

---

Meeting	Health and Wellbeing Board
Date	20 November 2024
Present	<p>Councillors Steels-Walshaw (Chair), Runciman and Webb</p> <p>Siân Balsom – Manager, Healthwatch York</p> <p>Sarah Coltman-Lovell – NHS Place Director for the York Locality - Humber &amp; North Yorkshire Health and Care Partnership</p> <p>Peter Roderick – Director of Public Health, City of York Council</p> <p>Martin Kelly – Corporate Director of Children’s and Education, City of York Council</p> <p>Sara Storey – Corporate Director of Adults and Integration, City of York</p> <p>Alison Semmence – Chief Executive, York CVS</p> <p>David Kerr – Community Mental Health Transformation Programme and Delivery Lead - Tees, Esk and Wear Valleys Foundation Trust (Substitute for Zoe Campbell)</p> <p>Lucy Brown – Director Of Communications - York Teaching Hospital NHS Foundation Trust (Substitute for Simon Morritt)</p> <p>Fiona Willey - Chief Superintendent, North Yorkshire Police (Substitute for Tim Forber)</p>
Apologies	<p>Councillor Mason</p> <p>Tim Forber – Chief Constable, North Yorkshire Police</p> <p>Zoe Campbell – Managing Director, Yorkshire, York &amp; Selby - Tees, Esk &amp; Wear Valleys NHS Foundation Trust</p> <p>Simon Morritt - Chief Executive, York &amp; Scarborough Teaching Hospitals NHS Foundation Trust</p> <p>Dr Emma Broughton – Joint Chair of York Health &amp; Care Collaborative</p> <p>Mike Padgham - Chair, ICG</p>

---

## **16. Declarations of Interest (4:36pm)**

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.

## **17. Minutes (4:37pm)**

The chair stated that she was happy to approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on Wednesday, 25 September 2024, subject to the following amendment:

The board noted that page 9 the September minutes should state "Grant making Trusts are closing their doors" and not "the National Trust".

## **18. Public Participation (4:38pm)**

It was reported that there had been two registrations to speak at the meeting under the Council's Public Participation Scheme.

Jonathon Bateson spoke regarding matters under the general remit of the board. He stressed the importance of good mental health services in York, particularly at this time of year, stating that he felt there was not currently enough provision in this area. He noted the particular importance of such services for men.

Officers present spoke with the speaker after his contribution and took contact details with the intention of following up on the issues raised.

Cllr Warters provided written representation regarding matters under the general remit of the board – expressing concern around the effectiveness of hospital and GP Services and capacity within the system for an increasing population.

The Chair responded to Cllr Warter's submission, noting that some aspects he raised - including access to GPs - had been discussed by the board at recent meetings. She noted that the Health and Care Partnership had a substantial ongoing piece of work underway concerning Integration and Joint

Commissioning, and an item had recently been brought to the Health, Housing and Adult Social Care Scrutiny Committee regarding urgent care services.

The Chair advised that she had provided Cllr Warters with a written response and where relevant she would refer issues to the scrutiny committee.

**19. Report of the Chair of the Health and Wellbeing Board (6:24pm)**

The chair presented the report, which covered various topics including an update on progression of the tender process for Pharmacy Provision in Clifton; noting that all three applications had been declined, so the board had submitted an enhanced supplementary statement noting the ongoing gap in Pharmacy provision in Clifton to support the appeal process for any of the applicants wishing to apply.

The Director of Place commented that she and the Director of Public Health had also made representations to the ICB regarding the need for local pharmacy provision in Clifton.

**20. The approach to working with people and communities in Humber and North Yorkshire and 'We Need to Talk' engagement programme, Summary (5:52pm)**

The report was introduced by the Director of Place and presented by the Executive Director of Communications, Marketing and Media relations, NHS Humber and North Yorkshire Integrated Care Board.

The Director of Place noted that following discussion at the previous Board meeting, she had advised that there was a strong case for change in the NHS, and proactive steps towards this were already being taken; the Executive Director of Communications, Marketing and Media relations was the perfect representative to advise how the ICB is doing this and to present early findings.

The Executive Director of Communications, Marketing and Media relations went through the PowerPoint presentation

entitled “We Need to Talk: What’s the next Chapter of Our NHS?” which can be found in Annex 1 of this item.

She pulled out several details from the report, strengthening the voice of underrepresented groups. Launching and building a more diverse three tier public membership approach called “Community Voices”.

Linked to this, she advised of an NHS pilot project called “Working Voices”, delivered across the whole area, which supported employers to improve the health and well-being of their their workers. She advised that this also created a community of practice for employers to share with each other what's working what's not. So far this initiative had met with success in Hull and the plan was to broaden this out across York and the wider area.

She discussed the “Insight Bank” to understand who was doing what, which had recently launched and involved some board members, giving insight and intelligence across the system to avoid duplicating activities and to build a repository that everybody can access.

[The Director of Public Health left the meeting at 6:00pm]

The board suggested acknowledging areas where change was needed was admirable, but this was only meaningful if met with a response. They asked what the ICB intended to about the things they have heard people are most concerned about?

The Executive Director of Communications, Marketing and Media relations acknowledged that this was also the message coming from central government, and that reform and acting on this meant difficult decisions or “trade offs”. Consequently they were having a lot of conversations to ensure the right balance was set, while also supplying care for everyone and dispelling myths around where money was being spent.

The board noted the inclusion of Gallows Community Centre in these figures, which was located in Barrowcliff (Scarborough – North Yorkshire) and not the City of York. It was suggested that the figures should be revisited to exclude this inconsistency from York figures going forward.

On the slide about “What’s most important to people in York” the board noted the scale went up to 1400 and if there has only been approximately 200 responses from York, it meant only 10% of the responses across the six places were actually from York. It was suggested the Board work to drive up participation in this survey next time.

Three different levels of membership had been identified, which would allow people to be proactively engaged by the ICB – face to face, surveys. The board asked for the engagement details to be included with these minutes:

Get Involved with Humber and North Yorkshire Health and Care Partnership:

<https://humberandnorthyorkshire.org.uk/getinvolved/>

Humber and North Yorkshire Health and Care Partnership Engagement Hub: <https://humbnorthyorkshire.engage-360.co.uk/>

The Executive Director of Communications, Marketing and Media stressed that this initiative was not necessarily about new buildings, people or infrastructure but about better customer service.

The board suggested presenters from the ICB come back to a future meeting to present an update on progress made regarding the areas discussed based on all of this information.

## **21. Update on Goal 10 of the Joint Local Health and Wellbeing Strategy 2022-2032 (4:44pm)**

The Director of Public Health introduced the report, highlighting the report’s findings that loneliness has a significant impact on people.

The Head of Communities and the Local Area Coordinator presented the report, beginning with a video entitled “Glynn’s story” which articulated how the local authority and organisations such as Move Mates could progress people forwards, through social interaction, exercise and increasing service users’ confidence.

The case study explained how long-standing, trusted relationships could be built through a Local Area Coordinator facilitating introductions to Housing Managers, Childrens and Adults Social Care and social prescribers. The Head of Communities explained that 50% of ward funding went into community projects to address this, including 140 trained Community health champions. He also discussed partnerships with York Cares, York CVS and The Cares Family national model which created intergenerational social clubs at the Spurriergate Centre and Community Furniture Store.

He discussed other cases in which the Local Area Coordinator supported service users to improve their situation; he explained that the Move Mates charity had recently been awarded the king's award for voluntary service and had created 112 active pairings in the past year between a move Mate walking buddy volunteer and somebody struggling with loneliness, isolation, physical health or mental health challenges.

He noted that the report addressed gaps in provision and discussed an event held at Guildhall to identify loneliness as well as issues of transport – specifically accessing York city centre.

The chair thanked the speakers, noting that this service was invaluable, and that the case study presented in “Glynn’s Story” showed that a service user could go on to support others.

The board noted that Annex 5 of the report stated that 25.7% (year on year since 2019) of adults felt lonely, asking by what metric loneliness was being measured, and also how the presenters viewed their relationship with ward councillors.

The Head of Communities answered that figures regarding loneliness indicator were captured annually but the last information received went back to 2019 so there was an issue concerning the methodology around how we're that metric was being captured. He added that how Local Area Coordinators measured service users' loneliness affected the type of relationships they had with them, due to the dynamic involving strengthening a circle of support. He said that the relationship between local councillors and Local Area Coordinators was seen as integral to the relationship being fostered at Place based level.

The Director of Public Health added that the metric around loneliness originally derived from an Active Lives survey carried out in 2019, and the Office of National Statistics had intended to ask the same question every year to build a loneliness index and then they didn't ask that question. As a consequence the ongoing data was erroneous and officers had pushed back to Public Health England to ask whether further information would be available. Further information had been added to the index, but this only covered those who received social care or were themselves carers. He conceded the gap in the current data, and highlighted that the Campaign Against Loneliness website had identified specific risk factors, particularly impacting young people, women and those with mental health concerns. He noted that this discussion had raised further risk factors such as lower neighbourhood belonging and low social trust, providing further items which could be picked up in the next couple of years to ensure work going forwards not only reflected the brilliant practice evidenced in this presentation but also moved the work into sections of the population where it could have the greatest impact.

The Local Area Coordinator said that they encouraged people to come and see them at community centres which increased service user's confidence and many became involved at community centres as a result.

The board acknowledged that Local Area Coordinators had experienced a difficult time during lockdown because of its effect on people's mental and physical health, and asked whether this remained the case or had things moved on? The Local Area Coordinator said that while many people still felt a long-term impact, in general things were now moving forward. Some people who were rehoused during the pandemic had been unable to make local contact at the time, and as a result these people have only now been seeking assistance.

The board asked whether there was now a Local Area Coordinator for each ward covering the whole city? The Head of Communities answered that there was not currently coverage for every ward in the city; while the team had grown in accordance with resources provided, 12 of the 21 wards were presently covered, with dispersal reflecting need and demand.

The board asked how they saw their service connecting to prevention and further downstream/specialist services?

The Director of Public Health answered that Local Area Coordinators represented a marked difference in removing the social care burden from primary care practitioners through their work.

He stated that they played a major role in prevention, which provided an invaluable scaffolding for primary care, though he conceded it would be important to challenge that Local Area Coordinators, Social Prescribers and Health Trainers were meeting the most appropriate service users to effect change when looking at the next stage of work around prevention.

The board asked, how do we know Local Area Coordinators were targeting the “right” people with regard to the limited resources available, ie. The people with the greatest capacity to benefit?

The Head of Communities answered that the reasons why people were introduced to the team had always been the same in terms of mental health, loneliness and housing but poverty and the cost of living have especially rocketed over the last three or four years. He stated that they worked with population health management data to build relationships and make referrals to social care/public health. He said they worked with the right people but needed to ensure the right referrals come through, since they are only as good as their referrals.

The board suggested that not everyone who is lonely is receiving or in need of services, and perhaps the loneliness people don't need services or intervention and just require help to connect. The board asked how those people, not on our radar, could be reached?

The Head of Communities answered that the best form of introduction is from people themselves or the community, often as a result of someone having worked with a Local Area Coordinator (or Social Prescriber) previously.

The board asked whether we were using these roles to understand where there are problems a Local Area Coordinator cannot resolve, where another service should be stepping in? How do we prioritise funding the part of the system that will solve the problem rather than holding a service user with someone who cannot help them?



The Local Area Coordinator said that part of the model was to identify problems and draw attention to these problems from appropriate services, feeding things back to bring about improvement.

The Director of Public Health stated that an action point to take away would be the system change behind social isolation, taking into consideration upstream factors including socialisation, isolation and loneliness and additionally considering younger age cohorts.

## **22. Health Protection Board Annual Assurance Report (5:29pm)**

The report was introduced by the Director of Public Health and presented by The Specialist Public Health Practitioner.

The Director of Public Health summarised that this annual report provided assurance that York has a response to such threats as Mpox, measles, whooping cough, and a new influenza variant; he advised that the report detailed York's sexual health services, due to a recent rise in STIs; he advised that the report detailed the reduction to one central air quality plan for York as only one street now exceeded the World Health Organisation recommended amount of pollution; finally he advised that the report covered an uptake in vaccination in York's migrant asylum seeker communities.

The Specialist Public Health Practitioner focused on the discussion of immunisation and health screening; she advised that statistics for men's bowel cancer screening were improving, as were statistics for women's breast cancer screening. She stated that cervical screening figures were less impressive, largely due to the younger age cohort not attending, and as a consequence there had been quite a lot of work around that. She noted that the Abdominal Aorta Aneurysm data looked dreadful in the report, due to significant capacity issues in that programme, but it was in fact getting better. She summarised that generally things were going well with screening and unfortunately some (not always accurate) data let things down.

Regarding immunisation she noted that those particularly susceptible to winter viruses were becoming unwell quickly. She stated that the school aged uptake was well ahead of where we

were last year and the authority was making good progress, particularly in secondary schools. She stated that they had also made progress with MMR catchups, including among home schoolers where there had previously been consent issues. With over 65s flu injections the authority was nearly where they were this time last year when they had started a month earlier. MMR2 is lower than target of 95% but this is possibly due to data cleansing issue - uptake went up by 12% last year without the extra vaccination.

The Director of Public Health added that there had been high levels of Covid in September of this year but this had gone down again in the past week. Flu levels were starting to rise and anticipated to peak in January.

The board asked about oral health in children raised in the report – if there is a 5 year old or 10 year old with oral health concerns, what is the impact regarding this individual going forwards?

The Director of Public Health answered that poor oral health is programmed in at an early age and can be hugely linked to poor cardiac health in later life due to a bacteria that exists in the mouth and can exacerbate symptoms. He stated that this was wrapped up with poverty and disadvantage. Supervised toothbrushing from health visitors or social care can encourage better habits from an early age in vulnerable individuals.

The Chief Executive, York CVS noted recent work from the Travellers Trust and others around vaccine hesitancy, and those not wishing to attend screenings in hard to reach groups, suggesting that social prescribers could be utilised to improve relationships and dispell fears and misunderstandings. She suggested that support like this can be put in to establish the reason for hesitancy and to encourage dialogue.

The Specialist Public Health Practitioner responded saying she would be delighted to work with these groups/volunteers to reach people.

The Manager, Healthwatch York noted a recent report by Healthwatch England which indicated that cervical screenings could be undertaken at home and there was enthusiasm for this among women, which would greatly increase participation if enacted nationally.

The chair asked for clarification whether or not we actually are below 95% for MMR vaccination and whether this was a safe level for herd immunity.

The Specialist Public Health Practitioner answered that the 95% figure was a World Health Organisation statistic. She clarified that there are two MMR vaccines, MMR1 and MMR2, and that within the authority a certain group of people are coded on NHS systems as having received the MMR1 vaccine twice, consequently it is unclear whether this is the literal truth, or whether they are fully vaccinated with both MMR jabs and this is simply a data entry error.

The Director of Public Health noted that this data is from age 5, when the second MMR vaccine is supposed to be administered, so if a second jab is taken after the recommended age they would not be counted in these statistics.

The board asked whether the report would benefit from having data that went back further, in terms of establishing whether public health messaging and early help was working. The Director of public Health agreed to take this on board.

Cllr Steels-Walshaw, Chair

[The meeting started at 4.36 pm and finished at 6.29 pm].