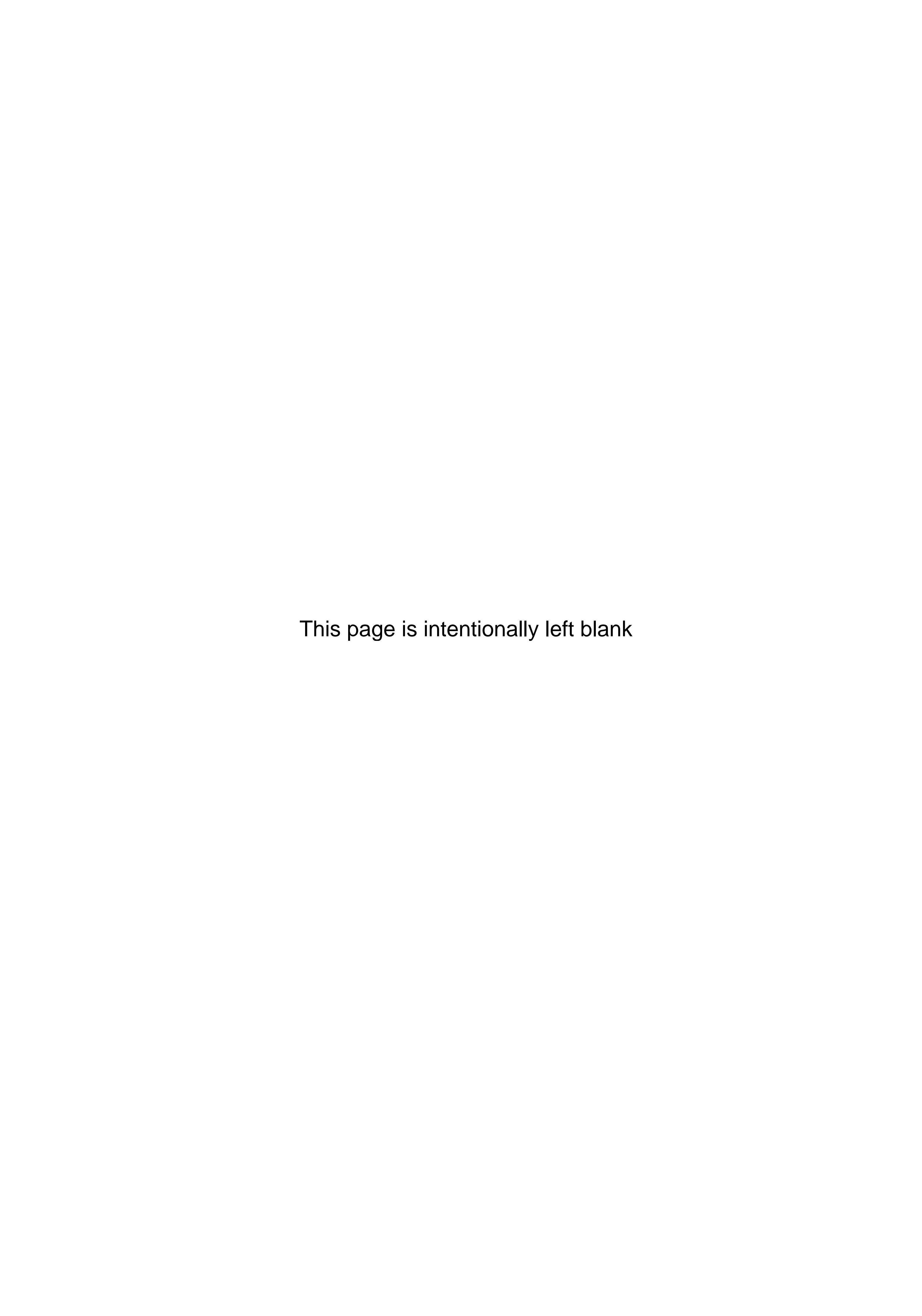
Author:	**Chief Officer Responsible for the report:**
Siân Balsom Manager Healthwatch York 01904 621133	Siân Balsom Manager Healthwatch York
	Report Approved ✓ **Date** 03.11.2022

Wards Affected: All **All** ✓

For further information please contact the author of the report

Background Papers:
Accessible-Information-Report-June-2022.pdf (healthwatchyork.co.uk)

Annexes
Annex A – Update report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Accessible Information

An update report, November 2022

healthwatch York

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Accessible Information: Update Report

Background

The Accessible Information report was a joint report from Healthwatch North Yorkshire and Healthwatch York. Within the report, we provided feedback about whether people received information in a format that they can access and understand. This feedback came from surveys, focus groups and conversations. In the report we developed a series of principles and actions based on this feedback.

The Accessible Information Standard has been a legal requirement for six years, and builds on legislation dating back to 1995. Despite this, we found that for many people things have not improved. They still do not receive information in a format that is accessible to them.

The report provided guidance on how organisations can make sure that their information is always provided in a format that is accessible to everyone. The responses to the report are detailed verbatim below.

Responses received

North Yorkshire Police Response

“I have been asked on behalf of our Chief Constable Lisa Winward to respond to the recommendations in the Accessible Information Report. North Yorkshire Police (NYP) do not have a policy on accessible information and, in the main, do not currently comply with the recommendations in the report. However, this is something that we recognise. We have already taken steps to review the report and assess our current position.

I have arranged to meet with the Chair of our Diversity, Equality and Inclusion Board, ACC Elliott Foskett, to consider the recommendations and determine a way forward for NYP.

To support NYP develop and provide improved Accessible Information to our communities, we will review the best practices of HMICFRS, the College of Policing and other Police Forces.

Please find below information relating to each of the nine recommendations.

1. Ensure there is a policy of asking every person if they have a communication need as part of a wider accessible information policy or strategy and action plan: We do not currently have a policy in place to do this. Where a reporting person raises, or NYP identify, a communication need during public interaction, this will be recorded and met where possible.

2. Promote the accessible information policy and ensure that it has champions at every level and a regular agenda item for appropriate meetings: We do not have a specific Accessible Information Policy, our website holds information about the various formats available and

complies with the Web Content Accessibility Guidelines (v2.1). Where possible, any gaps are clearly highlighted. NYP will give consideration regarding champions and an appropriate meeting structure to govern the accessibility of information.
3. Ensure a person's information needs are clearly recorded on a person's record and that all staff are aware of this and know where to find the information: NYP does not currently have a consistent way of recording this information within a person's record.

4. Ensure information is shared across the organisation, either through a central IT system or another means so that a person only needs to tell you their information needs once: This is not currently undertaken on our systems.

5. Ensure your accessible information policy and action plan includes ways to find solutions if these do not already exist. Ensure the organisation will not condone an answer of 'that is not possible' without exploring a range of alternatives: NYP do not have a current Action Plan to address the needs of accessible information.

6. Make sure you offer and can deliver a range of alternatives, and this is clear to service users and staff and staff know how to access the formats: NYP offer a range of solutions to provide information in different formats based on individual needs such as hearing and sight impairments. Further detail can be supplied if required.

7. Identify someone to take the role of central contact for accessible information and ensure they have all the support, training and information they need to deliver this. Ensure the rest of the organisation knows about the role and works with them: NYP currently do not have a role in the organisation that would meet this requirement.

8. Identify and learn from good practice and what is not working. Share information across organisations and between organisations: This is not an activity that is routinely undertaken, however when national initiatives are launched that support NYP, this would be communicated to our staff.

We have recently adopted some services to assist the public in communicating with NYP.

9. Regularly review your policy and action plan to ensure things are improving. Update your policy and action plan to reflect changes and improvements: This is not currently undertaken; however, our website statement is updated as required.
Please let me know if you wish to be updated on our progress and please do not hesitate to contact me should you require any further assistance.

Yours sincerely
Inspector 1019 Mark PROCTOR
Force Control Room
North Yorkshire Police"

York Hospital Response

"Thank you very much for sharing the Accessible Information Report and the opportunity to attend the launch event and meet your contributors. We recognise the value of focussing on peoples' lived experiences in the report as well as the principles and recommendations you have identified, for us to consider.

We welcome this report and we recognise that there is much to do in this area. We can see this from the information in your report and from feedback from patients and families who use our service, where we have seen an increase in concerns about accessible information during the pandemic period.

We have processes in place to support staff in meeting patient requirements including a transcription service which can put information into a variety of formats and video tablets to support BSL interpreting. We recognise these systems are not fully embedded across all parts of our organisation.

The trust is committed to ensuring that we communicate with patients in their chosen format and accessible information continues to be a key priority in our equality objectives 2020-24.

Equality objectives
The trust has three key equality objectives for 2020-2024, one of which is implementing the Accessible Information Standard. However, our response to your report will support us in achieving each of our objectives. Work also continues in relation to our built environment access plan, including items which support accessible communication e.g. hearing loops and signage. Our annual patient Equality, Diversity and Inclusion report (due to be published this autumn) sets out our progress against our equality objectives since 2020, including progress towards implementing the Accessible Information objective to date. It will also indicate those actions where review and restart are needed.

Trust Equality Objectives 2020-2024;
Objective 1
To engage with patients, carers, governors, and local stakeholders and organisations, including Humber and North Yorkshire Integrated Care Board and Healthwatch, to listen and understand the needs of our patients.
Objective 2
To engage internally with services to discuss the needs of patients to ensure the reduction in health inequalities, that discrimination is eliminated, and patients and staff are supported with appropriate tools.
Objective 3
To achieve compliance with the Accessible Information Standard 2016.

Our response to your report
As a starting point, we have taken steps to engage services across the organisation to share the key messages from the report. We were very pleased to have Healthwatch support us in presenting the key messages at the trust Fairness Forum (chaired by our Chief Executive) and Patient Experience Steering Group (chaired by our deputy Chief Nurse) in July. This allowed colleagues from across the organisation to hear some powerful

examples of lived experience and the barriers and negative impact faced by people who require information in different formats. These discussions also highlighted a number of practical steps service areas can take now to help us improve - for example, ensuring staff are aware of the existing processes for getting letters and leaflets transcribed into different formats; the importance of providing an email as well as a telephone contact on letters; encouraging staff to share good practice, take part in e-learning, consider accessibility when making improvements and changes and to log problems.

We have also been considering information from patient complaints, concerns and other patient feedback which can help us understand where we need to do better. We have seen an increase in complaints and concerns about accessible communication during the pandemic. We recognise that many disabled people who have made a complaint or concern, are likely to have experienced repeated problems with accessing information in their preferred format from a variety of health and care providers. We also know we need to get better at asking people about their accessible communication needs and in using the information we already hold.

As you will know from your involvement in our Fairness Forum and Patient Experience Steering Group, we have a range of challenges, projects and areas for development as well as key opportunities over the next 12-18 months to build improvements on accessible information into our work. This includes making changes as part of our transformation programmes – building better care.

We are also strengthening how we involve patients in our work more widely. We would like to develop better links with people with specific accessible communication needs. We are learning from the examples in your report and we would like to explore ways to involve people with accessibility needs in the work below, as part of our patient and public engagement and involvement strategy.

We will continue to engage colleagues from across the organisation in these issues.

Next steps

We anticipate our key opportunity to deliver more accessible communication in 2022-2023 will be through our outpatients transformation work, which will impact on accessible communication across the organisation;

- Accessible outpatient letters
  As part of our outpatients transformation programme, we will implement a new system for generating hospital letters. Over the next 18 months, we expect this to improve the number and type of patient letters we can automatically generate in the appropriate format e.g. large print. This work is beginning with the Ophthalmology department in Autumn 2022 and will be extended to all services who use our central patient record system. We have discussed some of the examples in your report and we would like to engage people with a visual impairment to help inform and test our approach.

There are a number of other areas for improvement, which will be developed through other parts of the transformation programme. For example, we know we need to get better at asking people about their accessible communication needs and in flagging and using the information we already hold. We need to consider how to improve reminders, two-way communication and patient information leaflets. We must also consider those services who generate patient letters which do not use our central patient record system (e.g. radiology and diagnostics). In coming months, we will continue work towards our access plan, including items which support accessible communication e.g. hearing loops and signage. We will also be reviewing our arrangements for interpreting (including for British Sign Language); looking at how we can support staff with tools and skills to support accessible communication, including when working with patients and families in response to incidents and concerns. We would welcome your support in engaging people with access needs in this work.

Over the next two years to 2024, we anticipate the actions set against our equality objectives will evolve as the needs of our communities change, as services are developed and technology changes following the pandemic. We intend to build consideration of accessible information and communication into our future ways of working. We can use Equality Impact Assessment work aligned to our transformation programme as a key tool to stimulate change and hope to work with our system partners, to achieve our equality objectives.

We will continue to monitor progress against our equality objectives, via the Fairness Forum and our trust Board and via our transformation programmes.

We will keep you updated on our progress and as our next actions develop.

We welcome your continued support as we develop our work in this area together with feedback and suggestions on how Healthwatch may be able to support us as we move forward."

City of York Council Response

"Introduction

1. A Joint Report from Healthwatch North Yorkshire & Healthwatch York: Accessible Information was presented to Health & Wellbeing Board (HWBB) on 20th July 2022, highlighting some of the barriers people experience when accessing health and care services. The report contained nine recommendations to make information more accessible. The Board welcomed the report and organisations represented at the HWBB agreed to respond to Healthwatch. The Board asked the manager of Healthwatch York to bring back a further report that detailed the responses they had received. The Council's

Management Team (CMT) have considered this report and requested a council response to be drafted.

2. CMT was then asked to consider and have approved the responses to the nine recommendations as outlined below. This is within the context that the council welcomes the report and its recommendations, however being a multi service complex organisation not single service presents a unique set of challenges for the council in responding in a coherent way. This necessarily means that the council is 'working towards' in a number of areas outlined below.

3. Agreed Responses to Recommendations

- Ask what helps and do something about it. Put the user first.

What do we do now?

There are a variety of methods by which users can contact the council in respect of all age information about our adults and childrens services (phone/email/letter/visit to request any specific requirements they may need). When setting up meeting we ask if there is accessibility requirements to ensure it is suitable, when asking if someone wants to be on a mailing list (eg Age Friendly York) we provide the opportunity to receive this by post not just email. If someone wants a printed version of information from Live Well York they can request this in printed format and there is a large print option.

From a corporate perspective users can access the wider customer service in the same methods described above (with the exception of letters as these tend to be handled directly by service areas or business support). Currently, we do not ask if they would like information in a different way.

There is not a cross council approach to issuing letters which invites the user to contact us if they require the communication in a different format (for example, council tax letters or parking) and so the Customer Service passes such requests of this nature directly to the service area such as Parking.

What more can we do?

As part of the council's style guide standard include standard accessibility wording for all proactive written communication in relation to how to contact the council to request information in a different format. Target date: December 2022

Recommendation: Make Accessible Information an organisational priority from the top down and make sure everyone knows why it is important. Have understanding, committed staff championing this at all levels.

What do we do now?

In those key services such Family Information Service, Live Well York, Customer Services (including Web Services) and Communications accessibility is considered as a priority. Our corporate style guide covers the standards we follow and the accessibility section is shown below:

Document accessibility

Our audience is diverse, not only in culture, gender and age but also in the way they're able to interact with us. We believe our communications should be inclusive and used by all. This means designing for our audiences from the start.

UK laws state that we must make online information accessible and user-friendly, especially for people with disabilities. To comply with the law we must meet level AA of version 2.1 of the Web Content Accessibility Guidelines (WCAG), which includes producing compliant online documents.

Writing in plain English and using our corporate templates (available via the intranet) help to ensure the documents we publish follow PDF accessibility techniques, and information can be translated to different languages or formats.

Contact our Communications Team if you need an alternative template.

Accessible PDFs

Characteristics of an accessible PDF include, but are not limited to:

- Searchable text
- Fonts that allow characters to be extracted to text
- Interactive labeled form fields
- Hyperlinks and navigational aids
- Document title and assigned language
- Logical reading order
- Use of document structure tags
- Alt text for non-text elements
- No images with text
- Not relying on colour alone to convey information
- Suitable colour contrast (page 11)

The Adobe website also provides information on creating and checking PDF Accessibility.

The Style Guide should be used as the basis for all communications and design work. This includes guidance on making PDFs accessible online using the correct colour contrast between text and background and using the appropriate Font Size.

The Style guide also gives examples of use for both digital such as social media, webcasting and website, and print documents such as letters, posters, flyers and adverts.

For consultations printed copies are made available for those not online so people are not digitally excluded. We use a mix of communications methods including media, printed publications, e-newsletters and social media to get information to as wide a group as possible.

One way we communicate with our residents is via ward communications. There are several different ways to do this, ward twitter accounts, ward meetings and ward newsletters and ward posters for noticeboards or sharing on social media. Templates are available from the Communications Team.

Web Services are responsible for all web services offered by CYC. All sites (unless exempt) must comply with the 2018 UK Public Bodies Accessibility Regulations. We have provided a range of options to support people access our services digitally such as;

1. ReachDeck. ReachDeck can help with reading support or if someone prefers to listen to information instead of reading. ReachDeck can also translate our web pages into 78 languages. Translated text can also be spoken out loud, if a 'matching' voice is available (there are currently 35 voices for languages).
2. The publication of an accessibility statement and, a process whereby the individual can request information in an accessible format.
3. A BSL interpreting service
4. People can also adjust their settings when visiting the website such as font, letter spacing, colour and size.

There are dedicated pages on the main CoYC website to inform users about accessibility:

https://www.york.gov.uk/accessibility
https://www.york.gov.uk/translation
https://www.york.gov.uk/AccessibilityStatement#accessibleformat
Also on additional Council led websites:
Live Well York Accessibility Statement
Yor-OK (Family Information Service) Accessibility Statement

We have also faced significant challenges with suppliers who do not always meet the statutory regulations and do not need to if they are not identified as a public body. CYC should be procuring web services via suppliers who are committed to meeting the regulations. Our procurement process includes questions about this.

Customers calling our customer service team can access telephone interpreters to have their call translated to the language of their choice via language line. We also offer BSL video interpretation services for people who access our services face to face.

Live Well York as a partnership community website has been designed as compliant with the international standard Web Content Accessibility Guidelines 2.1 (WCAG) – Level AA.

We have a tool used across the Council run websites (Silktide) which checks the accessibility of pages to enable continual improvement.

What more can we do?

Review and strengthen style guide standards in line with accessibility standards including use of colour across both web and print, standardising our writing style and consistency when using 'easy read' Target date: March 2023

Find alternatives to PDF or having accessibility as a default of using them needs to be embedded across the organisation better. Target date: March 2023

Incorporate accessibility standards and our design guide into equalities training modules. Target date: May 2023

Promote Accessibility Training across the council that covers both print and web accessibility. As a first step bring in a specialist trainer in to train the Communications team for a day. We could offer this up to partner communications teams too to get best practice across the city Target date: March 2023

Develop a 'CYC Accessibility Guide' to refer back to post-training - something that's separate from the style guide - a simplified version would be useful for easy access. Target date: September 2023

Recommendation: Make sure that you ask people about their preferred format. Record this and use it to provide information in that format as standard.

What do we do now?

As described above people are invited via the website to request services in an accessible format. If made via Customer Services requests will be sent directly to service areas. When people contact customer service by other means such as phone, email or in person we do not capture their preferred format and this may challenging given the range of service the council undertakes in terms of keeping a central record.

What more can we do?

See information sharing section below.

Recommendation: Once identified, share people's information needs within organisations. Information about people's needs should only need to be recorded once for people across the organisation to get it right.

What do we do now?
Generally we do the internal sharing well as CYC has developed 'MDM' for external customers and internal tools for staff like 'Singleview'.

Any new external customer/resident records system that come online are considered, as part of their project plan, for joining MDM, and this is overseen at the council's ICT Board.

For MDM and Singleview the council has the necessary Data Protection in place, working with the Corporate Governance Team, and annually reviewed.

In respect of systems used for example via the Customer Centre – these would need to be considered carefully as our privacy notices and any required data sharing arrangements, state what we are going to use personal information for. At present we share peoples' details across the council where we have a lawful basis to do so for example a safeguarding risk identified, or this had been requested by the person concerned.

What more can we do?
We don't have "information needs" as a field within Singleview. Whilst technically possible this may not be recorded or recorded well in individual systems.

We will review all of our case management systems as appropriate to see how information needs are captured in order to action the technical change to make appear on Singleview.Target date: various as opportunities emerge.

As a multi service organisation it may never be possible to achieve "needs should only need to be recorded once" as;

- We have many entry points for customer information, held by variety of systems, that we are always likely to recapture this information.

- We do not routinely update any personal details, let alone information needs, from system to system, for example being we do not move personal information from Mosaic to My Account.

We will work towards 'needs should only recorded once' generally through various data quality practices (examples being updating systems with NHS numbers, dates of death etc.) Target date: various as opportunities arise

We will work towards "review how held action" and then embedding practices for example asking staff to check customer record via Singleview. Target date: various as opportunities arise then introduce into accessibility training

We will ensure that data protection, privacy and information security risk assessments are undertaken in a timely way and any additional data protection, privacy and information security requirements will be put in place where required. Target date: various as opportunities arise.

Recommendation: Involve people with lived experience to help find pragmatic answers.

What do we do now?

The council is always looking for improved ways to engage, which includes how we provide information. A recent example – we are exploring the opportunity through Age Friendly York to work together with Age UK York, Living4Moments, Wilberforce Trust and Be Independent to provide a workshop on using technology to provide solutions for people who are hard of hearing.

The CYC website development included engagement with a range of users including people representing the blind and partially sighted, older persons, BAME. The procurement of our BSL included representation from the deaf community.

What more can we do?
Communications Team to review, implement and share learnings from recent Our City survey to build into the style and accessibility guides). Target date: March 2023

Work with the council's new Access Officer once appointed to develop standards for engagement as part of Equality Impact Assessments. Target Date: September 2023

Recommendation: Provide choice. Don't assume that everyone with a particular issue needs information in the same format or that everything is accessible. Digital is not the solution for everyone.

What do we do now?
We recognise that not everyone uses or has access to technology which can digitally exclude people, we are therefore looking to provide access to the same quality of information from Live Well York to community centres with electronic notice boards. We also provide printable personalised booklets. Our approaches through the Communities Team is that its all about relationships so our Local Area Coordinators and Health Champions are out there in the community having conversations rather than expecting everyone to read information. Our commissioned social prescribers are also having conversations as their first approach to engaging and providing information.

We fund and work alongside YOPA to provide information fairs out in different communities in York. We commission Access Able to provide information on the accessibility of community venues and public spaces to ensure people going out to obtain information can visit knowing what the physical environment is. We have had and are developing the next community information strategy to ensure the way we provide information remains a priority.

Whilst Customer Services promote the use of digital services we know this is not for everyone. Customers can contact us by phone or email. We will also see people face to face if this meets their needs. For any web service we develop internally we encourage all services to develop an approach to non digital customers.

What more can we do?
Continue to support of York's digital inclusion partnership 100% Digital York including initiatives to develop greater opportunities to access technology, connectivity, develop skills and/or support within communities. Target date: Ongoing

Recommendation: Each organisation should have one contact / team who work across that organisation to find solutions to accessible information needs quickly and effectively.

What do we do now?
The single point of contact for many services is through the Customer Centre but they can also go direct to a specific business area if they require a more bespoke solution. Our style guide is provided through our Communications Team.

What more can we do?
As seen a range of services within corporate and community services are currently involved at CYC. Access and Inclusion resource within communities will be brought together and led directly by the AD Customers & Communities to provide some overall leadership and support. Target date: September 2023

Recommendation: Seek and share good practice. Providing information in accessible formats isn't always easy but lots of organisations are trying. Share progress and challenges so that things are constantly improving.

What do we do now?

We have regional meetings to share good practice relating to advice and information provision with other local authorities. Web Services keep up to date with good practice surrounding accessible web services

What more can we do?
Share good practice internally from user feedback and regular reviews. Target date: September 2023

Recommendation: Review what you are doing to make sure it is working and learn from what is and isn't going well.

What do we do now?
We review Live Well York periodically which includes accessibility but also provide the opportunity for feedback on any page of the website at any time. We use the Healthwatch York volunteer readability group to feedback on the information pages and whether they are Plain English. We provide Easy Read pages on Live Well York based on feedback from people with learning difficulties.

Web Services use a number of methods to review how we are doing. This includes Silktide (technology which identities areas on the website which do not comply with the 2018 UK Public Bodies Accessibility Regulations) and direct feedback from users.

What more can we do?
Review Equality Impact Assessments for learning opportunities when the Access and Inclusion Team is established – Target Date: September 2023"

York CVS Response

York CVS has considered the recommendations made in the Healthwatch York and Healthwatch North Yorkshire Accessible Information Standards report, both at Senior Management Team and through the Equality Diversity and Inclusion working group.
The EDI group has recommended that York CVS takes forward the recommendations through some key actions. Namely:

- Developing an Accessible Information Action Plan for the whole organisation
- Identifying staff and volunteer champions for accessible information
- Recording communication needs, initially through member / supporter records, longer term through a CRM system
- Offering a range of alternative formats
- Holding staff training sessions on the use of the Recite Me accessibility toolbar installed on all 3 websites (York CVS, Priory Street Centre, Healthwatch York

Conclusions

We would like to thank North Yorkshire Police, York and Scarborough Teaching Hospital NHS Trust, City of York Council and York CVS for their responses.

Next steps

We would recommend the following next steps to the Board

1. Request at the Board meeting that those member organisations yet to provide a response do so within 28 days

2. Revisit the issue every six months to check progress is being made.

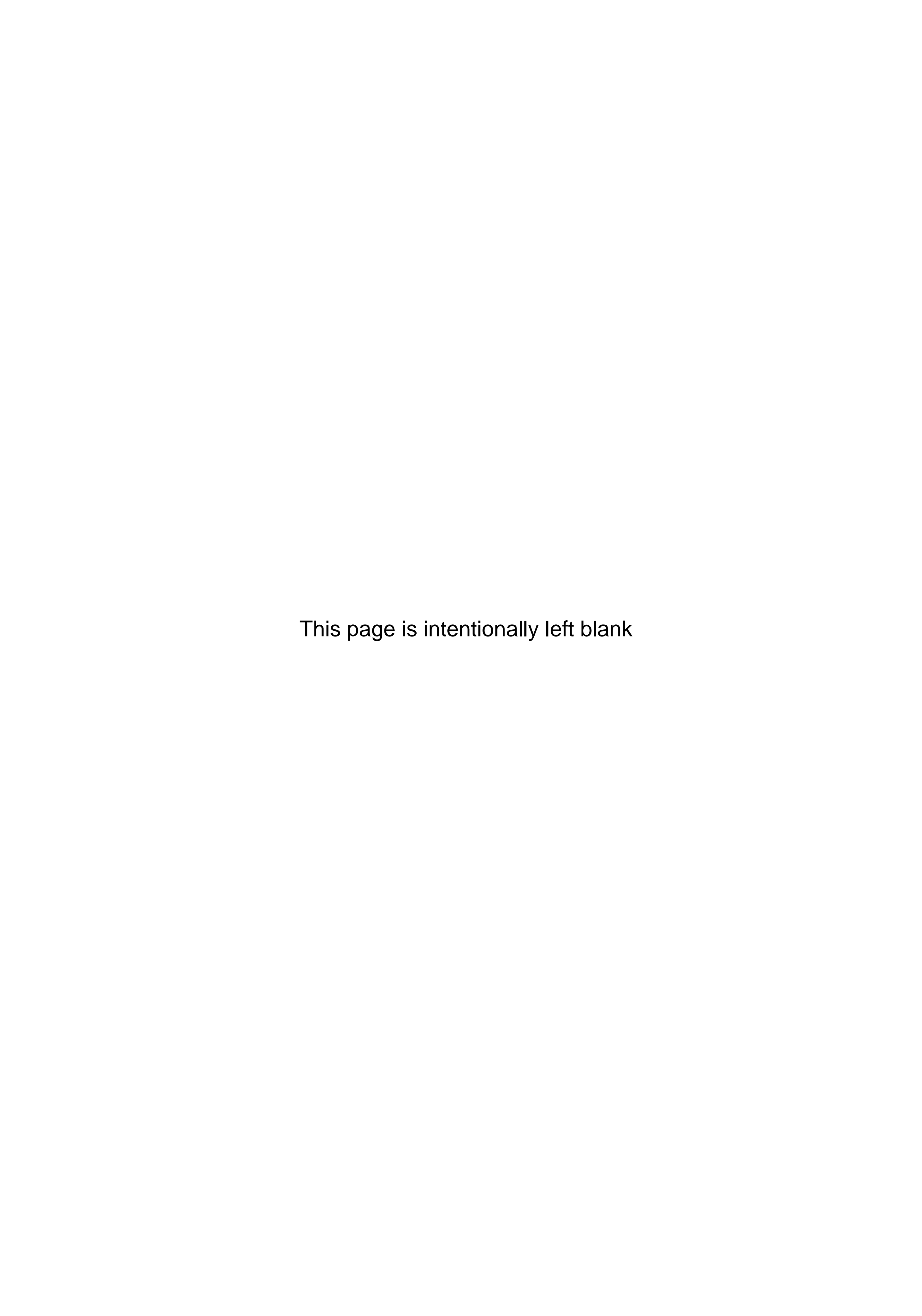
3. Consider how our current monitoring processes review how well providers are meeting the Accessible Information Standard and how we can identify and share best practice across the city.

4. Ask the York Human Rights City Network to help us embed accessibility of information across the system by making it one of the human rights indicators reported on

healthwatch York

Healthwatch York
Priory Street Centre
15 Priory Street
York
YO1 6ET

www.healthwatchyork.co.uk
t: 01904 621133
e: healthwatch@yorkcvs.org.uk
@healthwatchyork
Facebook.com/HealthwatchYork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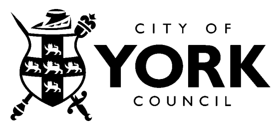
 Agenda Item 10



Health and Wellbeing Board **16 November 2022**

Report of: Jamaila Hussain Corporate Director of Adults and Integration
Simon Bell Interim Place Director Health and Care Alliance

Better Care Fund Update:

Summary

1. This paper provide a to the health and well-being board in regard to the Better Care Fund (BCF). This report is part of a quarterly update requested by HWB board members and is a requirement of the BCF assurance process.

Background

2. Since the last update the BCF national team have asked that all regions send through a updated 22/23 planning document as well as an update on the nine mandated High Impact Change model (HICM) requirements. These ensure that as a system we continue to improve the way we meet the national metrics as well as ensuring better outcomes and good quality services that support the reduction on delays within hospital as well as supporting more people to return home with support rather than long term care.

3. Data clearly shows that the longer people stay in hospital in particular those over 75yrs are more likely to require long term care.

Main/Key Issues to be Considered

4. The BCF delivery group has completed an updated delivery plan and revised the metrics that are attached in appendix 1 and appendix 2.

5. The regional team feel that the work the York system is doing has met the HICM change model and the plan has been put forward for ratification. As a BCF delivery board all partners agreed that we should have look to increase our targets in particular supporting a

reduction in length of stay (LoS), ambulatory care admissions and reablement.

6. Partners are also working together to redesign some key services and look to bring in a seamless delivery pathway to responsive and preventative care. An intermediate care and reablement redesign subgroup is in place to start to develop this and a wider workshop is planned for mid November 2022 to ensure we have a wide representation of views and delivery options. An updated redesign model has also been shared with the informal Health and Social Care scrutiny committee.

7. In addition to this we have now implemented a clear structure for partners to update on the effectiveness of individual schemes that support people, reduce delays, and maximise independence. The BCF will commence a systematic self-assessment of all the schemes that fall part of the BCF to ensure continuous improvement and options for redesign of schemes that may no longer be required. Updates will be provided to the HWBB as required.

Consultation

8. Partners have been fully involved in the development of the plan and subsequent data agreements. Details of the plan can be found in appedix1,2

Options

9. The HWBB are asked to note the report together with the update delivery of the HICM self-assessment.

Analysis

10. HWBB are asked to consider the HICM self-assessment and updated metrics presented in the plan.

Strategic/Operational Plans

11. The BCF plan supports the strategic and operational plans both ICS and draft HWBB strategy. The main aim of the BCF is for partners to support pooling of budgets to support early discharge, reduce the time people spend in hospital as well as support independence.

Implications

12. This report is an update on previous BCF report and there are no significant implications.

Financial

Total Budget for the BCF is £20,922,470.

Human Resources (HR)

N/A

Equalities

The BCF narrative plan ensure that inequalities are addressed with all the plans as well as ensure equality of access and delivery

Legal

N/A

Crime and Disorder

N/A

Information Technology (IT)

Digital care options are an integral part of the BCF going forward. We have a dedicated project lead to support this approach as well as supporting the delivery of a shared care record.

Property

N/A

Other

N/A

Risk Management

13. There are no known risks associated to the BCF, in terms of deliver of schemes. However, the environment is quite challenging at present and the BCF delivery group will continue to monitor the delivery of the 4 national metric targets. All partners are working closely together to support timely discharges, admission avoidance and reducing LoS for people in hospital,

Recommendations

The Health and Wellbeing Board are asked to:

i. Note the contents of the report.

ii. Note the information within the attached appendices.

Reason: To keep the board updated in relation to the Better Care Fund.

Contact Details

Author:

Jamaila Hussain
Corporate Director of Adults and Integration
City of York Council
jamaila.hussain@york.gov.uk

Chief Officer Responsible for the report:
Simon Bell
Interim Place Director
York Health and Care Partnership

Report Approved ✓ Date: 07/11/2022

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers:
None

Annexes
- Annex A Copy of the DCF planning document.
- Annex B York DCF HICM

Glossary
HWBB: Health and Wellbeing Board
ICS: Integrated Care System
ICB: Integrated Care Board
York H&C alliance York Health and Care Alliance

Better Care Fund 2022-23 Template

2. Cover

Version 1.0.0

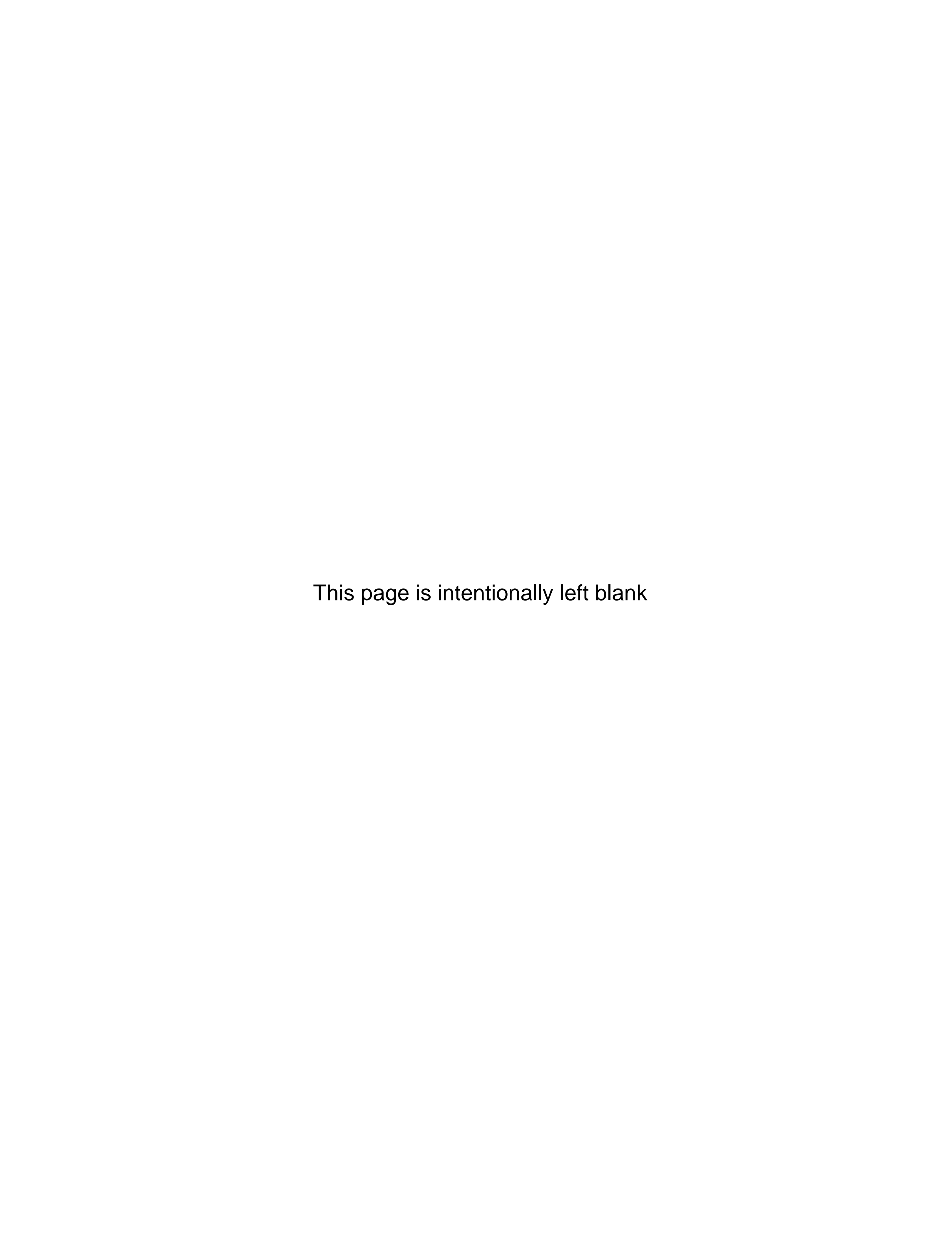
Please Note:
- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2022-23.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.
- Where BCF plans are signed off under a delegated authority it must be reflected in the HWB's governance arrangements.

			Checklist Complete:
Health and Wellbeing Board:	York		Yes
Completed by:	Jamaila Hussain		Yes
E-mail:	jamaila.hussain@york.gov.uk		Yes
Contact number:	07718995696		Yes
Has this plan been signed off by the HWB (or delegated authority) at the time of submission?	No		Yes
If no please indicate when the HWB is expected to sign off the plan:	Wed 16/11/2022	<< Please enter using the format, DD/MM/YYYY	Yes
If using a delegated authority, please state who is signing off the BCF plan:	Yes		

Please indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

		Complete:
Job Title:	Director of Prevention, Commissioning and Education	Yes
Name:	Jamaila Hussain	Yes

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:	Complete:
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Councillor	Carol	Runciman	cllr.crunciman@york.gov.uk	Yes
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off		Simon	Bell	simonbell@nhs.net	Yes
	Additional ICB(s) contacts if relevant		Michael	Ash-McMahon	m.ash-mcmahon@nhs.net	Yes
	Local Authority Chief Executive		Ian	Floyd	ian.floyd@york.gov.uk	Yes
	Local Authority Director of Adult Social Services (or equivalent)		Jamaila	Hussain	jamaila.hussain@york.gov.uk	Yes
	Better Care Fund Lead Official		Jamaila	Hussain	Jamaila.hussain@york.gov.uk	Yes
	LA Section 151 Officer		Debbie	Mitchell	Debbie.Mitchell@york.gov.uk	Yes
Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->	BI Lead		Terry	Rudden	terry.rudden@york.gov.uk	Yes
	Finance Lead Officer		Steve	Tait	Steve.tait@york.gov.uk	Yes
						Yes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Better Care Fund 2022-23 Template

3. Summary

Selected Health and Wellbeing Board: York

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£1,467,977	£1,467,977	£0
Minimum NHS Contribution	£14,085,695	£14,085,695	£0
iBCF	£5,368,798	£5,368,798	£0
Additional LA Contribution	£0	£0	£0
Additional ICB Contribution	£0	£0	£0
Total	**£20,922,470**	**£20,922,470**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

Minimum required spend	£4,075,364
Planned spend	£7,235,893

Adult Social Care services spend from the minimum ICB allocations

Minimum required spend	£6,673,391
Planned spend	£6,995,475

Scheme Types		
Assistive Technologies and Equipment	£392,430	(1.9%)
Care Act Implementation Related Duties	£626,240	(3.0%)
Carers Services	£900,000	(4.3%)
Community Based Schemes	£7,516,093	(35.9%)
DFG Related Schemes	£1,467,977	(7.0%)
Enablers for Integration	£20,600	(0.1%)
High Impact Change Model for Managing Transfer of (	£280,770	(1.3%)
Home Care or Domiciliary Care	£4,603,744	(22.0%)
Housing Related Schemes	£160,568	(0.8%)
Integrated Care Planning and Navigation	£1,011,241	(4.8%)
Bed based intermediate Care Services	£675,860	(3.2%)
Reablement in a persons own home	£1,505,078	(7.2%)
Personalised Budgeting and Commissioning	£0	(0.0%)
Personalised Care at Home	£86,520	(0.4%)
Prevention / Early Intervention	£819,566	(3.9%)
Residential Placements	£592,250	(2.8%)
Other	£263,533	(1.3%)
Total	**£20,922,470**	

Metrics >>

Avoidable admissions

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)	0.0	0.0	0.0

Discharge to normal place of residence

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	95.7%	95.1%	96.8%

Residential Admissions

		2020-21 Actual	2022-23 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	347	512

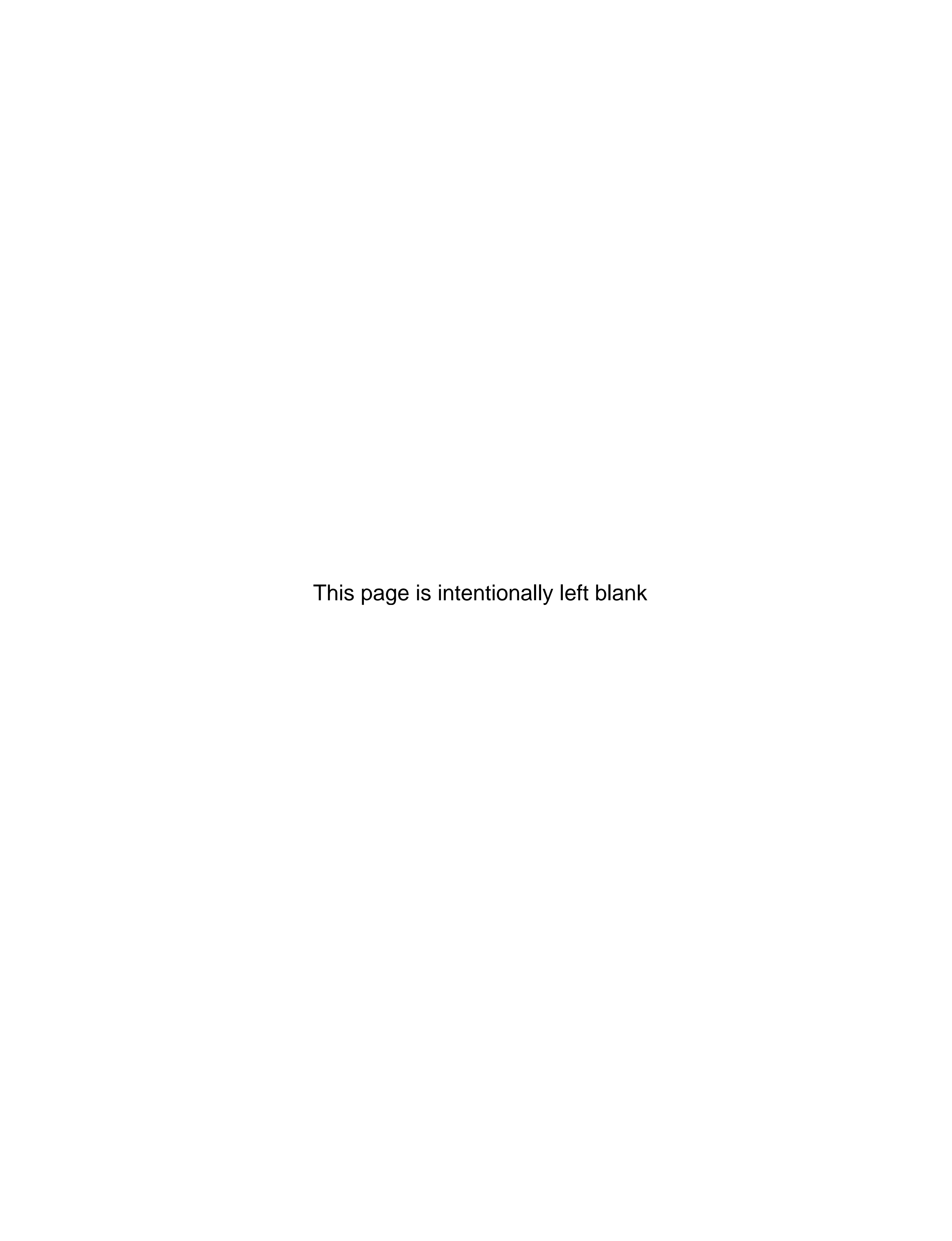
Reablement

		2022-23 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	91.2%

Planning Requirements >>

Theme	Code	Response
NC1: Jointly agreed plan	**PR1**	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	**PR4**	Yes
NC3: NHS commissioned Out of Hospital Services	**PR5**	Yes
NC4: Implementing the BCF policy objectives	**PR6**	Yes
Agreed expenditure plan for all elements of the BCF	**PR7**	Yes

Metrics	PR8	Yes



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Better Care Fund 2022-23 Template

4. Income

Selected Health and Wellbeing Board: York

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
York	£1,467,977
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	**£1,467,977**

iBCF Contribution	Contribution
York	£5,368,798
Total iBCF Contribution	**£5,368,798**

Are any additional LA Contributions being made in 2022-23? If yes, please detail below	No

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional Local Authority Contribution	**£0**	

NHS Minimum Contribution	Contribution
NHS Humber and North Yorkshire ICB	£14,085,695
Total NHS Minimum Contribution	**£14,085,695**

Are any additional ICB Contributions being made in 2022-23? If yes, please detail below	No

Yes

Additional ICB Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional NHS Contribution	**£0**	
Total NHS Contribution	**£14,085,695**	

Yes

	2021-22
Total BCF Pooled Budget	**£20,922,470**

Funding Contributions Comments Optional for any useful detail e.g. Carry over

See next sheet for Scheme Type (and Sub Type) descriptions

Better Care Fund 2022-23 Template

5. Expenditure

Selected Health and Wellbeing Board: York

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£1,467,977	£1,467,977	£0
Minimum NHS Contribution	£14,085,695	£14,085,695	£0
iBCF	£5,368,798	£5,368,798	£0
Additional LA Contribution	£0	£0	£0
Additional NHS Contribution	£0	£0	£0
Total	**£20,922,470**	**£20,922,470**	**£0**

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum CCG Contribution (on row 31 above).

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£4,075,364	£7,235,893	£0
Adult Social Care services spend from the minimum ICB allocations	£6,673,391	£6,995,475	£0

>> Link to further guidance

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes

Sheet complete

						Planned Expenditure								
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	DFG and Falls	DFG	DFG Related Schemes	Discretionary use of DFG - including small adaptations		Social Care		LA			Local Authority	DFG	£1,467,977	Existing
2	Packages of Care - Care at Home	Care package pressures due to demographic changes	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Private Sector	Minimum NHS Contribution	£2,893,270	Existing
3	Packages of Care - Care at Home	Care package pressures due to demographic changes	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Private Sector	iBCF	£1,160,810	Existing
4	Packages of Care - Care at Home	Care package contingency re Winter and COVID pressures	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Private Sector	Minimum NHS Contribution	£157,000	Existing
5	Packages of Care - Care at Home	Care package contingency re Winter and COVID pressures	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Private Sector	iBCF	£145,820	Existing
6	Contribution to social work staff	Contribution to Social Work post	Care Act Implementation Related Duties	Other	Early Intervention and Prevention	Social Care		LA			Local Authority	Minimum NHS Contribution	£149,350	Existing
7	Carers Support	Carers centre, support worker posts and carers support	Carers Services	Respite services		Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	£695,250	Existing

8	Contribution to social work staff	Implementation of Care Act	Care Act Implementation Related Duties	Other	Early Intervention	Social Care		LA			Local Authority	Minimum NHS Contribution	£476,890	Existing
9	Local Area Coordination	Community Facilitator	Prevention / Early Intervention	Other	Early Intervention	Social Care		LA			Local Authority	Minimum NHS Contribution	£26,780	Existing
10	Reablement contract	Reablement (Human Support Group)	Reablement in a persons own home	Reablement service accepting community and		Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	£1,164,930	Existing
11	FNH and other Step-up/Step-down beds	10 discharge to assess beds plus 1 flat at Marjorie Waite Court	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Social Care		LA			Private Sector	Minimum NHS Contribution	£259,560	Existing
12	Telecare and Falls	Be Independent	Assistive Technologies and Equipment	Telecare		Social Care		LA			Local Authority	Minimum NHS Contribution	£201,880	Existing
13	Community Equipment	Be Independent	Assistive Technologies and Equipment	Community based equipment		Social Care		LA			Local Authority	Minimum NHS Contribution	£190,550	Existing
14	Home adaptations	Be Independent	Housing Related Schemes			Social Care		LA			Local Authority	Minimum NHS Contribution	£79,568	Existing
15	Packages of Care - Care at Home	Increased Reablement capacity	Reablement in a persons own home	Reablement to support discharge - step down		Social Care		LA			Charity / Voluntary Sector	iBCF	£180,250	Existing
16	Self-support champions	Self-support champions	Prevention / Early Intervention	Social Prescribing		Social Care		LA			Charity / Voluntary Sector	iBCF	£105,060	Existing
17	Ways to Wellbeing	Social Prescribing - Ways to Wellbeing	Prevention / Early Intervention	Social Prescribing		Social Care		LA			Charity / Voluntary Sector	iBCF	£165,500	Existing
18	Live Well York	Improved curation of Information and advice	Prevention / Early Intervention	Social Prescribing		Social Care		LA			Charity / Voluntary Sector	iBCF	£52,509	Existing
19	Alcohol prevention	Alcohol advice	Prevention / Early Intervention	Social Prescribing		Social Care		LA			Local Authority	iBCF	£50,009	Existing
20	Contribution to social work staff	7 day working	High Impact Change Model for Managing Transfer	Other	Chg 5. Seven-Day Services	Social Care		LA			Local Authority	iBCF	£266,770	Existing
21	Local Area Coordination	Local Area Coordination	Prevention / Early Intervention	Other	Early Intervention and Prevention	Social Care		LA			Local Authority	iBCF	£276,040	Existing
22	BCF support role	Performance Support role	Other		Performance management	Social Care		LA			Local Authority	iBCF	£20,000	Existing
23	Venn capacity and demand	Capacity and demand exercise	Other		Capacity and demand planning exercise	Social Care		LA			Private Sector	Minimum NHS Contribution	£10,000	Existing
24	Physiotherapy in step-down beds	Physiotherapy in step-down beds	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Social Care		CCG			NHS Community Provider	Minimum NHS Contribution	£38,290	Existing
26	CRT	Community Response Team (Expanding care at home)	Community Based Schemes	Integrated neighbourhood services		Community Health		LA			NHS Community Provider	iBCF	£116,996	Existing

27	Home from Hospital	Home from Hospital	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£21,922	Existing
28	Home from Hospital	Home from Hospital	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		CCG			Charity / Voluntary Sector	iBCF	£21,922	Existing
29	Packages of Care - Placements	5 Additional Short term Stepdown/up beds.	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Social Care		LA			Private Sector	iBCF	£40,170	Existing
30	Packages of Care - Placements	Res and nursing beds over Winter	Residential Placements	Care home		Social Care		LA			Private Sector	iBCF	£230,720	Existing
31	Packages of Care - Placements	Secure capacity to enable placements to be made to reduce impact	Residential Placements	Care home		Social Care		LA			Private Sector	iBCF	£361,530	Existing
32	Packages of Care - Placements	Retaining Home Care Packages "open" for 4 weeks	High Impact Change Model for Managing Transfer	Improved discharge to Care Homes		Social Care		LA			Private Sector	iBCF	£14,000	Existing
33	Packages of Care - Placements	Live in Care	Personalised Care at Home	Mental health /wellbeing		Social Care		LA			Local Authority	iBCF	£86,520	Existing
34	Packages of Care - Placements	Be Independent falls Support	Community Based Schemes	Multidisciplinary teams that are supporting		Social Care		LA			Local Authority	iBCF	£20,000	Existing
35	YICT	York Integrated Care Team	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£1,011,241	Existing
36	Urgent Care Practitioners	Urgent Care Practitioners	Community Based Schemes	Other	Rapid / Crisis response	Community Health		CCG			NHS Acute Provider	Minimum NHS Contribution	£619,618	Existing
37	Hospice at Home	Hospice at Home (extended hours and part funded with NYCC)	Home Care or Domiciliary Care	Domiciliary care packages		Community Health		CCG			Local Authority	Minimum NHS Contribution	£170,000	Existing
38	MH Crisis response	Street Triage	Community Based Schemes	Other	Street Triage	Mental Health		CCG			NHS Mental Health Provider	Minimum NHS Contribution	£169,112	Existing
39	CCG Out of Hospital commission	Incl. Specialist Nursing, Integrated Community Teams, Community	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£4,858,838	Existing
40	CCG Out of Hospital commission	Incl. Specialist Nursing, Integrated Community Teams, Community	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			NHS Community Provider	iBCF	£1,698,569	Existing
41	A Bed Ahead and Vaccinations	Changing Lives - A Bed Ahead	Housing Related Schemes			Community Health		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£81,000	Existing
42	FNH and other Step-up/Step-down beds	Fulford Nursing Home	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Community Health		CCG			Private Sector	iBCF	£200,850	Existing
43	Rapid Assessment and Therapy Service	RATS Extended Hours	Other		Rapid / Crisis response	Acute		CCG			NHS Acute Provider	Minimum NHS Contribution	£176,411	Existing
44	Rapid Assessment and Therapy Service	RATS Extended Hours - Social Worker	Other		Rapid / Crisis response	Social Care		CCG			Local Authority	Minimum NHS Contribution	£57,122	Existing
45	A Bed Ahead and Vaccinations	Vaccinations	Prevention / Early Intervention	Other	Vaccination of Homeless	Primary Care		CCG			NHS Community Provider	Minimum NHS Contribution	£4,000	Existing

46	FNH and other Step-up/Step-down beds	4 nursing short stay beds	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Social Care		LA			Private Sector	Minimum NHS Contribution	£87,990	Existing
47	FNH and other Step-up/Step-down beds	4 nursing short stay beds	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Social Care		LA			Private Sector	iBCF	£49,000	Existing
48	Dementia Support	Dementia - support to individuals and carers	Community Based Schemes	Other	Dementia support	Mental Health		LA			Charity / Voluntary Sector	iBCF	£32,960	Existing
49	NQ project	Northern quarter project manager (grade 9)	Enablers for Integration	Programme management		Social Care		LA			Local Authority	Minimum NHS Contribution	£20,600	Existing
50	CCG VCS contracts	Various CCG VCS contracts	Carers Services	Other	Various	Social Care		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£204,750	Existing
51	Move Mates	Move the Masses	Prevention / Early Intervention	Other	Voluntary sector	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	£41,200	Existing
52	Cultural commissioning	Various VCSE small grants	Prevention / Early Intervention	Other	Voluntary sector	Social Care		LA			Charity / Voluntary Sector	iBCF	£30,900	Existing
53	Small Tasks at Home	Small grants maintaining people's homes	Prevention / Early Intervention	Other	Voluntary sector	Social Care		LA			Charity / Voluntary Sector	iBCF	£31,518	Existing
54	Hospice at Home	End of Life Project	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Local Authority	Minimum NHS Contribution	£33,000	Existing
55	Health Champions	Health Champions	Prevention / Early Intervention	Social Prescribing		Social Care		LA			Local Authority	Minimum NHS Contribution	£36,050	Existing
56	Packages of Care - Care at Home	Increased Reablement capacity	Reablement in a persons own home	Reablement to support discharge - step down		Social Care		LA			Local Authority	Minimum NHS Contribution	£149,523	Existing
57	Packages of Care - Care at Home	Increased Reablement capacity	Reablement in a persons own home	Reablement to support discharge - step down		Social Care		LA			Local Authority	iBCF	£10,375	Existing

Further guidance for completing Expenditure sheet

National Conditions 2 & 3

Schemes tagged with the following will count towards the planned **Adult Social service spend** from NHS min:

- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital Spend** from the NHS min:

- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

2022-23 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Telecare 2. Wellness services 3. Digital participation services 4. Community based equipment 5. Other	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (e.g. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	1. Carer advice and support 2. Independent Mental Health Advocacy 3. Safeguarding 4. Other	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
3	Carers Services	1. Respite Services 2. Other	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'

5	DFG Related Schemes	1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG - including small adaptations 3. Handyperson services 4. Other	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate
6	Enablers for Integration	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Integrated models of provision 12. Other	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.

7	High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Domiciliary care workforce development 4. Other	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.

10	Integrated Care Planning and Navigation	1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals.Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams.Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.

11	Bed based intermediate Care Services	1. Step down (discharge to assess pathway-2) 2. Step up 3. Rapid/Crisis Response 4. Other	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.
12	Reablement in a persons own home	1. Preventing admissions to acute setting 2. Reablement to support discharge -step down (Discharge to Assess pathway 1) 3. Rapid/Crisis Response - step up (2 hr response) 4. Reablement service accepting community and discharge referrals 5. Other	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
14	Personalised Care at Home	1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.

15	Prevention / Early Intervention	1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
16	Residential Placements	1. Supported living 2. Supported accommodation 3. Learning disability 4. Extra care 5. Care home 6. Nursing home 7. Discharge from hospital (with reablement) to long term residential care (Discharge to Assess Pathway 3) 8. Other	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
18	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

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Better Care Fund 2022-23 Template

6. Metrics

Selected Health and Wellbeing Board: York

8.1 Avoidable admissions

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition was set	Local plan to meet ambition
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Rate per 100,000	105.7	98.9	92.0	76.7	We have identified that there is an error on the current template, which shows Q4 2021-22 outturn at 161.9, instead of 190.5. We have verified this using our local SUS Inpatient admissions dataset. The ambition trajectory has been set to improve quarter-on-quarter during 2022-23, finishing at 182.04 Admissions per 100,00 population	The plan to improve performance in this area is underpinned with a BCF funded approach to supporting the health of the local population through services such as heath trainers and self support champions, promoting self care, access to community resources and reablement. Work is underway to improve the reablement and intermediate care tier, bringing together resources accross the statutory and voluntary sector into a single integrated neighborhood model aimed at improving flow trough the service and improving outcomes. This will work alongside the assistive technology funded through BCF to keep people independent at home. Where people have acute needs the BCF funded Urgent Care Practitioner service is working to a right care, right time model to reduce admissions. At the hospital front door the rapid assessesment and treatment services is expanded to 7 days and provides physio, OT and social work support, funded through BCF, with the York Integrated Care team providing a 2 hour follow up response to those diverted from hospital admission.
	Indicator value	222.9	208.8	194.2	161.9		
	Denominator	211,000	211,000	211,000	211,000		
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan		
	Indicator value	0.0008889	0.0008868	0.0008747	0.0008627		
	Indicator value	188	187	185	182		
	Denominator	211,012	211,012	211,012	211,012		

>> link to NHS Digital webpage (for more detailed guidance)

8.3 Discharge to usual place of residence

Metric		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition was set	Local plan to meet ambition
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	Quarter (%)	95.7%	94.7%	95.1%	95.2%	Planned performance against this metric is to achieve 95% of all admisions discharged back to the patients' usual place of residence. 2022_23 performance is based on continuing this at this trajectory.	This has been a challenge area and as partners we are working together to ensure we maintain the number of people returning to their place of residence and not to step down or tempoary provision. Through the Venn implementaion we hope to introduce trusted assessors to support care homes and domicilallay care providers to accept people back and resume care with ongoing support. Further development of our home first approach and the additional use of Local area co-ordinators will also ensure people return home in a timely way.
	Numerator	4,072	4,016	3,767	3,511		
	Denominator	4,254	4,240	3,960	3,688		
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan		
	Quarter (%)	95.7%	95.1%	96.8%	96.2%		
	Numerator	3,524	3,553	3,646	3,650		
	Denominator	3,681	3,737	3,766	3,796		

8.4 Residential Admissions

Metric		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition was set	Local plan to meet ambition
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	347.3	312.1	518.5	512.4	At end of August, we had 86 admissions of older people into residential/nursing care in 2022-23. The planned figure is an extrapolation based on previous performance, and we are experiencing an increase in those receiving ASC for the first time.	Metric has been agreed by partners, aligned to the homefirst model we are looking to decrease the numbers goimg into long term care and increase numbers going home. Through the BCF are reviewing support we are providing to care homes and by implementing our home first model and additional therapy input agreed through the BCF we look to reduce the reliance on long term care.
	Numerator	135	124	206	206		
	Denominator	38,874	39,734	39,734	40,206		

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

8.5 Reablement

Metric		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition was set	Local plan to meet ambition
	Annual (%)	84.8%	87.9%	88.2%	91.2%	The number of people who get reablement / rehab services has been steady in recent	This metric has been agreed by all partners and we will moniter the achievement of

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Numerator	28	29	30	31	years and the plan has been for steady growth, which has been achieved. We are looking to support more people through this as we move to our home first model as defined in the narrative	this through the BCF Delivery Board. We have increased funded to local area co-ordinators and have closer links with socila prescribers this will support people remaining at home for lomger. Increased support for carers through the BCF will further reduce the risks of carer breakdown.
	Denominator	33	33	34	34		

Please note that due to the demerging of Northamptonshire, information from previous years will not reflect the present geographies.

As such, the following adjustments have been made for the pre-populated figures above:

- 2020-21 actuals (for **Residential Admissions** and **Reablement**) for North Northamptonshire and West Northamptonshire are using the Northamptonshire combined figure;
- 2021-22 and 2022-23 population projections (i.e. the denominator for **Residential Admissions**) have been calculated from a ratio based on the 2020-21 estimates.

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Better Care Fund 2022-23 Template

7. Confirmation of Planning Requirements

Selected Health and Wellbeing Board: York

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it	Checklist Complete:
NC1: Jointly agreed plan	PR1	**A jointly developed and agreed plan that all parties sign up to**	Has a plan; jointly developed and agreed between ICB(s) and LA; been submitted? Has the HWB approved the plan/delegated approval? Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?	Cover sheet Cover sheet Narrative plan Validation of submitted plans	Yes	This is covered in the narrative and HWBB approval. The narrative highlights the number of partners involved including housing DFG lead, Mental Health, primary care, community and voluntary sector. Patients by experience from previous CCG, now ICB staff, LA, community health, primary care and care providers.			Yes
	PR2	**A clear narrative for the integration of health and social care**	Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes: • How the area will continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally • The approach to collaborative commissioning • How the plan will contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include - How equality impacts of the local BCF plan have been considered - Changes to local priorities related to health inequality and equality, including as a result of the COVID 19 pandemic, and how activities in the document will address these. The area will need to also take into account Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5.	Narrative plan	Yes	A number of senior manager and operation groups are in place with clear implemention plans to ensure person-centred approaches are delivered. The BCF performance and delivery group oversee the impact joint schemes are having reporting to the AEDB. We have clear joint commissioning plans in place, and a number of schemes supporting early discharge such as rapid care, therapies local area co-ordinators and step down beds are jointly commissioned. We have outlined in the narrative key areas of inequalities across York and schemes such as street triage, MH support, ways to wellbeing and enhancing opputunities to access vaccine are all part of the BCF. Covid whilst challenging has provided a real platform for partnership working and integrated care through intermediate care and reablement. The narrative outlines the shift in 24hr care and the rise in care at home. As part of the work through the BCF group we continue to look to enhance preventative services to reduce reliance on hospital care.			Yes
	PR3	**A strategic, joined up plan for Disabled Facilities Grant (DFG) spending**	Is there confirmation that use of DFG has been agreed with housing authorities? • Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home? • In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils?	Narrative plan Confirmation sheet	Yes	The narrative sets out the use of the DFG in terms of the usage, timeliness and access, all of which are monitored through the BCF and Executive. We have introduced a streamlined process enabling smaller adaptations to be agreed at a pace to support independence and reduce carer breakdown.			Yes
NC2: Social Care Maintenance	PR4	**A demonstration of how the area will maintain the level of spending on social care services from the NHS minimum contribution to the fund in line with the uplift in the overall contribution**	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Auto-validated on the planning template	Yes	See 5a.			Yes
NC3: NHS commissioned Out of Hospital Services	PR5	**Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the NHS minimum BCF contribution?**	Does the total spend from the NHS minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Auto-validated on the planning template	Yes	See 5a.			Yes

NC4: Implementing the BCF policy objectives	**PR6**	**Is there an agreed approach to implementing the BCF policy objectives, including a capacity and demand plan for intermediate care services?**	Does the plan include an agreed approach for meeting the two BCF policy objectives: - Enable people to stay well, safe and independent at home for longer and - Provide the right care in the right place at the right time? • Does the expenditure plan detail how expenditure from BCF funding sources supports this approach through the financial year? •Has the area submitted a Capacity and Demand Plan alongside their BCF plan, using the template provided? • Does the narrative plan confirm that the area has conducted a self-assessment of the area's implementation of the High Impact Change Model for managing transfers of care? • Does the plan include actions going forward to improve performance against the HICM?	Narrative plan Expenditure tab C&D template and narrative Narrative plan Narrative template	Yes	The narrative plan captures the way in which all schemes are supporting the system ethos of home first. All schemes clearly are agreed as they support independence and people getting support at the right time. Most recently after a extensive review the BCF agreed aditional funding for Local area co-ordinators as well as mental health support.The plan highlits the shift towards home first and the delivery of the VEnn review in light of a high level capacity and demand review.			Yes

Agreed expenditure plan for all elements of the BCF	**PR7**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	• Do expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) • Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (see paragraphs 31 – 43 of Planning Requirements) (tick-box) • Has the area included a description of how BCF funding is being used to support unpaid carers? • Has funding for the following from the NHS contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement?	Expenditure tab Expenditure plans and confirmation sheet Narrative plan Narrative plans, expenditure tab and confirmation sheet	Yes	Expenditure plans include BCF pool match as well as demonstrating we are meeting the grant conditions. The narrative supports the system delivery of support for unpaid carers through the bcf and commissioning of a new carers contract. the NHS contributions demonstates additional monies for care act duties, carers specific support and also reablement.			Yes
Metrics	**PR8**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	• Have stretching ambitions been agreed locally for all BCF metrics? • Is there a clear narrative for each metric setting out: - the rationale for the ambition set, and - the local plan to meet this ambition?	Metrics tab	Yes	We have clearly outlined through the narrative document and within the metric tab our ambition to continue to enhnace and deliver a clear home first model. To ensure we meet our ambitious targets we commissioned VENN to complete an analyisis on our home first model including intermediate care services and reablement. This has lead to a clear plan of deliver that will be over seen by the BCF delivery board. we have also introduced daily executive flow meetings and 3 times weekly operational tatctical meetings that further support meeting the ambition set out in the plan.			Yes

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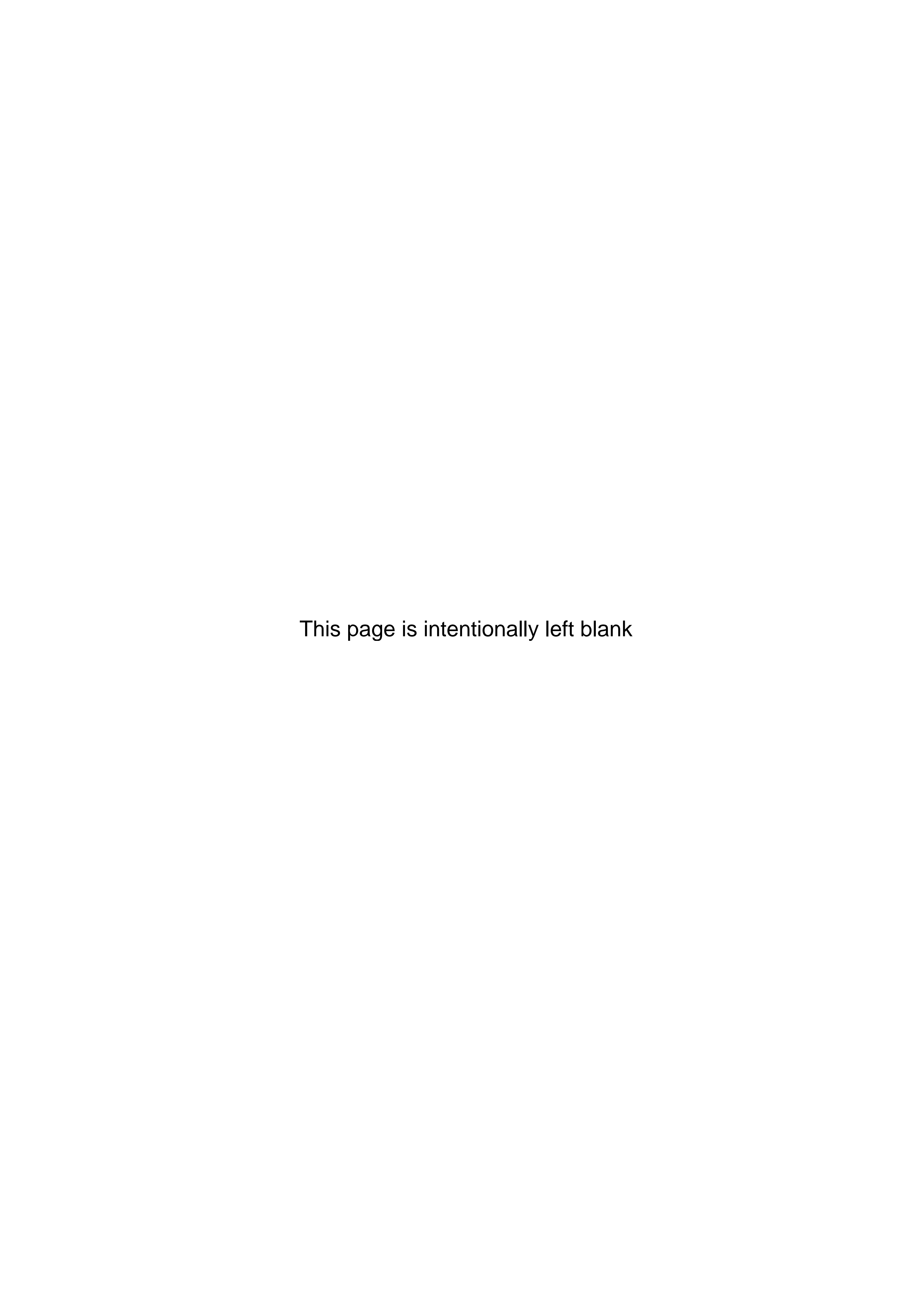
High Impact Change Model York

A self-assessment of implementation of the High Impact Change Model for managing transfers of care and has been undertaken and is summarised below

Impact change	Where are we now?	Update on Implementation
Change 1: **Early discharge planning**	Established.	**What have we done so far?** We have systems in place around early discharge. This includes operation of trusted assessor, multi- agency discharge hub, and investment in additional step down beds, alongside BCF funded reablement and home from hospital services. There is significant investment in assistive technology as part of our approach to early discharge. **Next Steps** There is a remodelling of the intermediate care services to ensure improved early discharge pathway from hospital to integrated neighbourhood based service that makes best use the NHS, local authority.
Change 2: **Monitoring and responding to system demand and capacity**	Established	**What have we done so far?** The York system has undertaken a system analysis on capacity and demand Venn Consulting. Many aspects of the system in York work well to ensure that people are supported out of hospital, particularly early intervention and for those with long term care needs. Where capacity needs to be strengthened in intermediate care- work is underway to achieve this. Investment through BCF supports all pathways from low level universal services such as small tasks at home through to Nursing Home placements for those with complex needs We have brought in the provider assessment and market management solution PAMMS to enable the shaping of the market, improved capacity where it is required, better value and access to services **Next Steps** Alongside embedding PAMMS, the development of virtual ward, frailty hub and the remodelling of intermediate care services, there will be a recommissioning of home care services to improve capacity outcomes and value and further moves to secure sufficient commissioned beds over reliance on spot purchasing
Change 3: **Multi-disciplinary working**	Established	**What have we done so far?** Multi agency hubs are in place to enable transfer of care. Board rounds, trusted assessor, and daily calls to prevent delays are in place. Home From Hospital support from the voluntary sector is closely aligned with discharge planning. This transfer of care is supported by services including York Integrated Care Team (YICT) a multi-disciplinary team based in primary care, aimed at avoiding admission and enabling timely discharge.

		System leadership is in place with senior managers working together on system planning through Health Care Resilience Board and local out of hospital workstreams. **Next Steps** The next phase of our work is to move a single integrated neighbourhood based offer for community discharge, including technology and to further embed the home first model, implementing learning form both our demand and capacity modelling and through events such as our home first week.
Change 4: **Home first D2A**	Established	**What have we done so far?** Home first continues to be our strategy and our commissioning investment is focused on home-based services. Where we are using beds on discharge there are short term and focused on independent living as the first option before using residential or nursing bed options. We work to a trusted assessor model that uses D2A , Home First documentation to enables discharge from hospital into the community Further work is planned on home first – using perfect week methodology to understand how the strengths and gaps in our system enabling us to strengthen practice, pathways, and provision where necessary
Change 5: **Flexible working- 7 Day Discharge**	Established	**What have we done so far?** We have 7 day working to support discharge through the discharge hub and in crucial services such as the rapid assessment and treatment service, to facilitate earlier discharge and prevent admission. **Next Steps** As part of our work with the independent sector we will work to improve their ability to support weekend discharge
Change 6: **Trusted assessment**	Established	**What have we done so far?** Trusted assessor process are in place to enable hospital discharge. These are effective in reducing delays and preventing deconditioning. **Next Steps** Further work is needed to ensure we do not over- prescribe care, and we optimize strength based approaches, technology enabled support and best use of community and voluntary sector resources
Change 7: **Engagement and choice**	Established	**What have we done so far?** There is a system agreed choice policy and process in place that supports a right place, right care approach, so that those who no longer need treatment in hospital are enabled to access the right service for them. Early conversation are held to enable shared expectations and plans about discharge Options for discharge are increased through engagement with the voluntary sector who are well invested in through BCF, including Carers support, home from hospital, social prescribing and small task services,. This provides opportunities for greater choice , more pathway 0 discharges.

		Next Steps Further improvement in early discharge based on our capacity and demand analysis is intended reduce the needed for enacting the choice policy. Through ensuring access to community and voluntary sector, improved intermediate care and reduced reliance on bed based, the availability and engagement in these options will increasingly support the right place right care approach
Change 8: **Improved discharge to care homes**	Established	**What have we done so far?** We have a care home support team in place which enhances the ability of care homes to support people to prevent admission and timely discharge. There is a collaborative approach in place between partners to support quality and safety in homes. Commissioning activity means that there are now dedicated providers for stepdown provision and there is agreement for access to beds between North Yorkshire and York system **Next Steps** Further insight into the residential and nursing sector will follow as PAMMS is embedded, enabling us to shape provision and improve discharge
Change 9: **Housing and related services-equipment**	Established	**What have we done so far?** A homelessness pathway is in place through the bed ahead scheme. There is an integrated approach through housing to falls prevention, occupational therapy and equipment. **Next Steps** The next year will see a major focus on assistive technology, ensuring that the right technology is available to install in peoples homes and this is built into pathways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Health and Wellbeing Board 16 November 2022

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

Summary

1. The Health and Wellbeing Board is asked to consider a report on the work of the York Health and Care Collaborative which is attached at Annex A.

2. The Collaborative is chaired jointly by Dr Emma Broughton and Dr Rebecca Field, who will present the report at the meeting.

Background

3. The York Health and Care Collaborative is a multi-agency group that brings together a range of organisations involved in health and care in the city. As such it contributes to the delivery of the Joint Health and Wellbeing Strategy and is instrumental in the implementation of the NHS Long Term Plan in York.

Consultation

4. York Health and Care Collaborative includes representation from the Voluntary Sector, who have been engaged right from the start and throughout.

Options

5. There are no specific options for the Health and Wellbeing Board to consider.

Strategic/Operational Plans

6. The work of the York Health and Care Collaborative contributes to the implementation of the NHS Long Term Plan (2019) which is a strategic objective for all NHS Organisations

7. York Health and Care Collaborative priorities for 2022/2023 cover, prevention, ageing well/frailty, mental health and children and young people, all of which align with the Joint Health and Wellbeing Strategy.

Implications

8. It is important that the priorities of the Joint Health and Wellbeing Strategy and the objectives of the Long-Term Plan in relation to integration are delivered.

Recommendations

9. The Health and Wellbeing Board are asked to;

   i. Note the report of the Chair of the York Health and Care Collaborative

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 Collaberative agreed to provide regular updates on its work and progress.

Contact Details

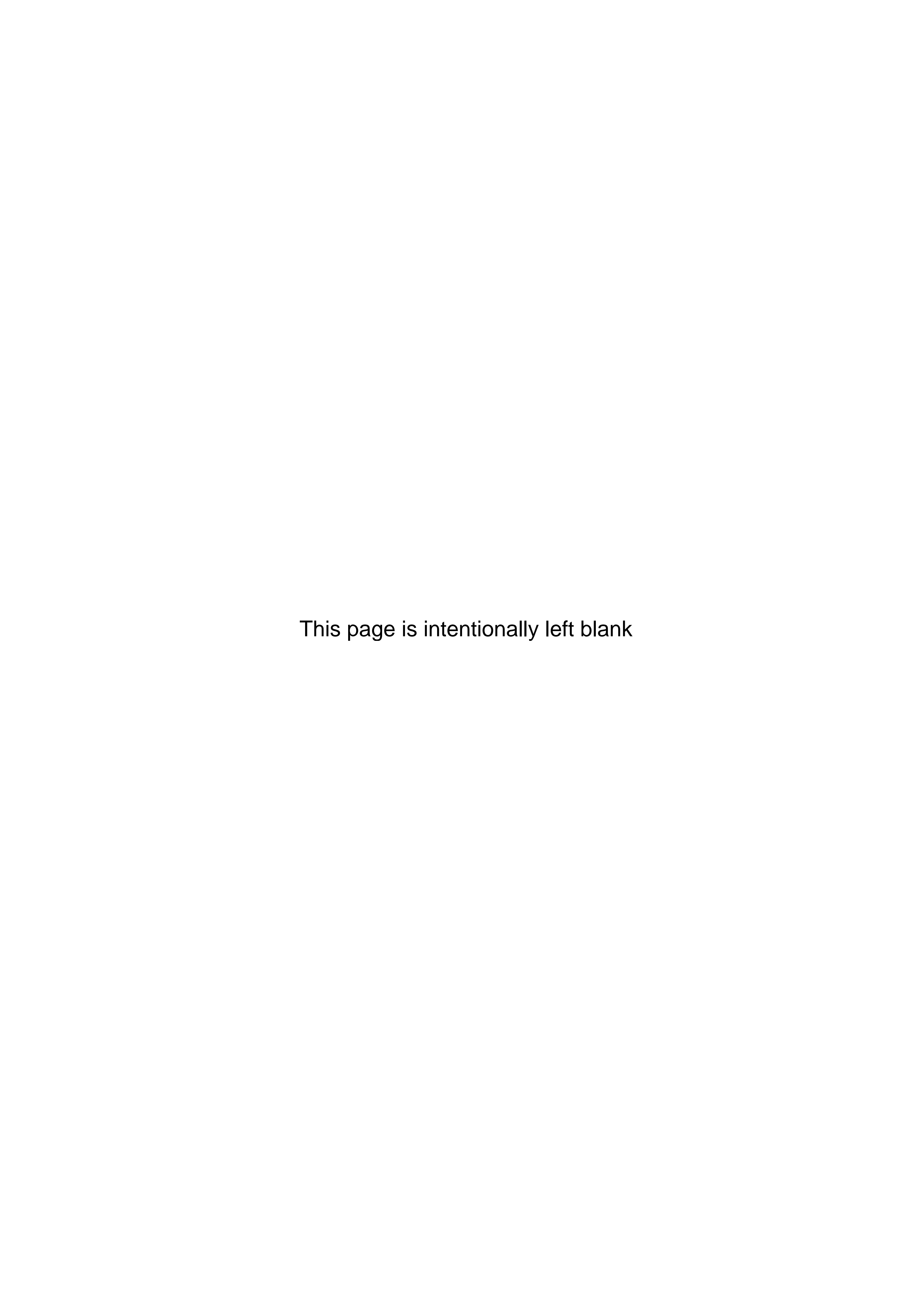
Author:	**Chief Officer Responsible for the report:**			
Dr Emma Broughton Dr Rebecca Field	Dr Emma Broughton Chair of York Health and Care Collaborative			
	Report Approved	✓	**Date**	03.11.2022
Wards Affected:			**All**	✓

For further information please contact the author of the report

Background Papers:
None

Annexes

All annexes to the report must be listed here.
Annex A – Report of the Chair of the York Health and Care Collaborative November 2022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Report of York Health and Care Collaborative; Update November 2022

1. Introduction

This report provides update on the work of the York Health and Care Collaborative (YHCC).

2. Progress on Priorities;

2.1 Deprivation/Cost of Living Crisis - Background

Earlier this year analysis was completed to look at the biggest drivers for attendance at A&E; it has long been assumed that a person's proximity to hospital would have the biggest influence on their attendance. However, the data collected showed that those living in the most deprived areas of York are more likely to attend A&E than those that live nearby. This prompted discussions on the ways that deprivation affects attendance at different health and care services in York. YHCC chose to focus solely on this topic in a system-wide workshop.

Deprivation Workshop – In May, YHCC ran a workshop that looked at the impact of deprivation on access to health and care services. Attendees were asked to consider 'How people from a deprived background access a particular service, or receive care in a way that is different from the wider population?' The minutes of this workshop were shared with the Health and Wellbeing Board (HWBB) in July 2022 and appended here for information (Appendix 1).

As a result of this workshop YHCC asked the HWBB **where it thought the gaps were in supporting deprived communities in York**, to aid the group in future discussions about how YHCC can assist closing these gaps by working together.

In July 2022, City of York Council (CYC) declared a Cost of Living Emergency, YHCC has continued to discuss the ways that the increased cost of living is affecting the population of York, and the resources available to help those most in need. Cost of living summits have also been set up by York CVS and CYC.

The rapidly increasing cost of living means that those who were previously experiencing poverty are now being impacted even more and many individuals that have never previously struggled to meet their costs, now do. This is evidenced through a questionnaire that was shared amongst organisations across York (through YHCC) which uncovered the extent to which people working in health and care now fall into this group. There were 97 responses received from staff working in Primary Care, Community Health Care, Mental Health Services, Hospital Care, Social Care, Community Pharmacy, Public Health and Drug and Alcohol Services (Appendix 2 is a summary of results from the questionnaire). Responses to the questionnaire show that some of the lowest paid health care staff are having to seek alternative employment to make ends meet with some having to cut down on purchasing essential items, such as food. This comes in a year when Aldi offered its lowest paid staff three pay-rises of up to 9%, taking all staff to at least £11 an hour. As a result, health organisations are finding it increasingly difficult to compete with private sector jobs and a number of staff are leaving for better paid, often less stressful jobs. This is placing the health and care system under immense pressure.

Through discussions with YHCC attendees, we understand that the primary care contract uplift is equal to approximately one-third of the increase in the costs arising from annual staff pay increases and rocketing utility bills. This leaves little possibility of offering further pay enhancements to retain staff.

In addition to financial difficulties, the increased cost of living is causing increasing levels of non-health anxiety which for many, drives increased health anxiety. It was reported through YHCC that there has been an increase in people accessing voluntary services to discuss money and their concerns about making it through the winter.

The increase in health-related anxiety is having a direct impact on the demand for health and care services as we head into winter. It will also have an influence on the services that people choose to access, for example more people may choose to attend ED to be seen more quickly, which could create longer waits than those already experienced.

YHCC would like to ask the Health and Wellbeing Board how it can assist health and care partners in York to put additional support into services to help those experiencing high levels of health and non-health related anxiety, some for the first time.

For further context a paper written by East Riding Public Health and shared with East Riding HWBB was considered by YHCC. Titled 'Cost of Living: The Impact on the Vulnerable in East Riding', the paper illustrates the outcomes of the updated Debt Needs assessment and is attached here as Appendix 3 of this report.

2.2 Actions taken since the Cost of Living workshop

- Discussions are taking place with Primary Care around the option of funding £5 Blue Light Cards for General Practice staff so that they can access discounts on food and other essential goods.
- A toolkit containing text messages is currently being drafted to be shared with primary care practices in York and then sent to appropriate patients to signpost them to resources that are available to help them manage their health and finances this winter. This work will also be shared with York Hospital, and CVS.
- The York place comms team are working on campaigns to share the resources that are available for residents in York.
- Work is being done to look at High Intensity Users (HIUs) of health services. Evidence shows that some residents attend A&E with unusual regularity. Termed High Intensity Users, 25 individuals have attended York A&E more than 750 times this year. 67% of these attendances led to an admission; 33% could have accessed more appropriate care in an alternative setting. Through sharing the resources that are available to help people manage this winter, it is hoped that more people can be stay well at home, or self direct to a more appropriate service other than A&E.
- York A&E is seeing more admissions from under 5s than it did pre-Covid. York primary care, Nimbus and the York Paediatric team have collaborated to restart the Children's Ambulatory Treatment (CAT) hub to allow children to be

monitored and reduce the likelihood of them requiring an admission to hospital. Currently operating 2-days/week, York GPs are investing some of the winter pressures money available to practices, to increase this to a 5-day/week service in November.

- Creation of an asset leaflet that will be available to those attending health and care settings with details around services available in York to get help with their increased anxiety/worsening mental health.
- The York Place Primary Care and Finance teams are running a charity challenge through November 2022 to raise donations for York Foodbank.

Minutes of the YHCC Cost of Living workshop:

York is generally considered to be an affluent city with good health education. However, findings from the questionnaire and discussions in YHCC have highlighted that there is a very real problem facing the most deprived individuals, including staff working for health and care services. Following a presentation by York Foodbank, we understand the demand for vouchers is up 60% each month compared to figures from last year and there is a real sense that increasing numbers of people will not be able to afford essentials this winter.

3. Ageing Well, Frailty and Multimorbidity

The YHCC Frailty Steering Group continues to meet regularly, the aim of the group is to understand how to code frailty and ensure that the coding is readily accessible to all health care professionals supporting frail people. The group has:

- Secured funding for all General Practice staff to complete training on Rockwood Frailty Scoring. All practices received a letter in May detailing how the funding can be claimed and some options for delivering the training. The next piece of work is looking at how Rockwood scoring can

also be rolled out in non-healthcare settings so that demand does not overwhelm a small number of services.
- Run a frailty workshop in September 2022 to look at the services available for individuals assigned a Rockwood score 1 – 4. As a result, a leaflet is being produced which will be shared with health care staff and give details on what services can offer and the referral details. A process for identifying and recording gaps in frailty has also been agreed, as a result of the workshop. There are 2 further workshops planned to look at assets in the City to support people in the moderate and severe frailty groups. These workshops will be completed by March 2023.

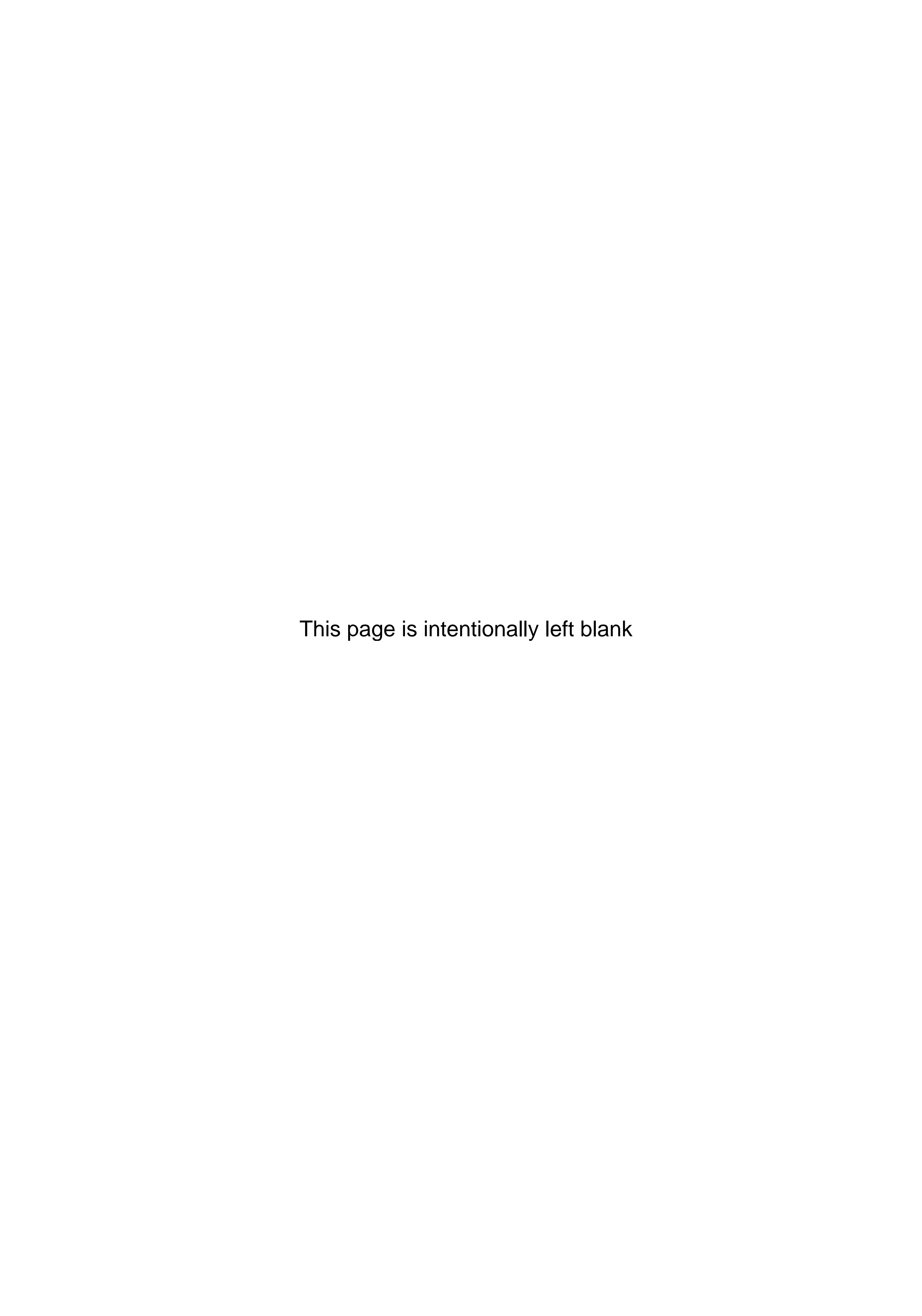
4. Future work and further development of York Health and Care Collaborative in 2022/2023

4.1 Priority Setting

Health and Wellbeing Board identified the 10 areas outlined below to be their priorities:

- Reducing the gap in healthy life expectancy
- Mental wellbeing
- Smoking
- Alcohol
- Healthy weight
- Inequality groups
- Suicide/self-harm
- Diagnosis gap
- Physical activity
- Social connection

YHCC will have a meeting with a focus on each of the priorities starting from January 2023. The cost of living will continue to be a theme that is considered through all discussions.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York Health and Care Collaborative Meeting
26th May 2022; 10.00 – 12.00

1	**Welcome, introductions and apologies** **Attendees:** Emma Broughton (EB) - Priory Medical Group (Chair) Fiona Lloyd (FL) - GP Dalton Terrace George Wood (GW) - Lay Member Peter Roderick (PR) - Vale of York CCG Charlotte Sheridan-Hunter (CSH) - Vale of York CCG Jamie Ingham (JI) - GP Elvington Gary Young (GY) - Vale of York CCG Liz Allen (LA) - York Integrated Care Team Vikki Furneaux (VF) - Monkbar Pharmacy George Scott (GS) - Vale of York CCG Sian Balsom (SB) - Healthwatch Dolly Cook (DC) - Changing Lives Daniel Kimberling (DK) - GP Haxby Group/Nimbuscare Andy Ryan (AR) - Changing Lives Peter Roderick (PR) - Vale of York CCG Christine Marmion (CM) - York CVS Shaun Macey (SM) - Vale of York CCG Sheila Fletcher (SF) - Vale of York CCG Michael Melvin (MM) - City of York Council
2	**Apologies** Rebecca Field, Ros Savege, Christine Gutu
3	Minutes of the meeting held on 28th April were agreed.
4	**Matters Arising** • Actions from last meeting (action tracker attached) 26052022 Action log.xlsx
Workstream Progress Update	
5	**Deprivation Workshop** **Question the group were asked to consider:** How do people from a deprived background access a particular service, or receive care in a way that is different from the wider population? **Impact of deprivation on attendance at A&E** Deprivation in York Workshop 220526.pp Overview: It is a widely held view in health that the closer a person lives to A&E the more likely they are to attend, and the data does appear to support this argument at first glance. However, in York City this picture begins to change when looking at the practice data per 1000 registered patients. Areas of high attendance are not always the closest in proximity

to A&E, people often have a GP Practice closer to their home. The data shows that deprivation could be a higher driver than proximity on A&E attendances.

22% of attendances are being generated by 0.5% of the population. The majority of High Intensity Users (HIUs) have been found to live in deprived areas of the City.

Discussion:

- Priory Medical Group have reviewed their data by LSOA and have also found that the most frequent attenders to primary care are from the most deprived wards.
- Marginal communities have a variety of different reasons for attending A&E rather than primary care. A number of people may find it difficult to access appointments without a phone or access to the internet, this could be linked to deprivation.
- The population need to understand the different health care options are that are available to ensure they attend in the appropriate place. People attend A&E because they are not aware of what else is available.
- York UTC is co-located with ED. There is a view that it is not easy to access without first attending A&E or being referred by 111. If access was simpler it could ease some of the pressure on ED.

Changing Lives – Drug and Alcohol Services

Changing Lives Presentation Dolly Ba

Discussion:

- Often people accessing the services offered by Changing Lives do not have an address so do not receive mail, this can lead to disengagement with health services.
- A survey was completed by Changing Lives that found 40% of people questioned did not have access to the internet through Wi-Fi or a smart phone.
- This cohort often attend in crisis due to a number of factors preventing them from seeking care earlier.
- If there is a single point where people feel comfortable to attend, for example Changing Lives, there needs to be open links with other organisations so that they can help. Open communication channels are key.
- The perception that people who are drug or alcohol cannot attend general practice needs to change.
- Pharmacy staff find it difficult to get attendees to engage with other health services as people have been made to feel that their addiction is their own fault and therefore, they will not be helped.
- Addiction may mean that people are not willing to wait a long time for an appointment.
- There is a risk of people committing crimes so that they can go to prison.

Access to health care for people with a Severe Mental Illness (SMI)

Inequalities in health care provision for pec

Overview:

There has been some success in getting people to attend their health checks with engagement and support. Evidence shows that individuals are getting their health checks but the interventions for lifestyle changes are challenging. Through speaking to people with lived experience it is clear that it is difficult to access smoking cessation as there is a perception that people are not trained to manage SMI. For many people with SMI, smoking can be a coping mechanism so cannot just be removed without a risk of escalation.

Discussion:

- Priory Medical Group have started a pilot to have a health trainer based in primary care. Now that the health checks have been completed something needs to be done with the results.
- Smoking rates in those with SMI increased by 1% last year. CYC are looking for a provider to deliver training to health trainers to improve the offer to those with SMI. There should be something in place in the next 6 months.
- Proportionally, more people from deprived backgrounds access smoking cessation services.
- There is a drive to get young men into smoking cessation services as the figures are currently low.
- There is a higher DNA rate for smoking cessation from those that are from deprived areas and therefore, they are less likely to be able to quit.
- There is a longer term piece of work to support those in drug and alcohol support services to receive health checks.
- York is doing a lot of work on multiple complex needs which tends to be relevant to those that are deprived or experiencing homelessness. There needs to be a whole City approach to this work.
- The multiple complex needs network is discussing why people are reluctant to attend primary care, this can often e due to a fear of what the diagnosis is going to be.

Deprivation in children

- There is an access issue into the 2 year health review. There are 5 contacts from health visitors in the first 5 years of a child's life. The two year health review is a key contact but poor uptake figures have been seen in the York service for a number of years. There are wards that are particularly difficult to engage with.
- Working with families to try and understand attendance and health behaviours. By July this year should be developing solutions with Nesta.
- The number of children accessing free school meals is increasing.
- The number of families using foodbanks in York is increasing. Hunger could be a focus of YHCC in a future meeting.
- PR proposed having a focus on 'Hunger' at a future YHCC meeting.

Discussion:

- Carers in deprivation that cannot pay for their care is a real issue.
- Local area coordinators (LACs) have a similar model to social prescribers, but they are community based rather than health based. LACs look at what is important to each person that they work with. If they find people who are

	struggling to access primary care but need to, they can direct to social prescribers who can help to arrange an appointment. • Having stories of what individual roles do and how they can be accessed would be beneficial to patients • Carers are more likely to attend health services if respite can be arranged for the person that they care for. Links between organisations are essential to be able to do this. • There is a possibility of looking at roles that are jointly funded for example, a dispensing pharmacist that is also trained as a health trainer. VF explained that nurses had been recruited in the pharmacy for individuals that attend from drug and alcohol services. This allows treatment of abscesses before they require an admission. • It will be a very difficult winter this year in terms of poverty and accessing health and care services that are still trying to recover from the pandemic. This will cause difficult for LACs and Social Prescribers when supporting people. • https://www.mecclink.co.uk/yorkshire-humber/ • AR explained that Changing Lives would be happy to be involved in conversations about how to find better ways of working collaboratively. • There also needs to be a focus on the wellbeing of people who deliver these services. It would be good to look into whether it is possible to do something collaborative to support staff. **Healthcare for people experiencing homelessness** Healthcare for People Experiencing Homeles **Action Andy Ryan** to ask the housing team and report back to the group the number of people that are currently though to be experiencing homelessness in York.
9	**Date and time of next meeting**: • 30th June 2022 10am – 12 noon

Cost of Living Questionnaire

YHCC – 29th September 2022

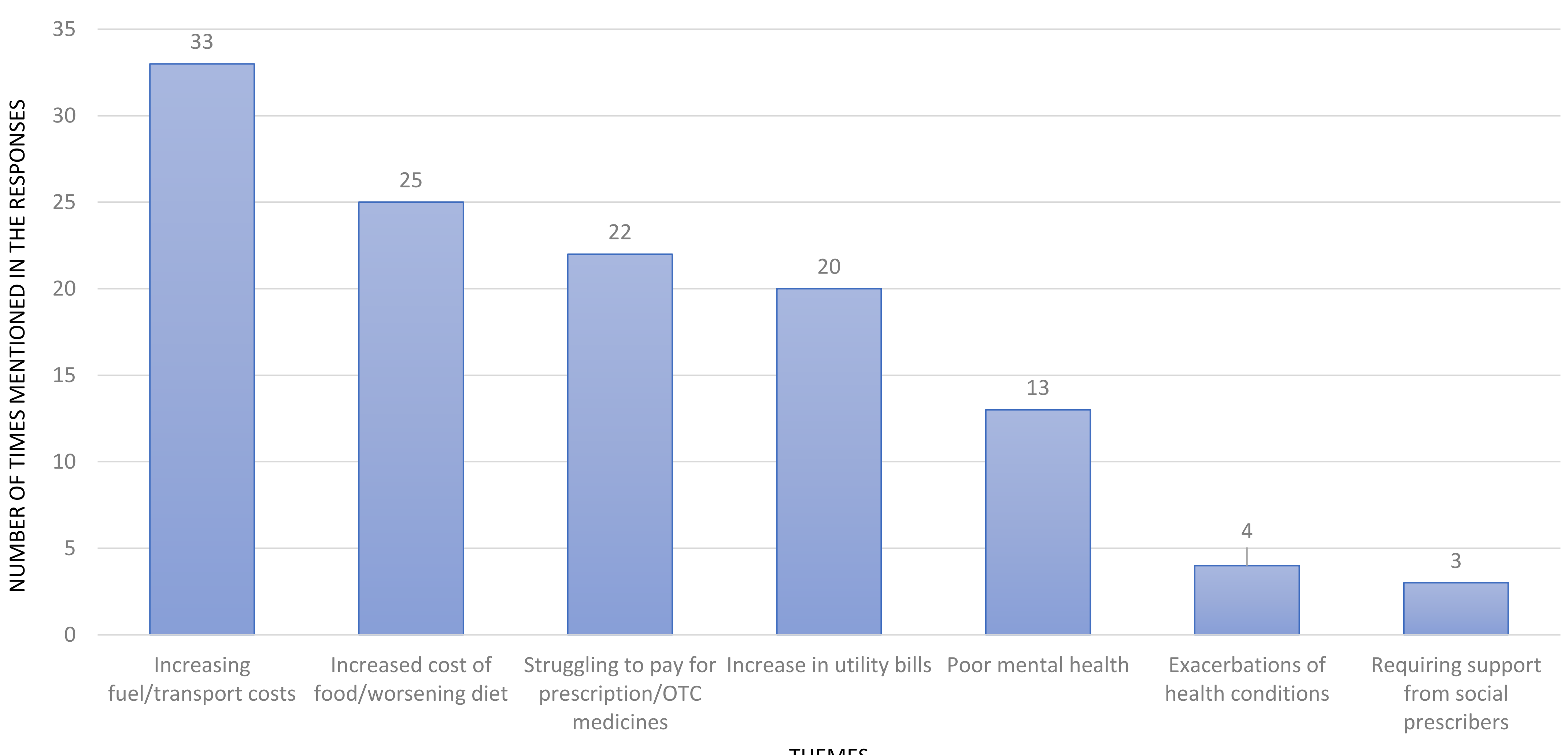
- There were 95 responses to the Cost of Living Questionnaire

- Responses were received from staff working in the following organisations:
  - Primary Care
  - Community Health Care
  - Mental Health Services
  - Hospital Care
  - Social Care
  - Community Pharmacy
  - Public Health
  - Drug and Alcohol Services

- The majority of the responses received were from people working in Primary Care

Question One:

Please share any ways that you have seen the increased cost of living impacting the users of your service.


Please share any ways that you have seen the increased cost of living impacting the users of your service.
NUMBER OF TIMES MENTIONED IN THE RESPONSES
35
30
25
20
15
10
5
0
33
25
22
20
13
4
3
Increasing fuel/transport costs
Increased cost of food/worsening diet
Struggling to pay for prescription/OTC medicines
Increase in utility bills
Poor mental health
Exacerbations of health conditions
Requiring support from social prescribers
THEMES

Fuel/Transport Costs

"My mum cannot get into any car without assistance or in any car that is not of raised height. We can no longer afford taxi prices when mum needs to get to her appointments."

"Patients are struggling to afford to travel to other sites for appointments meaning that they are having to wait considerably longer for appointments at their local surgery."

"Patients are thinking twice about coming to appointments if they have to spend money to travel"

Increased cost of food/worsening diet

"Patients have told me that they only eat once a day as they cannot afford to eat more than this"

"The cost of food is going up and amount of food going down, patients are struggling to get healthy food in, struggling to get 5 portions of fruit and veg in let alone 10 portions a day. They're relying on cheap and less nutritious foods, causing them to put on weight and get less nutritional intake. I can see that this is also having a direct impact on patients with Diabetes to have less controlled blood sugar levels."

Mental Health

"I've seen more people with depression and anxiety, especially young people. The common small talk between me and my patients used to be the weather, or holidays they were looking forward to. Now most of my patients talk about their worry about heating over winter, or the choice between putting the heating on or being able to afford food"

"There is a massive increase in urgent mental health requests through our online triage tool from our patients and their loved ones (e.g., stress and depression)"

Changes in Prescriptions

"People are choosing which prescription medications to take away as they can't afford them all. Also, cutting tablets in half to last longer (so having half the dose prescribed)"

"People cannot afford over the counter meds, so are asking for these on prescription if already exempt from payment."

"Pts requesting large quantities of medication on script so that they only have to request every 2-3 months rather than monthly"

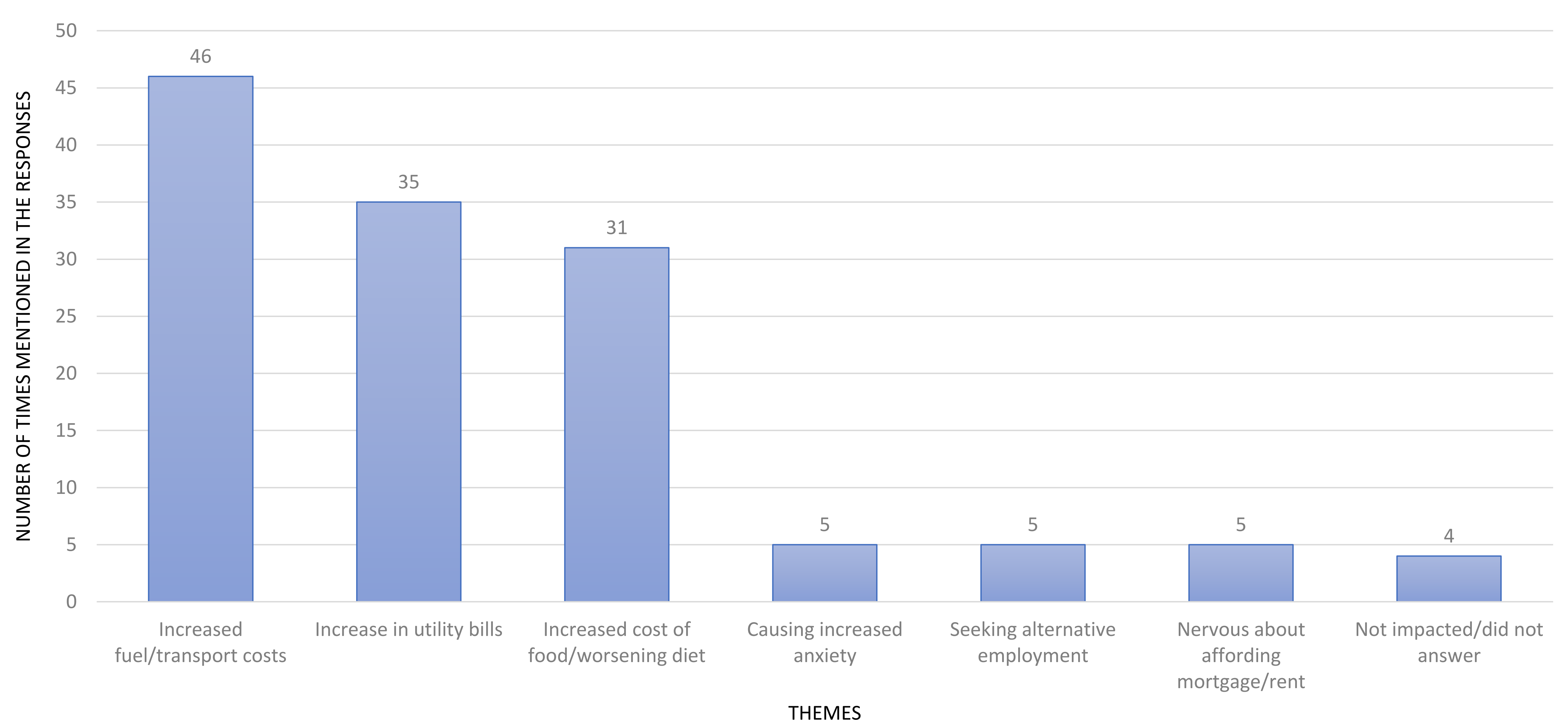
Other ways service users are being affected:

“I work in admin, I can see that patients want to be referred to Community dentists as they cannot find an NHS dentist and cannot afford to go private.”

“I have seen more women advertising unprotected sex on adult sites. The cost of living is forcing women to offer services that guarantee clients; which are more dangerous.”

Question Two:

Please share any ways that the increased cost of living is directly impacting you.


Please share any ways that the increased cost of living is directly impacting you.
NUMBER OF TIMES MENTIONED IN THE RESPONSES
50
45
40
35
30
25
20
15
10
5
0
46
35
31
5
5
5
4
Increased fuel/transport costs
Increase in utility bills
Increased cost of food/worsening diet
Causing increased anxiety
Seeking alternative employment
Nervous about affording mortgage/rent
Not impacted/did not answer
THEMES

Staff said…

"My mortgage has risen, meaning I not only wanted to increase my work hours.. but in the end I needed to, to cover my home and family."

"I am struggling to afford petrol and thinking about resigning and working closer to home."

"Increased fuel prices mean I limit going to see elderly family in person as it is a 40 min drive. I cannot afford school uniforms and am worried about the heating this winter."

"Travel to work and general living cost like energy are causing me massive anxiety. I may have to look for work outside of NHS to make ends meet"

"I have to skip meals so I can feed my kids. Some days I have struggled to put fuel in my car to get to work and do my job."

"I am reluctant to put the heating on in my home, resulting in occasionally wearing damp clothes as they don't dry properly. I have noticed I'm struggling to afford healthy foods too, and that I'm not able to afford the things which used to have a positive impact on my health and mental well being."

"I travel to work by car, petrol prices make me feel miserable. I live in a village so the option to use a bus service doesn't work"

"I am concerned that I will have to look for another job that pays more, as I will struggle to pay my utility bills over the winter if they continue to increase in price."

"Everything is rising except wages, £10ph does not make ends meet. I am struggling and now walking to work despite needing surgery. Some days I only eat one meal a day."

"I keep my lighting and heating off all day and have started using candles to light at night, I can only afford two meals a day, I try not to eat breakfast now. I live 1.5 hours walk away but cant afford to get the bus everyday."

Question Three:

What could the NHS and the Council do together to help you manage the cost of living crisis?

What could the NHS and the Council do together to help you manage the cost of living crisis?

Of the 95 responses received, 47 (49.5%) responses suggested an increase in wages.

Some of the other responses received were:

- Comprehensive information in one place about the help and support available.
- Lowering the cost of rent for people living in council properties
- Collaboration on more subsidised transport
- Sharing of data on vulnerable citizens/patients between organisations
- Free on street parking for NHS staff
- Free school meals for kids after KS1
- Providing a hot meal for staff while they are on duty, for some staff it could be their main meal of the day
- Increase in mileage expenses to cover the increasing cost of fuel
- Using volunteer teams to support vulnerable patients to pick up prescriptions/attending appointments
- Releasing land for allotments so that people can grow their own food
- NHS card to qualify staff for discounts rather than having to pay for a Blue Light Card
- Free/discounted gym memberships to improve mental and physical wellbeing

Agenda Item No. 5

EAST RIDING OF YORKSHIRE COUNCIL

BRIEFING NOTE

Cost of Living: The impact on the vulnerable in the East Riding

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To: Health & Wellbeing Board

Date: 7 July 2022

1. Background

1.1 The 'cost of living crisis' has dominated the news headlines during 2022. With inflation at a 30 year high, outstripping wage and benefit increases and further exacerbated by recent tax increases. A rapid increase in energy costs, housing/household services and transport in particular, have been key drivers of the rapid increase in inflation.

1.2 Globally, a number of cost pressures were created as countries shutdown production and then re-opened their economies through various periods of Covid-19 lockdowns and the associated demand for supplies has also increased prices. Global shipping and freight costs have risen dramatically.

1.3 In addition to the ongoing impacts created by the pandemic, Brexit and more recently the war in Ukraine have further added significant international pressures which are set to continue.

1.4 Economic predictions are that the cost of living crisis is set to continue and a further rise in the energy price cap is anticipated in October 2022. This will be mitigated to some extent by the Energy Bills Support Scheme, where households will receive between £400 (for the majority) and £1,500 (for a small number) of support with their energy bills. Around three-quarters of the total support will go to vulnerable households.

1.5 Locally, our residents and businesses have felt the impact of all of the above, many aspects of which are intensified by the rurality of the East Riding, through a greater reliance on transport and a higher proportion of households without access to mains gas, which has a direct correlation to fuel poverty.

1.6 Prior to the cost of living crisis, in Spring 2021, the Council updated the East Riding Debt Needs assessment. This was in response to concerns relating to the impact of the pandemic and to support the development of the Financial Inclusion Strategy. This brought data together from five key themes and examined trends to help predict which residents, areas and communities are more likely to be dealing with issues that could lead to future debt advice needs. For example, the analysis has highlighted that working age single parents are:

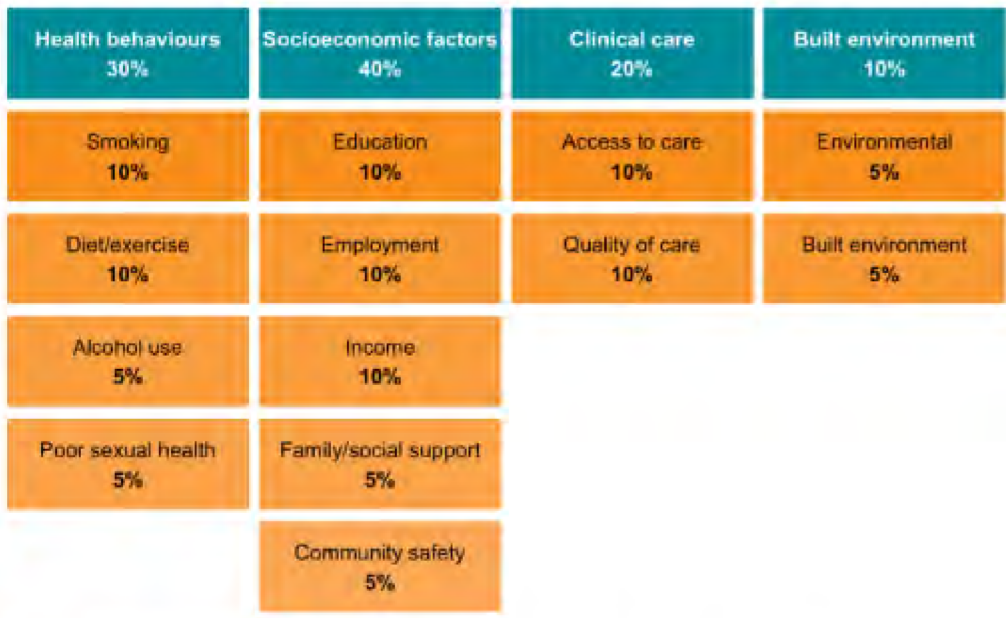
- More likely to have a low income
- More likely to have fuel poverty issues (especially if living in rural areas, in energy inefficient homes and/or on prepaid meters)
- More likely to be claiming housing benefits and, depending on whether they are working/claiming other benefits, number of children and house type, could be up to £150 worse off each week due to 2018 welfare reforms
- Hardest hit by the financial impact of home schooling

- The analysis also highlights that those with the lowest incomes (relative to their necessary expenditure) are also:
    - More likely to have been affected economically by the pandemic (working in industries hardest hit and the costs of home schooling)
    - More likely to be from a fuel poor household and be paying an average fuel poverty premium
    - If on benefits, more likely to be in rented accommodation

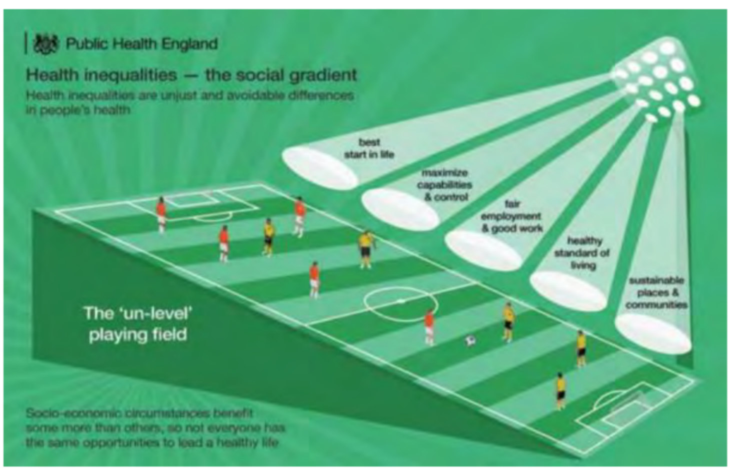
1.7 The needs assessment showed that prior to the cost of living crisis (as at January 2021), 11,053 households within East Riding were in fuel poverty. Of those households, 6,908 included children and they had debt totalling £1,707,969 for council tax and rent arrears and any housing benefit overpayments (an average of £154.53 per household).

1.8 A wide range of socio economic factors which are being impacted by the increasing cost of living will be likely to have a significant impact on the wider health of our residents, in particular those who are already facing inequalities as shown in the graphics below.

Figure 2: Relative contribution of the determinants of health



Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute. Used in US to rank counties by health status



2 Headline data

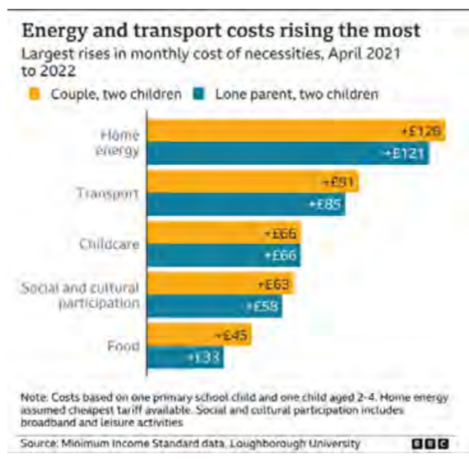
2.1 It is very difficult to measure the cumulative impacts in a fast moving and complex socio-economic environment. However, the following section outlines a selection of key data and softer intelligence of what is known currently. From publication of the Debt Needs Assessment in 2021 to Spring 2022, data is starting to show the impact of the circumstances outlined in Section 1. Initial headlines (which are explained in more detail throughout this briefing) are:

Food

- 1,412 East Riding households in food poverty (April 2022) compared to 1,170 households in March 2022 (+21%)
- Over two million UK adults have skipped meals for a whole day over the past month
- Around 7.3 million adults live in households affected by food insecurity, including 2.6 million children, an increase from 4.7 million adults surveyed in January
- The number of families with children experiencing food insecurity month on month has also risen from 12.1% per in January to 17.2% in April 2022
- Rising cost of living is outstripping the amount by which benefits have risen
- People are more reliant on lower cost foods which tend to be calorie-dense/nutrient-poor, further increasing obesity and malnutrition
- Food insecurity is almost four times higher in households on Universal Credit than the average
- However, households on the lowest incomes saw the biggest improvement in food insecurity levels, showing targeted measures to support the least well off during the pandemic had some success
- Shores Big local update April 2022 shows the Shores Community Pantry now has 800 members of which 93% are in significant hardship (less than £10 per week for food

Heating/energy use

- 12,077 households in fuel poverty (March 2022) compared to 10,032 households in April 2022 (+20%)
- Over 100 fires involving open fires, log burners and heaters in just the last few months due to alternative (cheaper) heating methods being used. Almost 30% of fires involved log burners, heaters and traditional open fires.
- Exposure to cold temperatures is associated with increased blood pressure, inflammation and cardiovascular mortality risks, regardless of age or gender.
- Food bank users are increasingly requesting items that do not need cooking/freezing as they are worried about how they will afford rising energy bills.
- A key trend in the issues people are facing – from worries about eviction to making choices about what to spend money on (particularly on food or heating)



Spending

- Soaring food prices (up 5.9% in the past 12 months) are making it increasingly difficult for families to afford the food they need.
- Global food prices are at a record high, propelled by growing energy and transport costs, as well as an extremely tight labour market.
- Big jumps in the cost of everyday foods, with the price of basic pasta up 45%, tinned tomatoes and eggs up by 13%, and dog food up by more than 40% in the past year. Official data points to a near 20% rise in the price of a pint of milk.
- On a total basis, sales decreased by 0.3% in April, against an increase of 51.1% in April 2021. This is below the 3-month average growth of 3.2% and the 12-month average growth of 6.4%.
- Higher costs as a result of rising commodity prices, transport costs, labour shortages, delays at ports, and the war in Ukraine.
- Staff across the Council's Customer Service Network have noticed that the people that need the most help or are asking for help, are people that are not entitled to any financial assistance – those who are "just about managing".

Wellbeing, Enrichment and Community Support

- Locally, evidence is starting to emerge of the cancelling of activities such as school music lessons, swimming lessons and sports clubs, with the rising cost of living being referenced by parents
- The Council is starting to hear that local community-based clubs are becoming very worried about the rising electric costs and that this will have an impact in their prices
- A YouGov poll found 55% of people felt their health had worsened owing to issues such as higher heating and food costs. Stress was a driving factor. Figures were higher for those on lower incomes.
- A third of people are socialising less as a result of the rising cost of living
- Sewerby Hall has been quieter than usual and a lot of people are choosing to bring picnics with them rather than buy lunch from the café

Health

- GPs have noticed signs of patients not collecting prescriptions due to costs
- Significantly more patients are reporting stress and depression to their GPs in 2022
- Costs are often higher for those with long term health conditions such as Crohn's or Coeliac Disease.
- One in five people are reporting that the cost of living is affecting their sleep

2.2 **Current picture in the East Riding**

Eat or heat?

2.2.1 'More than two million adults in the UK have skipped meals for a whole day over the past month because they cannot afford to eat, new research shows' *(Guardian 9 May 2022).*

2.2.2 As set out in paragraph 2.1, the costs of both fuel and food have risen significantly in 2022. Official data points to a near-20% rise in the price of a pint of milk. Heating and domestic fuel has risen significantly, particularly those on pre-paid meters who felt the impact immediately. Petrol and diesel costs are also at an all-time high, with filling an average tank now costing over £100 (as of June 2022).

2.2.3 The East Riding Low Income Family Tracker monitors the key expenditure data of our most vulnerable families. Looking at figures in March and then April 2022, when additional National Insurance payments were introduced, and benefits rates changed:

- 939 households in cash shortfall in April, compared to 512 households in March (+83%)
- 9,848 households in relative poverty compared to 8,660 households in the previous month (+14%)
- 1,412 households in food poverty compared to 1,170 households in the previous month (+21%)
- 12,077 households in fuel poverty compared to 10,032 households in the previous month (+20%)
- 17,842 households in water poverty compared to 15,079 households in the previous month (+18%)

2.2.4 The latest Department for Education statistics have revealed that 1.9m pupils (around 22.5% of the total) were eligible for free school meals as of January this year, up from 1.74m the year before. This is now likely to be higher and the Association of School and College Lecturers fear that current eligibility does not capture all the children who need help as the level of child poverty is anticipated to be 30%. In the East Riding, there were 7,831 pupils eligible for free school meals in the January 2021 school census, rising to 8,697 pupils by January 2022 (an increase of 11%).

2.2.5 There has been a marked increase in demand for foodbanks nationally and throughout the East Riding. Some families have reported that they have noticed a difference in the amount of stock foodbanks have. Some East Riding families are savvy with certain apps such as Too Good To Go (an app created as a food waste management solution, but also assists with food poverty issues), but are reporting that it is increasingly hard to get food from them due to greater demand.

2.2.6 In terms of donations, families who reported that they used to buy an extra couple of items a week to donate in-store can no longer afford to do so, with one family commenting 'we're now the family that needs the donations'.

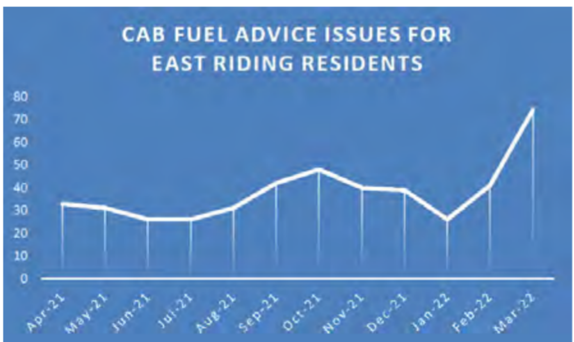
2.2.7 Home Start Goole has noticed a steady increase through the pandemic in the number of families needing support to access foodbanks and this has accelerated in the last 4 months. Of the current 35 families, Home Start has supported 14 to use foodbanks, signposted them to foodbanks or actually collected and delivered food parcels to them, in some cases weekly. Pre pandemic such occurrences were rare – perhaps once annually.

Debt and Budgeting

2.2.8 Citizens Advice Bureau Hull & East Riding (CAHER) found that prior to the cost of living crisis, and as a result of the loss of face to face support in the pandemic, some issues which may have usually been addressed have been ignored or put off by clients. As a result, in 2021 clients were increasingly presenting with complex issues, often in multiple.

2.2.9 More recently, they have seen an increase in clients accessing services for debt and budgeting advice. Analysis of clients' finances is not showing a collapse in income or rising debt, but more the 'inexorable bite' of the cost of living, with the cost of essentials and particularly energy prices pushing more residents into debt.

2.2.10 As the graph below shows, CAHER has seen a doubling of the number of clients seeking advice on fuel related issues compared to April 2021. Of concern, is that this figure is predicted to grow again significantly in the second half of this year when we see prices increase further in October 2022.



2.2.11 Whilst everyone is feeling the impact, residents who 'pay as they go' for their energy on prepayment meters are less able to spread the cost of energy throughout the year and will face huge hikes in winter. Nationally, CAB research shows that rising energy costs could see an average household on a prepayment meter facing bills of £336 - over £10 a day - in December 2022. That same usage would have cost £147 in December 2021.

2.2.12 The largest issue presenting remains as Benefits and Universal Credit with 7,476 in 2-21/22. This is almost double the 3,975 issues last year but is closely followed by Benefits and Tax Credits with 7,024. Debt is the third largest issue with 6,290, which again is almost double the 3,775 seen last year. These issues continue to be the most challenging for the residents of the East Riding, making up almost 70% of all issues this year, and numbers are expected to increase further.

Health

2.2.13 The April 2022 report by the mental health charity National Voices – *Behind the Headlines: the unequal impact of the cost of living crisis* - highlighted the additional challenges faced by those with long term health conditions and disabilities. For example:

- People with **Crohn's and Colitis** face additional costs such as extra bathing laundry and travel costs when they cannot walk, cycle or use public transport. Prescription charges are an additional cost and barrier to many people keeping themselves well.
- **Macmillan Cancer Support** have reported that heating costs has been the number one issue that people with cancer are asking MacMillan for a grant to support with. They have given over £1 million to support patients with heating in just a 3-month period in 2022.

2.2.14 Other report findings and local data and intelligence shows that:

- GPs, particularly those supporting deprived areas, are seeing an increase in patients choosing not to collect/pay for prescriptions, reporting stress due to the cost of living and difficulty in accessing services due to transport or data costs (for online support).
- In 2021 over 2,000 dentists left the NHS nationally leaving many area/residents without access to affordable dental care.
- East Riding Alzheimer's Society Dementia Support Service Advisers are finding that those who would be typically self-funders are 'keener' to take up benefits advice and claim Attendance Allowance which might be related to clients dipping into savings to meet additional cost of living costs/care costs
- A YouGov poll of 2,001 people commissioned by the Royal College of Physicians (RCP) found 55% felt their health had worsened owing to issues such as higher heating and food costs. One in four of these people had been told this was the case by a doctor or other medical professional, with stress seen as a driving factor of ill-health.
- About 37% of those in higher income brackets (ABC1) said the cost of living crisis had had a fairly negative impact on their health, while 16% said it had had a very negative impact. Of those in lower socio-economic groups, 37% said it had had a fairly negative impact and 22% said it had had a very negative impact.
  Low-paid health and care workers are calling in sick because they cannot afford to fill their cars with petrol to travel to work according to the head of the UK's largest trade union. "Financially it's been an absolute drain. When you get cancer, your wage goes away but your bills and your rents don't go away. You don't save for cancer. I was completely unprepared. The current energy crisis has left me scared of the spiralling energy bills and dreading the next lot of direct debits for them" *(McMillian Cancer support patient).*

Mental health

2.2.15 Stress, anxiety and worry have a well-established link to poor mental health. In a recent Sky News poll, 60% of people said they felt more worried than they did 6 months ago with nearly a third reporting they were angrier. People from lower income households are more likely to experience a mental health problem (BBC News, 23 May 2022). Research from Mind has shown that people receiving benefits have been hit particularly hard by the pandemic and are experiencing increasingly severe and complex problems with their mental health.

"My struggle to earn money is a big trigger for my anxiety so the cost of living hikes are stressful. We were forced to move in the middle of lockdown, which had a huge impact on my mental health, this resulted in having to call an ambulance and my councillor". Anon

2.2.16 A report from the Childhood Trust has found that almost one in ten children have started self-harming during the cost-of-living crisis, while 8% have shown suicidal tendencies, and more than half (53%) say they know someone who has taken their own life, had attempted to do so, or had considered it. Researchers also interviewed parents, 47% of whom said their children had become stressed over the rising cost of living, while a quarter have had to cut down on activities for their children to afford essentials.

2.2.17 Analysis by YoungMinds has found that 20,500 children and young people are being referred to Child and Adolescent Mental Health Services (CAMHS) every week - with the result that CAMHS were turning down half of all applications for specialised help and waiting lists in some areas had reached three years.

2.2.18 Locally, some core CAMHS services continue to see unusually high referral (and therefore wait times) rates following the pandemic. In line with the national picture, it is predicted that the cost of living crisis will have a similar impact.

3. Feedback from our residents

3.1 Staff and volunteers working across the Health and Social Care system in the East Riding have collated feedback from families and residents who have shared their current experience of the cumulative impacts of the pandemic, cost of living increase, etc. A selection of typical quotes and scenarios being shared are:

'Everything has gone up, I'm finding it really hard'.

'I'm not buying anything different, but suddenly now I can't afford it'.

'I want to do healthy meals, but at the moment I'm just buying what I can afford.'

'I used to think people who used foodbanks were not people like me'.

3.2 A resident shared with the CallER (befriending) team that she stopped eating so that she could stay warm. She turned off all the radiators only living in some of the rooms to keep the costs down. She was boiling the kettle once and putting the hot water into a flask to save cost. The CallER befriender also got her a food parcel as she was down to the last tin of soup.

3.3 A resident is the carer for his disabled wife. He has explained that he is financially struggling. The couple have been offered a holiday in Bridlington through Carer's Support but is worried about having enough money to pay for the petrol to get there.

3.4 Families are having to prioritise the cost of fuel to get to work, which is impacting on things like seeing families and friends.

3.5 One resident already struggles with her finances and has had intermittent rent arrears. She is worried that the cost of living crisis, and in particular the rise in energy bills, may lead her back into financial hardship. Whilst she does not want to be in arrears, she has stated that if it comes to a choice between paying her rent or keeping herself fed and warm, then she would be prepared to miss a week's rent payments.

3.6 One young, single mother of three children asked if she could pay her £2 contribution to the Foodbank next week as she had no money but needed some food from us as her fuel bill had gone up to £360 per month. "She only turned the water on when they all had a quick shower then turned it off again straight away. She kept turning all the lights off and didn't know what else to do to reduce her fuel bills and couldn't understand why it cost so much"

3.7 Mr Z has concerns about general debt and financial struggles as he currently works part time but his job is solely reliant on others being able to afford to pay for his wages (taxi driver) and therefore his income is not guaranteed. He wants to know what happens when the cost of living is too high for people to afford luxuries such as taxis which then impacts on his income, and he will again be in financial difficulty, He has stated he is still recovering from the lost income due to the pandemic and that this could not have come at a worse time.

3.8 Pickering & Ferens Homes Housing Association suggest that their tenants (over 60s) are yet to see the real 'bite' of the increased cost of living, the majority of whom receive state pension. There is, however, real concern about the Autumn and Winter particularly sue to increased energy costs for the elderly to keep warm. Anecdotally, some of their 1400+ residents already feel that the energy price increase is going to be detrimental to their health

and wellbeing. The more vulnerable and single residents are certainly pre-empting tough times.

4. What has been put in place

Strategic

4.1 The East Riding (health and social care) 'Place', which also incorporates those services related to the wider determinants of health, continues to maintain a focus on early intervention, prevention and community empowerment, through a developing 'population health management' approach.

4.2 The Place are keen to learn from and build on the experience of the pandemic and harness the community asset approach which emerged so strongly in the East Riding. In addition, 'Empowering and Supporting Communities' became a new Council priority in 2022.

4.3 Roadshow events and other consultations are due to take place from June 2022 onwards to inform the Joint Strategic Needs Assessment (JSNA). The Covid Impact Assessment produced by the Public Health Team, together with the learning to date relating to the impact of the cost of living, will inform JSNA prioritisation. Feedback will be the foundation of the development of a new Joint Health & Wellbeing Strategy for the East Riding, which is scheduled for completion by March 2023.

4.4 Throughout 2022, the new arrangements for the NHS will come into effect and the East Riding Place are working on formalising the vision for integrated working in the area, whilst recognising that this will require continued evolution as the Integrated Care Partnership, Integrated Care Board (where CCG staff are transferring to), the East Riding Place Based partnership and Provider Collaboratives become established and mature.

Operational

4.5 In May 2022, the Council launched the Government's Household Support Fund across the East Riding, a grant scheme to support those most in need across the East Riding with the rise in energy bills and food. The fund will target and prioritise support for the following:

- Pensioners who are in receipt of council tax support and in receipt of a disability-related benefit
- Other households in receipt of council tax support that have a high barrier to work, which includes those in receipt of disability-related benefits, carers, and lone parents with children under five. This list is not exhaustive, and households may have to meet two of the criteria depending on their circumstances
- The amount households receive will vary depending on their situation.

4.6 Council Welfare Visit Teams continue to offer and promote visits to discuss what could be available to residents and to signpost where appropriate. Free school meals vouchers ran in the May half term holiday. In addition to local advice and signposting, free and impartial help with money, backed by the government, is available from https://www.moneyhelper.org.uk/en

4.7 The Public Health Inclusion vehicle is being deployed across the East Riding supporting residents. This project brings together council services including public health, leisure and libraries, as well as external partners such as the Humber NHS Foundation Trust, the Food Poverty Alliance and the foodbank network, working with community groups and organisations, all with the aim to become a trusted and supportive presence within the local authority.

4.8 The Health Inclusion vehicle was a direct response to the impact of the COVID-19 pandemic on our communities, to make healthcare inclusive and accessible for every resident of the East Riding regardless of their situation.

4.9 Established programmes and projects and those in development, will continue to support residents, families and communities to equip them with the opportunities, life skills and aspirations to improve their health, wellbeing and living conditions. These include, for example, Active Withernsea, Your Life, Your Way (Phase 2), Healthy Driffield and Bridlington Re-Imagineering.

4.10 As part of the UK Government's Levelling Up agenda, the Council has received details of their UK Shared Prosperity and Multiply Fund, which is an allocation of £10.4 million from the UK Shared Prosperity Fund (UKSPF) and £1.5 million for Multiply.

4.11 These funds replace the support that local authorities previously accessed through the European Structural and Investment Funds prior to the UK's exit from the European Union. The council needs to submit investment plans which detail how the UKSPF and Multiply allocations will be spent over the next three years to improve local places, support businesses and improve skills. The investment plans must be submitted by 1 August 2022 and 30 June 2022 respectively. Both plans will then be subject to approval by the government.

4.12 To support the development of the investment plans, the council will engage with a wide range of local stakeholders. The council has hosted an initial webinar to provide an overview of UKSPF and Multiply, focusing on its three priorities of Community and Place, Supporting Local Business and People and Skills

4.13 Pickering & Ferens Homes Housing Association is planning workshops to discuss financial inclusion, budgeting advice etc. and where people can go for help. They will continue to monitor and support particularly exposed marginal groups/people and look at individual circumstances, family support, income and spending commitments, etc.

4.14 The VCSE Network meeting held 29 June 2022 was dedicated to the topic of collectively supporting our communities during the cost of living crisis.

4.15 Humberside Fire and Rescue has worked with partners to analyse key data sets in order to guide where to focus the offer of Safe and Well Checks in vulnerable households. This is in recognition that the most vulnerable and those facing financial hardship are at risk of resorting to unsafe methods of keeping warm this Winter.

4.16 The Humber and North Yorkshire Health and Care Partnership: Mental Health, Learning Disabilities and Autism Collaborative Programme (Suicide Prevention Programme) has recently published a progress report, which sets out a range of programmes designed to promote good mental health, with a specific focus on men’s mental health.

5. Questions for the Board

- **What else can be done to improve the factors and conditions of living (Appendix 1) for our most vulnerable?**

- **What are the opportunities to improve health through the crisis? Active travel, local cheaper healthier food, use of blue and green spaces, support from community members (physical and virtual), changes to working environment, intergenerational support etc.?**

6. Conclusion

6.1 The cost-of-living crisis has been growing in scale and impact, with inflation reaching historic levels and is predicted still yet to peak. Those on the lowest incomes are most exposed and masked within the headline figures and, as the information presented in this briefing shows, increases are hitting low-income households the hardest.

6.2 A considerable amount of work is already underway to support these households, with further opportunities being explored. The strategic vision for the East Riding Place, which will be set out in the new Joint Health & Wellbeing Strategy will undoubtably have a focus on the challenges resulting from the cost of living crisis.

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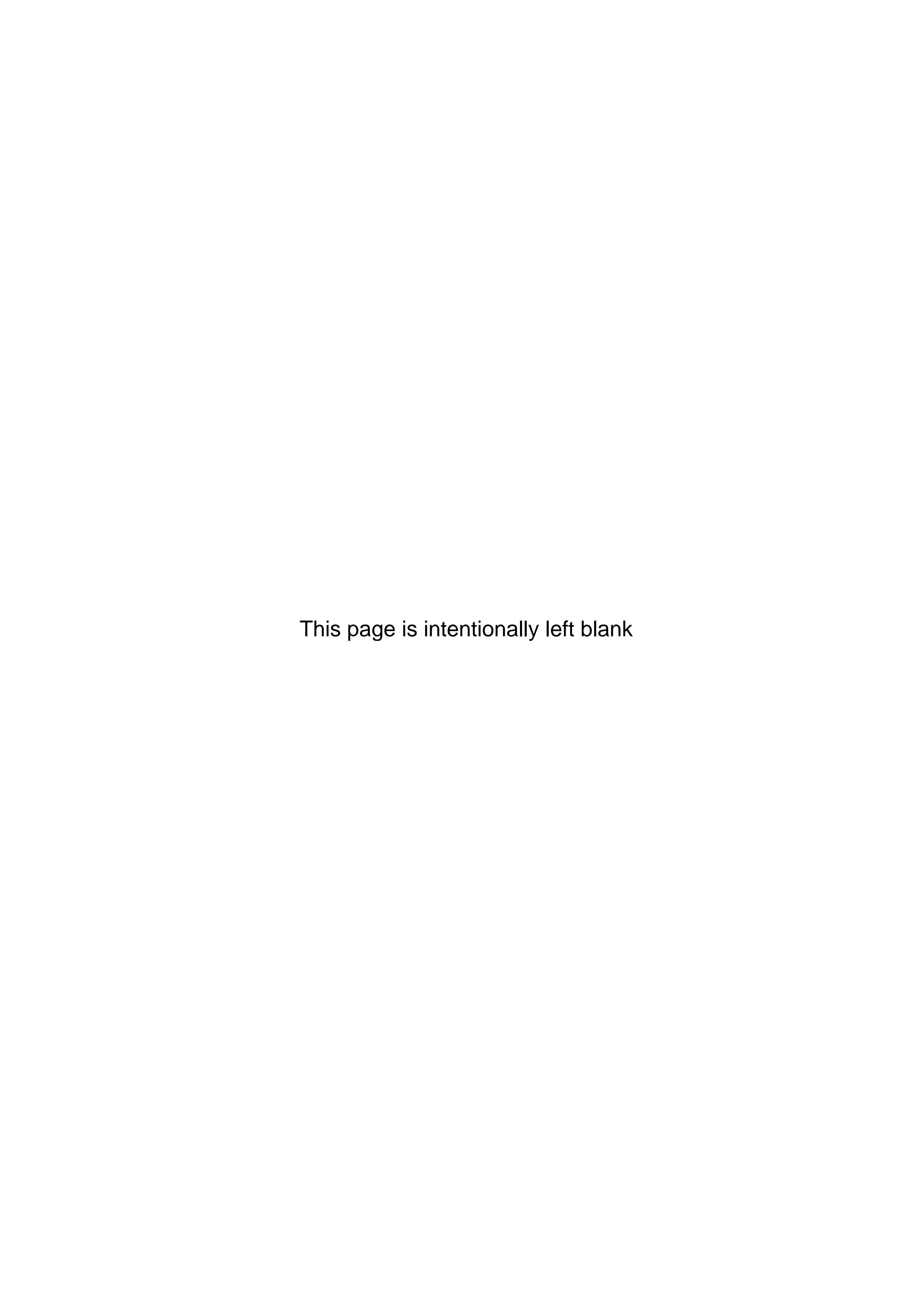

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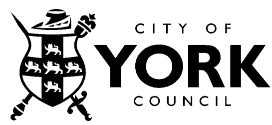


Health and Wellbeing Board 16 November 2022

Report of the Director of Public Health

Health Protection Assurance report

1. Summary

This report provides an update on health protection responsibilities within City of York Council and builds on the report from November 2021.

Health and Wellbeing Boards are required to be informed and assured that the health protection arrangements meet the needs of the local population.

2. Background

The scale of work undertaken by local government to prevent and manage threats to health will be driven by the health risks in the Local Authority area and includes:

- National programmes for vaccination and immunisation
- National programmes for screening, including those for antenatal and newborn; cancer (bowel, breast and cervical); diabetic eye screening and abdominal aortic aneurism screening
- Management of environmental hazards including those relating to air pollution and food, these are the responsibility of other departments in the Council and are not included here.
- Health emergency preparedness and response, including management of incidents relating to communicable disease (e.g. COVID-19) and chemical, biological, radiological and nuclear hazards
- Infection prevention and control in health and social care community settings
- Other measures for the prevention, treatment, and control of the management of communicable disease as appropriate and in response to specific incidents.

Main/Key Issues to be considered

3. Sexual Health.

Chlamydia detection rate per 100,000 aged 15 to 24 (2021) in York (1,134) remains below the England (1,334) and regional (1,464) average.

As part of ongoing contract monitoring reporting the sexual health service and Public Health audits the Yorscreen programme. Current knowledge shows that we have a higher-than-average positivity rate for men than women (16.7% compared to 7.2%) however we need to compare this with our on-line offer through Preventx[1]. As a national provider of on-line services preventx data is not easy to split by gender but this breakdown has been requested.

We screen more women than men, but we have a higher positivity rate in men, this has been the case for some time and we continue to work with our provider to understand the reason for this. Our large student population probably contributes to the high rate of chlamydia screening but the detection rate as always been lower.

	Information Team (April-March)		Preventx (Jan – Dec)	
Year	**Tests**	**Positivity**	**Tests**	**Positivity**
2019-20	6313	6.73%	2178	6.6%
2020-21	2377	5.34%	2469	7.1%
2021-22	3271	5.25%	2509	7.3%

4. Late HIV diagnosis.

HIV late diagnosis in people first diagnosed with HIV (2019 to 2021) in York (85.7%) is well above the England (43.4%) and Regional (50.2%) average. The target for this is to have 25% or less late diagnosis.

HIV in York continues to be in very small numbers and so any increase in rates is exacerbated in data. It is worth noting that the (PHOF) data is over a 3-year period for the late HIV diagnosis. Due to the low number of cases, data swings hugely year on year.

[1] Preventx - Innovative healthtech that makes remote testing accessible to all

Further analysis from the specialist service shows:

	CD4 > 350	CD4 200-350	CD4 < 200
2019	8	2	4
2020	2	0	4
2021	2	3	2

CD4 count is a measure of the health of your immune system. A CD4 count above 500 is considered ‘normal’, one below 350 shows that HIV has damaged your immune system and a count below 200 means that your risk of serious infections becomes much higher.

Following scrutiny of the data, many of the cases we see in York fall into the characteristics of being heterosexual men, who are older, and infected abroad. Approximately a third of cases of York patients were heterosexual men in their 40’s and 50’s. Some of these cases had seen their GP with weight loss, lethargy and fatigue, as many as 10 times before being tested and diagnosed, with the majority not diagnosed until they are in ICU or hospital unwell. This group profile tends to be unlikely to attend sexual health services unless their symptoms are classic GU presentations.

The service has been proactive in working with GPs providing educational sessions to highlight HIV testing guidance, missed opportunities and other presentations.

York is a long way from the point of requiring routine testing and therefore finding cases is likely to remain difficult. They are a small proportion of the population, not necessarily identifying as classical at-risk groups, and as soon as they have symptoms of a clinical infection, they are likely to be a classified as a late diagnosis.

Regional work has commenced looking at how we can encourage groups who do not identify as ‘at-risk’ to HIV infection, to come forward. The results of this are not due until 2023.

5. Immunisations and Vaccinations.

The table below shows the PHOF immunisation and Vaccination data where York is not in line with England or Y&H rates.

PHOF Indicator	England (% previous report) (% most recent data)	Yorkshire and the Humber	York
MMR 2 doses (5 years). Target >95% (2019/20) (2020/21)	86.8 86.6%	89.8 90%	89.5 89.4%
Flu primary school aged vaccination (2021)	60.4% 57.4%	60.8% 58.2%	55.0% 61.0%
HPV Vaccinations – 2 doses (13/14 years) female. Target >90% (2019/20) (2020/2021)	64.7 60.6%	71.9 79.2%	53.0 Unavailable at this time
Flu vaccinations for at risk individuals. Target >75% (2019/20) (2021/22)	44.9 52.9%	45.0 54.9%	44.3 57.3%
Shingles Vaccination (71 years). Target >60% (2018/19) (2019/20)	49.1 48.2%	51.4 49.3%	47.7 42.7%

- **MMR2** – By the time children reach the age of 5 they are usually attending an educational setting and parents are back at work so access maybe restricted. The uptake of MMR1 by 5 years is 96% so there doesn't seem to be an issue with parents accepting the MMR vaccine per se but further investigation into the low up take of MMR2 is required. Non-recurrent funding has been received from NHSE to identify the barriers parents face to getting their child immunised. We anticipate this will be via direct contact with parents from a health professional asking key questions, signposting to vaccination clinics and dispelling any myths, whilst collecting valuable insight.

- **Primary school age flu** – Provisional monthly data for Primary school age Flu (September 2020 to 31 January 2021) indicated that this has risen to 74.9 in York whilst remaining static for both the regional and England average. The School Aged Immunisation Service (SAIS) have held primary age flu clinics and have offered

community-based clinics for those children who are schooled at home.

- **HPV** – Human Papilloma Virus. Covid impact on school closures, pupils not being in school when the team attended, together with schools reluctance to have visiting teams in school during the pandemic have all had an impact on uptake. Work continues to mitigate against the low up take with a programme of catch-up clinics and this has been further supported by a more favourable response from schools. The School Aged Immunisation Service will also be delivering DTP (Vaccination for Diphtheria, Polio and Tetanus) to year 9 from January to March 2023 and MenACWY to year 8 from April to July 2023.

- **Flu vaccination for at risk individuals**. This cohort are identified and vaccinated via primary care services. Over the last few years GPs in York have delegated this responsibility to NIMBUSCARE. This year there is a mixed delivery model where some GP's are delivering this themselves and some have delegated this to NIMBUSCARE. Nimbus is delivering flu vaccinations to care homes, the housebound and doing outreach sessions. Public Health in CYC have funding some of these outreach sessions through a specific flu grant. These outreach sessions are taking place during October and will visit several foodbanks across the city, the Migrant Hub and the Ukrainian Café. Other at-risk groups are being covered in a system wide approach:

    - GP practices in York are vaccinating frail/elderly patients who can't travel
    - We have a comprehensive Community Pharmacy offer across the city
    - York Medical Group are delivering vaccinations to the homeless
    - York practices are looking at pooling 2–3-year-old nasal vaccinations to offer 'at scale' clinics – there have been some issues with the amount of supply available for this cohort.
    - PCN's are vaccinating care home residents as a matter of priority through out October, however some may be vaccinated after this due to COVID infections and closures.
    - Across all cohorts – where applicable – co administration of COVID and flu vaccination is being offered – this also dependant on supply.

- **Shingles.** York continues to be below the national and regional average in the coverage of Shingles vaccination at 71 years of age. The target for this vaccination is 60% uptake. York is the second worst performing local authority for this vaccination uptake. Public health have secured a small grant to fund investigative work into why the uptake of Shingles is low. The funding, from NHSE, will allow us to find out why there is a reluctance and identify ways to mitigate against this.

6. Childhood vaccinations

Summary of Childhood Vaccination Uptake in York – Target 95%

Indicator	Period	York %	England %	York: RAG rating v national target
Dtap / IPV / Hib (1 year old)	2020/21	93.5%	92.0%	Amber
MenB (1 year)-(Data statistic is showing children who have completed a Men B course at any time by their first birthday)	2020/21	94.7%	92.1%	Amber
Rotavirus (Rota) (1 year)	2020/21	92.4%	90.2%	Amber
PCV	2019/20	95.3%	93.2%	Green
Dtap / IPV / Hib (2 years old)	2020/21	95.6%	93.8%	Green
MenB booster (2 years)	2020/21	92.0%	89.0%	Amber
MMR for one dose (2 years old)	2020/21	93.3%	90.3%	Amber
PCV booster	2020/21	93.1%	90.1%	Amber
Flu (2 - 3 years old)	2020/21	67.9%	56.7%	Green
Hib / MenC booster (2 years old)	2020-21	92.9%	89.8%	Amber
DTaP/IPV booster (5 years)	2020-21	88.3%	85.3%	Red
MMR for one dose (5 years old)	2020-21	96.0%	94.3%	Green
MMR for two doses (5 years old)	2020-21	89.4%	86.6%	Red
Flu (primary school aged children)	2020	77.3%	62.5%	Green
HPV vaccination coverage for one dose (12-13 year old Female)	2019/20	93.7%	59.2%	Green
HPV vaccination coverage for one dose (12-13 year old Male)	2019/20	83.8%	54.4%	Amber
HPV vaccination coverage for two doses (13-14 years old Female)	2019/20	19.7%	64.7%	Red
Meningococcal ACWY conjugate vaccine (MenACWY) (14-15 years)	2019/20	86.8%	87.0%	Amber

Source: OHID – Health Protection Profile. 27.5.22

The table above gives some indication regarding the success of the childhood vaccination programme in York. By targeting the MMR2 vaccination for 5-year-olds we will also have an opportunity to discuss the DTaP/IVP booster which is aimed at the same cohort.

7. Influenza.

For the last 2 years during the coronavirus (COVID-19) pandemic we have had the largest NHS influenza vaccination programmes ever. We have also seen some of the best influenza vaccine uptake levels ever achieved in many of the cohorts, with more people vaccinated than ever before.

As a result of non-pharmaceutical interventions in place for COVID-19 (such as mask-wearing, reduced social interactions and reduced international travel) influenza activity levels were extremely low globally in 2020 to 2021 and at present continue to be low. A late increase in activity cannot be ruled out this season. As social contact returns to pre-pandemic norms there is likely to be a resurgence in influenza activity in winter 2022 to 2023 to levels similar to or higher than before the pandemic. The potential for co-circulation of influenza, COVID-19 and other respiratory viruses could add substantially to pressures in the NHS in 2022 to 2023, by addition, or by prolongation of the overall period for which respiratory viruses circulate in sequence.

A recent article in The Lancet notes that the return of influenza as a major public health issue is inevitable and learning from the southern hemisphere indicated that the flu season will start earlier than usual and at much higher infection rates. The sharp increase in rates in the southern hemisphere was probably driven by relaxation of measures put in place to mitigate the COVID-19 pandemic and the low proportion of the population vaccinated against influenza. In addition, there has been little natural influenza infection for the past 2 years. As a result, herd immunity against currently circulating viruses is probably substantially lower compared with previous years, a situation exacerbated by the entire cohort of children younger than 2 years who have never been exposed to influenza.

Groups eligible for influenza vaccination are based on the advice of the Joint Committee on Vaccination and Immunisation (JCVI). The programme aims to provide direct protection to those who are at higher risk of influenza associated morbidity and mortality and to reduce transmission to all age groups through the vaccination of children.

The expanded influenza vaccination programme that was introduced last year will continue in 2022 to 2023 as we are likely to see both

influenza and COVID-19 in circulation. This means that the following additional cohorts will be included:

- secondary school-aged children focusing on Years 7, 8 and 9 and any remaining vaccine will be offered to years 10 and 11, subject to vaccine availability. This is commissioned via the school aged immunisations service – which for York is delivered by Harrogate and District NHS Foundation Trust.
- those aged 50 to 64 years old not in clinical risk groups (including those who turn 50 by 31 March 2023)

The table below gives the number of individuals who are eligible for a free flu vaccination, the numbers vaccinated and the percentage for City of York Council area (2021).

Cohort Name	Count of Individuals	Vaccinated	% Vaccinated /Individuals
50 - 64 year olds	39,661	22,783	57.4%
65 + not at risk	21,456	17,834	83.1%
65 + at risk	17,583	15,683	89.2%
School age children reception to ye	25,203	13,366	53.0%
Other - 18 to 49	4,733	4,733	100.0%
50-64 at risk	6,114	4,511	73.8%
NHS and social care Worker	6,057	4,092	67.6%
18-49 at risk	6,101	3,199	52.4%
2-3 year olds	3,490	2,237	64.1%
0 to 15 at risk	815	541	66.4%
Pregnant women	742	133	17.9%
16 to 17 at risk	278	128	46.0%
Other - 0 to 17	123	123	100.0%

NIMMS Flu vaccination portal.

8. Overview of COVID vaccination in York.

The numbers of COVID cases per 100,000 population changes daily and is available on York Open data. This platform also shows vaccination rates:

Vaccinations for People aged 16+ (1st dose, 2nd dose and Booster)

- As at 2.10.22 a total of **158,935** CYC residents aged **16+** have had the first dose of the vaccine. This represents **89.1%** of the estimated (**16+**) population of York.

- As at 2.10.22 a total of **153,246** CYC residents aged **16+** have had both doses of the vaccine. This represents **85.9%** of the estimated (**16+**) population of York.
- As at 2.10.22 a total of **125,756** CYC residents aged **16+** have received the booster vaccine. This represents **70.5%** of the estimated (**16+**) population of York.

Vaccinations for People aged 12-15 (1st and 2nd dose)

- As at 2.10.22 a total of **5,638** CYC residents aged **12-15** have had the first dose of the vaccine. This represents **67.3%** of the estimated (**12-15**) population of York.
- As at 2.10.22 a total of **4,523** CYC residents aged **12-15** have had both doses of the vaccine. This represents **54.0%** of the estimated (**12-15**) population of York.

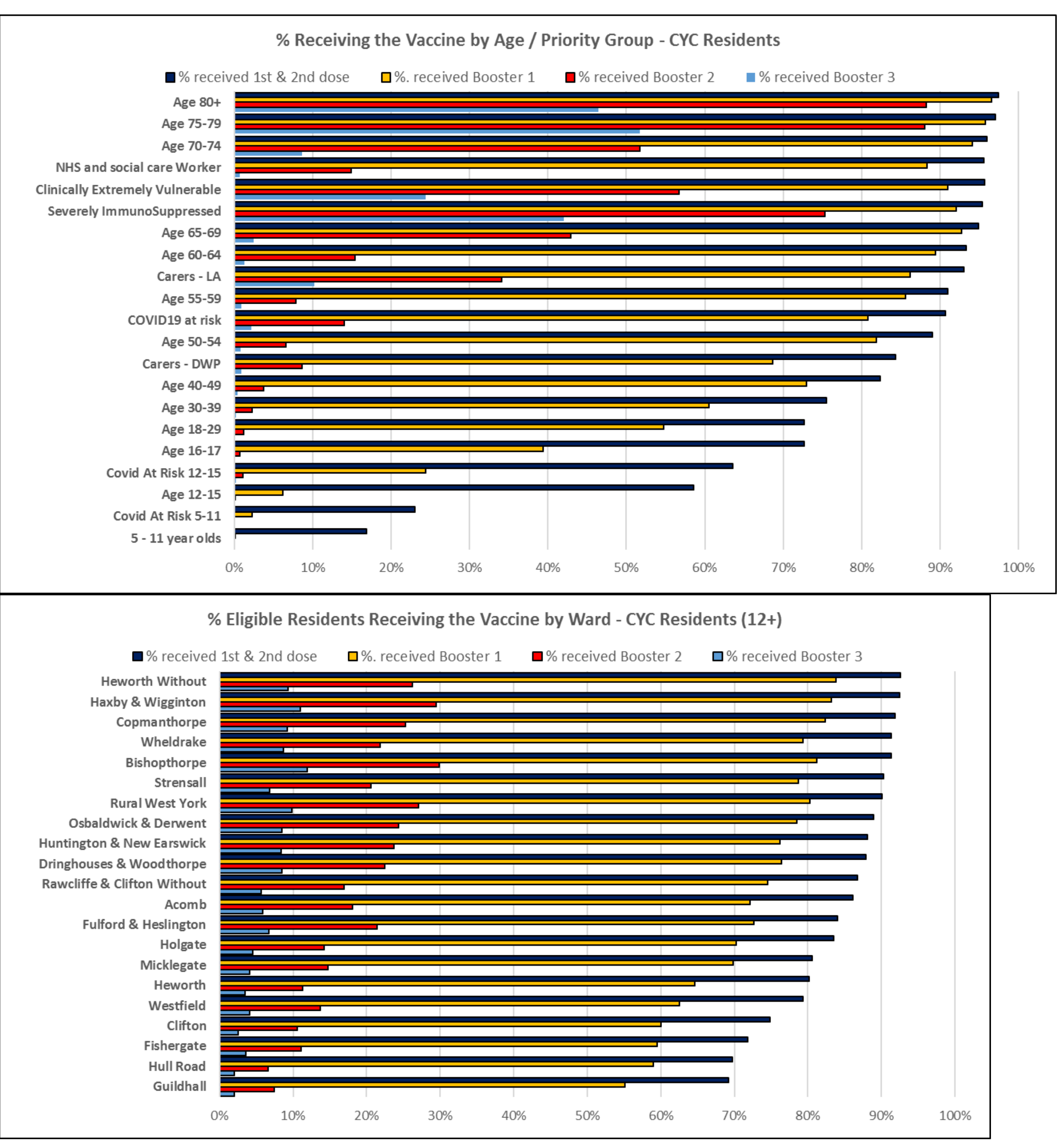
Vaccinations for People aged 5-11 (1st dose)

- As at 2.10.22 a total of **2,871** CYC residents aged **5-11** have had the first dose of the vaccine. This represents **19.1%** of the estimated (**5-11**) population of York.

Source: PHE Covid-19 Situational Awareness Explorer.

Vaccinations by Age / Category and Ward

The first chart below shows the percentage of CYC residents in each priority category who have had the vaccine. Please note, a person can be counted more than once in the chart e.g. an NHS or Social Care Worker who is aged 55-59 would appear in the total for both of these categories. The second chart shows the percentages by ward for people aged 12+.



Source: NHS NIMS Covid Vaccine Uptake Report

9. **Monkeypox** The World Health Organisation (WHO) report a worldwide reduction in the number of cases of Monkeypox which is reflected nationally. This has largely been as a result in lifestyle changes within the most affected demographic, supported by a national vaccination programme to those who are most vulnerable. Cases in York have remained in single figures, but the work required to respond has been a strain on the sexual health service.

10. Health Care Acquired Infections (HCAI's)

To support the management and prevention of Health Care Acquired infections (HCAIs) a multi-disciplinary partnership group, chaired by Public Health meets regularly to:

- Through a multi-agency approach, manage Healthcare Associated Infection (HCAI) across the healthcare system aimed at the consistent reduction of all HCAI in the population of the Vale of York.
- Ensure that lessons for preventing future HCAI are learned from the review of current and previous cases.
- Ensure the lessons are shared across all sectors of healthcare
- Ensure completion of identified actions to implement the learning from these reviews.

Notification, outbreaks and deaths associated with Clostridium difficile (C.Diff or C.Difficile or CDI) and methicillin-resistant Staphylococcus aureus (MRSA) are all investigated in line with the ICB/CCG Serious Incident policy. The group makes recommendations for improvement, disseminates, and demonstrates the learning for these investigations by illustrating common root causes, themes and trends.

The group examines antibiotic prescribing across primary and secondary care and makes recommendations to improve practice in line with prescribing guidelines.

As the NHS landscape has changed from CCG to ICS/ICB this work will sit in the wider context of Infection Prevention Control which has yet to be determined.

11. Oral Health

Over the last year the Public Health team have responded to the increase in public attention and interest in Oral and Dental health. The OHAG (Oral Health Advisory Group) is a strong working group with membership from key stakeholders across the dental network including dental commissioners, NHS, Local Dental Network and Health Education England. CYC and NYCC are both represented on the group and work closely together to reduce the health inequalities related to poor dental health.

One of the most positive outcomes has been the procurement of an Oral Health promotion service via a competitive tender process. Harrogate and District NHD Foundation Trust won the three-year contract to provide a wide range of Oral health promotion opportunities across the two local authorities. This includes:

- All special schools in York and North Yorkshire will be invited to take part in a supervised toothbrushing programme. This includes training for staff, provision of resources and equipment and support for parents.

- Training packages aimed at some of our key staff groups, e.g. Healthy Child Service, Social Workers, etc to promote good oral health and support access to dental provision.

This three-year contract will also provide supervised toothbrushing in a limited number of mainstream schools and early years settings that have been identified as having a specific need. Remaining schools and settings will have access to a 'universal' offer of support via training packages etc.

Public health has been working with NHSE colleagues – who commission dental services – to facilitate access to those most in need of dental services. Via a programme called 'flexible commissioning' NHS dental practices are able to accept patients with significant dental issues onto their patient case load if referred by a Healthy Child Practitioner or Social Worker. Small steps have been made but they have been successful and NHSE have recently looked for other NHS practices who would like to take part on flexible commissioning.

PHOF data shows that York, compared with England average has poorer access to dental services in 2020/21 (England 77.0% successful access, York 75.0%%). Nationally access to dental provision has decreed over the last few years and York is no exception to this.

12. Screening:

The NHS provides five national screening programmes for adults: abdominal aortic aneurysm (AAA), diabetic eye, Bowel cancer, breast cancer and cervical cancer. The COVID-19 pandemic and subsequent lock downs resulted in all programmes being

significantly affected as they were temporally suspended during the early stages of the pandemic. However, restoration of these programme has been working across England and the regions to address this and many screening programmes are now back to pre-pandemic levels.

- **AAA – Abdominal Aortic Aneurysm**. In England, screening for AAA is offered to men during the year they turn 65. The AAA screening is a concern with screening rates in York at 17.5% which is well below the regional (56%) and national average (55%). However NHSE report that the AAA screening team have been working hard to manage significant backlog within their programme as a result of Covid and staffing capacity specifically. This programme is on the relevant risk registers and NHSE are in the process of securing non-recurrent funding to enable facilitation of additional clinics by enabling an increase in staffing capacity. (Caveat: Although Fingertips is the published data NHSE continue to monitor quarterly performance and have noted improvements over the last year).

- **Breast -** The North Yorkshire and York Breast Screening programme is currently working on how to reach populations who don't normally come forward. Public Health has assisted in this and will continue to address inequalities in access. Additional funding to help the NY Breast screening programme, which is run by Y&STHFT, has been awarded to assist with the programme team developing strategies to support hard to reach groups accessing breast screening Breast Screening coverage in York in 2021 (over pandemic) was 64.8% which is higher than the regional (64.3%) and national average (64.1%). (Fingertips) Uptake is monitored by NHSE at the programme update meetings on a 4-6 weekly basis and improvement is noted month on month

- **Bowel** - NHS bowel cancer screening programme is available to everyone aged 60 or over. In 2021 the programme expanded to include 56-year-olds. Harrogate, Leeds and York (HLY) bowel cancer screening programme are rolling out an age extension. There are capacity issues in endoscopy at Y&STHT. NHSE monitors delivery and performance with the HLY programme manager and SQAS and is working with the overall service to maintain programme standards. Bowel cancer

screening in York (70.1) is above the National (65.2%) and regional (66.8%). Access and support with taking up bowel cancer screening in those with a learning disability is being progressed across HNY, NHSE is working with partners to support work to address this, noting there has been some delays with the data sharing arrangements in place.

- **Cervical –** All women and people with a cervix aged 25 to 64 are invited to screening by letter via their GP. NHSE are aware of occasional capacity issues in primary care to deliver timely appointments, where this is the case NHSE and ICB "place" Quality Leads are supporting practices where necessary with discussions with these GP practices. CYC commissioned Integrated Sexual Health (ISH) Services have expressed an interest in working with NHSE to extend their delivery of cervical screening – in the current service specification the service provides this opportunistically. Colposcopy at York and Scarborough NHS Foundation Trust has been given additional funding which will help maintain timely clinics for the York and Scarborough population as an increase in referrals has been noted following the introduction of HPV screening. Cervical screening for VoY CCG for 21/22 Q4 was better than the regional and national average:

  - 25-49yr olds coverage 71.9%, regionally 71.8%, nationally 68.6%

  - 50-64 yr olds coverage 77.4%, regionally 76.3% , nationally 75%

- **Diabetic Eye -** Diabetic eye screening is a test to check for eye problems caused by diabetes. People aged 12 or over and have diabetes are invited via letter to have their eyes checked annually. Take up of Diabetic eye screening in Yorkshire and the Humber is 68.9% this is above the national average of 67.9% but below the performance threshold. North Yorkshire Diabetic Eye screening programme (NY DESP) have worked hard to restore their programme. NHSE report that they have no outstanding issues, and they continue to monitor performance and escalate risks as required. Their uptake is continuing to improve when NHSE review monthly.

- **Ante natal and New-born screening (ANNB).** Maternity services are experiencing ongoing difficulties around workforce

and recruitment but continue to work hard to deliver screening services. BCG remains to be an issue, with limited staff trained to give the vaccination within the 4 weeks. This is raised within the NHS Trust and escalated/monitored through NHSE internal governance processes.

13. Infection, Prevention and Control (IPC).

Infection Control measures are the actions aimed at preventing or stopping the spread of infections within a setting. Infection Control and Prevention measures help ensure the setting is as safe as possible for residents, patients, and staff. These measures include an assessment of how infections can be spread and how they can be stopped as well as more detailed recommendations for known pathogens.

The Public Health team in CYC work with the ICB via a section 75 agreement for the provision of community and Primary care IPC through Harrogate and District IPC Team. IPC for secondary care is the responsibility of York Hospitals Foundation NHS Trust and is delivered in house.

The overall governance of the wider IPC delivery across health and social care sits within the ICB of which CYC Public Health is a member for York Place.

14. Consultation

The writing of this report has included input from Business Intelligence from CYC, Director of Public Health and the Nurse Consultant in Public Health. Data on screening and Immunisation programmes has been provided by Screening and Immunisation Co-ordinator from Yorkshire and the Humber NHS England/Improvement. Primary care data and information has been provided by the ICB and sexual health from our commissioned provider York and Scarborough NHS Foundation Trust. School aged vaccination date is from the Schools Aged Immunisation Team (SAID).

15. Options

The Health and Wellbeing Board are asked to accept this report as an accurate representation of health protection assurance in CYC, noting the risks and implications detailed within.

16. Analysis

The COVID pandemic changed the way we work and how services are offered. Our specialist sexual health services have moved to a more digital offer to support access by young people. This will be further expanded as we are currently in the process of re-procuring this service. The current contract with York and Scarborough NHS Trust terminates in July 2024 and a steering group is working on the re-procurement process required for an open and comprehensive tendering process.

COVID-19 alongside influenza continues to be a Public Health concern as uptake of both vaccinations have had a slow start in the season 2022/23. However, a national campaign to increase this is due to commence in November particularly targeting social care providers, care home staff etc. The sloe up take may be due to vaccination fatigue but also as a result of misinformation and circulating myths regarding the vaccine. System wide partners are working together to address this.

The non-pharmaceutical measures we embraced during COVID – face coverings, social distancing, and lockdown measures, have resulted in some staff fatigue regarding the same messages. Anecdotally staff in some care settings are questioning the continued need for such measures and have become complacent in complying with IPC measures. Work continues with our partners to give consistent messages and the reasoning behind their importance.

Recruitment difficulties in this sector remain a concern. A high turn over of staff, staff sickness levels and staff looking for alternative employment has exacerbated this situation. A national recruitment campaign has been launched.

17. Strategic/Operational Plans

Good Health and Wellbeing for our population is a consistent theme that runs through all our Strategic and Operational Plans. As we move back to business-as-usual restoration of NHSE screening and immunisation programmes have been a priority and we are assured that NHSE has been working to do this as soon as it is possible.

We are working alongside NHSE and the ICB to identify and close any gaps which have been identified because of covid and inequalities across York.

18. Implications

There are no specialist implications from this report.

19. Risk Management

The COVID response moves into to its 'Living with COVID' phase as we being to see COVID as another respiratory disease, this is due to the success of the vaccination programme but there is some evidence of vaccination fatigue, therefore further resources and campaigns have been promoted nationally and locally to reinforce the importance of both the seasonal flu vaccination and the autumn COVID booster.

Understanding and influencing the wide range of factors that determine health outcomes and impacts on the most disadvantaged and tackling these remain a priority for Public Health in York.

Future funding of commissioned mandated services remains a concern. Service transformations have taken place over the last few years due to the significant reduction in budgets for these services. Tendering for a Sexual health service for 10 years without any increase in the current funding could result in an unsuccessful tendering process. The service, which is a clinical service, cannot be brought 'in-house' and we continue to see those who experience poor sexual health and teenage conceptions to be disproportionality affected and within the most deprived neighbourhoods and continue the legacy of health inequalities

20. Recommendations

i. The Health and Wellbeing Board are asked to receive the report.

Reason: To keep the Health and Wellbeing Board updated in relation to health protection arrangements

Contact Details

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Wards Affected: All

Annexes:

Glossary for H&WBB November 2022		
Abbreviation	**In full**	**Explanation**
CDI	Clostridium difficile	Also known as CDI, C. difficile or C. diff, is a bacteria that can infect the bowel and cause diarrhoea. The infection most commonly affects people who have recently been treated with antibiotics.
ANNB	Ante-Natal and New born screening	The screening tests you will be offered in pregnancy include; Haemoglobin disorders such as Sickle Cell and Thalassaemia. Infectious diseases such as HIV, Hepatitis B and Syphilis. Foetal anomaly screening for Down's, Edward's and Patau's Syndrome.
CD4 Count	CD4	CD4 count is a measure of the health of your immune system. A CD4 count above 500 is considered 'normal', one below 350 shows that HIV has damaged your immune system and a count below 200 means that your risk of serious infections becomes much higher.
COVID or COVID-19	Coronavirus disease (COVID-19)	Coronaviruses are a large family of viruses with some causing less severe disease, such as the common cold, and others causing more severe disease, such as Middle East respiratory syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) coronaviruses. They are a different family of viruses to the Influenza viruses that cause the seasonal flu.

DHSC	Department of health and Social Care	The Department of Health and Social Care (DHSC) is the UK government department responsible for government policy on health and adult social care matters in England. The department develops policies and guidelines to improve the quality of care and to meet patient expectations.
DPH	Director of Public Health	Directors of public health are responsible for determining the overall vision and objectives for public health in a local area or in a defined area of public health, such as health protection. They are accountable for delivering public health objectives and reporting annually on the outcomes and future work. They may be from any background, but must be qualified specialists in public health and registered with the General Medical Council or General Dental Council or UK Public Health Register
DTP	Vaccination for Diphtheria, Tetanus and Polio	The teenage booster, also known as the 3-in-1 or the Td/IPV vaccine, is given to boost protection against 3 separate diseases: tetanus, diphtheria and polio. The 3-in-1 teenage booster is free on the NHS for all young people aged 14, as part of the national immunisation programme. It's routinely given at secondary school (in school year 9) at the same time as the MenACWY vaccine.
GU	Genito Urinary medicine	Genitourinary medicine (GUM) is the medical specialty that deals with the diagnosis and management of sexually transmitted infections, genital infections and conditions, as well as the complications of infection. It includes the detection of HIV infection as well as the care and management of people living with HIV.
HCAI	Health Care Acquired Infections or Health Care Associated Infections	These are infections that occur in a healthcare setting (such as a hospital) that a patient didn't have before they came in. Factors such as illness, age and treatment being received can all make patients more vulnerable to infection.
HIV	Human Immunodeficiency Virus	HIV (human immunodeficiency virus) is a virus that attacks the body's immune system. If HIV is not treated, it can lead to AIDS (acquired immunodeficiency syndrome).
HPB	Health Protection Board	The aim of the Board is to provide assurance to City of York Council and the City of York Health and Wellbeing Board about the adequacy of prevention, surveillance, planning and response with regard to health protection issues
HPV	Human papillomavirus	HPV is the name of a very common group of viruses. They do not cause any problems in most people, but some types can cause genital warts or cancer. In England, girls and boys aged 12 to 13 years are routinely offered the 1st HPV vaccination when they're in school Year 8. The 2nd dose is offered 6 to 24 months after the 1st dose.

ICB/ICS	Integrates Care System and Integrated Care Board.	Each Integrated Care System (ICS) will have an Integrated Care Board (ICB), a statutory organisation bringing the NHS together locally to improve population health and establish shared strategic priorities within the NHS. When ICBs where legally established, the clinical commissioning groups (CCGs) where abolished.
ICU	Intensive Care Unit	Intensive care units (ICUs) are specialist hospital wards that provide treatment and monitoring for people who are very ill. They're staffed with specially trained healthcare professionals and contain sophisticated monitoring equipment. ICUs are also sometimes called critical care units (CCUs) or intensive therapy units (ITUs).
IPC	Infection Prevention and Control	IPC prevents or stops the spread of infections in healthcare settings. IPC practices are based on a risk assessment and make use of personal protective equipment that protect healthcare providers from infection and prevent the spread of infection from patient to patient.
LARC	Long Acting Reversible Contraception	Long-acting reversible contraception is contraception that doesn't depend on you remembering to take or use it to be effective. It's highly effective at preventing pregnancy.
MMR	MMR (measles, mumps and rubella) vaccine	The MMR vaccine is a safe and effective combined vaccine. It protects against 3 serious illnesses: Measles, Mumps and Rubella (German measles). These highly infectious conditions can easily spread between unvaccinated people. Getting vaccinated is important, as these conditions can also lead to serious problems including meningitis, hearing loss and problems during pregnancy. 2 doses of the MMR vaccine provide the best protection against measles, mumps and rubella.
MRSA	Methicillin-resistant Staphylococcus aureus	MRSA is a type of bacteria that's resistant to several widely used antibiotics. This means infections with MRSA can be harder to treat than other bacterial infections. MRSA infections mainly affect people who are staying in hospital. They can be serious, but can usually be treated with antibiotics.
MSM	Men who have sex with men	Men, including those who do not identify themselves as homosexual or bisexual, who engage in sexual activity with other men (used in public health contexts to avoid excluding men who identify as heterosexual).
NCSP	National Chlamydia Screening Programme (NCSP)	The aim of the National Chlamydia Screening Programme (NCSP) is to reduce the harms from untreated chlamydia infection. The harmful effects of chlamydia occur predominantly in women so the opportunistic offer of asymptomatic chlamydia screening outside of sexual health services focuses on women, combined with reducing time to test results and treatment, strengthening partner notification and retesting.

NHSE/I	NHS England Improvement	From 1 April 2019, NHS England and Improvement became a new single organisation to better support the NHS to deliver improved care for patients. This new single operating model was designed to support delivery of the NHS Long Term Plan.
OHAG	Oral Health Advisory Group	The main purpose of the Oral Health Advisory group is to enable the Local Authority to fulfil their statutory duties with regards to oral health improvement and addressing oral health inequalities. This is delivered through the application of professional and clinical knowledge, insight and understanding and through collaboration across the dental care system.
OHID	Office for Health Improvement and Disparities (OHID)	OHID addresses the unacceptable health disparities that exist across the country to help people live longer, healthier lives and reduce the pressure on the health and care system as work is done to reduce the backlog and put social care on a long-term sustainable footing.
PHE	Public Health England	Disbanded on 1 October 2021 and replaced by UK Health Security Agency (UKHSA) and Office for Health Improvement and Disparities (OHID).
PHOF	Public Health Outcomes Framework	PHOF sets out a vision for public health, that is to improve and protect the nation's health, and improve the health of the poorest fastest. The focus is not only on how long we live – our life expectancy, but on how well we live – our healthy life expectancy and reducing differences between people and communities from different backgrounds.
SAIS	School Aged Immunisation service.	The Childhood Immunisation team is a nurse led service that provides routine childhood immunisations for children and young people aged 5-19 years living in or attending school in North Yorkshire and the City of York. It is hosted by Harrogate and District NHS Trust.
SHS	Sexual Health Services	sexual health clinics (which can also be called family planning, genitourinary medicine (GUM) or sexual and reproductive health clinics), offer support, advice and treatment on a range of sexual health issues from contraception to Sexually Transmitted Infections.
SQAS	Screening Quality Assurance Service.	SQAS is Screening Quality Assurance Service (now part of NHSE) who visit all screening programmes approx. 3-5 Yearly and make recommendations to the appropriate trust re quality and delivery .

UKHSA	UK Health Security Agency (UKHSA)	The UK Health Security Agency (UKHSA), the nation's new public health body focused on health protection and security. UKHSA operates as an integral part of the public health system and the national security infrastructure. The immediate priority of UKHSA is to fight the COVID-19 pandemic. UKHSA will play a critical role in the route to developing vaccines effective against new and emerging variants. In the longer term, UKHSA will build on the infrastructure developed for COVID-19 to tackle and prevent other infectious diseases and external health threats.
Y&SNHSFT	York and Scarborough NHS Hospital Foundation Trust.	York and Scarborough Teaching Hospitals NHS Foundation Trust provides a comprehensive range of acute hospital and specialist healthcare services for approximately 800,000 people living in and around York, North Yorkshire, North East Yorkshire and Ryedale - an area covering 3,400 square miles.

Agenda Item 13

Health and Wellbeing Board 16 November 2022

Report of the Director of Public Health

York: The Pandemic Years, Director of Public Health Annual Report 2022

Summary

1. The production of a Director of Public Health Annual Report is a statutory duty set out in the Health and Social Care Act 2012. Every local authority Director of Public Health has a duty to produce an independent annual report in their role as the chief advocate for the health of the local population, and the local authority has a duty to publish it. The council Executive met and agreed the publication of the report on 6 October 2022.

2. In common with many local authorities, there was no annual report produced in 2021 because of the COVID-19 pandemic and so this report covers the two year period 2020-2022. The report focuses on the city's response to the pandemic.

3. Directors of Public Health (previously Chief Medical Officers for Health) have been producing annual reports on the state of the health of the population of York for over a century. In this report 'York: The Pandemic Years' we have delved into the city archives and, as we tell the story of COVID-19, we will interweave past and present, reflecting on the story of our most recent pandemic while using the historical narratives of past infectious disease outbreaks, such as the Black Death of 1349.

4. I hope that these stories from the past will resonate with some of the experiences we have lived through over the last two years, and continue to live through to some extent, giving then new meaning.

5. I want to take this opportunity to express my sincere condolences and sympathies to all those whose lives have been affected by what has happened during the pandemic.

6. Finally, I want to thank everyone who contributed to the development of the annual report and thank those who will hopefully read it.

7. A copy of the report is attached as an Annex.

Background

8. The COVID-19 pandemic has challenged our health and care system like never before and alongside it the systems of support we all rely on but perhaps take for granted – those who fill our supermarket shelves, drive our buses, teach our children and other critical workers too numerous to mention.

9. So I want to take the opportunity, here, to thank everyone living or working in York for going above and beyond the call of duty during this difficult period in serving our city and its people in one of our darkest moments.

10. Public Health has found itself a focal point of the city's history in 2020-2022. I remember vividly the call received on the 30th January 2020 informing me that the first UK cases of COVID-19 had been identified in York.

11. Playing such a pivotal part in city life is not new to Public Health. Whether through the slum clearances of the early 1900s, improving air pollution in the 1950s, rolling out polio inoculation in the 1960s, tackling the HIV epidemic in the 1980s and 1990s and the modern epidemics of smoking related diseases and obesity, public health issues are never far away from the news.

12. The COVID-19 pandemic thrust the York Public Health Team into the limelight as never before as we lead the city pandemic response navigating lockdowns, social distancing, masks and vaccinations working with our city partners. All of these have historical antecedents in the story of infection in York as we have strived to keep death and disease under control.

13. As the story of COVID-19 unfolds in the report, past and present is interweaved reflecting on the story of our current pandemic while using the historical narratives as a counterpoint.

Main/Key Issues to be Considered

14. The Director of Public Health Annual Report 2020-2022 is structured in such a way that it guides the reader through the three phases of any infectious disease outbreak:

    a. The **spread**, or the story of an outbreak or pandemic beginning

    b. The **impact**, or the story of what effect a disease has on the population

    c. The **control,** or the story of how an outbreak begins to end

    The report also tries to capture the **voices** or the story of the lived experience of people living through a pandemic.

15. The report makes four recommendations:

    a. Public Health should seek to build on the city-wide partnership working relationships developed during the response to the COVID-19 pandemic and lead the development of a York strategy for 'living with Covid' to be recommended for adoption by all city partners.

    b. The Director of Public Health to establish a York Health Protection Committee with responsibility for ensuring that the city has the necessary plans in place to respond to large scale events such as future pandemics, disease outbreaks and the health impacts of adverse weather events, learning from the experience of the COVID-19 pandemic. The York Health Protection Committee to present an annual report to the Health and Wellbeing Board on progress together with recommendations for action.

    c. Children and Young People in York, and across the country, have been particularly badly affected by the lockdowns and other restrictions over the past two years. The 2022 school survey has identified a number of needs that will have to be addressed if we are to succeed as a city in giving every child and young person the best start in life. It is recommended that the findings of the school survey are used to inform the development of a new Children's Plan for York to be adopted by the Safeguarding Children Board Executive and the Health and Wellbeing Board.

d. We know that the COVID-19 pandemic has had wider impacts on the health behaviours of some residents. Alcohol consumption has increased, the number of people reaching recommended levels of physical activity have gone down and many people are struggling with their mental health and extra weight gained during lockdowns. It is recommended that the council's public health team continue to lead an evidence-based approach to tackling these issues across the city working with individuals, families, communities and our partners in focusing our collective efforts on those who need help the most.

The 2019 Director of Public Health Annual Report

16. The 2020-2022 report has a section, starting at page 50, which summarises the work being taken to address the recommendations in the 2019 Director of Public Health Annual Report. These recommendations were based on the life course – starting and growing well, living and working well, ageing well and mental health and are listed below:

    a. Public Health should work with partners to develop a way of supporting children and young people to engage in physical activity and eat a healthy diet.

    b. A strategic approach to tackling alcohol misuse should be developed for the city.

    c. Public Health should continue to work with partners to ensure that the uptake of flu vaccines in the over 65s is increased.

    d. Undertake work to understand self-harm in York and what can be done to decrease the number of hospital admissions from this cause.

17. Despite the pressures of the COVID-19 pandemic on the public health team and our partners, progress has been made in each of these areas and I encourage you to read this section of the 2022 Director of Public Health Annual Report for further information.

Consultation

18. The report is the independent report of the Director of Public Health as required in statutory guidance and no consultation has taken place.

Options

19. None.

Strategic/Operational Plans

20. The report is not directly linked to any strategic / operational plans but should seek to influence these.

Implications

21. There are no specialist implications in this report.

Risk Management

22. There are no risks associated with this report.

Recommendations

23. The Health and Wellbeing Board are asked to:

    i. Receive the report.

    ii. Agree to support the recommendations

    iii. Note the progress being made on the recommendations of the 2019 Director of Public Health Annual Report

Reason: It is a statutory requirement for the Director of Public Health to produce an annual report. The HWBB need to be aware of the recommendations within it.

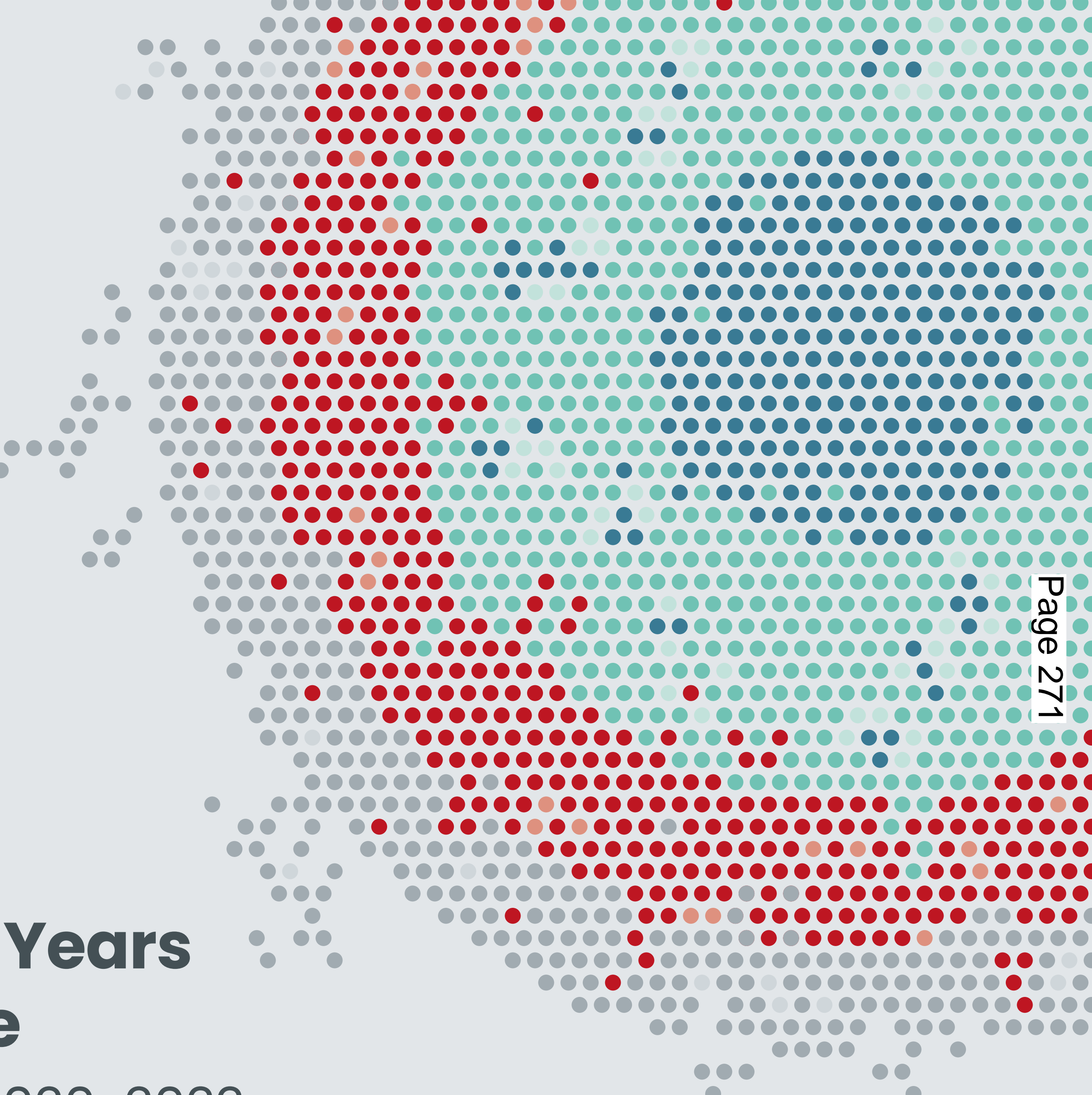
Contact Details

Report Authors:	**Chief Officer responsible for the report:**
Sharon Stoltz Director of Public Health Sharon.stoltz@york.gov.uk	Sharon Stoltz Director of Public Health Report Approved: 1/11/2022

Wards Affected: All

Annexes*:*

Annex A - York: The Pandemic Years. Annual Report of the Director of Public Health 2020-2022.



York: the Pandemic Years Annual Report of the

Director of Public Health 2020–2022

To the chap at Track and Trace... you are my hero. We all tested positive and my little girl was in bits thinking Santa wouldn't come this year because we all have COVID. Whilst I was going through all the Track and Trace questions my little one was getting inpatient and asked who I was on the phone too whilst in tears about Santa... he got wind of this and said for me to put him on loud speaker! So I did... he pretended to be Santa and spent a good few minutes having a chat with her about how he was coming, that his reindeer were set to land on our house on Christmas Eve! You have lifted Christmas spirit in this house! You're amazing!
Thank you!

York Mumbler Chat Group

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The Tsunami hit, Covid-19 flooded our lives. We bailed with buckets.

Haiku from a member of the York Covid-19 Contact Tracing team, January 2021

Foreword from the Director of Public Health for the City of York

I'm so grateful that you are taking the time to read my Annual Report, which (for reasons which will become apparent) actually covers the years 2020 to 2022.

A Director of Public Health Annual report is a statutory function of my role, and a very useful one, offering a chance to stand back periodically from the everyday melee of our work in health and care and gain some perspective on the state of the city's health. This time, we have chosen to focus on the COVID-19 pandemic and its effects in our city, which was the obvious choice for the report's theme.

Like so many places, our city has suffered hugely over the last two years from a pandemic which has impacted us all to a greater or lesser extent. At the time of writing, COVID-19 has taken the lives of 476 York residents and left many others with long term symptoms and illness, while the consequences of lockdown have affected mental health and have had massive economic and social implications which will take a generation to recover from.

I want to use this opportunity to express my condolences and sympathies to all those whose lives have been affected by what has unfolded over the last two years.

The virus has also challenged our health and care system like never before, and alongside it the systems of support on which we all rely but perhaps take for granted – those who fill our supermarket shelves, drive our buses, teach our children, and other critical workers.

So I also want to take this opportunity to thank everyone in the city for going above and beyond in this period: for the blood sweat and tears you have put in to serving our city in one of its darkest moments.

Public Health, past and present
One of the things I find most profound about these reports is the way they create such a strong link with what has gone before, not least because a Chief Medical Officer for Health annual report has been produced in York for over a century. We all know, of course, that York is a city steeped in history. The Romans first settled on the banks of the Ouse in 71AD, and since then, the city has grown to become a northern centre of industry and progress, from its ecclesiastical providence to its railway and chocolate-making industries. York's public health history is equally as diverse and innovative.

To take just two examples, Dr Catherine Crane (1903-1979) held the post of Chief Medical Officer for Health in York, the first woman to hold such a role in a city in the United Kingdom; I am honoured to follow in her footsteps. Appointed in 1946, she oversaw the creation of the NHS in York and pioneered preventative medicine, campaigning for the advertisement of a link between smoking and lung cancer. Work on the social determinants of health was also born in York. The reformer Joseph Rowntree (1836-1925) identified that standards of living impacted heavily on quality of life and health and ensured that employees at his factory were given the right living conditions, free education, and a pension for old age.

Public health has again found itself as a focal point of the city's history in 2020-2022. I remember vividly the phone call our team received from Public Health England on the 30th January 2020 informing us that the first UK cases of COVID-19 had been identified in our city. Playing such a pivotal part in city life is not novel for us, and whether it is through the slum clearances of the early 1900s, improving air pollution in the 1950s, rolling out polio inoculation in the 1960s, or tackling the HIV epidemic in the 1980s and 90s, public health issues are never far away from the news. And so again, public health has been thrust into the limelight as we've navigated lockdowns, social distancing, masks, and vaccinations. All of these have historical antecedents in the story of infection in York as medical officers and public alike have strived to keep death and disease under control. I hope you enjoy reading my report.

Sharon Stoltz

History doesn't repeat itself, but it rhymes. So said Mark Twain (possibly). The approach we want to take in this report is to draw out the rhymes, parallels and precedents for the collective experience and trauma we have been through as a city between 2020 and 2022 during the COVID-19 pandemic. We hope that the stories of the past will resonate with the stories of the present, giving them a new depth of meaning.

We are fortunate to have had access to a rich variety of archive material on the history of infectious diseases in York, including within them the stories of past outbreaks, from the Black Death of 1349 to the Spanish Flu Pandemic of 1918-1920.

As we tell the story of COVID-19, we will interweave past and present, reflecting on the story of our current pandemic while using the historical narratives as a counterpoint.

We will follow a structure which takes us through three phases of any infectious disease or outbreak:

the ***spread,*** or the story of a pandemic's beginning

the ***impact,*** or the story of what effect a disease has on a population

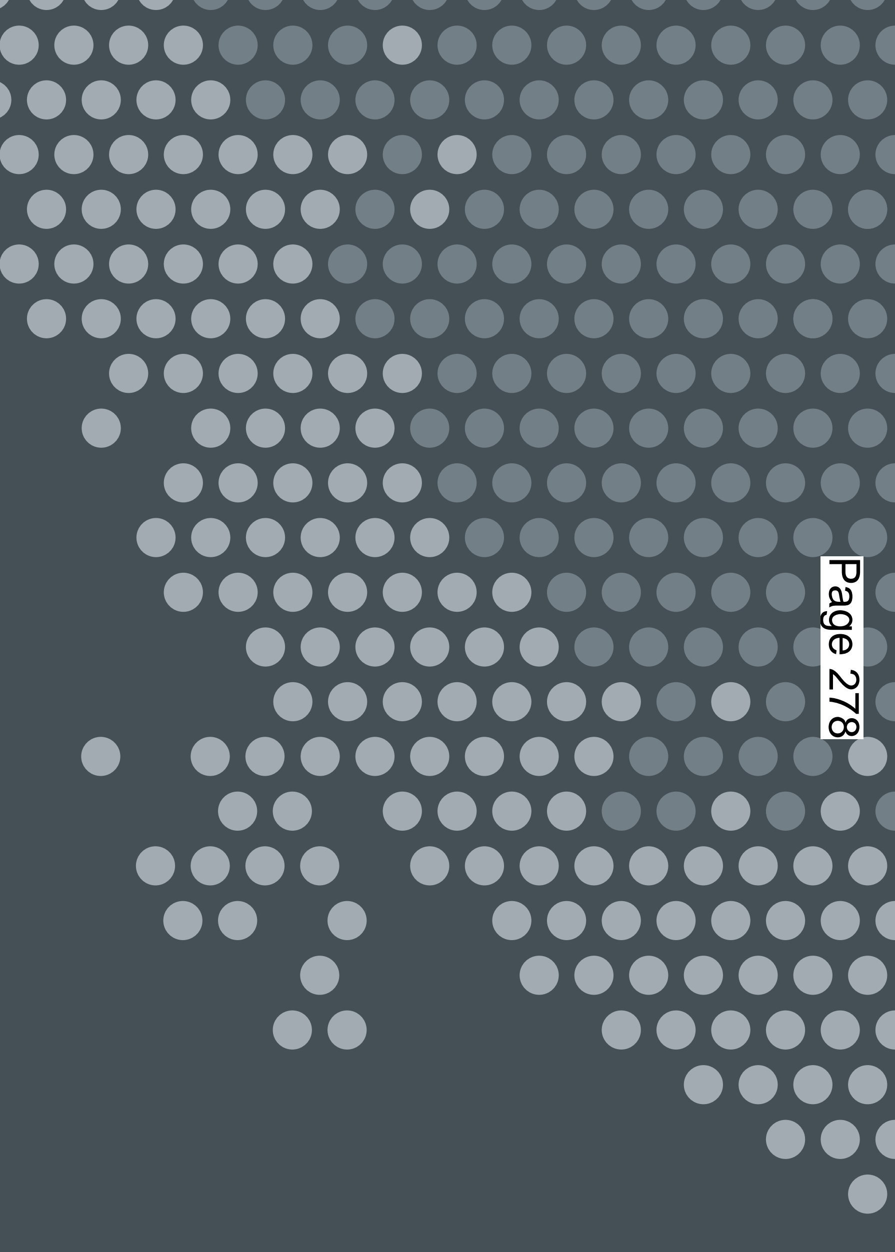
the ***voices,*** or the story of the lived experience of a pandemic

the ***control,*** or the story of how an outbreak starts to end

"It is the knowledge of the way in which diseases are propagated which will cause them to disappear."

Dr John Snow, York-born physician and founder of modern public health methods

COVID-19
VACCINATION
CENTRE



Chapter One: Spread

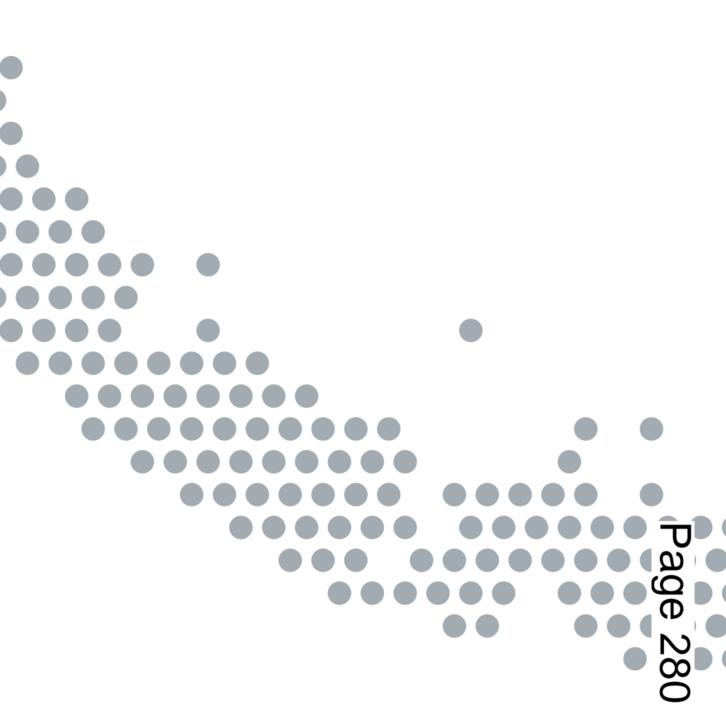
Early 2020

On 31st December 2019, the World Health Organisation (WHO) was alerted to cases in Wuhan City, China of a community-acquired pneumonia with unknown cause.

On the 7th January 2020, it was identified as a novel coronavirus, of the same family of viruses as Severe Acute Respiratory Syndrome (SARS) and Middle Eastern Respiratory Syndrome (MERS), and it quickly became apparent that although the severity of the disease was less than both of these, its ability to spread was far higher. In February 2020, as the disease started to be identified in many countries internationally, the WHO labelled the virus SARS-CoV-2and the disease it causes COVID-19. By March, they had declared a global pandemic.

On the morning of the 30 January 2020, reports began to emerge in York of two visitors to the city being taken to hospital the previous evening with symptoms of coronavirus, and by 2pm the Director of Public Health had received a call from Public Health England notifying two suspected cases, which were confirmed early the next morning as the first cases of the disease within the UK.

Our local team worked tirelessly with partners from the NHS, PHE, local press and the University of York, with the story of what happened that day since being told many times, in academic papers and articles in broadsheet newspapers. One notable aspect of this episode is that due to high quality contact tracing, no other cases of COVID-19 were linked epidemiologically to these two cases.



First Lockdown

As the number of cases started to rise in York and the UK, the NHS hospital beds began to fill up with ill patients, the NHS declared a level 4 incident.

Public health messages from central government became more serious, moving from encouraging people to wash their hands to guidance to those over 70 and vulnerable to avoid contact with those outside their household. On March 23rd 2020 Prime Minister Boris Johnson declared the first of three national lockdowns, advising us all to stay at home. Restrictions were put into place immediately with the public only able to leave home for food, medicine and limited exercise. Almost 1.5million people in the UK who were considered the most clinically vulnerable were asked to shield from all contact for 12 weeks.

York snapshot at height of first wave (Apr/May 2020)

Patients in general beds
(30 April 2020)

out of 25,808 pupils attending school in April 2020

Patients in mechanical ventilation beds
(24 April 2020)

30300

Employees furloughed in York out of 95,300 eligible
(April 2020)

Across the pandemic

512

deaths of York residents with COVID on the death certificate
(August 2022)

Highest case rate:

2047

cases per 100,000 York residents
(4 January 2022)

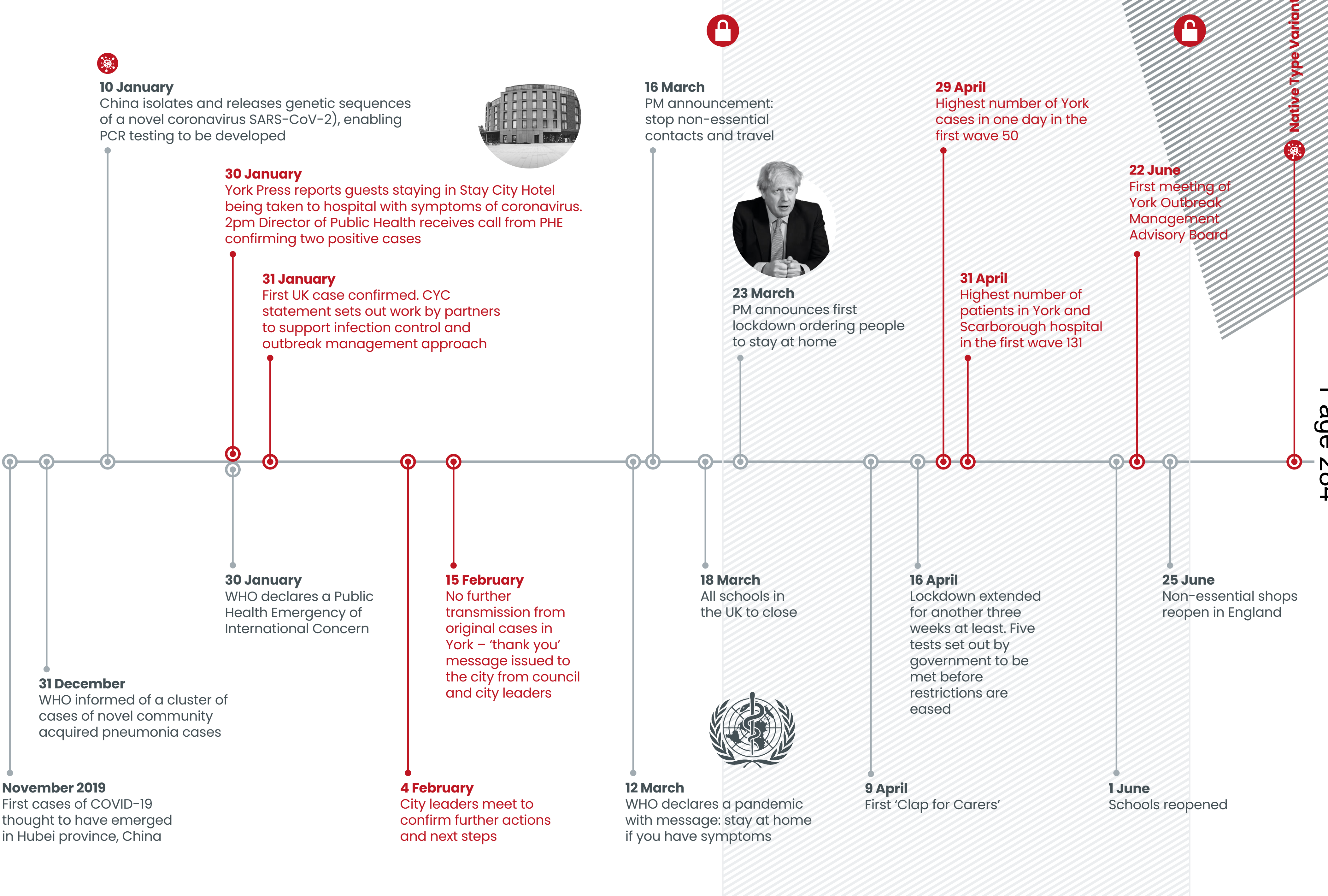
Number with at least 2 doses of vaccination:

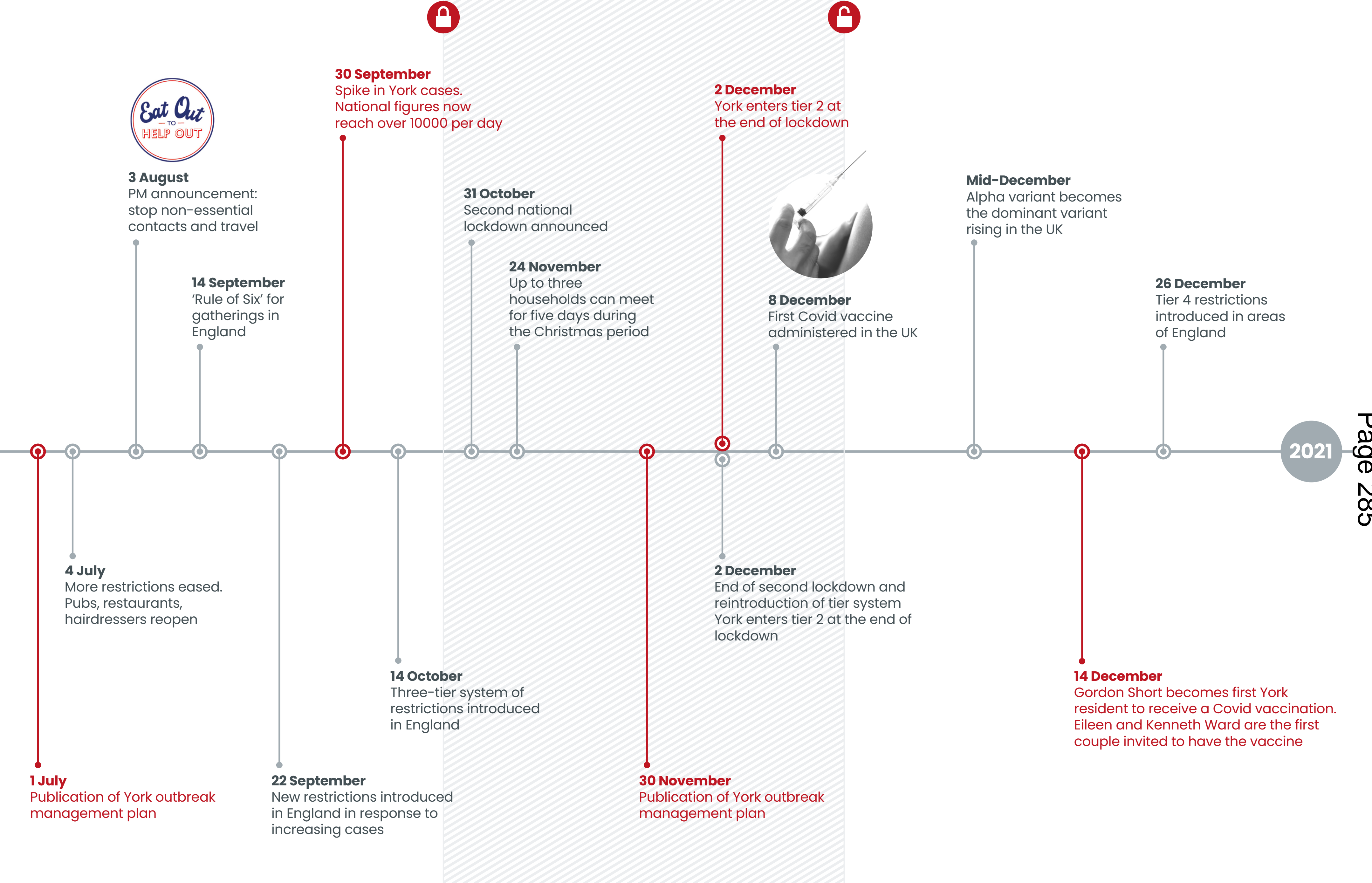
157,599

(as of September 2022)

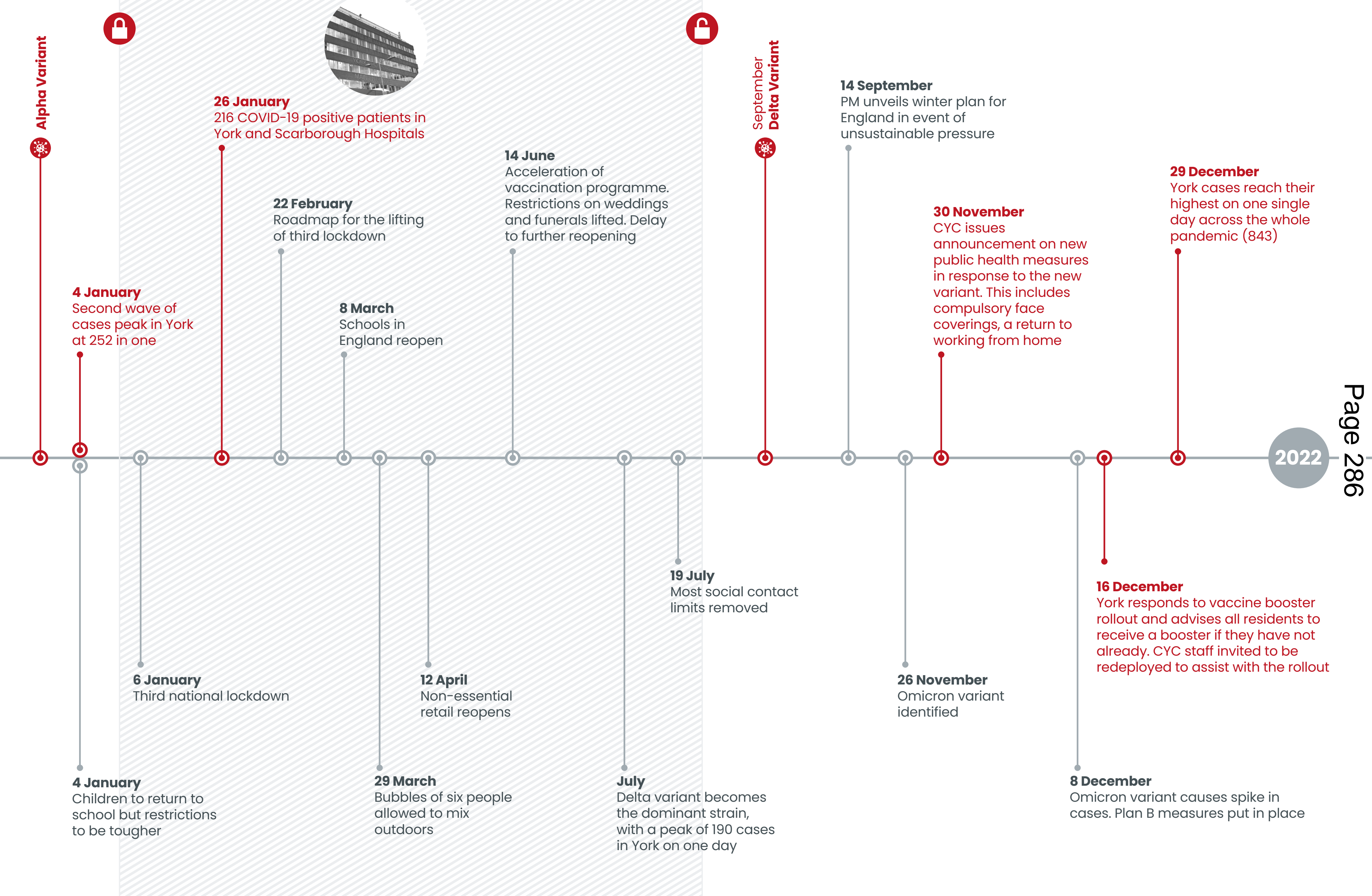
Timeline of Events

2020-2022


November 2019
First cases of COVID-19 thought to have emerged in Hubei province, China
31 December
WHO informed of a cluster of cases of novel community acquired pneumonia cases
10 January
China isolates and releases genetic sequences of a novel coronavirus SARS-CoV-2), enabling PCR testing to be developed
30 January
York Press reports guests staying in Stay City Hotel being taken to hospital with symptoms of coronavirus. 2pm Director of Public Health receives call from PHE confirming two positive cases
30 January
WHO declares a Public Health Emergency of International Concern
31 January
First UK case confirmed. CYC statement sets out work by partners to support infection control and outbreak management approach
4 February
City leaders meet to confirm further actions and next steps
15 February
No further transmission from original cases in York – 'thank you' message issued to the city from council and city leaders
12 March
WHO declares a pandemic with message: stay at home if you have symptoms
16 March
PM announcement: stop non-essential contacts and travel
18 March
All schools in the UK to close
23 March
PM announces first lockdown ordering people to stay at home
9 April
First 'Clap for Carers'
16 April
Lockdown extended for another three weeks at least. Five tests set out by government to be met before restrictions are eased
29 April
Highest number of York cases in one day in the first wave 50
31 April
Highest number of patients in York and Scarborough hospital in the first wave 131
1 June
Schools reopened
22 June
First meeting of York Outbreak Management Advisory Board
25 June
Non-essential shops reopen in England
Native Type Variant



1 July
Publication of York outbreak management plan
4 July
More restrictions eased. Pubs, restaurants, hairdressers reopen
Eat Out to Help Out
3 August
PM announcement: stop non-essential contacts and travel
14 September
'Rule of Six' for gatherings in England
22 September
New restrictions introduced in England in response to increasing cases
30 September
Spike in York cases. National figures now reach over 10000 per day
14 October
Three-tier system of restrictions introduced in England
31 October
Second national lockdown announced
24 November
Up to three households can meet for five days during the Christmas period
30 November
Publication of York outbreak management plan
2 December
York enters tier 2 at the end of lockdown
2 December
End of second lockdown and reintroduction of tier system York enters tier 2 at the end of lockdown
8 December
First Covid vaccine administered in the UK
14 December
Gordon Short becomes first York resident to receive a Covid vaccination. Eileen and Kenneth Ward are the first couple invited to have the vaccine
Mid-December
Alpha variant becomes the dominant variant rising in the UK
26 December
Tier 4 restrictions introduced in areas of England
2021


Alpha Variant
4 January
Second wave of cases peak in York at 252 in one
4 January
Children to return to school but restrictions to be tougher
6 January
Third national lockdown
26 January
216 COVID-19 positive patients in York and Scarborough Hospitals
22 February
Roadmap for the lifting of third lockdown
8 March
Schools in England reopen
29 March
Bubbles of six people allowed to mix outdoors
12 April
Non-essential retail reopens
14 June
Acceleration of vaccination programme. Restrictions on weddings and funerals lifted. Delay to further reopening
July
Delta variant becomes the dominant strain, with a peak of 190 cases in York on one day
19 July
Most social contact limits removed
September
Delta Variant
14 September
PM unveils winter plan for England in event of unsustainable pressure
26 November
Omicron variant identified
30 November
CYC issues announcement on new public health measures in response to the new variant. This includes compulsory face coverings, a return to working from home
8 December
Omicron variant causes spike in cases. Plan B measures put in place
16 December
York responds to vaccine booster rollout and advises all residents to receive a booster if they have not already. CYC staff invited to be redeployed to assist with the rollout
29 December
York cases reach their highest on one single day across the whole pandemic (843)
2022

Omicron Variant

5 January
Figures suggest 1 in 15 UK residents had Covid-19 on New Year's Eve. Boris Johnson confirms plan B measures in England will continue for another three weeks

7 January
Fully vaccinated people from England are no longer required to take a COVID-19 test before travelling abroad. People in England are no longer required to self-isolate while waiting for PCR test results

11 January
Asymptomatic people in England no longer required to take a PCR test after positive LFT

13 January
Nearly 1 in 3 local authorities report care rationing for elderly and disabled people due to staff shortages

13 January
Six million people on hospital waiting lists. Approximately 1 in 20 are waiting over a year for routine surgery

17 January
Self-isolation in England cut to five days

February
Omicron BA.1

16 February
Number of inpatients with Covid-19 in England falls below 10,000 for the first time since December

24 February
All legal Covid-19 restrictions are officially lifted in England

March
Omicron BA.2

11 March
Report published by House of Commons Education Select Committee highlights "devastating" impact of school closures in England leading to greater inequality. Yorkshire & Humber and North East most seriously affected areas

15 March
Lifting of compulsory vaccines for care home workers

21 March
Launch of Spring Booster Programme. Offered to up to 600,000 people over 75, care home residents and medical vulnerable people over 12 years

30 March
Number of COVID-19 positive patients in Yorkand Scarborough hospital reaches the highest level for the whole pandemic (287)

1 April
COVID-19 outbreak response formally ends under the 'Living with Covid-19' strategy, including the end of national PCR community testing and local asymptomatic testing

7 April
Hospitals under immense strain with large national issues around ambulance diversion

19 April
Social distancing no longer required in NHS Hospitals, GP Practices and emergency departments

May
Omicron BA.4 & 5

Outbreak Response

The City of York public health team faced unprecedented circumstances to try and protect its citizens from the virus' spread as much as possible. Covid-19 was considered such a dangerous virus because of its unusual level of transmissibility, and as a new virus that had not yet circulated amongst human populations (and thus having a large number of people susceptible).

While seasonal flu can cause a spike in cases- in winter, for example- novel viruses are most likely to cause pandemics. These new diseases are able to spread rapidly leading to high rates of death and disability due to the large number of people they infect. Our job as a public team was to limit the number of people in the population this virus reached, through social distancing measures and through testing and tracing, until the virus changed or effective vaccination and treatment were found against it.

How does contact tracing work?

In Public Health, contact tracing is the process of identifying people who have come into contact with an infected person. Contact tracing aims to find cases quickly so that they can be isolated, to break chains of transmission; it can also be done 'backwards', aiming to identify a common source of cases who may be infecting others. A core part of communicable disease control, it has been in place for decades and is commonly used to prevent the transmission of TB, some sexually transmitted infections, bacterial infections (diphtheria for example) and of course COVID-19.

In June 2020 the city approved a Local Outbreak Management Plan which set out seven key steps that would be taken locally to protect the population as best we could from Covid-19. Part of this work involved prevention, supporting people to isolate when symptomatic, to stay at home during periods of lockdown, and to stay safe when out in public when restrictions had eased. As well as this, outbreak management, a core part of the public health field, became vital, as daily decisions on emerging situations in schools, care homes, hospital wards, universities and other settings were made to try and limit the spread of infection. This was through testing, closure, and other precautions.

During the summer of 2020 measures were aided by the establishment of testing facilities across the city, and local teams of contact tracers. In all, this effort across 2020 to 2022 resulted in a huge amount of outbreak management work which will have prevented thousands of Covid-19 infections in the city:

- Setting up two PCR testing sites
- Setting up an outreach team to deliver tests and vaccination information door-to-door
- Establishing the region's most successful contact tracing team, achieving consistently the best contact tracing success rates in Yorkshire and Humber over a number of months
- Starting local staff contact tracing prior to NHS Test and Trace being established
- Deploying over 20 staff into our city model
- Actioning over 16,000 contact tracing referrals
- Enabling and coordinating a PPE supply route in the city which ensured health and care professionals were kept safe during the first wave
- Establishment of our 'Rapid Expert Input' contact inbox, with 9-5 seven day a week advice available from public health specialists, which responded to over 21,000 contacts
- Work on tackling vaccine inequalities, including the identification of communities with low uptake, deployment of pop-up clinics, door-to-door outreach, work through voluntary and community sector groups, an innovative 'vaccine tracing' project in conjunction with a primary care network with low uptake

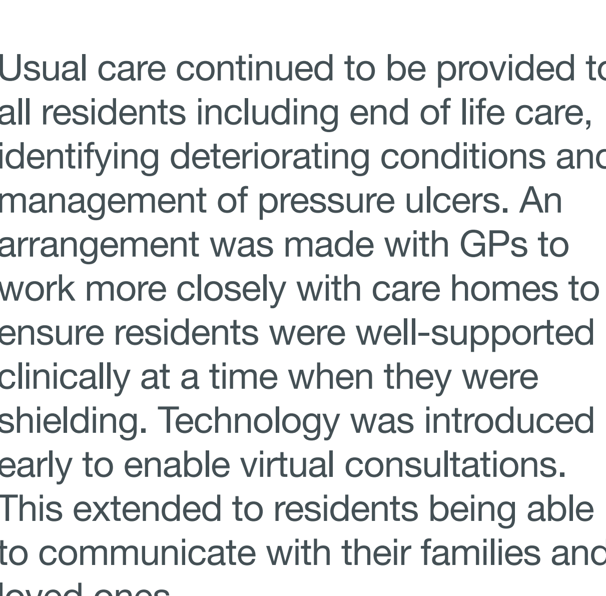
We knew from early on in the pandemic that the consequences of Covid-19 became more severe the older you were, with the proportion of people with the disease dying seen to range between 1 in 3000 for those between 20 and 29 years old to 1 in 10 for those over 80, at least in the early stages of the pandemic. This meant that those living in care homes, residential accommodation and supported living facilities were especially vulnerable, and containing outbreaks in those settings become a vital part of our work.

Public health worked with the CCG, adult social care and providers of care services based on an ‘eyes on the ground’ principle where strong relationships were built with all care settings through site visits, daily risk assessment and case management.

Working with Care Homes

Care homes faced unprecedented challenges during the pandemic. To ensure the safety of their residents, staff undertook a vast amount of work into infection, prevention and control in the City's facilities.

Training was devised to enhance staff skillsets alongside the standard training model. This aided the support of all residents in ensuring their health, wellbeing and safety needs were met. Enhanced training was implemented to provide staff with additional clinical skills. This included the use of pulse oximeters to measure blood oxygen levels. As extremely low saturation rates were a symptom of severe Covid-19 illness, these were issued to all homes and some supported living homes.



Usual care continued to be provided to all residents including end of life care, identifying deteriorating conditions and management of pressure ulcers. An arrangement was made with GPs to work more closely with care homes to ensure residents were well-supported clinically at a time when they were shielding. Technology was introduced early to enable virtual consultations. This extended to residents being able to communicate with their families and loved ones.

Care homes were also instrumental in supporting the NHS with vaccine roll-outs. Management of Covid-19 in care homes was supported by regular strategic meetings with partner agencies such as Care Quality Commission (CQC) and Office of Health Improvement and Disparities (OHID- previously known as Public Health England). Staff wellbeing was also prioritised throughout the pandemic to ensure support was offered when needed. Additional safeguarding measures were put in place for the workforce including support staff wellbeing, and the development of registered nurses and trainee nursing associates throughout the pandemic.

Other settings were prioritised too, including:

- Our Universities and Colleges, with a fortnightly Higher Education cell involving all four HE and FE institutions established in Summer 2020, LFD testing sites launched in both universities, and an innovative project with the DHSC and the private sector on LAMP testing rolled out across hospitals in our region
- Schools, with guidance and support around testing and outbreaks provided daily across a number of month, and our public health team speaking personally to every primary and secondary head in the city and becoming an integral member of York Schools and Academies Board
- Our city centre management and support to businesses, with COVID-19 Marshalls and the City Centre team leading on award-winning communications and city centre COVID-19-safe measures

Lessons from history Cholera & Spanish Flu

Image: Many residents lived in poorly ventilated properties that were filthy and rife with disease. The cholera pandemic necessitated the need for deep cleaning and whitewashing of houses to slow the spread of the disease.

Covid-19 is not the only disease outbreak York has seen. “It is the painful duty of the General Board of Health to notify a third visitation of epidemic cholera” opens a memorandum from the General Board of Health dated September 20th 1853.

The outbreak was first recorded in Persia- modern day Iran- and spread north-westerly to Russia and Scandinavia, before reaching the North East coast. In an early example of the tier system introduced by the Government in late 2020, the inhabitants of Newcastle, Gateshead and Hexham were advised to remain localised to their area. It was hoped that the measures would help to contain the disease.

Attitudes of the day as to the cause of disease had changed little over the centuries. “Bad air” from rotting organic matter was still widely believed to be the cause of diseases such as cholera. The York-born Dr John Snow published in 1849 his essay On the Mode of Communication of Cholera theorising that cholera was in fact due to contaminated water sources. His theory was ridiculed until 1854 when the removal of the Broad Street Pump in Soho, London saw cases rapidly decline. It wasn’t until the 1870s when British Surgeon Joseph Lister developed the germ theory of disease; the understanding that microorganisms called pathogens, or “germs” led to disease. Nonetheless, concerns regarding personal and domestic hygiene were of high concern in the management of the infection. In 1832, York faced an epidemic of the disease which resulted in the deaths of 185 people in a population of 25,357.

Accounts had tracked the disease and had established that cleanliness was highly regarded as an effective measure against the spread. When cholera affected York in 1832, residents were required to keep their bodies clean and their houses well-ventilated. In extreme circumstances, the dirtiest residences were fumigated with burning pitch and rooms whitewashed. Water Lane was especially targeted.

The Covid-19 pandemic has often drawn comparisons to the Spanish Influenza pandemic of 1918-1920. Local lockdowns along with high quality epidemiological science meant that measures implemented to control the disease were not that dissimilar to Covid-19 measures. The pandemic reached York around the 30th June 1918 and lasted for roughly four weeks.

A further wave, considered to be the pandemic's deadliest, began in October and lasted until January 1920. 300 York citizens were recorded as dying from influenza-associated pneumonia with the highest proportion being women who worked indoors mainly as housewives. One of the key features of the disease was its high mortality rate amongst young healthy adults. Subsequent research in the 21st century confirmed that most of the deaths recorded as pneumonia were in fact a phenomenon called the cytokine storm. The competent immune systems of the younger and healthier adults was a disadvantage as their bodies were overwhelmed with extremely high levels of inflammation, essentially causing victims to drown in their own fluids.

Image: How to Avoid the Cholera information

ONE HUNDREDTH THOUSAND.] [Price 1d. each, or 8d. per dozen, 4s. 6d. per 100.

HOW TO AVOID THE CHOLERA:

BEING

PLAIN DIRECTIONS FOR POOR PEOPLE.

BY DR. CHALLICE, OF BERMONDSEY,

AUTHOR OF "MEDICAL ADVICE TO MOTHERS ON THE MANAGEMENT OF CHILDREN."

☞ *Whatever may be the cause of Cholera, thus much is certain, that hitherto, almost without exception, this pestilence has been the portion of the poor, and we know that those who are in want of food and clothing most readily fall the victims of this disease. Let therefore the working man, the head of a family, reflect, that by idleness or drunkenness he not only exposes himself, but in all probability his wife and his children, to the attacks of Cholera, by depriving them of the comforts and the necessaries of life.*

1. Good health, good spirits, and industry, are the best preservatives. If you are ill, send for a doctor.

2. Keep the whole of the body clean; do not spare soap and water; rub the skin well dry after washing Cholera is fond of *filth*. Parents, apply this rule to your children.

3. Live plainly, and avoid all excesses. Go early to bed; the hard-working man requires rest, not excitement, after his day's work. Drunkenness and late hours are great friends of the Cholera.

4. Sleep as few in the same room, or in the same bed, as possible; make every shift, rather than be crowded at night.

5. Early in the morning, remove all dirty or offensive matters, open your windows and doors, turn down the bed-clothes, to let the fresh air pass over them.

6. Do not take your meals in the bed-room; if you cannot help yourselves in this respect, there is still greater necessity for cleanliness and fresh air.

7. Washing or drying clothes in the bed-room is always bad, and, in times of sickness, very dangerous.

8. EAT ONLY OF GOOD FOOD. Half a pound of good meat is better than one pound of bad. One good loaf is better than two bad ones. Cyder and sour or hard beer are injurious. Let not your children stuff themselves with apples, plums, pears, or sweet stuff. Rice, tapioca, barley, and oatmeal, are cheap, nourishing, and wholesome.

9. Cleanse out, and thoroughly scour, your water-butts or cisterns; boil the water before you drink it or give it to your children. Impure water is the cause of many diseases.

10. If there be offensive smells in your house, from sewers or cesspools, complain to your landlord; if he take no steps for removing the nuisance, complain to the parish authorities; if they don't assist you, apply to the magistrates. The *law* now protects from *poison* as well as starvation.

11. If you get wet, change your clothes as soon as you can; warm and dry clothing, however homely or coarse, will do much to keep off Cholera. Flannel should be worn next the skin round the body, and the feet be kept dry and warm with worsted stockings.

12. Go out, and take your children, into the fresh air as often as you can; pure air and wholesome exercise may keep off Cholera, as well as Fever.

13. Take no *strong physic*, as Epsom salts, senna, &c. If opening medicine is wanted, a small tea-spoonful of powdered rhubarb, with a little ginger and carbonate of soda, or a small wine-glassful of the compound tincture of rhubarb, or the compound *rhubarb* pill, (which may be bought for 4d. or 6d. per dozen,) may either be taken with advantage. For children, nothing is better than rhubarb with magnesia, in *small doses*, repeated every four hours till the proper effect is produced.

14. If you have bowel complaint, leave off work. Rest and lying in bed are most necessary; many a working man has lost his life by neglect of this rule. Get this mixture, for preparing which a druggist ought not to charge a poor man more than sixpence:—

1 drachm of Aromatic confection.
1 " Prepared chalk.
1 " Sal Volatile.
½ " Laudanum.
2 " Tincture of ginger
2 " Tincture of kino.
3 ounces of Cinnamon water.

A table-spoonful to be taken every two hours till the relaxation is stopped. A child under ten years, half the dose; and from three to five years old, a fourth part only. For infants it is not suitable. Broths and hot tea are injurious, and increase the relaxation of the bowels. Arrowroot, or rice boiled in milk, or gruel, with some grated ginger or cinnamon powder, should be taken, and these not *hot*, but nearly cold.

15. Should the Cholera, however, attack you, or any in your house, don't be alarmed—it is not catching—the disease is now better understood than heretofore; mild cases are easily cured, and the worst cases are not always fatal.

16. Neighbours and friends have a bad custom of crowding a sick room. Where there is *Cholera*, it makes the disease more dangerous; therefore, don't do it.

17. As a measure of precaution, every family should, if possible, have a pound of the best mustard, one quart of vinegar, half a pint of brandy, (which must be close corked and sealed,) and two pounds of salt, in the house; also, the fire laid ready for lighting at a moment's notice, with a large kettle full of water on the hob. Then, in case of sudden attack before a doctor can be fetched, apply a vinegar-and-mustard poultice over the whole belly, as long as it can be borne, or at least for twenty minutes, and let the arms, feet, and legs be constantly rubbed with flannels dipped in hot vinegar. Constant friction in this manner may save many a life. The body of the sufferer becomes in the same state as one nearly dead from drowning or suffocation, and every one knows how often life is restored in such cases by persevering exertion for *hours*. Two of these pills should be taken at *once*, with a table-spoonful of brandy, and one pill with a table-spoonful of brandy-and-water, cold, every half hour. But don't delay getting a doctor.

Cayenne pepper . . . . 12 grains.
Camphor . . . . 12 "
Calomel . . . . 12 "
Aromatic confection sufficient to make into twelve pills.

Brandy is certainly most valuable in Cholera to those who have not been in the habit of spirit-drinking: those who have constantly taken it, derive little or no good from it.

Lastly. It cannot be too often repeated, that bad bread or bad vegetables, unsound meat or stale fish, tend most powerfully to derange the stomach and bowels, and to bring on Cholera. Let the *dealers* in these staple commodities of life reflect on their very serious responsibility at the present moment, and on the public indignation which will most justly fall upon them should *human life* be sacrificed by the sale of unwholesome food—a too common practice, and a wicked imposition upon the poorer classes.

LONDON: HENRY RENSHAW, MEDICAL PUBLISHER, 356, STRAND.

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Savill & Edwards, Printers, 4, Chandos-street, Covent-garden.

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Chapter Two: Impact

Seeing the early impacts: Summer 2020

As challenging as lockdowns are for many, both now and in the past, they have functioned as necessary measures and indeed are often the only available means to try and control the spread of a novel disease, until a population's immunity increases or treatments and vaccines become available.

As summer 2020 arrived, the UK was emerging out of its first lockdown, and it was clear that whatever course the pandemic would take, even at this point the effect of the crisis on the health and wellbeing of the population had been huge. In York, the public health team led work to try and understand the impact of COVID-19, including the experiences of our residents, how changes to access for our health and care system had affected people's ability to get the care they need, and how the wider determinants of health, such as the economy, education and air quality, had been hugely impacted by a once-in-a-generation event. A rapid Health Needs Assessment was produced in June 2020, a summary of which is included here:

The review concludes that COVID-19 has already caused significant impact on all-cause mortality, created a new category of clinical need (post-COVID-19 care) for a large number of people, led to significant unintended consequences of the system response to COVID-19 - deferred and delayed care, missed prevention opportunities and healthcare-avoiding patient response - and significant unintended consequences of the policy response to COVID-19 - including economic threat, mental health worries due to lockdown, educational disadvantage, all of which threaten the poorest and most marginalised communities the most.

To be re-labelled- Covid-19 Rapid Health Needs Assessment, May 2020

Population Health Impacts of COVID-19 in North Yorkshire and York			
Direct	COVID-19 deaths so far	406	NY+Y cumulative up to 01/5
	All cause deaths in week 18	311	NY+Y vs 170 week 18 average 14-18
	Hospitalisations	2007	NY+Y cumulative up to 12/5
Immediate	% of all deaths due to MI or stroke	▲ 15.3%	(York, vs 11.9% same period 2019)
	A+E attendances	▼ 52%	YTH w/c 5/4/20
	No elective admissions	▼ 48%	YTH w/c 5/4/20
	Non elective admissions for chest pain	▼ 44%	YTH
	Adult impatient mental health admissions	▼ 54%	NY+Y
	Referrals to adult mental health crisis teams	▲ 15%	NY+Y
Chronic	2ww referrals	▼ 75%	VoY and SR CCGS
	IAPT referrals	▼ 56%	NY+Y
	% of people who they had diffculty accessing care due to C19	45%	VoY
	Falls prevention referrals	▼	York
Long Term	Socials prescribing links made	over 1000	York
	Air quality	▲ 30%	York (NO2 reduction)
	Domestic violence incidents	▲	NY+Y
	People furloughed	c 1000,000	NY+Y
	Referrals to stop smoking services	▼ 40%	NY+Y
	Referrals to substances misuse services	▼	York

Introduction to Covid testing
How do PCRs/LFTs work?

LFD (Lateral Flow Device) tests are used for symptom free COVID-19 testing and work very much like a pregnancy test. These types of test are diagnostic devices to confirm the presence of a particular substance – this could be an enzyme, an antibody, or a chemical in drinking water, for example. For diagnosis of COVID-19 the lateral flow test looks for antibodies that have been produced due to the person being exposed to COVID. When a sample is added to the well of the LFD, the sample flows along the absorbent paper which ensures a consistent volume of sample reaches the testing strip which detects the antibodies for COVID. The presence of antibodies is indicated by the appearance of the indicator line.

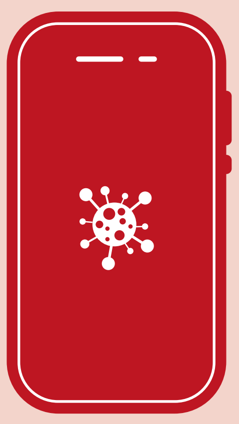
PCR (Polymerase Chain Reaction) tests are used to detect the genetic material (RNA) of a specific virus. This test identifies that the virus RNA is present in the body at the time of testing and is done on patients who are displaying symptoms of a viral infection. PCR testing is a well-used diagnostic tool and laboratory technique and previously has been used for DNA fingerprinting, diagnosing genetic disorders and detecting bacteria/viral infections.

Philippa Press
Public Health Specialist Practitioner Advanced, City of York Council

Winter 2020/21 "testing testing..."

The winter of 2020/21 saw another wave of infection in the city, with community testing facilities at Poppleton Park and Ride and Wentworth Way at times becoming overwhelmed with the volume of symptomatic people arriving at their doors. As part of the response, the city sprang into action by setting up a number of amenities:

- Asymptomatic testing response
- Seven walk-in sites established in community venues
- Large number of testing staff and contact tracers employed
- Support to schools and care homes given to test residents, staff and pupils on a bi-weekly basis
- Thousands of test kits delivered to countless homes targeted by data on local outbreaks.



To date a total

3079

Test and Trace Support Payments of £500 have been paid to eligible CYC residents. (1,478 standard payments and 1,601 discretionary payments) at a total cost of £1,539,500.

5218

Additional Restrictions Grants have been paid by CYC at a total cost of **£6,446,473**

809

Omicron Hospitality and Leisure Grants have been paid by CYC at a total cost of **£2,751,507** As at 27.2.22

24,698

(92.1%) had Covid for the first time

210

(7.8%) had Covid for the second time

21

(0.1%) had covid for the third time

Positive covid test

79814

UKHSA Covid-19 Situational Awareness Explorer reports total of **79814 positive covid tests** for CYC residents (March 2022)

Lessons from history Bubonic Plague

Image: Two men discovering a dead woman in the street during the great plague. Wood engraving by J. Jellicoe after H. Railton.

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When the bubonic plague reached York in 1665, the devastation to the city was unprecedented with vast numbers of deaths. The plague had devastated York and the local area at numerous timepoints in history since the 14th century. But by the mid-1600s, military movement during the English Civil War, reintroduced the disease.

1665's Great Plague outbreak necessitated lockdown and businesses were unable to trade particularly in goods imported from the port towns of London, Hull or Newcastle. In a move almost identical to the covid interventions of late 2020, York introduced a tier system which curtailed the movements of the public to control the spread of disease.

York locals were unable to leave the city, with those resident elsewhere unable to enter. In one show of exasperation at the sudden loss of freedom of movement, Michaell Scarr, a Newcastle local, assaulted a city Watchman who had barred his entry into York. He was sentenced to prison, the length of his time unknown.

York residents were equally punished and court sessions were held for those who had gone to Hull.

Despite lockdown efforts, York was badly affected. Victims were buried outside the city walls as an additional measure to control the spread of the disease. Colloquial evidence suggests, according to the Telegraph & Argus article Nostalgia: Pubs Closed and Families Quarantined in Yorkshire Plague, 25 October 2020, that the grassy embankments supporting the ancient walls are plague pits.

unvaccinated.

TABLE 2a.

1. Year.	2. Successfully Vaccinated.	3. Percentage of total births	4. Vaccination postponed or certified as insusceptible of vaccination	5. Died or removed from York unvaccinated.	6. Declaration of "Conscientious Objection." Number.	*Percentage.	7. Re-vaccinated by Public Vaccinators.
Averages for 7 years, 1901-1907	1,884	83·4	26	276	58	—	—
Averages for 5 years, 1908-1912	1,401	69·4	24	241	350	20·3	28
1913	1,058	53·5	43	297	590	36·0	21
1914	918	48·3	56	349	575	38·4	26
1915	822	46·2	72	336	571	41·6	26
1916	741	42·1	113	320	602	45·4	17
1917	514	40·2	108	238	448	48·6	15

* Percentage of total births less figures in columns 4 and 5.

Four centuries earlier, The Black Death of 1348 hit York with such force it is estimated half the population died. The churchyards were overflowing and surviving records indicate that half the parish priests succumbed. 14th century York was unlike the York of today. Long before the reliance on global trade, medieval citizens were largely self-sufficient, producing their own food, wool and leather.The high mortality rate meant, therefore, that residents from the surrounding areas were brought in to York to replace those lost. The numbers of craftsmen and traders increased dramatically; landowners, once used to overseeing the work of peasants, had no option but to roll up their sleeves and do the work themselves. In an interesting twist, York prospered despite the devastating number of deaths.

'One of the most obvious effects of continued epidemics of plague was to remove the least economically productive sections of the city's pre-Black Death population and to increase the per capita wealth – and therefore purchasing power – of those who still remained in a much less crowded town (Barrie Dobson, historian).

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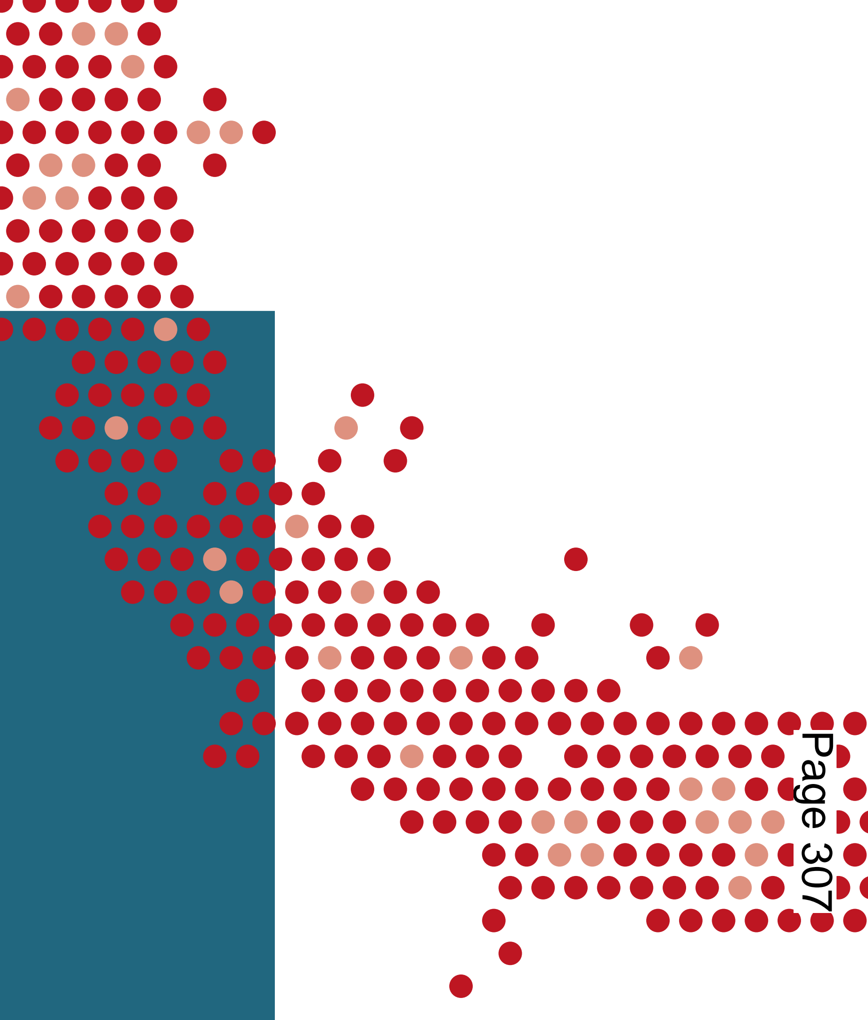


Impact stories from across the city

The pandemic impacted heavily on a number of local services and businesses. Sadly, some businesses were unable to continue in operation whilst others are continuing to try and adapt to post-lockdown life. For York's health services, continuing to provide care to patients with new and existing health problems not related to Covid-19 has been challenging. Below are some of the experiences from across different sectors and parts of community life in York, on the impacts and experiences they have had of the pandemic.

York Centre for Voluntary Services

Covid-19 dominated everything we did at York CVS. The demand for information, advice and guidance was huge, from our members, individuals and partners. York CVS came together to provide a range of support to people who were impacted by the pandemic.

We set up a hotline staffed by the Social Prescribing team which redirected people calling GP practices for non–medical help. March- June 2020 alone, saw 1,759 people supported through the hotline.

GPs also provided lists of over 1,000 vulnerable people to offer a weekly welfare call. Included were people with dementia or awaiting diagnosis. We made weekly welfare calls making sure they had essential help; 876 welfare calls were made from March to June 2020.

In May 2020, we ran a Covid-19 Monitoring Hub. Individuals who were symptomatic for Covid-19 were contacted regularly. It was recognised that on days 7 to 10 of infection, symptoms could worsen, so we ensured people had access to appropriate medical support. Volunteers were recruited to make daily calls to hundreds of patients; it is true to say lives were saved through this vital work.

St. Leonard's Hospice
Emma Johnson

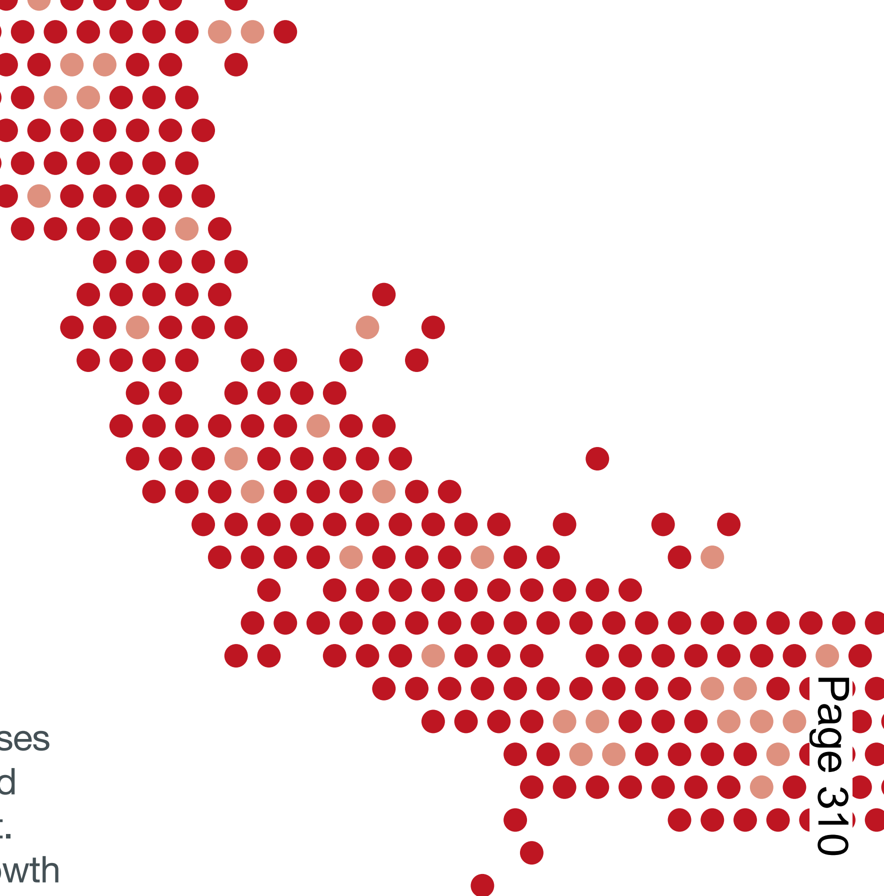
COVID-19 has had a profound impact on our services. Initial challenges saw us responding to successive mandates and guidance on lockdown and protecting vulnerable patients and staff. Out-patient services were suspended and restrictions to visiting in-patient facilities meant patients were increasingly choosing to remain in their own homes. Much of our initial focus was therefore on rapidly expanding Hospice@Home services and improving co-ordination of care in communities. Patients that were in-patients had to embrace ways of connecting with loved ones using online platforms and experienced a very different kind of holistic hospice care from that previously provided.

We embraced innovation and rapid service transformation and collaborated with NHS colleagues to deliver the best possible response to patient and family needs.

Latterly, we have seen professional fatigue in staff and emerging complexities relating to the needs of more patients.

We also need to address inequalities highlighted before and during the pandemic regarding under-represented patients in our services. 'Living with COVID-19' continues but the health risk to the most vulnerable patients remains and we need to be cautious of re-opening services in a safe and inclusive way. Home deaths have increased by 30% since the pandemic. Whilst this is often cited as being a patient's preference, we also need to ensure that support is available to make death as good as possible, and that bereavement support is available to support those left behind.

The pandemic has also highlighted the need for greater awareness and engagement in public discourse on death and dying, and that patients have the right to influence their care by communicating their wishes using advance care planning.



City of York Council Regeneration and Economy

The pandemic has had a seismic impact on York's economy. Covid-19 restrictions were particularly acute in York where a significant proportion of businesses and workers operated the sectors hit hardest such as retail, health and social care and hospitality.

Re-opening York after the first lockdown we implemented a One Year Transport and Place Strategy, expanding pedestrianised areas to create space for social distancing, and managed seating and outdoor space for hospitality. Throughout different lockdowns and tier systems we were able to support our economy by being flexible, creative, whilst ensuring public health always remained the priority.

We have provided over 25,000 Government grants to York businesses worth over £114 million and invested £1 million in additional local support. We also established a Business Growth Voucher Scheme providing vouchers to around 550 local businesses.

York's residents and businesses have remained resilient. We have consistently had the lowest percentage of the working age population claiming out of work benefits of any major city across the UK during 2021 according to the Centre for Cities, despite 16,000 people furloughed. Business activity and consumer demand has also remained strong throughout.

City of York Council Communities Team

We opened nine virtual volunteer hubs on 27 March 2020 to coordinate the 1000-strong volunteer activity and distribution of essential supplies to those residents who needed support. A dedicated helpline team was established to deal with calls from residents and deploy the required support.

Support was provided to residents in a wide variety of ways:

- Making contact with people on the government shielding list who asked for help when registering with the NHS, door knocking where necessary.
- Provision of emergency food parcels for those with no other support mechanisms who are waiting for the government food box or who phoned the CYC help line.
- Case management of those of the shielding list who need shopping due to religious or dietary requirements. Volunteers are sent out to shop then deliver to the door.
- Wellbeing calls to any resident who needed them.
- Assistance with shopping obtaining supplies for any resident.
- Any other help that might be required due to a resident having no other means e.g. collecting post or prescriptions, looking after pets.

The Impact on Air Quality in York

The Covid-19 helpline became a post Covid-19 'Action line'; making the clear transition from an emergency response to a community approach, looking at longer term solutions, both for those directly affected by the virus and for those affected by the longer term impacts individually and within the community. This model emphasised a person-centred approach supporting residents through a crisis and helping to build resilience to prevent future crises.

During the first lockdown, it was widely reported that air quality improved to such an extent that natural landmarks were visible for the first time in decades.

People in India were able to see the Himalayas whilst citizens of Venice reported that the clarity of the water was such that sea life could be seen. York was no exception as reflected by Mike Southcombe, Public Protection Manager:

Air pollution has an adverse health impact on everyone and is responsible for more preventable deaths than any other factor except smoking.

During the Covid-19 lockdown, people drove less and this resulted in York meeting the health-based air quality objectives for nitrogen dioxide and particulates in 2020. Air pollution did increase in 2021, however not to levels seen in 2019.

City of York Council continues to act to improve air quality via measures in York's third Air Quality Action Plan, including the Clean Air Zone for busses and encouraging more people to walk and cycle.

The government are currently reviewing the air quality objectives in line with World Health Organisation guidelines. We must continue to monitor air pollution effectively and ensure that our actions are sufficient to meet the new targets.

Universities

Ian Wiggins, Director of Operations, University of York

"University communities were at the forefront of the city's response to the pandemic. As the first lockdowns began in March 2020, York's institutions were some of the first in the UK to provide support and resources, including PPE, to the NHS. As well as producing visors and face shields for healthcare staff, the University of York also provided PCR machines and technical expertise to the city's hospital, supporting the team there to set up their first Covid-19 testing capabilities. Our students were also quick to volunteer: medical and nursing students graduated early to start work supporting Covid-19 patients and countless other students donated their time supporting community groups, particularly assisting the most vulnerable residents in the city.

As the pandemic continued, the city's further and higher education institutions came together to support the return of students to campuses and face to face education. Through collaboration with city and higher education institutions we responded well to rising student cases, dealing with outbreaks in a compassionate and measured way, avoiding some of the mass isolations and protests seen in other University cities.

Public health teams and universities also worked closely together to roll out and sustain a mass asymptomatic testing effort across the city, bringing together city and university space and expertise to provide testing for all residents.

Working with the York Public Health team, we also supported a mass roll out of vaccines as soon as students became eligible, with York's institutions seeing some of the highest take up rates across the sector. The relationships developed during Covid-19 are also continuing post-pandemic with a reinvigorated student health network driving brilliant work on a wide range of issues affecting students mental and physical health.

York Public Protection Team

During the Covid-19 pandemic public protection supported public health colleagues in providing support and advice to businesses about Covid-19 control and prevention measures, primarily focussing on the' hands, face, space and ventilation' message, along with health and safety responsibilities and compliance with the various legislative requirements in force at various times during the pandemic.

This included officers responding to 2,164 complaints from members of the public about businesses allegedly not complying with legal requirements. Despite the number of complaints businesses were generally found to be compliant, with public protection only needing to serve 5 prohibition notices and 22 fixed penalty notices for non-compliances. A small number of direction notices were also served in order to ensure compliance with legislative requirements. public protection Officers also provided advice to event organisers to enable events to take place, when they were legally allowed to do so, in a safe manner with the necessary control measures in place.

In addition to this public protection also employed Covid-19 support marshalls to assist in the response, with 6 marshalls being employed from December 2020 through to March 2022. During this time they provided a visual presence in the centre of York and suburbs, providing encouragement and basic advice to members of the public and businesses about virus control measures. This involved nearly 5,000 interactions with businesses, 8,500 interactions with groups of people, and giving out nearly 2,500 face coverings. A further role they had was to collect discarded face coverings from the streets of York, with 5,237 face coverings being collected.

Covid Support
YORK MARSHALL
Covid Support
YORK MARSHALL
ST. CRUX
CHURCHYARD
THIS LAND IS PRIVATE
No cycles,
mopeds or
motorcycles
may be
parked here

Chapter Three: Voices

Same storm, different boat

Covid-19 has undoubtedly had far-reaching consequences for every individual. The opening quote was often circulating various social media platforms as a means of highlighting the different challenges faced as a result of the pandemic.

Health, financial and job concerns were evident in the majority of the population. Sadly, other health concerns, both new and existing, were heavily impacted; thousands of York residents were made redundant despite the furlough scheme and those self-employed faced months of no income. Parents had to ensure their children were still learning despite school closures, often whilst working from home themselves.

It wasn't all negative, however. People benefited from working from home which improved their quality of life. Less traffic meant people benefitted from the cleaner air and in many cases, there was a greater sense of community spirit as people rallied round to provide support to the more vulnerable members of society. The next page brings the experiences of York residents and workers during the pandemic.

Public voices

"I had symptoms and have now been off work for nearly 3 weeks … unable to get tested … have struggled for breath and had chest pains, reality quite scared for my life. Didn't want to call for an ambulance…"

"I am deaf, and am worried about the introduction of face masks - then I cannot lip-read people "

"I am confused over the Government's shielding letter "

"I need to work and earn and provide, and this lockdown is killing me"

"I care for my Mum with dementia who is starting to feel very low. It is really difficult to deal with her wellbeing & my own"

"No dental appointments available for my child, despite contacting our surgery. My son is in lots of pain "

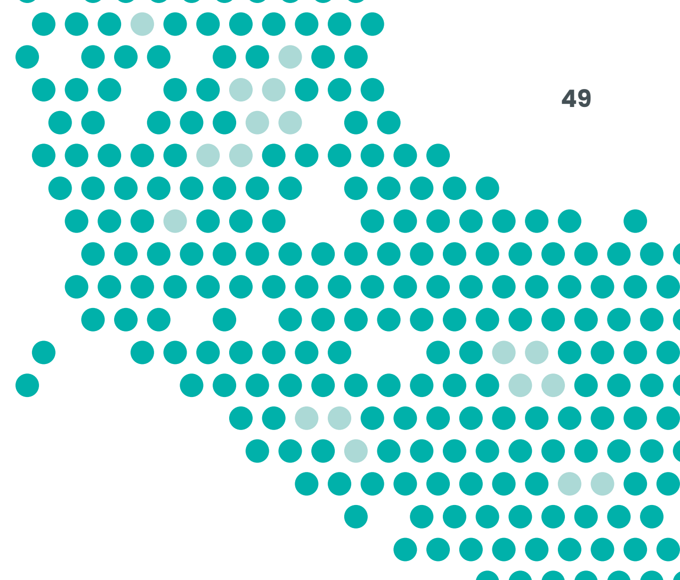
"I have suffered with bad mental health in the past, but am now unable to use my coping mechanisms such as seeing friends"

"I fear the families like me who don't fall into any brackets for financial support due to currently having too much savings …by the end of the year I am going to be, but by then people will have forgotten about me "

"I have had a baby during lockdown. Midwives, hospital care and health visitor care has all been affected. Also not been able to access support group for breastfeeding which I have found very difficult. "

" I have a child with autism and learning disability. Out of routine, feel fairly abandoned by school, don't have any regular input from health,
…all our usual support is gone, my anxiety is very high."

It is surprisingly exhausting, mentally and physically. I am in the most vulnerable category and live alone"



"My daughter has severe anxiety but all appointments have been cancelled and the people we were getting help from have postponed treatment."

"I am benefiting a lot from the cleaner air. Daily walks without pollution have improved my chronic sinus problems"

Public health team members

"I will not forget the onset of the Omicron variant just before Christmas, 2021. Contacts had to be tested for 7 consecutive days. This led to a shortage of home test kits and they were like gold dust. At one point we had to help North Yorkshire County authorities out, and they sent a fire engine to collect the boxes, as it was considered an emergency."

"Sometimes work shifts would coincide such that you would finish at 7PM one day and be back at the site at 7AM the next day. This was at the height of winter so it practically felt like you had slept there."

"I have loved working at the testing sites due to the incredible staff that we were surrounded by, but also the sense of fulfilment you get from knowing that our work has played a key part in keeping York as safe as possible."

"After literally thousands of negative tests, I remember personally discovering the first ever positive test at the University of York test centre in December 2020, staff even began queueing up to get a glimpse. A month later and we were getting several positives a day."

"Friendships and camaraderie also developed among staff during these difficult and busy times."

"What I will always remember is the long queues of people queuing outside St Johns Sports Hall and onto Lord Mayors Walk. We would have to go outside in the freezing cold, handing out registration, cards and registering them if needed. Good Old Days!"

Healthcare professionals

"We have seen much better working between practices, and between practices and community teams."

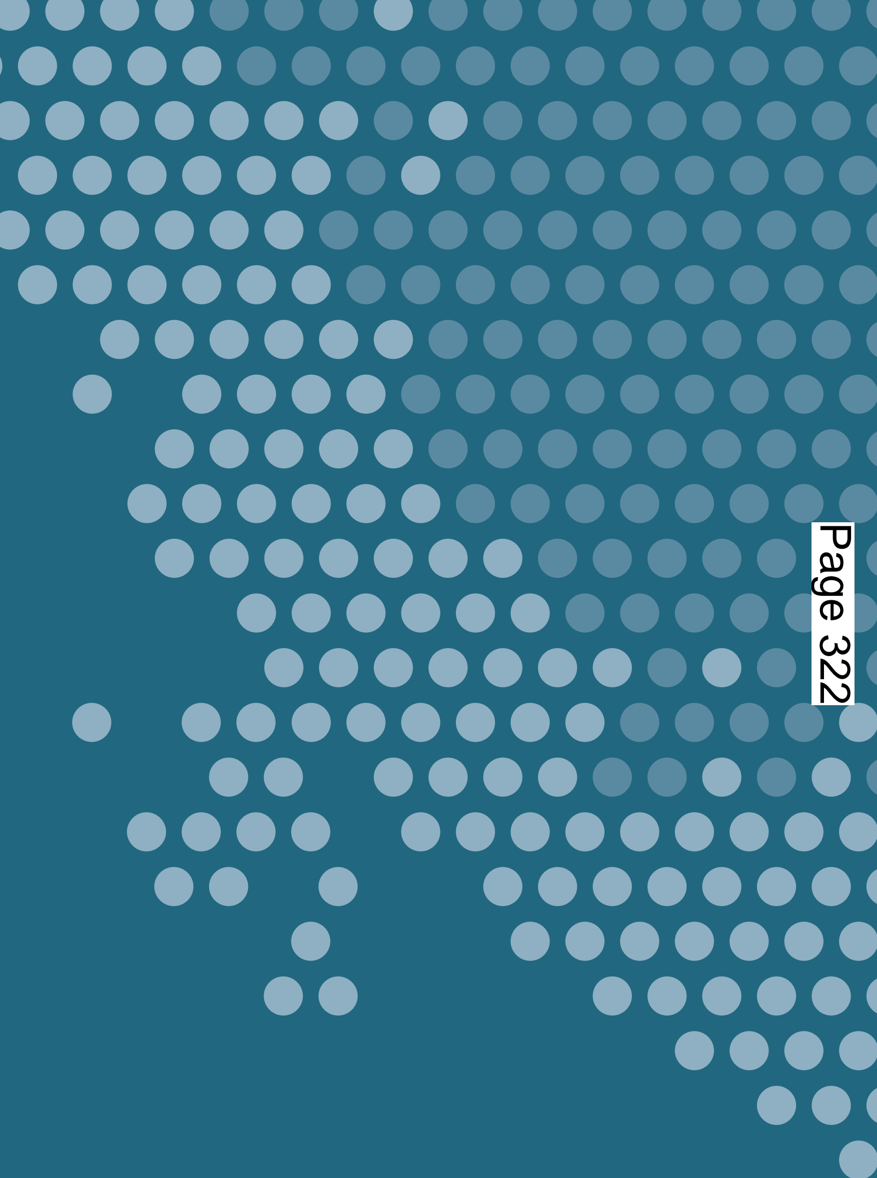
"I am worried about the Wider determinants of health… double whammy of initial Covid-19 disruption to income followed by 2nd wave of austerity."

"Delays in investigation and treatment in secondary care will likely affect mortality and morbidity for a long time."

"There is a risk that NHS/care staff will experience the deep effects of managing traumatic experiences and stress."

"I am concerned about children and young people's disconnection with schools, peers, extended families and loss of …ability to re-engage with education and formal structures, leading to impacts on family functioning and overall resilience."

"I have concerns that patients and families are not talking to GPs about emerging mental health issues."



Chapter Four: Control

In February 2022, the Government lifted all Covid-19 restrictions in England. It is easy to think that Covid-19 has disappeared however this is not the case. At the time of writing, 44,680 people tested positive over the past seven days (one week in May 2022).

Lessons from history: the end of Spanish Flu

History shows us that there are two ways epidemics end: a pathological end- where the disease is rendered no longer able to transmit infection- and a social end. Most historical disease outbreaks appear to have merely fizzled out. In the case of the Black Death and the Spanish Flu pandemic, as more people developed and recovered from infection, the immunity gained weakened and disabled the virus. Herd immunity is a widely discussed concept however it risks high numbers of deaths and long-term disability before it can be achieved. Lockdowns and social restrictions have therefore been necessary measures through history to reduce these rates. To date, smallpox remains the only infectious disease that has been totally eradicated through vaccination.

The Spanish flu pandemic had all but run its course in York in 1920. The Chief Medical Officer reported that there was “no epidemic in this City.” 40 cases of influenzal pneumonia had been notified however these occurred throughout the year with no more than three deaths per week- a good indicator for tracking disease spread.

This wasn’t without concern, however, as the first half of the year was marred by “a considerable rise in the number of deaths” resulting in the appointment of the Special Disease Sub-Committee to act in case of emergency. Fear remained palpable and such was the anticipation of a “serious recrudescence of influenza” that women experienced in nursing were drafted in as “home-helps” in the event.

Vaccination – our best control measure

The vaccination rollout story in York is a testament to the efforts of all involved. To date, 89.5% of the adult York population has received a first dose of a Covid-19 vaccine, and 71.1% have now received at least one booster.

These figures reflect the national averages, however a project in York ensured that marginalised communities were able to access the vaccines. Early research indicated that Covid-19 vaccine uptake was low in communities such as ethnic minorities, homeless people, and those with learning disabilities.

Various wards in York also had low vaccine uptake, including Guildhall, Fishergate, and Hull Road- a high student population may be the main contributing factor to Hull Road's figures. The then NHS Vale of York Clinical Commissioning Group (CCG) undertook work to build relationships with groups such as the following to understand some of the barriers they were met with:

- York Carers Centre
- York Interfaith Group
- York Mosque and 4th Avenue Mosque
- York Racial Equality Network
- Changing Lives – Vulnerable women (sex workers), homeless
- York Gypsy and Traveller Trust
- Chinese Student Union
- Selby District Council – Afghan refugee arrivals at Gateway Hotel
- CYC – worked together on targeted work e.g.. leaflet drops, digital signs, grab a jab website, LFT distribution in the community
- York Wheels & Age UK who partner with CCG to take vulnerable patients for their vaccine
- Door 84 Community Centre

Several barriers were highlighted including lack of trust, anxiety, and transport issues amongst others. To address these barriers drop-in sessions were introduced so people could discuss their concerns and receive other health-related resources.

Vaccine uptake was only slightly increased, however most people felt listened to and supported. Matters raised from these sessions indicated a greater need for cultural awareness especially that which is tailored to each individual group, for example and religious groups and the gypsy, traveller communities. Delivering resources in other languages was also raised as people do not necessarily know how to read in their own language. Increasing translation services in the region, plus English for speakers of other languages (ESOL) was found to be the most effective solution.

Vaccination against Covid-19

From the outset of the pandemic, public health experts were clear that the most effective route out of the crisis would, in the long term, be the development of an effective and safe vaccine against the disease.

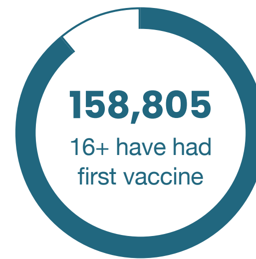
When the body encounters harmful bacteria, viruses or other pathogens, a 'passive' immune response is initially triggered, involving for instance mucus, fever, and inflammation. This is followed by an 'active' immune response, the body neutralising or destroying the bug through cells like lymphocytes, leaving a legacy of antibodies which recognise the pathogen and thus offer protection against it in the future.

The goal of vaccination is to trigger an active immune response in the body, leaving the body with antibodies without needing to go through the risk of infection.

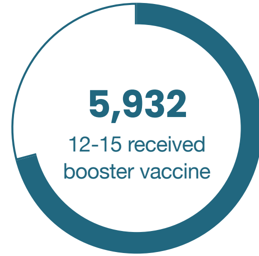
Normally, the development of a vaccine would take a number of years, even before the job of mobilisation, commercial production and delivery of the jab to millions of people through a mass vaccination programme.
With large global resources deployed, new vaccine technology like messenger RNA (mRNA) jabs, and thousands of willing trial volunteers, it took only 9 months from the start of the pandemic for the first person in the world to be injected with an approved COVID-19 jab outside of a clinical trial, in the UK on December 8th 2020.

Since mass vaccination started in the UK, the different jabs have proved themselves effective and very safe, with a large amount of data demonstrating that serious and adverse events relating to vaccination are very rare and far outweighed in risk terms by the risk of catching COVID-19. It is estimated that in the UK the COVID-19 vaccination programme has saved over 130,000 lives, which equates to over 400 in the city of York alone.

Vaccinations for People aged 16+ (1st dose, 2nd dose and Booster)



89.1%
of the estimated (16+) population of York*



70.8%
of the estimated (12-15) population of York*

71.3%
of the estimated (16+) population of York*

39.0%
of the estimated (12-15) population of York.*

*(As of 20.3.22)

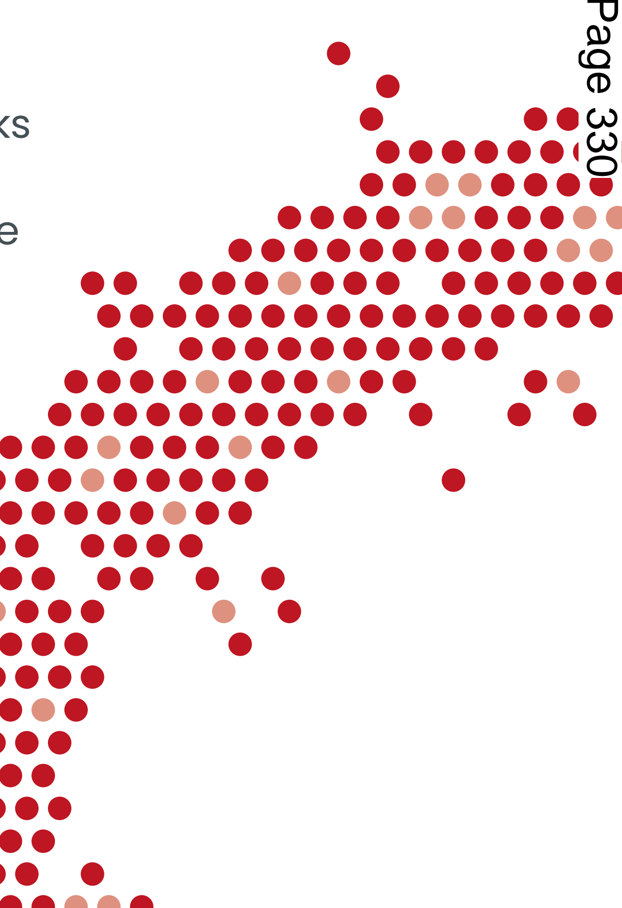
85.4%
of the estimated (16+) population of York*

Recommendations of my Annual Report

Page 329

Public Health should seek to build on the city-wide partnership working relationships developed during the response to the COVID-19 pandemic and lead the development of a York strategy for 'Living with Covid' to be recommended for adoption by all city partners.

The Director of Public Health to establish a York Health Protection Committee with responsibility for ensuring that the city has the necessary plans in place to respond to large scale events such as future pandemics, disease outbreaks and the health impacts of adverse weather events, learning from the experience of the COVID-19 pandemic. The York Health Protection Committee to present an annual report to the Health and Wellbeing Board on progress together with recommendations for action.



Children and young people in York, and across the country, have been particularly badly affected by the lockdowns and other restrictions over the past two years. The 2022 School Survey into the Health and Wellbeing of Children and Young People in York has identified a number of needs that will have to be addressed if we are to succeed as a city in giving every child and young person the best start in life. It is recommended that the Children and Young People's Health and Wellbeing Programme Board use the findings in the 2022 School Survey to inform the development of a new children's plan for York.

We know that the COVID-19 pandemic has had wider impacts on the health behaviours of some residents. Alcohol consumption has increased, the numbers of people reaching recommended levels of physical activity have gone down and many people are finding they are struggling with their mental health and extra weight gained during lockdowns. It is recommended that the council's Public Health team continue to lead an evidence based approach to tackling these issues across the city working with individuals, families, communities and our partners in focusing our collective efforts on those who need the help most.

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Additional thanks to the York Library Archives for providing the historical resources for this report.

Annexe: update on recommendations from the 2019 York Director of Public Health report

The previous annual report was written in 2019; the actions from these recommendations are detailed below.

Life Course Stage	Recommendation
Starting and Growing Well	Public Health should work with partners to develop a way of supporting children and young people to engage in physical activity and eat a healthy diet.
Living and Working Well	A strategic approach to tackling alcohol misuse should be developed for the City.
Ageing Well	Public Health should continue to work with partners to ensure that the uptake of flu vaccines in the over 65s is increased.
Mental Health	Undertake work to understand self-harm in York and what can be done to decrease the number of hospital admissions from this cause.

Starting and Growing Well

Public Health in 2021/22 has been working to improve the offer to children and young people which supports healthy eating, healthy weight and physical activity.

Working with North Yorkshire sport we have developed a physical activity strategy and will be set to launch this in 2022. Starting and growing well includes a focus on those children and young people who report as not engaging in the recommended physical activity levels. We have also started to unpick the profile of service provision for young people to achieve and maintain healthy eating patterns which impacts on healthy weight across the life course.

Linking both aims Public Health have commissioned the HENRY programme initially aimed at working with families with children under 5 years old who have identified the need for support. The programme assists parents with a range of knowledge and skills which underpins healthy lifestyles including nutrition and exercise. Jointly running this with healthy child service has enabled us to offer the course in a more targeted joined up way.

Living and Working Well

The Covid pandemic has highlighted the need to ensure that the population of York has access to support for reducing alcohol consumption and for those affected by a loved one's drinking.

The Covid Hangover report recently outlined the impact that alcohol consumption during the pandemic will have in significantly increasing the health and economic burden of alcohol in England.

By taking a coordinated approach, we have developed a number of initiatives to support the population of York in relation to reducing alcohol harm. These include:

Ensuring health data is at the heart of City of York's Statement of Licensing Policy

• A refreshed Alcohol Identification and Brief Advice (IBA) training programme – this is being offered to professionals and volunteers across the city to equip them to have short but powerful opportunistic conversations about alcohol consumption with York residents.

• Groups who have received this training so far include social workers, health visitors, local area co-ordinators and community mental health teams. Further roll-out to community voluntary groups and hospital and primary care staff is planned.

• The launch of the Changing Habits service – aimed at those who would like support around their alcohol consumption but do not require clinical intervention, this service offers York residents up to 8

weeks of one-to-one support to reduce their alcohol intake and build new ways for coping with life's challenges. Together with the CYC Health Trainer service and York Drug and Alcohol Service, this now means that alcohol reduction support is available in York at whatever level it is needed.

• The launch of the Lower My Drinking website and app – the Lower My Drinking alcohol reduction package is now available for York. Residents are invited to check how much alcohol they're drinking by completing a short quiz at www.lowermydrinking.com. The website provides personalised information based on the quiz results, with details of relevant support available in York and the option to download the specialist self-help Lower My Drinking app.

• The launch of specialist support for individuals affected by a loved one's drinking – York residents whose wellbeing is impacted by a loved one's alcohol use now have access to support from Adfam's local Family Support Worker.

• Following the publication of the Dame Carol Black review in July 2021 and the Harm to Hope 10 year plan, a Drugs and Alcohol Partnership Board has been established for York and will continue to support alcohol harm reduction as part of its overarching strategy.

Ageing Well

In the 2021–2022 Flu season, the public health team continued to work collaboratively with GPs, pharmacists and other partners in the NHS to promote the uptake of flu vaccination in the community.

Through regular meetings with our partners, we were able to monitor flu vaccination uptake across the city and identify those areas and specific cohorts where uptake was lower. Targeted communication campaigns in a number of formats were developed which aimed to increase awareness of the programme and to encourage uptake. This included working to promote access to the mass vaccination site at Askham Bar which delivered safe vaccination by drive-through and walk-in facilities to those eligible.

Working collaboratively, we were also able to offer several outreach flu clinics at a range of established venues such as community centres and foodbanks in the city.

As the clinics were offered at convenient and trusted venues, we were able to encourage flu vaccination uptake in populations who may not otherwise have come forward. Data received from the Vale of York Clinical Commissioning Group (CCG) for the 2021-2022 season shows that a vaccination coverage rate of 82.9% in the over 65's was achieved. This was better than in any other cohort, where the average for all ages was 68.3%. This was achieved during a challenging time when both the COVID-19 booster and flu vaccination programmes were widened to include some secondary school age children and anyone between the ages of 50-64.

This year work is continuing to increase uptake across eligible groups and a local campaign aimed at increasing uptake in geographical areas of York and in specific cohorts is currently being planned.

Mental Health

In Autumn 2021 1,666 secondary school and sixth form pupils in York responded to the public health school survey questions on self-harm.

Of this group, 28% said they had ever self-harmed, and half of this group had self-harmed in the last month. There were higher rates in older pupils, LGBT pupils, and pupils with special educational needs or long-term health conditions. In partnership with children's inclusion team, ICS, and CAMHS, public health has been developing a resource to support schools when responding to self-harm behaviour. This toolkit was requested by schools and follows the national iThrive model. It moves through a range of risk and severity levels and recognises that self-harm is a response to mental distress, not a condition it is own right. It includes best practice resources for whole school messages such as assemblies, how to have conversations and give support to young people, when to reach out for additional support from specialist services, through to specifying the schools' role in multi-agency planning for very high risk young people, including when young people have accessed emergency medical care. The toolkit is being finalised with head teachers and school pastoral leads, it is due to be in place in schools across York early in the 2022/3 academic year.

If you would like this document in an alternative format, please contact:

(01904) 551550 ycc@york.gov.uk

@CityofYork @cityofyork

It is available in the following languages:

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Publication date: October 2022

For further information: West Offices, Station Rise,York, Y01 6GA

York: the Pandemic Years
Annual Report of the Director
of Public Health 2020-2022

York Health and Wellbeing Board

Health and Wellbeing Board 16 November 2022

Report of the Director of Public Health.

COVID-19 Update

Summary

1. This report provides the Health and Wellbeing Board members with an update on COVID data for York.

2. The report asks members of the Board to support the continued promotion of safer behaviour messages and vaccinations in line with evidenced based actions to manage other respiratory illness such as colds and influenza.

3. Responding to the COVID virus will be through a ‘business as usual’ response with an emphasis on managing outbreaks in high risk settings.

4. Living with COVID means that there are no formal restrictions in place but instead there is an emphasis on personal behaviours to reduce the risk of infection and transmission although if there is a significant change in the COVID virus this may change the national approach.

5. On the 31st August 2022, based on advice from the UK Health Security Agency (UKHSA), the national COVID-19 alert level was lowered from level 3 to level 2.

6. York Hospital and the wider health and care system continues to be extremely busy overall. Severe COVID cases, direct COVID healthcare pressures and direct COVID deaths are decreasing following a recent increase in activity and ONS community positivity estimates appear to be stabilising.

7. Further COVID surges are likely as we head into winter and so getting a vaccination when it is offered continues to be very important.

Background

8. The COVID-19 pandemic in the UK has now moved into the recovery phase and one which has been labelled as 'Living with COVID'. Since January 2020 the city has made an unprecedented response to protect its citizens and reduce the risk of illness and death from the virus.

9. It is inevitable that we will experience further peaks and troughs of cases of COVID as well as the likelihood of further variants of the virus. As such, there is a continuing need to be vigilant and for individuals and organisations to take measures to reduce the risk of further infection from COVID.

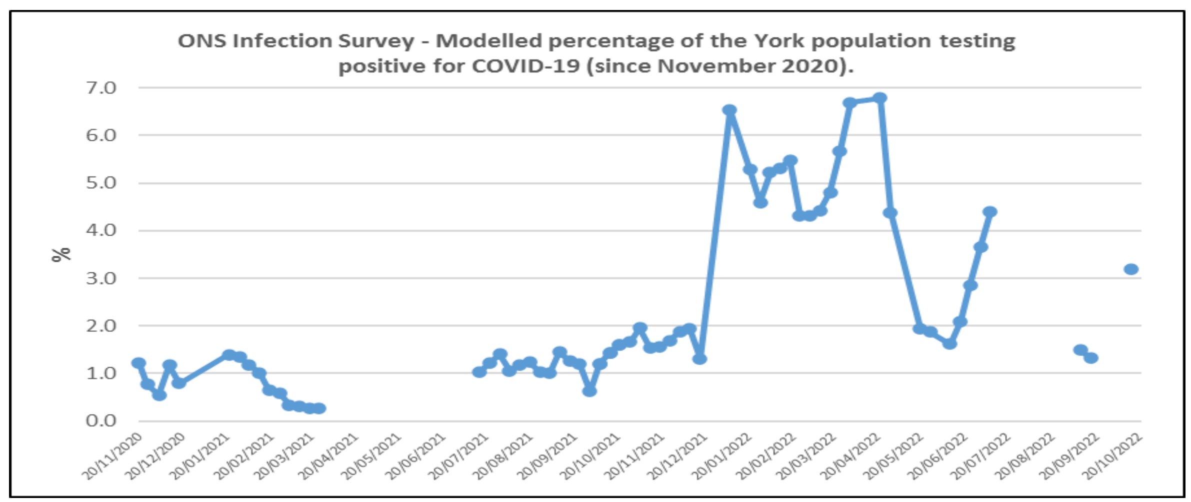
10. There remains the risk that, as we move into winter, the pressure on the health and social care system across York could be overwhelmed. If we are to mitigate risk and reduce adverse health outcomes for our population, a system wide effort will be needed.

Main/Key Issues to be Considered

11. At this stage in the pandemic the frequency of data reporting has been reduced and a comprehensive update is now published monthly. The cessation of most COVID testing also means that we no longer have detailed and accurate information on the number of positive cases. The most recent COVID data for York are shown below.

Diagnosed cases / episodes

12. For the period 27.9.22 to 3.10.22 it is estimated that 3.2% of York's population (about 1 in 30) would test positive for COVID-19. The trend in the modelled percentage of the York population testing positive for COVID-19 since November 2019 is shown in the chart below:

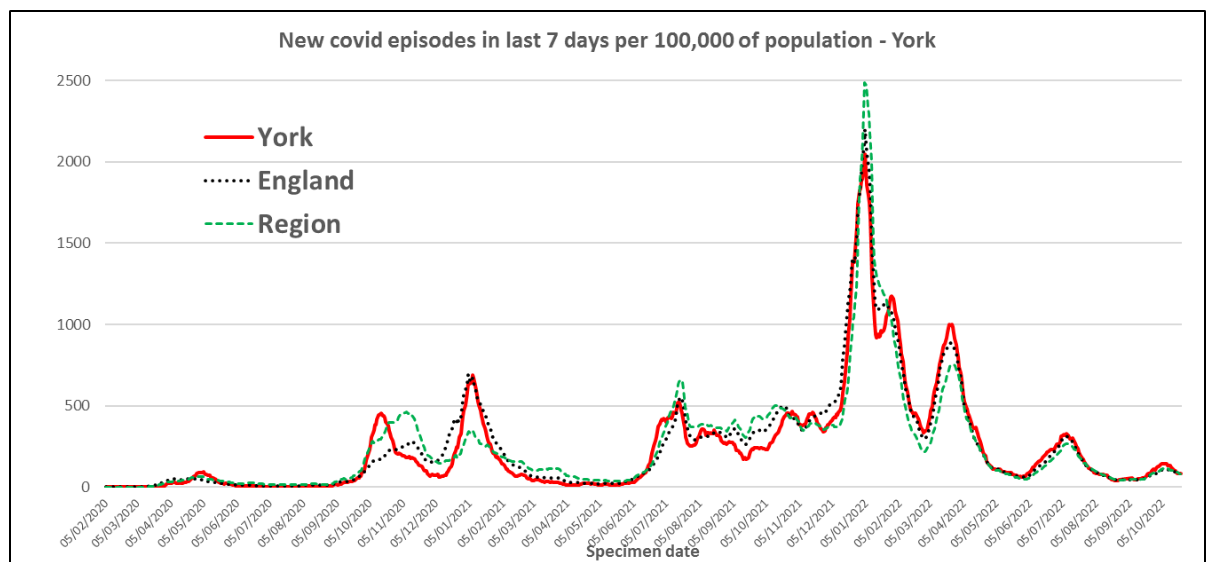


13. As at 29.9.22 CYC residents have had a total 70,807 COVID episodes since the start of the pandemic, a rate of 33,556 per 100,000 of population. The cumulative rate in York is below the national (35,312) and regional (34,818) averages.

14. The provisional rate of new COVID episodes per 100,000 of population for the period 27.9.22 to 3.10.22 in York is 60.2 (127 episodes). (Using data published on Gov.uk on 27.10.22).

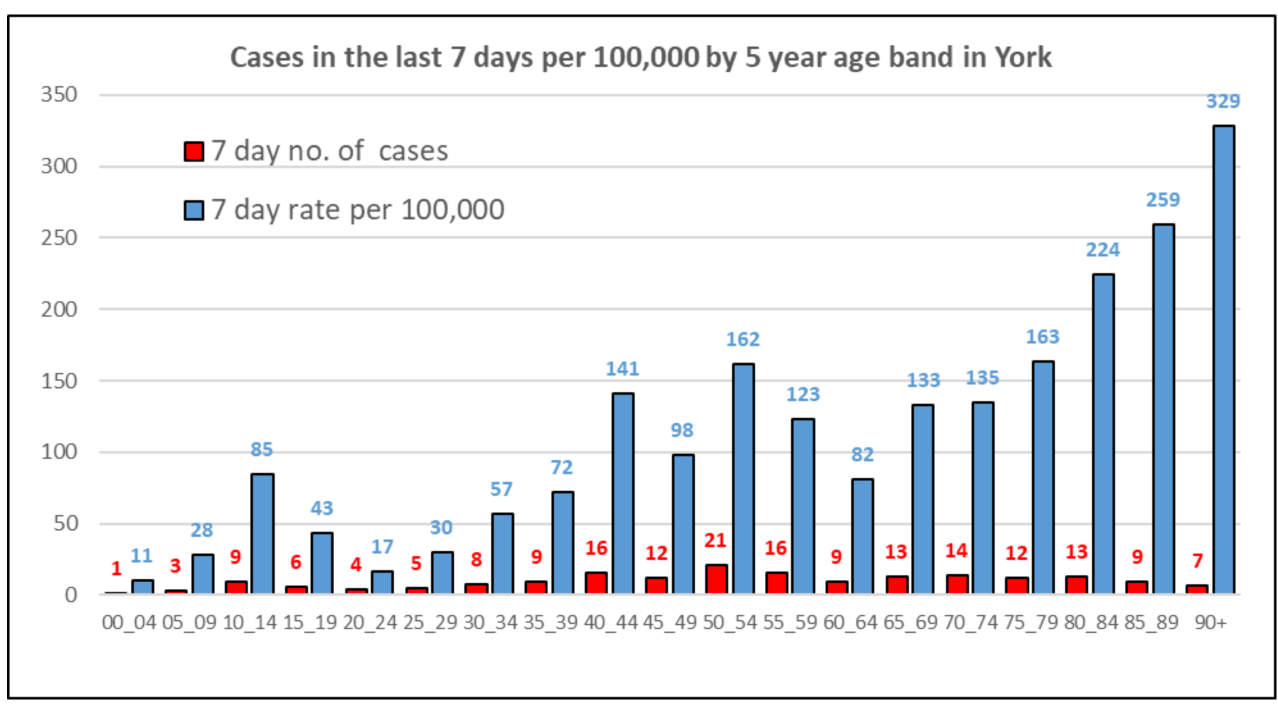
15. The latest official "validated" rate of new COVID episodes per 100,000 of population for the period 16.10.22 to 22.10.22 in York was 81.5 (172 episodes). The national and regional averages at this date were 83.2 and 81.8 respectively (using data published on Gov.uk on 27.10.22).

16. The chart showing the data up to the specimen date of 22.10.22 is shown below:



17. The rate of new COVID cases per 100,000 of population for the period 18.9.22 to 24.9.22 for people aged 60+ in York was 154.3 (77 cases). The national and regional averages were 114.3 and 115.4 respectively.

18. Case rates in York are currently highest in the following age ranges: 90+ (329 per 100,000); 85-89 (259 per 100,000) and 80-84 (224 per 100,000). The age breakdown by 5 year age bands is shown below.



COVID Bed Occupancy in York Hospital

19. As at 31.10.22 there were 69 confirmed COVID patients in General/Acute beds. The peak number was 158 on 28.3.22.

20. As at 31.10.22 there were 3 confirmed COVID patient in the Intensive Treatment Unit. The peak number for people in ITU was 19 on 10.5.20.

R Number

21. The 'R' value (the number of people that one infected person will pass on a virus to, on average) for the North East and Yorkshire area on 12.10.22 was estimated to be in the range 1.1 to 1.3. Modelled estimates uses data from hospitalisations, deaths, testing, waste water sampling and longitudinal studies to come with as accurate a picture as possible.

Vaccinations

Vaccinations for People aged 16+ (1st dose, 2nd dose and Booster)

22. As at 2.10.22 a total of 158,935 CYC residents aged 16+ have had the first dose of the vaccine. This represents 89.1% of the estimated (16+) population of York.

23. As at 2.10.22 a total of 153,246 CYC residents aged 16+ have had both doses of the vaccine. This represents 85.9% of the estimated (16+) population of York.

24. As at 2.10.22 a total of 125,756 CYC residents aged 16+ have received the booster vaccine. This represents 70.5% of the estimated (16+) population of York.

Vaccinations for People aged 12-15 (1st and 2nd dose)

25. As at 2.10.22 a total of 5,638 CYC residents aged 12-15 have had the first dose of the vaccine. This represents 67.3% of the estimated (12-15) population of York.

26. As at 2.10.22 a total of 4,523 CYC residents aged 12-15 have had both doses of the vaccine. This represents 54.0% of the estimated (12-15) population of York.

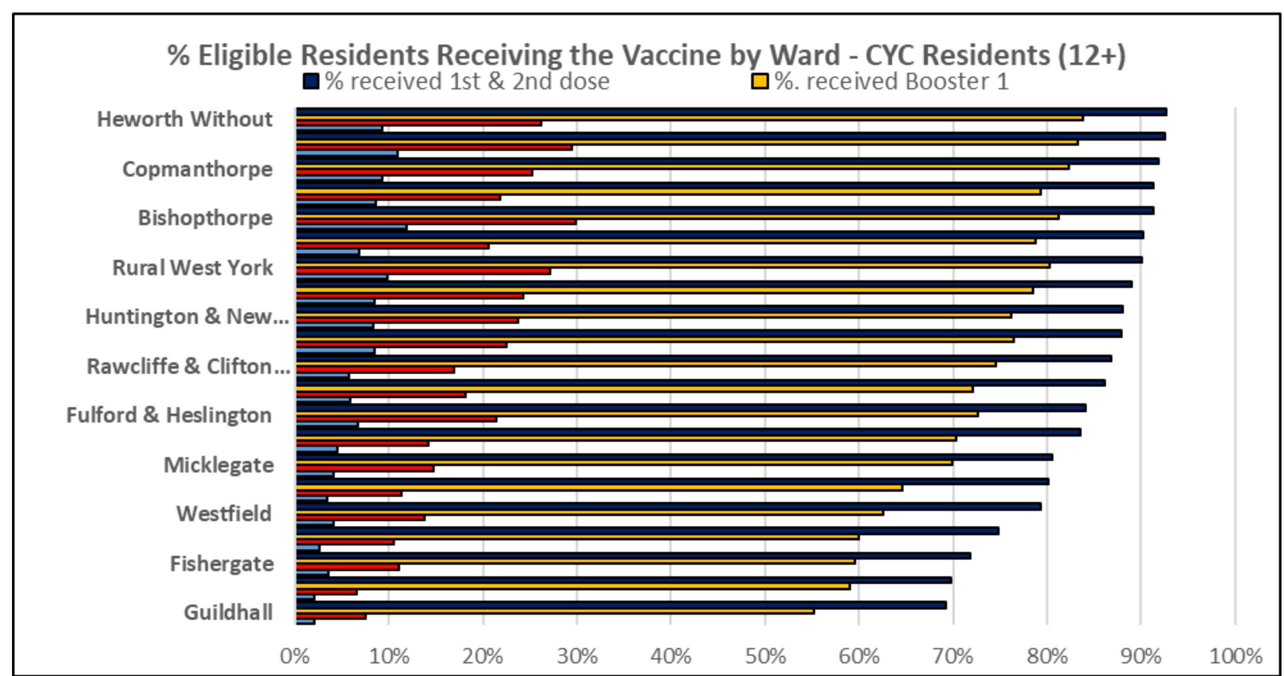
Vaccinations for People aged 5-11 (1st dose)

27. As at 2.10.22 a total of 2,871 CYC residents aged 5-11 have had the first dose of the vaccine. This represents 19.1% of the estimated (5-11) population of York.

Source: PHE Covid-19 Situational Awareness Explorer.

Vaccinations by Age / Category and Ward

28. The chart below shows the percentage of CYC residents age 12+ in each ward who have had the vaccine.



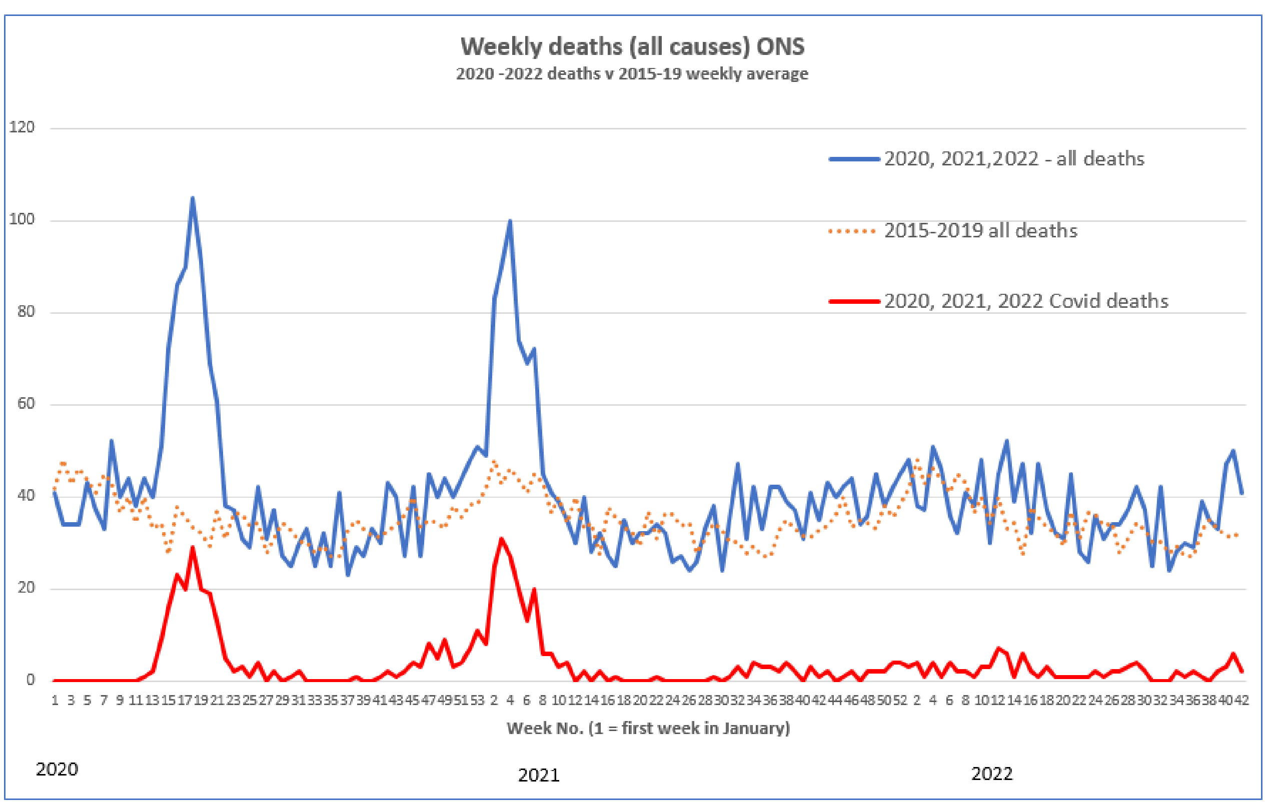
Source: NHS NIMS Covid Vaccine Uptake Report

Deaths

29. Two key sources about deaths from COVID at Local Authority level are ONS data and local registrar data. They are derived from the same source (civil registration data). ONS data is more comprehensive as it includes deaths of York residents which have occurred and been registered outside York. Local registrar data provides a breakdown by age and gender. For both data sources a death from COVID is said to have occurred when COVID-19 has been recorded on the death certificate. The most recently available data is summarised below:

30. ONS Weekly data: In the most recent period (2022 Week 42: 15.10.22 to 21.10.22) 2 COVID deaths were recorded as having occurred for CYC residents. There were a total of 41 deaths from all causes in that week. Please note that due to lags in death registration, weekly totals are subject to revision.

31. ONS Cumulative data: Since the start of the pandemic, we have been monitoring all deaths, including deaths due to COVID. The graph below shows deaths occurring from the start of the pandemic up to 21.10.22



Source: The excess deaths data is obtained from the ONS release: Deaths registered weekly in England and Wales, Provisional. Deaths which have occurred up to 11 days prior to the data release and have been registered up to 3 days prior to the data release are included. Weekly totals are subject to revision. COVID-19 deaths are those deaths registered where COVID-19 was mentioned on the death certificate.

Recovery and Living with COVID

32. The data above provides evidence that we now have to adjust to living with COVID with public health scientists predicting that in the medium to long term the virus will become endemic, the expectation being that the virus will become more stable and predictable, but we will still see some community transmission.

33. Living with COVID will mean the continuing need to work to reduce vaccine inequalities, to understand why there are areas across York where vaccine uptake needs to increase to reduce the risk to vulnerable people and mitigate outbreaks. We will also need to work with our population to continue with personal behaviours which reduce risk such as hand hygiene and 'catch it, bin it, kill it' actions. This will be especially meaningful as we head into winter and the flu season.

34. Whilst we want our citizens to have confidence in working and socialising it is important to understand that there still remains a level of

uncertainty around transmission because of waning immunity, vaccine inequality and the risk of new variants. It is therefore still pertinent that the following advice is communicated and supported :

- Be aware of symptoms
- Stay at home if you think you might have COVID
- Get vaccinated if eligible
- Wear a face mask when appropriate, particularly in crowded indoor places
- Meet outside if possible, good ventilation is important
- Good hand and respiratory hygiene

35. As with all communicable diseases the position in York will continue to be monitored by the Director of Public Health working closely with the UK Health Security Agency (UKHSA) and wider system partners to respond to outbreaks and work on prevention.

Consultation

36. Not applicable.

Options

37. The report is for information.

Strategic/Operational Plans

38. York's Joint Health and Wellbeing Strategy 2022 to 2032**.** This report links to all areas in the above strategy across the life course.

39. CYC Health Protection Assurance Framework strategic objective to ensure local authority and partners are supporting the preventative actions to protect the health of the population.

Implications

40. There are no specialist implications

Risk Management

41. There remains the risk that, as we move into winter, the pressure on the health and social care system across York could be overwhelmed. If we are to mitigate risk and reduce adverse health outcomes for our population, a system wide effort will be needed. In particular there

needs to be a shared focus on delivering a successful COVID and seasonal flu vaccination programme with maximum uptake across all eligible groups.

Recommendations

42. The Health and Wellbeing Board are asked to:

    i. receive the report and highlight any key issues for further consideration.

    Reason: To keep the board updated in relation to COVID-19.

Contact Details

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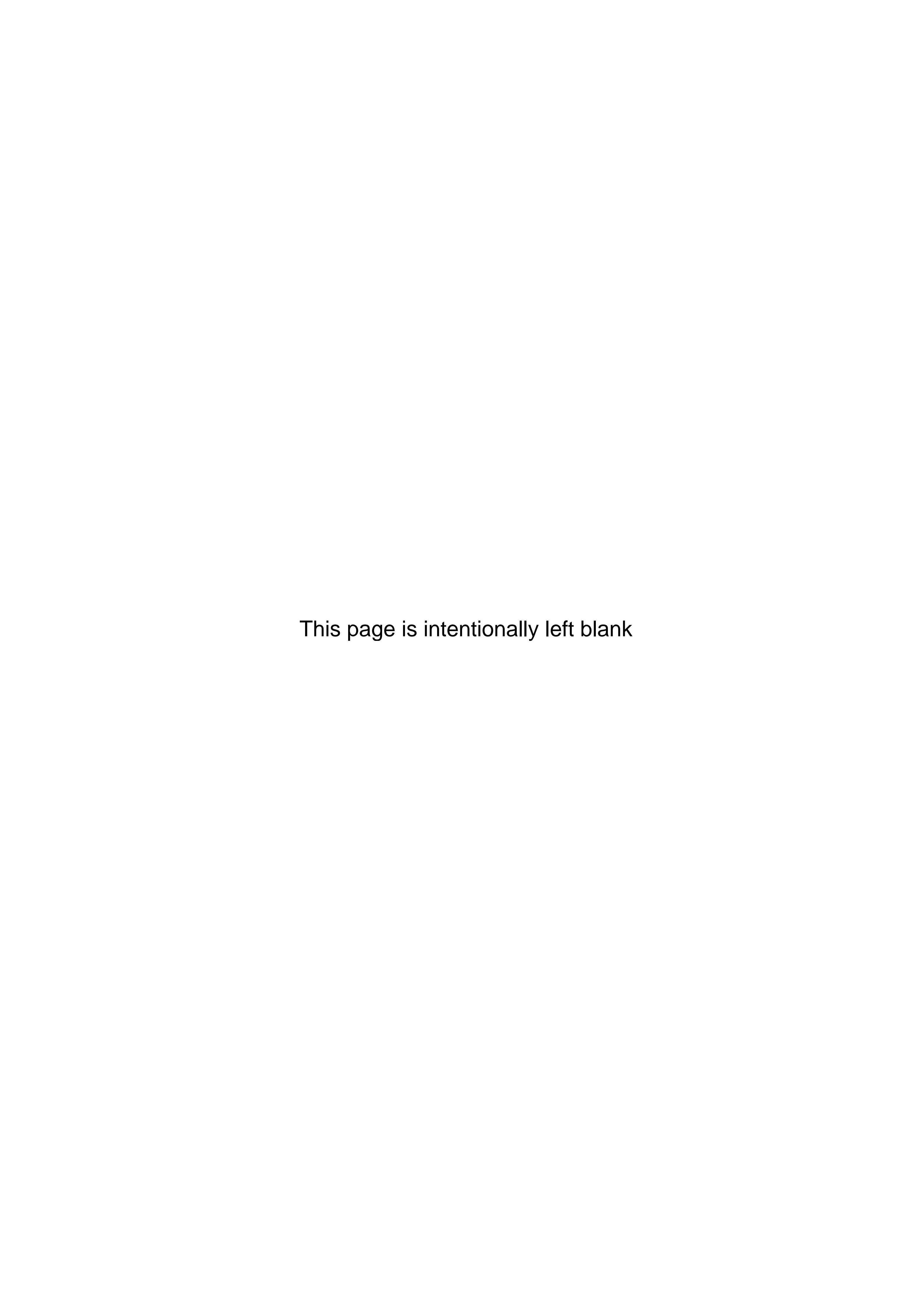
Report Approved	✓	**Date**	01/11/2022

Wards Affected:	**All**	✓

For further information please contact the author of the report



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