

Report of the Chair of the York Health and Wellbeing Board

Chair's report and updates

Summary

1. This paper is designed to summarise key issues and progress which has happened in between meetings of the Health and Wellbeing Board (HWBB), giving Board members a concise update on a broad range of relevant topics which would otherwise entail separate papers.

Key Updates for the Board

Partnership

2. **The Ageing Well Partnership** meets every 2 months to discuss progress against the Ageing Well agenda. This includes any progress or sign off through the Age Friendly York Action Plan. A brief update against the age friendly domains are as follows:
3. Your Home – a workshop for residents took place in September which was opened by Cllr. Michael Pavlovic (Executive member for housing, planning and safer communities). These included tables on: falls prevention; telecare; pier support; access to information; housing options; retrofitting and housing development. This provided the opportunity to update the Your Home domain action plan, which was signed off by the Ageing Well Partnership on 15th October 2024. One of the new action points is already being picked up with an invitation to a housing association residents coffee morning. This is to look at improving considering housing options through pier support with residents offering to show people around so they get a good understanding what moving to sheltered provision would be like.
4. Your Information – an information survey was carried out in September and October. The results from which will be used to refresh the action plan. Further work is being done to raise the profile of access to information for those that do not use IT. Nationally it is known that 30% of people over 65 years old do not use IT so other options like printable personal booklets and York Talking Newspapers need to continued to be offered. As a follow on from the previous information strategy a

guidance document was produced with 14 principles specified regarding to access to good quality accessible information.

5. Your Time – further to the workshop in collaboration with the Curiosity Partnership we will be looking at the findings from this workshop to inform next steps in reducing social isolation. In September the 50+ Festival took place, led by YOPA. This covered over 130 activities including opportunity to try new activities. At the beginning of October the International Day of Older people was celebrated with a pre-session through the city centre, a range of activities and the opportunity to capture memories and dreams.
6. Getting Out and About – a charity has now been identified to fund the production of Happy to Chat Bench plaques that can be placed at suitable locations. Two will be situated at Acomb High Street and one at North Street Gardens. Further work is taking place to review and raise the profile of Take a Seat initiative that has over 60 businesses in York signed up to offer a seat, access to their facilities or both.
7. Your Service – work is taking place with the ICB to provide a [bereavement directory](#) on Live Well York. It has been identified that further work is required with information on End of Life. In addition the Early Onset dementia group were providing some art work, as people with lived experience, for a dementia pathway.
8. **Realignment of the York Health and Care Collaborative (YHCC) From the York Health and Wellbeing Board to the York Health and Care Partnership:** The purpose of the YHCC is to work with local providers, elected members and community representatives to improve population outcomes and reduce inequalities for the people and communities of York, through locality-based, integrated solutions. In doing so:
 - build on strengths and assets of the local community
 - build on the collective capability of member organisations
 - support preventative, coordinated and person-centred principles
 - attain meaning in work for people who work in the system (to enhance the experience of delivery of care)
 - make best use of collective resources.
 - be action focused, understanding what value we can add collectively and as individuals
 - embed actions in individual organisations
9. The Collaborative has to date reported directly to the Health and Wellbeing Board. Realigning the York Health and Care Collaborative to the YHCP will bring reciprocal benefits and would actively align the ambitions and focus of the YHCC with the vision of the YHCP.

10. As part of this realignment the YHCC is committed to supporting the YHCP to reduce health inequalities; transform health services in the city; delivering against the priorities in both the Joint Health and Wellbeing Strategy 2022-2032 and the strategic ambitions and priorities for YHCP.
11. The Terms of Reference for the YHCC are currently being refreshed to reflect this. To enable this new approach, a new governance structure has been agreed between the YHCC chairs and key YHCC members. The governance structure will enable YHCC to safely assess opportunities for collaboration and integration, frame them in a local authority 'locality' context, and be in a position to assess deliverability, in order to inform Place Board decision-making.
12. **Better Care Fund (BCF):** Since the decision to stand down the BCF Performance and Delivery Group last year, officers have been working to reinstate this forum with a renewed set of objectives and outcomes which promote openness and transparency.
13. Invites to a BCF workshop will have been received by members which will take place in early December. This workshop will provide the opportunity for members to highlight the work of their individual schemes and how this contributes to the overarching principles and metrics of the BCF.
14. It will also give us the opportunity to share with the group our vision for the new Performance and Delivery Groups which will go into diaries from next year. Draft Terms of Reference are under development and will be shared at the workshop for discussion and input from the wider group.

Children and Young People

15. Plans to develop a SEND Hub as part of the family hubs provision have been approved by the council's Executive. The SEND Hub will provide a single point of access for parents and carers and will be a physical front door for the SEND local offer. The development of the Hub will take place over the next six months and will be grounded in co-production.
16. Phase 1 has started and this is focusing on the development of the spaces being used by three providers, St Paul's Nursery, SNAPPY and York Inspirational Kids. Phase 2 will see the development of the broader partnership offer from the building and crucial to this will be a series of engagement events which will inform the development of the project delivery plan.

17. The recommendations from the SEND Health Needs Assessment have been received by the SEND Partnership Board and progress on the adoption and impact of the recommendations will be part of an on-going reporting cycle to the board during 2024-25.
18. The review of the SEND strategy will begin in January 2025 and a series of engagement events will bring together partners and stakeholders to complete the review of the current strategy and to inform the next steps in updating the strategy and the development of the local area inclusion plan.
19. York in common with the vast majority of local authorities nationally continues to see SEND as its highest area of risk, both financially and reputationally due to the current legislative framework which is process rather than practice and outcomes driven. There is a growing national narrative which acknowledges that the SEND system is 'broken. The recent publication of the independent report by ISOS commissioned by the County Councils Network and Local Government Association, 'Towards an effective and financially sustainable approach to SEND in England' (July 2024) has added to this narrative. The report identifies four key facts which need to be addressed to drive effective reform of the SEND System. These facts are:
 20. **Key fact 1:** More children and young people than ever before are being identified as having SEND;
 21. **Key fact 2:** There are more children and young people than ever before whose needs are not being met in mainstream education, and thus require specialist provision;
 22. **Key fact 3:** More money than ever before is being invested in SEND, but it is significantly less than what is actually being spent on SEND by LAs, health services and education settings;
 23. **Key fact 4:** Despite rapidly rising expenditure, outcomes of children and young people with SEND and families' day to day experiences of the system have not improved.
24. This analysis resonates with what we are seeing in our context in York. We have continued to make improvements through work both on the SEND operational plan and the Safety Valve agreement however, to secure sustainable change which delivers better outcomes cannot be delivered without some significant changes in both national policy (including a review of school funding to promote inclusion) and local practice.
25. The recent budget has allocated additional funding for SEND however at this stage the details on how this will be allocated remain unclear

Public Health

26. **Mpox Clade 1b:** The World Health Organisation (WHO) has determined that the [upsurge of mpox in the Democratic Republic of the Congo \(DRC\) and a growing number of countries in Africa constitutes a public health emergency of international concern \(PHEIC\)](#) under the International Health Regulations (2005) (IHR).
27. At the time of writing there have been four cases of Mpox Clade 1b in the UK, one travel-related case and three contacts of that case. As part of any outbreak planning process, we are in a “preparedness” phase and the key messages are:
- The risk to the population is low. Public health authorities are working with partners to make sure all contacts of the cases are identified and contacted to reduce the risk of further spread
 - A clear process is ready to roll out if/when a case is reported locally
 - Mpox does not spread easily between people unless there is close contact.
28. If anyone from affected countries feels they may have been at risk or show symptoms they should isolate immediately and call NHS 111 – this will ensure the NHS protocols are enacted. A targeted vaccination programme is underway, and people should wait to be invited if eligible. Recently published information has been updated and some key links to information are below. These are updated regularly.

[Mpox: background information - GOV.UK](#)

29. **Winter planning:** A recent report to Health Housing and Adult Social Care Scrutiny Committee covered preparation for winter from an infectious disease and warm homes perspective. Latest UK Health Security Agency (UKHSA) data shows that over the past 2 winters (October to May, 2022 to 2023 and 2023 to 2024) at least 18,000 deaths were associated with flu, despite last winter being a relatively mild flu season. In the same two-year winter period, the estimated number of deaths associated with COVID-19 was just over 19,500. This suggests that one lasting legacy of the pandemic is an increased burden on Acute Respiratory Illness (ARI) in the population each winter
30. Bearing in mind this variability, some principles and predictions which can put forward for winter this year include:
- A rise in respiratory illness through September relating to ‘back-to-school’ mixing of children
 - A rise in Covid cases through autumn, with peak demand at some point in winter

- A rise in flu in early January 2025
- A peak in Respiratory Syncytial Virus (RSV) in November / December 2024
- Norovirus cases and outbreaks spread across the winter, particularly concerning in settings with vulnerable residents e.g., care homes.

31. So far, as of 1st October (week 44) a COVID-19 and rhinovirus (common cold) peak in September is abating, and there have been some early rises in flu and RSV

32. National Immunisation programmes are delivered through primary and secondary care, pharmacies and the School Aged Vaccination Service (Vaccination UK). Vaccines relevant to our winter planning efforts include:

- The introduction of RSV vaccination programme for older adults (75, plus 76-79 catch up) and pregnant women, which started in September 2024. Infants will be protected by maternal vaccination at around 28 weeks year round, and through direct vaccination for infants and young children at high risk of severe RSV disease
- Flu and COVID vaccination programmes, including eligibility for all frontline health and social care workers.
- Year round MMR and pertussis programmes, due to higher levels of Measles and Whooping Cough (Pertussis) during winter and pressure on services.

33. While uptake in older people last year remained high, only 4 in 10 (41%) people with long-term health conditions, just over 4 in 10 (44%) 2- and 3-year-olds, and just 1 in 3 pregnant women received the flu vaccine. Evidence shows the significant impact from last year's flu vaccine with a 30% reduction in the number of those aged 65 and over being hospitalised and a 74% reduction in those between 2 and 17 years of age.

34. **Public Health award:** The Healthy Child Service, as part of the Yorkshire and Humber 0-19 Research Network, won a Nursing Times Public Health Nursing award. The aim of this project is to build research capacity and capability within 0-19 services, and to support the delivery of studies in public health research, aligning with the national Chief Nursing Officer strategic plan for research.

35. **Tobacco and Vapes Bill:** The Tobacco and Vapes Bill was introduced to parliament on 5th November. This will be the biggest public health intervention since the ban on smoking in public places in 2007. It will put us on track to a smoke-free UK, saving thousands of lives, and begin the immense task of fixing our broken health system and rebuilding our economy.

36. The Bill is a key pillar of the Government's Health Mission to help people stay healthier for longer, reduce the number of premature deaths from the biggest killers like cancer, and raise the healthiest generation of children in our history.

37. The Bill will:

- Create a smoke-free generation, gradually ending the sale of tobacco products across the country and breaking the cycle of addiction and disadvantage.
- strengthen the existing ban on smoking in public places to reduce the harms of passive smoking, particularly around children and vulnerable people.
- ban vapes and nicotine products from being deliberately branded, promoted, and advertised to children to stop the next generation from becoming hooked on nicotine.
- provide powers to introduce a licensing scheme for the retail sale of tobacco, vapes and nicotine products in England, Wales, and Northern Ireland, and expand the retailer registration scheme in Scotland.
- It will also strengthen enforcement activity to support the implementation of the above measures.

38. **Pharmacy Provision in York:** Health Housing and Adult Social Care Scrutiny Committee also received a report on pharmacy provision in York and the Pharmaceutical Needs Assessment (PNA). A gap in provision due to the closure of a Pharmacy in the Clifton area was noted, and public health have issued a supplementary statement to the PNA which identifies a gap in availability of services in this area. ICB and local pharmacy representatives were present, and following the meeting on the recommendation of Scrutiny, the Director of Public Health has written to the ICB requesting further clarity on how this gap can be filled and services re-provided for residents in the ward.

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Responsible for the report:

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Report ✓ **Date** 08.11.2024
Approved

Specialist Implications Officers

Not applicable

Wards Affected:

All

For further information please contact the author of the report