Notice of a public meeting of
Health and Wellbeing Board

To: Councillors: Runciman(Chair), Craghill, Cuthburtson, Perrett.

Dr Nigel Wells (Vice Chair)	Chair, NHS Vale of York Clinical Commissioning Group (CCG)
Sharon Stoltz	Director of Public Health, City of York
Amanda Hatton	Corporate Director, Children, Education & Communities, City of York Council
Lisa Winward	Chief Constable, North Yorkshire Police
Alison Semnance	Chief Executive, York CVS
Sian Balsom	Manager, Healthwatch York
Shaun Jones	Deputy Locality Director, NHS England, Humber Coast and Vale
Naomi Lonergan	Director of Operations, North Yorkshire & York - Tees, Esk & Wear Valleys NHS Foundation Trust
Simon Morritt	Chief Executive, York

		Hospital NHS Foundation Trust
	Dr Andrew Lee	Executive Director for Primary Care and Population Health, NHS Vale of York Clinical Commissioning Group
	Mike Padgham	Chair, Independent Care Group

Date: Wednesday, 28 October 2020

Time: 4.30 pm

Venue: West Offices, York

A G E N D A

1. Declarations of Interest

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

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

which they may have in respect of business on this agenda. A list of general personal interests previously declared is attached.

2. Minutes (Pages 3 - 10)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on 30 July 2020.

3. Public Participation

It is at this point in the meeting that members of the public who have registered their wish to speak can do so. The deadline for registering is by **5.00 pm Monday 26 October 2020.**

To register please contact the Democracy Officer for the meeting, on the details at the foot of this agenda.

Filming, Recording or Webcasting Meetings

Please note that, subject to available resources, this meeting will be filmed and webcast, or recorded, including any registered public speakers who have given their permission. This broadcast can be viewed at http://www.york.gov.uk/webcasts.

Residents are welcome to photograph, film or record Councillors and Officers at all meetings open to the press and public. This includes the use of social media reporting, i.e. tweeting. Anyone wishing to film, record or take photos at any public meeting should contact the Democracy Officer (whose contact details are at the foot of this agenda) in advance of the meeting.

The Council's protocol on Webcasting, Filming & Recording of Meetings ensures that these practices are carried out in a manner both respectful to the conduct of the meeting and all those present. It can be viewed at: http://www.york.gov.uk/download/downloads/id/11406/protocol_for_webcasting_filming_and_recording_of_council_meetings_20160809.pdf

4. Appointments to York's Health and Wellbeing Board (Pages 11 - 14)

This report asks the Board to confirm new appointments to its membership and named list of substitutes. It also requests that existing members review their Register of Interest forms which can be viewed online, and notify democratic services of any changes.

5. Report of the Chair of The York Health and Care Collaborative (Pages 15 - 22)

The Health and Wellbeing Board will consider the consider the working relationship between the Board and York Health and Care Collaborative. The Collaborative is chaired jointly by Dr Emma Broughton and Dr Rebecca Field, Dr Broughton will present the report at the meeting.

6. Presentation: Mental Health Surge Forecast (Pages 23 - 34)

Health and Wellbeing Board (HWBB) members will receive a presentation from Tees, Esk and Wear Valleys NHS Trust about the impact of Covid-19 on mental health and potential increases in demand for mental health services over the next 5 years.

The HWBB are asked to note the information held within the presentation and consider the potential impact and preparations within their own organisations.

7. York CVS Report: What we did during the Covid-19 lockdown March - June 2020 (Pages 35 - 64)

This report asks Health and Wellbeing Board (HWBB) members to receive a new report from York CVS. This reports the challenges people experienced during the Covid-19 pandemic from March to June 2020, and how organisations in York responded. The report is attached at **Annex A** to this report.

8. Verbal Update and Presentation: COVID-19 and current situation in York

The Director of Public Health will provide a verbal update and Presentation on Covid-19 and current situation in York.

9. Better Care Fund Annual Report 2019-20, October 2020 (Pages 65 - 84)

The Health and Wellbeing Board will consider a report which provides an overview of the Better Care Fund achievements during the previous financial year, 2019-20. The report includes an update on the national planning timetable for Better Care Fund 2020-21.

10. YorOK Board Proposal Report ~~(To Follow)~~

****Item Withdrawn** (22/10/20) - *this item has been withdrawn as it needs further development and discussion prior to being presented to the Health and Wellbeing Board.*

The purpose of this report is to provide the Health and Wellbeing Board with an update following the City of York Safeguarding Children Partnership (CYSCP) governance review and to put forward a proposal regarding the future of the YorOK Board.

11. York Tobacco Control Plan and Smokefree Play Parks Scheme (Pages 85 - 104)

This report summarises the York Tobacco Control Plan, included as an appendix, and the council's Smokefree Playparks scheme.

FOR INFORMATION ONLY

12. Healthwatch York Reports (Pages 105 – 142)

This report asks Health and Wellbeing Board (HWBB) members to receive two new reports from Healthwatch York, completed for York Multiple Complex Needs Network and NHS Vale of York Clinical Commissioning Group respectively.

13. Urgent Business

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

Democracy Officer:

Name – Michelle Bennett
Telephone – 01904 551573
E-mail – michelle.bennett@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**

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

- Registering to speak
- Written Representations
- Business of the meeting
- Any special arrangements
- Copies of reports

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**

This page is intentionally left blank

Agenda Annex

Extract from the
Terms of Reference of the Health and Wellbeing Board

Remit

York Health and Wellbeing Board will:

- Provide joint leadership across the city to create a more effective and efficient health and wellbeing system through integrated working and joint commissioning;
- Take responsibility for the quality of all commissioning arrangements;
- Work effectively with and through partnership bodies, with clear lines of accountability and communication;
- Share expertise and intelligence and use this synergy to provide creative solutions to complex issues;
- Agree the strategic health and wellbeing priorities for the city, as a Board and with NHS Vale of York Clinical Commissioning Group, respecting the fact that this Group covers a wider geographic area;
- Collaborate as appropriate with the Health and Wellbeing Boards for North Yorkshire and the East Riding;
- Make a positive difference, improving the outcomes for all our communities and those who use our services.

York Health and Wellbeing Board will not:

- Manage work programmes or oversee specific pieces of work – acknowledging that operational management needs to be given the freedom to manage.
- Be focused on the delivery of specific health and wellbeing services – the Board will concentrate on the “big picture”.
- Scrutinise the detailed performance of services or working groups – respecting the distinct role of the Health & Adult Social Care Policy & Scrutiny Committee.
- Take responsibility for the outputs and outcomes of specific services – these are best monitored at the level of the specific organisations responsible for them.
- Be the main vehicle for patient voice – this will be the responsibility of Health Watch. The Board will however regularly listen to and respect the views of residents, both individuals and communities.

This page is intentionally left blank

Agenda Item 2

City of York Council — Board Meeting Minutes

Meeting	Health and Wellbeing Board
Date	30 July 2020
Present	Councillors Runciman (Chair), Cuthbertson and Cllr Perrett

Dr Nigel Wells (Vice Chair)	Chair, NHS Vale of York Clinical Commissioning Group (CCG)
Sharon Stoltz	Director of Public Health City of York
Sharon Houlden	Corporate Director Health, Housing and Adult Social Care, City of York Council
Amanda Hatton	Corporate Director, Children, Education & Communities, City of York Council
Phil Cain as substitute for Lisa Winward, Chief Constable, North Yorkshire Police	Deputy Chief Constable, North Yorkshire Police
David Harbourne as substitute for Alison Semmence, Chief Executive, York CVS	Chair of York CVS
Siân Balsom	Manager, Healthwatch York
Gillian Laurence	Head of Clinical Strategy (North Yorkshire & the Humber) NHS England
Naomi Lonergan	Director of Operations, North Yorkshire & York - Tees, Esk & Wear Valleys NHS Foundation Trust

	Simon Morritt	Chief Executive, York Hospital NHS Foundation Trust
	Dr Andrew Lee	Executive Director for Primary Care and Population Health, NHS Vale of York Clinical Commissioning Group
	Mike Padgham	Chair, Independent Care Group
Apologies	Cllr Baker Alison Semmence, Chief Executive, York CVS, Lisa Winward, Chief Constable, North Yorkshire Police	

74. 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.

75. Minutes

Resolved : That the Minutes of the Health and Wellbeing Board held on 4 March 2020 be approved and then signed by the Chair at a later date.

76. Public Participation

It was reported that there had been no registrations to speak at the meeting under the Council's Public Participation Scheme.

77. Outbreak Management Advisory Board and the Outbreak Control Plan

Board members considered a report on the council's response to the Covid-19 emergency. All local authorities with responsibilities for public health were required to develop and publish Covid-19 Outbreak Control Plans by 30 June 2020 and to establish new member led Outbreak Management Boards. The Director of Public Health (DoPH) for the City of York was in

attendance to present this report and plan and to respond to questions.

The following information was provided in response to questions from committee members:

- The DoPH explained that the Outbreak Control Plan (the plan) sets out how the council would deliver a local outbreak response. The plan was available to view on the council's website and was intended to be a 'living document' so that as we learn more, it could be reviewed and updated before as March next year.
- Students represented 20% of the population of York at around 40,000 people in the city (figure includes colleges and universities). A subgroup of the outbreak management advisory board brings partners together and has representation from universities and colleges, to ensure specific wrap around support to those working in and attending those institutions.
- Regarding localised lock down (like that currently in place in Leicester), the DoPH outlined the 3 conditions that would need to be met and explained that the relevant local authority would make that decision in consultation with relevant partners and stakeholders. The Police service would need to be satisfied that all other measures had been exhausted. Partners would then have to review that decision every 7 days.

Key points arising from board members' discussion on this item included:

- The need for simple, clear messages to be communicated to the public who are uncertain about what they should or should not be doing. The DoPH responded that this point was more about engagement then communication and offered to meet with board members to consider this further, outside of this meeting.
- Through the crisis, we learnt so much about the way that the whole city works together. Where do our strengths lie? How do we protect voluntary services? so that we know how to best support the mental health of people, underlining the vulnerable adult part of the plan.
- Voluntary services were at risk due to the fact that the volunteers tended to be towards the older end of spectrum, who then had to shield and withdraw their support. As a consequence, services had to withdraw

what they could offer. If these services cannot be provided, it becomes a big problem to those who are most vulnerable.

- Board members gave brief consideration to the merits of having a Covid-19 expert group in the instance of rapid transmission, so as not to confuse the governance of decision making. The Chair requested that there be further discussion on this point outside of the meeting, prior to the next meeting of this board.

The Chair and board members thanked the DoPH and her team for all of the work involved in producing this plan.

Resolved: (i) That the Health and Wellbeing Board noted the Outbreak Control Plan at Annex A to the report and the establishment of an Outbreak Management Advisory Board.

(ii) That all agencies represented at the Health and Wellbeing Board committed to working together to implement the plan.

Reason: To assure the Health and Wellbeing Board that the national requirement for producing and publishing a local Outbreak Control Plan has been met.

78. Assessment of Health Impacts of Covid 19 in North Yorkshire and York

[Naomi Lonergan joined the meeting]

The Health and Wellbeing Board members received a presentation which assessed the health impacts of Covid 19 in North Yorkshire and York. The Acting Consultant in Public Health led the presentation and responded to questions.

Key points arising from the presentation included:

- The increased pressure on health services due to the mental health presentations GPs were seeing in their surgeries and how GPs were always challenged on numbers or waiting times, however, responding appropriately to need takes priority.

- Concern that people are not accessing NHS services in the instances where an appointment is either (i) cancelled or (ii) patients deciding not to go ahead with elective surgery. Board members discussed how to best meet need and provide equality rather than serving those who are more capable of accessing service, often the needs of carers may not be heard because they may not consider their health to be a priority.
- Communicating a realistic service expectation, as the level of care which could be expected pre-covid-19 has now changed. An example of a blood test scenario was provided, a process which would typically take 7 minutes now takes 10 minutes once you factor in the additional 3 minutes it takes to put on necessary PPE equipment. Overall, that 3 minutes equates to a 33% reduction in efficiency. Also communication in relation to treatment of minor ailments and alternative options.
- Concern was expressed with regard to the winter flu coverage to mitigate the potential burden on the system which in turn could affect staffing levels and service provision.
- Board members discussed the need to protect services in relation to domiciliary and hospital wrap around care.

The Acting Consultant in Public Health concluded that this area of work had been about making visible the experiences of those individuals who may have experienced health inequality pre-covid: those with learning disabilities, severe mental illness or perhaps in the bottom 10 -20% in terms of income; with the aim of considering the communication we have with them regarding accessing health care.

The Chair and board members thanked the Acting Consultant in Public Health for this presentation which had been widely used regionally and had brought life to the situations they were facing within their work.

Resolved: Board members noted the presentation.

Reason: So that board members were kept up to date regarding the health impacts of Covid-19 in North Yorkshire and York.

79. Positives and the Learning Arising from the Emergency

Board members discussed the positives and the learning that have come out of the operational response to the pandemic which included:

Effective Partnership Working

- The NHS was moving away from competition and commissioning pre-covid-19. This challenge has fostered a sense of creativity and effectiveness which has accelerated some of these conversations.
- Swift decision making. Able to 'cut through red tape' and achieve new processes. A willingness to work differently. Changes in the effective management of the discharge process have been revolutionary.
- A recognition that we are one system focused on shared objectives and goals, in different organisations. It takes courage to put aside personal organisational agendas to respond to need as one system.

Community Spirit

- A sense of community spirit has emerged which cuts across every sector of society such as the NHS, local businesses, voluntary sector and schools, which in turn has meant that there's been a low rate of infection in York. The hope is that we continue to work in this way and harness that support, to develop strength based communities.
- People have stepped up beyond expectations, they have adapted to the crisis and were willing to volunteer and help neighbours.
- The outpouring of public support and goodwill for the NHS had been well received and had kept staff going.

Voluntary Sector

- The voluntary sector responded remarkably quickly, York Mind, the Samaritans, NSPCC, etc. however, this sector has also suffered financially in that many charity shops have been closed. That said, 4,000 people have volunteered to help spontaneously which sets this sector in good stead for the future.
- The huge efforts made by the voluntary sector has enabled statutory services to focus on those most needing their support.

- Many NHS practitioners who had retired have returned to meet new need, enabling a 24 hour hospital service.

Schools

- York schools and academies have worked together effectively, sharing risk practice and resources and have shown a willingness to adapt and offer solutions. Staff have continued to work throughout the school holidays.
- A board member mentioned equality concerns in terms of inconsistencies of what was offered via technology and access to this.

Technology

- In relying more on technology, we have adapted to new ways in delivering service effectively. For example, virtual meetings in relation to social care has benefited from higher multi-agency attendance. Children's social care achieved virtual working within 3 days and has operated effectively.
- Concern regarding inequalities to access to services for those without internet access or knowledge with the reliance on technology during this period.

The Chair thanked board members for their contributions to this discussion.

80. The Focus and Next Steps for the Health and Wellbeing Board

The Director of Public Health led a discussion on the focus and next steps for the Health and Wellbeing Board.

Board members comments included:

- Suggested revisiting the discussion on the refreshed Local Transformation Plan (LTP) in the March HWBB meeting, which is particularly relevant to the board's statutory duties.
- Giving consideration as to whether our HWBB focuses were pre-covid and to review this in light of covid -19, particularly in relation to mental health services and the long term impacts of lock down, giving further consideration to prevention and population health management going forward.

Board members agreed to email their thoughts to the HWBB Co-ordinator for consideration at the next meeting.

Cllr Runciman, Chair
[The meeting started at 10.00 am and finished at 12.00 pm].

Health and Wellbeing Board **28th October 2020**

Report of the Assistant Director, Legal and Governance

Appointments to York's Health and Wellbeing Board (HWBB)

Summary

1. This report asks the Board to confirm new appointments to its membership and named list of substitutes. It also requests that existing members review their Register of Interest forms which can be viewed online, and notify democratic services of any changes.

Background

2. The Council has appointed a Health and Wellbeing Board. The Board is responsible for encouraging providers of health and social care to work together and has certain statutory functions. Although it operates as a form of Committee the Health & Wellbeing Board is unusual in that some of the membership is set out in law (including, uniquely, certain Officers), the Leader has the power to nominate to some positions and some positions are reserved to postholders who are not councillors. Therefore the following changes are put forward for the Board's endorsement prior to being approved at Full Council:

   i. To welcome Cllr Denise Craghill as a new member to the board to replace Cllr Rosie Baker;

   ii. To appoint Shaun Jones, Deputy Locality Director, NHS England and Improvement to replace Gillian Laurence as the NHS England and Improvement representative on the board;

   iii. To appoint Michelle Waugh, Locality Manager, NHS England and Improvement as the substitute for Shaun Jones;

   iv. To appoint David Kerr, Service Development Manager North Yorkshire and York at Tees, Esk and Wear Valleys NHS Foundation Trust as the second substitute (to replace Colin Martin) for Naomi Lonergan;

   v. To note that Sharon Houlden, Corporate Director of Health, Housing and Adult Social Care has now left City of York Council. Amanda Hatton, the Interim Corporate Director for People will

represent both children's services and adult social care on the board for the time being;

vi. With effect from 1st November 2020 to appoint Stephanie Porter, Acting Director for Primary Care and Population Health for NHS Vale of York Clinical Commissioning Group to replace Dr Andrew Lee.

3. Existing Members are obliged to notify democratic services of any changes to their Register of Interest form as they arise. It is good practice for board members to review this annually.

Consultation

4. As these are appointments to the existing Health and Wellbeing Board membership no consultation has been necessary.

Options

5. There are no alternative nominations for the appointment.

Council Plan and other strategic plans

6. Maintaining an appropriate decision making structure, together with appropriate nominees to that, contributes to the Council delivering its core priorities set out in the current Council Plan, effectively. In particular, appointments to the Health and Wellbeing Board ensure that partnership working is central to the Council working to improve the overall wellbeing of the city.

Implications

7. There are no known implications in relation to the following in terms of dealing with the specific matters before Board Members:

- Financial
- Human Resources (HR)
- Equalities
- Crime and Disorder
- Property
- Other

Legal Implications

8. The Council is statutorily obliged to make appointments to Committees, Advisory Committees, Sub-Committees and certain

other prescribed bodies. The Board's terms of reference also make provision for substitutes.

Risk Management

9. In compliance with the Council's risk management strategy, the only risk associated with the recommendation in this report is that appropriate replacements would fail to be made should the Board not agree to these appointments.

Recommendations

10. The Health and Wellbeing Board are asked to endorse the changes to the membership set out in paragraph 2 of this report

11. That these changes to the membership of the Health and Wellbeing Board be referred to Full Council for approval.

12. That all board members are requested to review their Register of Interest forms which can be viewed online, and notify democratic services of any changes.

Reason: In order to make the necessary appointments to the Health and Wellbeing Board and to ensure transparency in terms of registering interests of its board members.

Author:

Michelle Bennett
Democracy Officer
Telephone: 01904 551573

Chief Officer Responsible for the report:

Janie Berry
Director of Governance and Legal Services

Report Approved ✓ **Date**

Specialist Implications Officers
Not applicable

Wards Affected: **All** ✔

For further information please contact the author of the report

Background Papers
The City of York Council's Constitution – Responsibilities & Functions Section 3c.

Annexes
None

Health and Wellbeing Board 28th October 2020

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

Summary

1. The report of York Health and Care Collaborative is attached at Annex A. The Collaborative is chaired jointly by Dr Emma Broughton and Dr Rebecca Field, Dr Broughton will present the report at the meeting.

2. The Health and Wellbeing Board is asked to consider the working relationship between the Board and York Health and Care Collaborative.

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, one of the core aims of the York Health and Care Collaborative is to;

"improve the health of the population of York, recognising and addressing inequalities",

As such it will contribute to the delivery of the Joint Health and Wellbeing Strategy and be instrumental in leading the implementation of the NHS Long Term Plan in York. It is therefore important to establish an effective working relationship between York Health and Care Collaborative and the Health and Wellbeing Board.

Consultation

4. This collaboration of providers includes representation from the Voluntary Sector, who have been engaged right from the start and throughout. As a new organisation, we have not held any formal public consultation to date.

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 2020/21 cover, prevention, ageing well (frailty) and mental health 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;

   a. note the report of the Chair of the York Health and Care Collaborative

   b. receive regular reports and updates from the York Health and Care Collaborative

   c. consider inviting the chair of the YHCC, a PCN Clinical Director to become a member of the Health and Wellbeing Board.

   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.

Contact Details

Author:

Lisa Marriott
Head of Community Strategy
Primary Care and Population Health
Vale of York CCG
Tel No. 07900 715389

On behalf of
Dr Emma Broughton
Dr Rebecca field

Chief Officer Responsible for the report:

Dr Andrew Lee
Executive Director for Primary Care & Population Health
NHS Vale of York Clinical Commissioning Group

Report Approved ✓ **Date** 12.10.2020

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 October 2020

This page is intentionally left blank

Report of York Health and Care Collaborative

October 2020

1. Introduction

This report provides a briefing on the following;

- The background to the establishment of the York Health and Care Collaborative (YHCC)
- The role of the YHCC in the context of the Joint Health and Wellbeing Strategy and the NHS Long Term Plan
- The purpose, scope and ways of working for YHCC
- Strategic priorities for 2020/21 and progress to date, including impact of Covid-19
- Future work and further development of the York Health and Care Collaborative.

2. Background

York Health Care Collaborative (YHCC) was established in January 2020 and is the successor to the Primary Care Home Steering Group, which was set up in 2017 to implement the “Primary Care Home” model in York. This was aimed at improving collaborative working across; primary and community care, physical and mental health services, health, social care and the voluntary sector, focusing on population needs to develop ways of providing better coordinated services, by putting the person at the centre of care. These aims remain central to the work of YHCC, which has been able to build on this foundation and further develop this approach.

3. Context

This is in line with local and national strategy, both the implementation of the Joint Health and Wellbeing Strategy for York and achieving the objectives of the NHS Long Term Plan (a strategic priority for all NHS organisations) are reliant on effective collaboration. As an effective multi-agency group, YHCC is well placed to foster improved collaboration and the development of integrated services for York.

4. York Health and Care Collaborative; purpose, scope and ways of working

- **The role of Primary Care Networks**

The development of community-based services based on strong partnerships between health, social care and the voluntary sector that engage local communities is a key strategic priority of the NHS Long Term plan.

Primary Care Networks (PCN) established in in March 2019, each serving a population of c50,000 are seen as the cornerstone for the development of closer collaboration at a local community level in line with this ambition.

- **Configuration of PCN in York**

York is relatively unusual in that there are a number of large practices, with branch surgeries across the city, each with a list size of c50,000 which were able to form PCN without the need to network with other practices, consequently the five PCN that were established in York have a city-wide "footprint".

The Clinical Directors are fully committed and supportive of YHCC and the Collaborative is chaired jointly by two of the PCN Clinical Directors as YHCC is the way that PCN in York "network" with partners achieve the vision Long-Term Plan for York.

- **Guiding Principles**

In line with these ambitions, the purpose of the York Health and Care Collaborative is summarised as follows;

> *to build on the strengths and assets of the local community and the collective capability of member organisations in order to enhance the outcome and experience of care for people, in line with the principle that care and support should be well coordinated and person-centred*.

- **The role and membership of the Steering Group**

The work of the YHCC is led and coordinated by the Steering Group, whose role is to understand the health and care needs of the population, identify strategic priorities and develop and oversee an annual work programme.

Membership of the Steering Group is drawn from the following organisations;

- York Primary Care Networks
- Nimbus Care
- York Teaching Hospitals NHS FT
- Tees Esk and Wear Valleys NHS Foundation Trust.
- City of York Council – Public Health
- City of York Council – Social Care
- Vale of York CCG
- York Centre for Voluntary Services
- Healthwatch York

Extended membership includes organisations/sectors that provide health and/or care services to the population of York.

The Steering Group recognises the importance of public and patient representation in all aspects of the its work and there is a Lay Representative as a core member of the Steering Group and all sub-groups actively consider how to effectively and appropriately engage the public and patients in the work that is undertaken.

As a “member organisation” there is no delegated decision making from member organisations; to be effective the Steering Group relies on members reaching decisions by consensus.

5. Strategic Priorities 2020/21

The following priority areas were identified at a multi-agency workshop in February 2020, using population health intelligence as the basis for identifying priority areas.

Strategic Priority	What is the rationale/evidence?	How does this link to national local/priorities?
Prevention; focus on • Substance misuse • Smoking • Obesity • Type 2 Diabetes	Although all national issues, specifically, in most deprived wards, there are problems with; • Smoking in pregnancy • Alcohol consumption (under 15s) • Childhood obesity. In addition; • Below national average but over 50% adults obese • Alcohol related hospital admissions. Higher rate than average (national, local, peer)	NHS Long Term Plan York Health and Wellbeing Strategy/ JSNA
Ageing Well, frailty and multi morbidity	Age and deprivation profile • Relative wealth masks areas with higher than average deprivation: correlation between poor health outcomes and multimorbidity/deprivation. • Need to support older people in the community and especially the growing Care Home and Nursing Home population more effectively and collaboratively. • Dementia diagnosis lower than peers.	NHS Long Term Plan Operational Planning and Contracting Guidance 2020/21 Update to the GP Contract agreement (EHCH DES)
		NHS Long Term Plan NHS Operational and Planning Guidance 2020/21 York Health and Wellbeing Strategy/ JSNA Development Population Health Management approaches, in preparation for Anticipatory Care GP Contract DES in 2021/22
Mental Health	• Suicide rates higher than peers • Over half of homeless have MH problem • Higher proportion of people admitted with self-harm than peers	York Health and Wellbeing Strategy/ JSNA

Subsequently, developing a multi-agency approach to Covid-19 Preparedness and Resilience was added as a priority.

6. Progress to Date

The impact of the Covid-19 pandemic has led to some slowing of progress, particularly during March – June as organisations and professionals directed their energy to tackling the first wave of the pandemic. It has since been possible to refocus, and good progress is now being made both in developing specific projects/programmes and developing more effective ways of working with existing programmes led by member organisations.

Priority area	Progress since March and next steps
Prevention	Closer working relationships have been developed between City of York Council and partner organisations to enhance the effectiveness of existing health prevention programmes. This will be achieved by assessing the impact of specific interventions and ensuring that there is a clear pathway for people to get help and support e.g. for patients identified in primary care who would benefit from smoking cessation or weight management.
Ageing Well, frailty and multi morbidity	We have used the national "RightCare" toolkit to assess where we are as a health and care system in supporting people to age well and who have identified frailty and have identified opportunities/priorities for the next six months.
Mental Health	We are working to support the Mental Health Partnership to implement Right-Care Right-Place in York and have recently agreed plans to integrate mental health workers into primary care teams.
Covid Preparedness and Resilience	In wave 1 the Covid Hub was developed, which supported symptomatic people whose were at risk of deterioration, promptly referring people whose condition worsened to clinical services - this will continue. We are now working with City of York Health Trainers to develop improved, targeted prevention so that people who have had Covid are supported to make any necessary changes to improve their health and manage their condition.

7. Future work and further development of York Health and Care Collaborative

One of the most significant areas of progress has been the improved working relationships, particularly through improved engagement with the Voluntary Sector, who play an invaluable role in supporting people and communities.

Partners have shown significant commitment to joint working, despite the pressures that individuals and organisations were under in the early stage of the pandemic; YHCC aims to consolidate progress to date and further develop capability as an effective multi-agency group.

York Health and Wellbeing Board

Health and Wellbeing Board 28th October 2020
Report of the Director of Operations North Yorkshire and York, Tees Esk and Wear Valleys NHS Trust

Mental Health Surge Forecast

Summary

1. This report asks Health and Wellbeing Board (HWBB) members to receive a recent presentation from Tees, Esk and Wear Valleys NHS Trust about the impact of Covid-19 on mental health and potential increases in demand for mental health services over the next 5 years.

2. Health and Wellbeing Board members are asked to receive and note the information held within this report and consider the potential impact and preparations within their own organisations.

Background

3. The presentation attached provides an overview of the potential impact of Covid-19 on mental health in the population and forecasts the potential impact for secondary care mental health services. The forecast has brought together a range of research, policy, data analysis expertise from across the Trust and partnerships.

Main/Key Issues to be Considered

4. The information provided takes a life course based approach dividing the population into preschool, school-age, working age adult and older people. Focus has centred on particular segments of the population who have been affected by Covid-19 directly, the lockdown and associated impact of a recession.

5. The forecast assumes that the 5 year surge will be seen equally over 60 months though this will be further refined as new information and data becomes available.

Consultation

6. This forecast was created in consultation with public health, data analysis, research and policy leads within the Trust.

Options

7. There are no options presented for the Health and Wellbeing Board to consider.

Analysis

8. There is no analysis of options for the Health and Wellbeing Board to consider.

Strategic/Operational Plans

9. The information provided within this forecast will be considered as part of the Trust's business planning process and within local partnerships to consider how mental health services and partners within the system can best respond to current and future demand.

Implications

10. Health and Wellbeing Board members are asked to consider the implications for their own organisations to meet the surge in mental health demand over the next 5 years.

Financial

11. Current and future NHS and public funds / allocation available for mental health services will need to consider forecast data re capacity, demand and targeted deployment of resources.

Human Resources (HR)

12. Recruitment to additional workforce roles may be required and will need the skills to meet a wide range of needs within mental health. Increases may also be required within occupational health settings across a broad range of organisations.

Equalities

13. The impact of Covid-19 will exacerbate current inequalities of physical health and adversely impact vulnerable communities including those with mental health needs.

Risk Management

14. There is a risk of increased levels of mental health need within the population of York and a risk that this will impact all health and social care services across the system.

Recommendations

15. The Health and Wellbeing Board are asked to receive and note the content of the mental health forecast presentation and consider the implications within their own organisations re how this may impact and how they can respond to an increase in need.

16. The Health and Wellbeing Board are asked to consider and identify new opportunities for agencies to work together to meet increasing levels of need in mental health over the next 5 years.

Contact Details

Author:	**Chief Officer Responsible for the report:**		
Naomi Lonergan Director of Operations, North Yorkshire and York Tees Esk and Wear Valleys NHS Trust	**Report Approved**	✓	**Date** 19.10.2020

Specialist Implications Officer(s)
None

Wards Affected: **All** ✓

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

Annexes
Presentation

This page is intentionally left blank

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Mental Illness “surge” forecast

October 2020

What drives the mental illness surge?

1. Direct impact of Covid-19 (small no, home igh needs)
   - "survivors" of hospital treatment; "long covid" group
   - The bereaved (lack of normal rituals)
2. The experience of social distancing (large numbers)
   - Isolation (single person households; shielding group etc)
   - Fear of catching the virus
     - *1) Front Line workers (supermarkets, bus drivers and food processing as well as Intensive Care and care home workers)*
     - *2) Vulnerable people with long term conditions*
   - Disruption to social networks (esp 5-25 year olds)
   - Other vulnerable (BAME, disabled, domestic abuse, people already on MH caseload etc)
3. The recession (extent of recession still unclear)

What will people present with?

- 1: Covid survivors: neurological / psychological / PTSD
- 2) Social Distancing: PTSD, anxiety, depression, eating disorders, dual diagnosis .
  - Research suggests some of this will be delayed by months or years
  - Health and care staff illness may be mislabelled as “burnout”
- 3) Recession linked demand will see an increase of similar presentations to past recessions
- We anticipate that need may be concentrated in some families across the generations

How many will need intervention / support from "the system" ?

- At **system** level an **ADDITIONAL**

- **10%** of CYP every year for 5 years (equivalent of 52% over 5 years)
- **4.6%** of adults every year for 5 years (equivalent of 23% over 5 years)
- **4.3%** of older people every year for 5 years (equivalent of 22% over 5 years)

What about TEWV's teams?

- **Demands for TEWV services will depend on how well we can support GPs, schools, York City Council and Voluntary sector on early intervention.**
- IAPT predictions 11-33%
- CYP CMHTs – around 60%
- AMH CMHTs – around 40%
- MHSOP CMHTs – around 20%
- Learning Disability – around 10% but levels of complexity will increase

When?

- GPs and local authority services report large volume of relatively low acuity MH issues coming in – if this is the "canary in the coalmine" then some of this demand will escalate to IAPT and then to secondary care later in the year
- TEWV referrals have bounced back to pre Covid levels, and above in some services
- TEWV is seeing admissions to adult and older people beds from people who have become very ill without contact with GPs or any other services over the Lockdown
- CYP position will become clearer in coming weeks

Is the forecast realistic?

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

- External Modelling and Policy experts have been impressed by the TEWV model (including Humber Coast and Vale Data Group)
- Other models we have seen produce similar forecasts (e.g Merseycare – 42% AMH demand increase; centre for mental health higher still)
- NHSE is about to peer review 4 models, including TEWV one
- We will run forecasts again in Nov / Dec taking NHSE feedback and new research into account (and use other approved models as well if possible)
- "2nd wave" makes predictions even more credible, due to potential impact of loss of hope and connectedness over the winter

What is TEWV doing about this

- Opening the new Foss Park hospital + AMPH hub / model + DTOC work with CYC
- Disseminating our forecast locally and regionally
- Identified additional posts needed to deal with the surge directly in TEWV or to help the system develop early intervention capacity
- Supporting Humber, Coast and Vale development of a resilience hub
- Carry on supporting local system redesign such as the Northern Quarter and working with PCNs

Health and Wellbeing Board 28 October 2020

Report of the Health and Wellbeing Board from York CVS and Healthwatch York Representatives

York CVS Report – What we did during the Covid-19 lockdown March to June 2020

Summary

1. This report asks Health and Wellbeing Board (HWBB) members to receive a new report from York CVS. This reports the challenges people experienced during the Covid-19 pandemic from March to June 2020, and how organisations in York responded. The report is attached at **Annex A** to this report.

Background

2. During the pandemic, York CVS staff working across a range of projects, particularly the Ways to Wellbeing team, came together to help meet community need. This report looks at the main issues arising for people in York from the beginning of the Covid-19 outbreak. It also documents the support provided from colleagues within and outside York CVS in order to meet the needs of our community.

Main/Key Issues to be Considered

3. There are no recommendations in the report. Health and Wellbeing Board members are asked to receive the report and consider any implications for our ongoing Covid-19 response.

Consultation

4. There has been no consultation needed to produce this accompanying report for the Board.

Options

5. This report is for information only and as such there are no specific options for members of the Board to consider.

Strategic/Operational Plans

6. The work from Healthwatch contributes towards a number of the themes, priorities and actions contained within the Joint Health and Wellbeing Strategy 2017-2022.

Implications

7. There are no implications associated with the recommendations set out within this report.

Risk Management

8. There are no known risks associated with the recommendations in this report.

Recommendations

9. Health and Wellbeing Board members are asked to:

   - Consider the report and any implications for our ongoing Covid-19 system response.

   Reason: To keep members of the Board up to date regarding the work of the voluntary sector and the challenges people have experienced during the pandemic.

Contact Details

Author:	**Chief Officer Responsible for the report:**
Sian Balsom	Alison Semmence
Healthwatch York Manager	Chief Executive, York CVS
Tel: 01904 621133	09104 621133

Report Approved ✓ **Date** 18.10.20

Specialist Implications Officer(s) None

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers:
None

Annexes
Annex A – York CVS Report “What we did during the Covid-19 lockdown March – June 2020”

This page is intentionally left blank

WHAT WE DID DURING THE COVID-19 LOCKDOWN MARCH – JUNE 2020

SEPTEMBER 2020

yorkcvs

Registered Charity (no. 225087)
Company Limited by Guarantee (no. 493550)

Contents

Introduction

On 30 January 2020 the COVID-19 outbreak was declared a Public Health Emergency of International Concern. In March, the UK government imposed a lockdown. All "non-essential" travel and contact with people outside one's home (including family and partners) was banned, shutting almost all schools, business, facilities, places of worship. People were told to keep apart in public. Those with symptoms, and their households, were told to self-isolate, while the most vulnerable (people in their 70s and people with certain illnesses) were told to shield themselves.

This report summarises the themes that emerged from the many conversations we had with local people we supported during this lock down.

Please note: *all names have been changed to preserve anonymity.*

Who's 'We'?

This report has been compiled to provide a snapshot of the work carried out by York CVS during three months, March to June 2020, at the height of the Covid-19 pandemic.

'We' refers to all York CVS staff working in collaboration throughout the period described. In normal times, those staff undertake a wide range of roles for York CVS across social prescribing projects Ways to Wellbeing and NHS Link Workers, Healthwatch York, Dementia Action Alliance and Safe Places. See appendix 1 for more information.

What did we do during Covid-19?

Local GP practices added an option to their phone menus, for people in need of non-medical support. On selecting this phone option, callers were put through to York CVS staff (predominantly the Social Prescribing team) to answer calls. We could then provide social, emotional and wellbeing support, and organise practical help.

In addition, GP practices provided us with lists of vulnerable people of potential concern, for us to ring and offer support including a weekly welfare call. These lists included people with dementia (or who were in the process of receiving a dementia diagnosis) and they were supported by the York Dementia Action Alliance (YDAA).

Staff and volunteers (supported and co-ordinated by the York CVS staff team) made weekly welfare calls to vulnerable people, to make sure they had food, medicines and any other essential help.

In May, the Vale of York Clinical Commissioning Group (VoYCCG) asked York CVS to run a Covid-19 Monitoring Hub. This was set up to make sure that individuals who were symptomatic for Covid-19 were contacted regularly. It was recognised that on days 7 to 10 the symptoms of Covid-19 could worsen, and VoYCCG wanted to make sure people had access to the medical support they needed.

Healthwatch York encouraged local York residents to share their Covid-19 experiences via an item in a City of York Council (CYC) leaflet that went to every household.

They also urged local employers to help protect their most vulnerable staff with an article in the York press - https://www.yorkpress.co.uk/news/18362063.coronavirus-vulnerable-put-risk-employers/

York CVS also published weekly updates for the Voluntary Sector within York, to help keep other organisations up to date with York's response to the pandemic. Sharing information and knowledge was key.

What we heard – in summary

This report covers the period from 23 March to 30 June 2020, so the statistics reflect this time period. This data does not include the support we gave through the COVID-19 Monitoring Hub.

During this time frame:

1759 people were supported through the GP Hot Line.

Out of the people supported, **92%** needed social support. Only **8%** needed a GP/Nurse appointment.

1,005 people referred for social support

393 people continue to receive support from the Link worker team or welfare calls

876 Welfare calls were made, by the staff/volunteer welfare call team

The number of calls does not reflect the complex nature of many of the calls, and the high level of ongoing support and contact that some people needed.

Many of the calls that we received were questions about access to prescriptions and food, especially for shielding individuals who couldn't go out themselves, and for individuals who were struggling financially and were struggling to afford the necessities. York CVS staff took action to resolve peoples' problems and reduce anxiety.

Themes

Although every call was unique, clear themes emerged. Here, we explore those themes, with personal stories to illustrate them where possible.

Food and medicines

The Issue:

A large chunk of the calls that came through the hotline were about problems with accessing food and medicines. This also came up many times during the weekly welfare calls.

The reasons for people not being able to access food and medicines varied widely. Many of the callers were anxious about not having food and medicines.

Residents who were shielding weren't able to go into shops and chemists, or to GP practices and pharmacies to collect prescriptions. This meant a large number of people ran out of medicine, were afraid of running out of medicine and could not renew their prescriptions.

Digital exclusion was a significant barrier for many. Not being online or digitally confident meant that they were excluded from doing online food shops, online repeat prescription ordering and accessing online support groups (such as local Facebook support groups offering help).

We also spoke with many who were struggling financially. Some had been struggling before the lock down, and relied heavily on Food Banks and places like 'Pay as you feel cafes', that weren't open in their usual ways. Others had suffered financially due to Covid-19 which created serious problems and major anxiety for people and their families about accessing food and necessities.

How we worked to resolve this issue:

These issues were particularly challenging to deal with in the first few weeks of the pandemic and over bank holidays. Demand was high and there was widespread panic. Adequate help simply wasn't available at this point. As a result, York CVS staff delivered food and medicines to people who were really struggling, and had no other sources of help.

We worked collaboratively with Move the Masses, a charity that worked to deliver prescriptions to shielding people, or those who were self-isolating throughout the lock down. We sent many referrals through to Move the Masses, for their volunteers to deliver medicines, which was a very reliable service.

Once the CYC Food Hubs were established, we worked with them to get emergency food parcels to people and their families who were shielding, struggling to get to shops or who didn't have enough money for food.

Using the local food hubs meant that we could get food to people in need. We were able to depend on them in a way that was not possible with the Government food hubs.

Personal stories:

Michael was very unwell with Covid-19 symptoms and was unable to get food for his family due to feeling unwell and having to self-isolate. We provided support to the family and arranged for them to receive a food parcel. Michael told us that without our support he would have struggled to feed his family. He was very thankful.

Margaret is an older woman living alone. She registered with the Government scheme for food parcels and was hoping to get a priority slot for their online shop, but heard nothing back. She was already tearful and feeling anxious about Covid-19. We provided the number for Morrison's doorstep delivery in the interim while sorting them a food parcel. We then called back the following week for a chat and to make sure Margaret was doing ok.

Jacob's prescription was ready to be collected from his nominated pharmacy, but he was shielding. Jacob rang us as he was worried about how he would be able to collect it. We sent a referral to Move the Masses (MTM) and arranged for a volunteer to deliver the medication. Jacob was really happy with the help from both York CVS and the volunteers from MTM.

Access to routine care

Many of the calls we received highlighted the impact on individuals when routine care stops.

Dental Care

We received calls about the impact of lack of dental care due to dentists being closed. When people rang in need of urgent dental care, we signposted to NHS 111. Many people we spoke to found this process frustrating, confusing and not always resulting in appropriate care.

> *My COVID story is that from day 1 of the lockdown I have needed a tooth to be extracted, but all the dentist will do is give me more and more antibiotics. It aches and makes eating very difficult. All my food needs to be soft so that I don't need to chew anything. It gives me earache and the glands hurt. I'm not getting any information about when, if ever, I might be able to have the tooth extracted. I'm in my 70's.*

Further into lockdown, emergency dental hubs opened in York, but people found it very hard to access this service due to capacity and a lack of information about how to access. When people did manage to access the care from the hubs, they found them very efficient and helpful.

> *I contacted NHS 111 as I developed severe toothache and accessed care from a dental hub. I was quickly (less than 24 hours) diagnosed with an infection and antibiotics prescribed. I was very happy with the service provided.*

Toenail cutting

The closure of podiatry and nail cutting services in lockdown caused many issues for people who use these services. We received many calls from people who were in pain, struggling to walk and had balance problems. Their risk of falling increased. People were also anxious about when their next appointment would take place and were worried about other health conditions caused or worsened by their toe nails not being cut.

How we worked to resolve this issue:

We had a lot of communication with White Cross Podiatry Service (NHS) who were keeping in touch with their regular patients, checking in to see how they were managing. They were offering self-care packs, posting out equipment to patients and explaining how to use them over the phone. They were also offering emergency face to face appointments for patients who had broken skin, in-growing toenails or were in severe pain.

Some private podiatry services were offering face to face appointments for a fee. For people that called us who weren't struggling financially and were willing to pay for care, we signposted to these services.

Blood tests

We heard multiple examples of people getting confusing or incorrect information about blood tests. For example, getting sent to the wrong locations, not having the correct paperwork for the tests or not being in accessible locations (such as being suitable for people with mobility issues, and people with autism).

When people were given the correct information, the majority of people we spoke to found that Nuffield Hospital worked well as a location for blood tests.

Shielding and self-isolating

At the start of lockdown we heard from many people concerned about shielding, the most common worries being:

- needing to shield, but hadn't receiving a shielding letter
- receiving a shielding letter, but feeling they had no need to shield
- having to shield but then were not receiving any help with managing foods and medicines
- worries about what to do if one person in the household had to shield and the others didn't

We gave people classed as vulnerable and needing to shield the appropriate Government advice. We also arranged for people to speak to their GP's for medical advice when they had other concerns and confusions as to whether or not someone should be shielding. We also arranged for shielding letters to be sent to people who should have received one but hadn't.

Mental health and wellbeing

A large proportion of our calls were from people struggling to cope with poor mental health, often linked to being lonely and isolated in lockdown.

Many people were finding it very hard to manage high levels of anxiety. For example, people worried about catching the virus, and how life would be after lockdown. Many of these people had no previous experience of mental ill health before Covid-19.

We also heard from people with previous experience of mental health support, whose mental health was significantly deteriorating. They described the support networks and coping strategies they normally rely on being knocked due to services closing because of the pandemic.

We also had feedback from the Covid-19 Monitoring Hub highlighting an increasing number of people experiencing mental ill-health related to their experiences of contracting Covid-19.

How we supported people struggling with poor mental health

We offered weekly welfare calls to people who were struggling (most often this meant they were feeling lonely, anxious, depressed) and who would benefit from someone checking in on them.

We are particularly proud of our work here. Set up in rapid time shortly before lockdown started, our welfare call work was hugely successful in terms of uptake and efficacy.

- **223** people were referred to the welfare call volunteers

- **876** welfare calls made

We were able to keep an eye on those who seemed to be deteriorating (mentally and physically), or were otherwise giving cause for concern - offering extra support when needed, and also giving lots of practical support.

We signposted people to other organisations and charities; shared self-care tips, information on mindfulness and how to look after your wellbeing when stuck at home.

One Social Prescriber also set up a mindfulness group after lockdown began. The aim was to help people who were feeling lonely or anxious, and those interested in meditation. The group, called ‘Breathing Space’ is a weekly volunteer-led online mindfulness group. Members have a catch up, then are led through a meditation practice, followed by a further opportunity to talk and reflect. It has given the group members a safe space to chat and socialise, as well as an introduction to mindfulness and meditation. Several members of the group are hoping they might be able to meet up face to face one day soon.

Pat was a very isolated woman who was referred to us by her GP. Living alone with her cat, she spoke to nobody other than her York CVS welfare caller. As well as the support she got from the simple human contact of our weekly calls, we were also able to discuss practical ways to manage her mental health at home, introducing her to new coping techniques and resources. We searched online for community-based alternatives and she has now started watching the National Theatre at Home plays online each week. Crucially, this also enables her to chat with others who are online.

We also explored ways to stay physically active at home, and how to manage anxiety with online yoga. A referral to York Mind's adapted 1-1 emotional wellbeing support over the phone means she's getting more practical tips to manage her anxiety and mood.

Her anxiety caused her to be very worried about what would happen if she or her cat became unwell. Through our weekly calls, she was much reassured to discover that Move the Masses could deliver her prescriptions, and that she could order food delivery online.

She now has a whole suite of coping strategies to use, and a new online social community. Her anxiety has lessened because she knows help is out there if she needs it, and she knows how to get that help.

Dementia

We spoke to many people with dementia and to their families and carers, both via our hotline number and through the lists of vulnerable patients that GPs gave us. The loneliness and social isolation felt by many people with dementia has become even more apparent. There is also an understandable unease about returning to 'normal' life as lockdown restrictions slowly lift.

Concerns about loss of confidence, confusion about what 'rules' remain in place, and worries about loss of skills mean that many are even more fearful of the future.

Many people with dementia have seen a decline in their cognitive and physical health following lockdown. The loss of routine, and regular social interaction, has had a catastrophic effect on many, and those in relationships have experienced additional stresses from spending long periods of time together in the confines of their home without respite.

It is likely that York will follow national trends, in seeing a disproportionate amount of deaths of people living with dementia during COVID-19 - https://www.alzheimersresearchuk.org/fifth_deaths_covid_dementia/

Fred rang the GP hotline out of concern for Ellie, who was struggling with memory loss and confusion about lockdown rules to a worrying degree.

We found out that Ellie had been in the process of getting a dementia diagnosis, but due to the pandemic her appointments with the Memory Clinic had been cancelled.

We offered support to both Fred and Ellie. We made weekly welfare calls to them both, posted out information about dementia services in York, and arranged for weekly food parcels to be sent to Fred, who cooked meals for Ellie. We also organised a face to face GP appointment for Ellie, to rule out any medical issues potentially exacerbating her symptoms (such as a urinary tract infection).

Fred expressed deep thanks for our help, describing how reassured he felt now that he had somewhere to turn if needed.

Learning Difficulties

We took calls from a number of people with learning difficulties, both living alone and in supported accommodation. Many were shielding and lots felt very confused about the changes to their normal routines, sudden lack of support, activities and places to go.

We arranged food deliveries for many, made regular welfare calls and helped arrange practical support. We also sent craft packs to those who were struggling to occupy their days, and set up a letter-writing scheme using Healthwatch York's freepost address.

Carers

Many carers highlighted how the pandemic had cut them off from their usual sources of help and support. These could be formal, such as social care services and schools, or informal, through friends, family and peer networks.

We also heard multiple reports of people's mental health or behaviour deteriorating due to the impact of lockdown, increasing the challenges for the carers supporting them.

We spoke to many carers, sharing information and offering welfare call support where appropriate. We directed many to York Carers Centre, who were offering support online, over the phone and via Zoom.

Louisa is a parent of two: James, a teenager with autism and learning disabilities, and his sister Erin who has developmental issues. Louisa told us that the family normally feel well supported with informal support from family, the local community and James' school. For James, routine is very important, as is time outdoors. In lockdown, all of this stopped.

The direct impact of this was an escalation of challenging behaviours, especially when only able to leave the house once a day.

Both children became very anxious about leaving the house, and there was a lot of verbal abuse. Erin struggled a lot with the change in routine and James' worsening behaviours.

Louisa has mental health issues which are normally well managed with support from family and friends. However, once all this was removed she struggled to cope. She felt the children's schools provided little support at first, in terms of contact, school work or support. She felt they were just left to get on with it.

Eventually the family was referred to the school welfare worker who was very supportive and helped facilitate discussions to get James back into school part time.

Work and Money

During the first few weeks of lockdown, we heard from a large number of people worried about work. This included people (including key workers) who were unable or afraid to go to work for fear of putting a vulnerable loved-one at risk. We also heard from people who were self-employed, stressed and anxious about shielding, isolating, work and income. Some callers only needed information about how to access sick notes or get confirmation that they should be shielding.

The Government introduced Isolation Notes - a form of sick note for people with Covid-19 symptoms and who were isolating. GP's didn't need to sign off Isolation Notes, thus reducing pressure on surgeries struggling with the high number of people calling. We were able to complete Isolation Notes for people who were unable to access them online.

It became apparent that some employers were failing to fully understand their employees' circumstances, and the impact of shielding. This was resulting in workers having to decide between protecting their health (or the health of their families), or having an income.

Financial difficulties were a predominant issue throughout the pandemic. The food parcels were vital in helping people and families who were struggling (especially those who relied on free school meals).

One of the most frequent interventions we carried out was helping those struggling to afford or get hold of food. We referred a significant number of people to York Food Bank, local Pay as You Feel (PAYF) Cafes such as Planet Food, local mutual aid initiatives such as The Supper Collective, plus CYC food hubs.

Betty phoned us seeking financial help. She explained that she was retired and on a half pension, and had no food. Betty depended on her local weekly PAYF café and was struggling without it. We helped Betty speak to Citizens Advice York, who secured her more financial support. We signed Betty up for regular food parcels, and gave her information about Morison's Doorstop Delivery service, who could help her with any other necessities. We rang Betty weekly and she was very thankful for this support.

Technology

We supported a huge number of people to set up online prescription ordering, and provided information about how to register for online food delivery.

There was also much confusion about (and help needed to use) the NHS app for ordering prescriptions, choosing a nominated pharmacy, and making GP appointments.

We also sent lots of information by post (for example details of food delivery services). We did this as we didn't want digital exclusion to impact people's knowledge and to affect those needing to access services.

Technology came up as an issue for children and families in lockdown, especially those who were home schooling, as so much of this was expected to be done online. This put huge pressure on those families who couldn't afford the equipment or Wi-Fi, or had multiple children all needing to do school work.

Transport

We dealt with many calls from people unable to find transport to and from appointments. There seemed to be an assumption amongst health and care providers that everyone can travel easily.

People were unable to access transport for many reasons, such as shielding, not being able to access public transport, facing financial barriers and not being able to mix households.

We worked closely with Dial-A-Ride, who provided an excellent, reliable service. We could refer and arrange transport for people who needed to get to appointments. They used their mini-bus which meant that social distancing measures could apply for those that were shielding, and it meant that people who were struggling financially didn't have to worry about affording a taxi.

Peter had learning difficulties, was confused by the lockdown and needed transport for an urgent GP appointment. We worked with the surgery to change the time of the appointment so that Dial-a-Ride could do the pick-up and safely get Peter to and from his appointment. Peter was really happy with this service and felt reassured.

Complex situations which included many of the themes above

We heard from many people whose situation involved several of the themes above. There were particular challenges in living through the pandemic for people whose situations involved:

- Homelessness or rough sleeping
- Insecure and inadequate housing conditions
- Domestic violence and abusive households
- Being a single parent and juggling working from home and childcare
- Regular drug or alcohol misuse
- Safeguarding issues
- The sudden lack of care for those with Learning Difficulties
- Pre-existing health conditions
- Previous regular access to respite care

There was also a lack of guidance for agencies trying to support individuals. For example, it is dangerous for someone who drinks every day to stop drinking suddenly without support, but there was little information available about what support could be offered to someone who is reliant on alcohol.

We signposted people to the relevant services, in addition to providing telephone and practical support.

Reflection

Alison Semmence
Chief Executive, York CVS

The speed at which lockdown happened meant we had to respond extremely quickly to ensure people who needed support were not let down. Faced with a whole range of challenges the team were not phased – they went the extra mile to ensure people got what they needed. It hasn't been easy but they have done a fantastic job!

Christine Marmion-Lennon
Social Prescribing Manager, Ways to Wellbeing

It is hard to summarise our response to Covid-19. From ensuring the delivery of food and prescriptions at the height of the Pandemic, delivering cards made by young people in the youth justice system to reduce feelings of isolation, to supporting those with the most complex and enduring health conditions to access the support they needed and everything in between. All done as a collaboration between the social prescribing team, Primary Care, Healthwatch York and fantastic local volunteers. By working together we were able to co-ordinate a joined up response to provide care and support to those who needed it most.

Sian Balsom
Healthwatch York Manager

Everyone pulled together to make sure no-one was left alone and in need, whether on the front line or behind the scenes. I could not be prouder of my team and my colleagues both in and outside York CVS.

Conclusion

York is a city where the relative affluence of the majority of its population masks the challenges faced by those with less. For us, supporting people during lockdown brought the ongoing issues faced by people with less advantage into sharp focus.

We are proud of many elements of our response to the pandemic:

- The speed of our response in the early stages
- How well staff worked together, adapting to rapidly changing circumstances with flexibility, initiative and drive
- The large number of people we supported across the city
- Our ability to swiftly identify gaps in provision and those in most need
- Our volunteers; the support they provided and the way we were able to support them
- Of how we were able to work in collaboration with the VCSE sector, pull together and put people in York at the heart of our response
- Our recognition of the risk of harm to people when intense support suddenly stops, and the measures we put in place to make sure nobody was left without support (for example, continued support from Social Prescribing Link Workers)

Next steps

We have learned a great deal from this experience and have had a rolling conversation to explore how the VCSE sector, City of York Council and other partners can work even better together, in the event of a second wave.

To this end, York CVS organised and hosted an online planning meeting on 23rd September 2020. This event brought together 50 people from the local VCSE sector, NHS Responders, City of York Council, North Yorkshire Police and York Teaching Hospital NHS Foundation Trust to discuss planning for a possible second wave and lockdown due to COVID-19. During the meeting we explored gaps in provision experienced during the first lockdown, and discussed what support organisations can offer if we go into a second lockdown, the sustainability or transition arrangements

as we revert to ‘business as usual’ and messaging for volunteers in order to manage expectations.

The main concern was about welfare/emotional wellbeing as we are already hearing from people who are feeling isolated, anxious and mental ill-health is increasing. Other issues were around access to accurate information about who was providing help and support. Another key concern is that the most disadvantaged and vulnerable people are being missed – we need to do more to creatively reach people who cannot use computers, phones, etc.

York CVS has committed to issue a simple survey to collate information about the local offer in the event of a second wave. This information will be available on our website and will be circulated widely.

We will organise an event with the NHS Responders to develop the relationship and understand what they can offer to York.

We will organise a session specifically focussing on the welfare response.

We will organise a session focussing on Christmas.

In addition we commit to:

- continuing to listen to people’s experiences
- highlighting the problems they face
- working with our partners to meet the needs of our community.

Appendices

Appendix 1 – Glossary of abbreviations

CAY	Citizens Advice York
CYC	City of York Council
MTM	Move the Masses
VoYCCG	NHS Vale of York Clinical Commissioning Group
VCSE sector	Voluntary, Community and Social Enterprise sector

Appendix 2 – Organisation that are within York CVS and worked together throughout the pandemic

HWY provide information about local health and social care services. They also listen to your views and experiences about these services to make sure voices are heard and taken into account. They want to know what is working well and what is not working well. HWY can also signpost you to independent complaints advocacy if you need support to complain about a service.

Ways to Wellbeing is made up of a team of Social Prescribers. Social Prescribing aims to improve wellbeing by connecting people to activities, services and support networks in their community. We support individuals to identify what is important to them and work together to achieve the individual's goals.

Primary Care Link Workers are based in GP Surgeries across York. Often individuals access their GP for what is primarily a social issue; such as loneliness, isolation or financial problems. Social Prescribing provides an alternative to a medical intervention. The Primary Care Link Workers are well placed to address the root course of these difficulties and work together improve an individual's health and wellbeing.

DAA
York Dementia Action Alliance

York Dementia Action Alliance is a group of around 60 businesses and organisations for the public, private and voluntary sector who are committed to making York a better place to live, work and visit for people affected by dementia. YDAA is coming to an end in September 2020.

Safe Places are located in buildings in York, like libraries, shops, cafes and museums that are open to the public and are accessible. They have agreed to provide a safe and supportive place if someone who is vulnerable needs to ask for help while out and about.

Contact us:

Post: York CVS
15 Priory Street
York YO1 6ET

Phone: 01904 621133

Email: enquiries@yorkcvs.org.uk

Twitter: @YorkCVS

Web: https://www.yorkcvs.org.uk/

This page is intentionally left blank

York Health and Wellbeing Board

Health and Wellbeing Board *28 October 2020*
Report of the Assistant Director – Joint Commissioning,
City of York Council and Vale of York Clinical Commissioning Group

BETTER CARE FUND ANNUAL REPORT 2019-20

Summary

1. This report is to provide the Health and Wellbeing Board with an overview of the Better Care Fund achievements during the previous financial year, 2019-20.

2. The report includes an update on the national planning timetable for Better Care Fund 2020-21.

Background

3. The background information on the BCF has been previously reported to the Health and Wellbeing Board (HWBB), with quarterly updates now the normal routine.

4. This report marks the formal review of the 2019-20 year, with an annual report set out in **Annex 1**. It also provides an update on the planning timetable for 2020-21. Members will recall, as in previous years the official guidance was published part way through the year in question. The BCF Planning Requirements 2019-20 were published in June 2019, with the effect that the quarterly returns to NHS England & Improvement (NHSE&I) were not required for the first two quarters of the financial year.

5. The 2019-20 plan was described nationally as a 'roll forward' of the 2017-29 plans, with the aim of moving to multi-year agreements in the following year. It was submitted in line with government requirements on 27th September 2019, and approved in January 2020 (see **Annex 2**). The section 75 Agreement between the council and CCG was signed in March 2020.

6. The key strategic aims remain: promoting people's wellbeing and resilience in communities; tackling loneliness and isolation;

preventing admissions to hospital and long term care; and improving the timeliness of discharges from hospital.

Main/Key Issues to be Considered

7. The use of single year agreements by the Department of Health and Social Care (DHSC) has created an undesirable level of insecurity for service providers funded through BCF, included for individual staff members across our system where posts are subject to fixed term contracts. The experience of receiving the policy and planning requirements mid-way through the year compounds this, and has made it difficult to refresh or significantly revise plans from one year to the next.

8. It is our understanding that the DHSC intended to publish BCF Policy and Planning Requirements to cover a four year period, from April 2020. However, this was understandably delayed due to the COVID-19 pandemic, and 2020-21 is being managed as a further 'roll forward' year. This has again resulted in fewer returns being required, and there is therefore no quarterly reporting to NHSE&I at this time.

9. The planning requirements for 2020-21 have not yet been issued at the time of writing. They are anticipated during October. It is likely that the formal submission of the plan will be required between meetings of the board, and will require sign-off by the Chair on behalf of the Health and Wellbeing Board, as has been the case in previous years.

10. We await confirmation of government plans for future years. These will be reported to the board as soon as they are received.

Consultation

11. The BCF Plan 2019-20 was developed in a collaborative process with partners, and is co-produced with the scheme providers.

Options

12. n/a

Analysis

13. n/a

Strategic/Operational Plans

14. The Joint Health and Wellbeing Strategy is the overarching strategic vision for York; this plan supports the delivery of the desired outcomes.

15. The York BCF Plan 2017-19 provided the foundation for the BCF Plan 2019-20.

16. This work is congruent with the Council Plan and the NHS Long Term Plan.

17. BCF schemes have been central to the COVID-19 pandemic response, and this will be the subject of a future report.

18. **Implications**

- **Financial** – BCF is a pooled fund through a Section 75 Agreement between NHS Vale of York CCG and City of York Council.

- **Human Resources (HR)** – many of the schemes funded through BCF are supported by staff on fixed term contracts. The prevalence of short-term funding and fixed term employment contracts are a significant risk to the stability and continuity of our system.

- **Equalities** - there are no equalities issues directly arising from this report, however issues referred to in the Annual Report would have been subject to assessments of the equalities impacts at that time.

- **Legal** – there are none directly arising from this report, however any issues detailed within the Annual Report would have been the subject of legal advice and guidance at that time.

- **Crime and Disorder** - none

- **Information Technology (IT) –** information technology and digital integration forms part of the system wide improvement plan, relevant representatives from statutory agencies attend the project board, and there are plans to engage non-statutory services and the patients, customers and families in our developments. The national and regional work on this agenda guides our local work.

- **Property** - none
- **Other** – none.

Risk Management

19. Governance processes are in place between the partners to manage the strategic risks of the BCF as part of our whole system working.

Recommendations

20. The Health and Wellbeing Board are asked to:

i. Receive the annual report of York Better Care Fund for information.

Reason:

The HWBB is the accountable body for the Better Care Fund. The Policy Framework requires each area to review the performance of the BCF annually. In York we have strengthened our performance framework which is reported on a quarterly basis, and we have continued our practice of partnership evaluation events to enable all schemes to share their experience and develop the whole system's learning, knowledge and awareness of BCF.

ii. Delegate responsibility for signing off the BCF Plan 2020-21 to the Chair and Vice Chair, supported by the council Corporate Director of People and the CCG Accountable Officer.

Reason:

The meeting date of 28th October is too early in the planning process for the final plan requirements to be known. The submission date is likely to fall prior to the next meeting of HWBB.

Contact Details

Author:	**Chief Officer Responsible for the report:**
Pippa Corner *Assistant Director – Joint Commissioning* *People Directorate* *City of York Council & NHS Vale of York CCG* *07500973261*	*Amanda Hatton* *Corporate Director - People* *City of York Council* *Phil Mettam* *Accountable Officer* *NHS Vale of York CCG*
	Report Approved *tick* **Date** *Insert Date*
	Report Approved *tick* **Date** *Insert Date*

Specialist Implications Officer(s) *List information for all i.e*
Financial Officer's name
Job Title
Dept Name
Organisation name
Tel No.

Wards Affected: *List wards affected or tick box to indicate all [most reports presented to the Health and Wellbeing Board will affect all wards in the city – however there may be times that only a specific area is affected and this should be made clear]* **All** *tick*

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

Better Care Fund 2019-10 Policy Framework
Better Care Fund 2019-20 Planning Requirements

Annexes

Annex 1 – York BCF Annual Report 2019-20
Annex 2 – Approval Letter York BCF Plan 2019-20

Glossary

Including abbreviations used in Annex 1

A&E – Accident and Emergency
BCF – Better Care Fund
BI – Be Independent
CCG – Clinical Commissioning Group
CYC – City of York Council
DHSC - Department of Health and Social Care
DToC – Delayed Transfers of Care
ED - Emergency Department
GP – General Practitioner
HR – Human Resources
HSG – Human Support Group
HWBB – Health and Wellbeing Board
IT – Information Technology
KPI – Key Performance Indicator
LAC – Local Area Co-ordinator / Local Are Co-ordination
MDT – Multi-Disciplinary Team
NHS - National Health Service
NHSE&I - NHS England & Improvement
RATS - Rapid Assessment and Therapy Service
SDEC - Same Day Emergency Care
VOYCCG – Vale of York Clinical Commissioning Group
YTH – York Teaching Hospital

ANNEX 1

Better Care Fund Annual Report 2019-20

October 2020

Contents:

Introduction and background to Better Care Fund

1. Announced in June 2013, the **Better Care Fund (BCF)** brings together health and social care budgets to support more person-centred, coordinated care. Last year's annual report to the HWBB included a detailed account of the background to the BCF, including the meaning of the term 'Section 75 Agreement'. That report can be accessed here:

   https://democracy.york.gov.uk/documents/g11336/Public%20reports%20pack%20Wednesday%2011-Sep-2019%2016.30%20Health%20and%20Wellbeing%20Board.pdf?T=10

2. The value of the York BCF in 2019-20 was £18,629,000. A breakdown of how this money was spent is set out in the financial summary, in section 7 of this report. The BCF is pooled through a Section 75 Agreement between NHS Vale of York CCG and City of York Council.

York BCF Plan 2019-20

3. The Integration and BCF Plan 2019-20 was submitted on 27th September 2019, in line with the prescribed timetable. We received written confirmation that the York Plan was approved on 8th January 2020.

4. The plan was required to be produced in an EXCEL Template (available from the author on request). It included a brief strategic narrative, which was published in a 'word' format with the HWBB papers in December 2019, and can be accessed here:

   https://democracy.york.gov.uk/documents/g11337/Public%20reports%20pack%20Wednesday%2004-Dec-2019%2016.30%20Health%20and%20Wellbeing%20Board.pdf?T=10

National monitoring arrangements

5. CCGs were required to report to NHS England on the performance and delivery of BCF. We are measured against the following 4 key metrics:

a. Non-elective admissions (General and Acute);
b. Admissions to residential and care homes;
c. Effectiveness of reablement; and
d. Delayed transfers of care.

6. Councils were also required to report to MHCLG on their expenditure from the Improved Better Care Fund (iBCF).

7. These reports are combined as a single return on behalf of the system. The template for returns required us to report against the national conditions and metrics, the implementation of the High Impact Change Model and Red Bag Scheme, and also provide an opportunity to share examples of good practice and progress towards integration. Quarterly returns are signed off by the chief officers and the chair on behalf of the HWBB. The returns are available (for information) on request from the Assistant Director – Joint Commissioning.

8. In 2020-21 the frequency of reports and the detail of detail have been scaled back by NHSE and MHCLG as other demands have taken precedence over these processes.

Annual evaluation of schemes

9. Since 2018 the BCF Performance and Delivery Group has hosted annual evaluation sessions to share learning across the system and review the performance of the schemes. This has proved to be a positive opportunity for partners to learn from each other and to spread awareness of the range of commissioned services covered by BCF.

10. The wealth of community activity and social impact volunteering has been a vital and growing part of this story, enabling more people to remain resilient and independent in their homes, supported by good preventative services and care when needed.

11. The 2020 sessions' presentation materials are available on request from the author of this report.

Planning and policy guidance for 2020-21

12. The BCF Policy Framework 2020-21 has not yet been published. It is anticipated during the autumn. The reporting against the four national conditions (see section 1 of this report) has been eased. During the pandemic, the Hospital Discharge Service Policy Requirements resulted in the recording of delayed transfers of care (DTOC) being suspended. The government has indicated that the DTOC targets will no longer be included in the BCF performance framework.

13. The deadline for submission of the York BCF Plan 2020-21 and the related assurance timetable is not known.

14. The plan must be approved by the HWBB prior to submission, and responsibility for this may therefore need to be delegated to the Chair and Vice Chair of the HWBB, due to the meeting schedule.

Performance summary 2019-20

Performance against national metrics

15. Performance and delivery of the Better Care Fund is judged against four national metrics:

    a. Non-elective admissions (General and Acute);
    b. Admissions to residential and nursing care homes;
    c. Effectiveness of reablement; and
    d. Delayed transfers of care.

16. These metrics present a somewhat narrow window of evaluation of performance across a vast and complex system of service delivery and a very broad spectrum of client need. It is also worth noting that BCF funding is a very small proportion of the totality of funding across health and social care and yet these measures are high level, 'whole system' metrics.

17. Of particular importance in York is the constructive use of Better Care Funding to support primary prevention activity aimed at building community capacity and increasing personal resilience. This is longer-term thinking with the intention of managing down future demand over years rather than months and therefore short-term impact on the four national metrics is likely to be limited. Nevertheless there is a growing body of evidence of the positive impact that this activity is having on people's lives in York

18. During 2019/20 York, as with all systems nationally, measured performance against the national metrics in relation to specific targets. For non-elective admissions, the local target was consistent with that set by the CCG in its operating plan; for Delayed Transfers of Care targets the target was determined by central government in line with national ambitions: the targets for admissions to care homes and effectiveness of reablement were set locally. Performance in relation to the national metric targets was as follows:

National Metric	Plan/Target	Actual Outturn
Reduction in non-elective admissions (General & Acute)	25,035	25,254
Delayed Transfers of Care: Raw number of bed days	6,919	8,966

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	84%	81%
Number of permanent admissions to residential & nursing care homes for older people (65+)	227	201

19. **Non-elective admissions –** Non-Elective spells were 0.9% higher than plan over the full financial year 2019/20, which represents 219 admissions out of a total of 25,254 admissions. At York Hospitals NHS Foundation Trust, The number of adult non-elective admissions and A&E Attendances has increased by 7% in 2019/20 compared to 2018/19. Activity was slightly above plan each month from October 19 to February 20, which is most likely an effect of improvements in Same Day Emergency Care (SDEC) which although means a greater number of Non-Elective Admissions being recorded, these are all mainly 0-1 days length of stay with a reduction in patients being admitted for 3+ days and a reduction in longer hospital lengths of stay. There was a sharp decrease in March 20 against plan, due to COVID-19.

    A lot of improvement activity has been carried out by York Teaching Hospitals NHS Foundation Trust over the year. This includes improvements to pathways for Same Day Emergency Care (SDEC). The Service expanded to a full 7 day SDEC service, on both York and Scarborough hospital sites. Workforce models were tested and implemented for 12 hour opening on the York hospital site, for Medical SDEC and Surgical Assessment units at weekends. These improvements continue to have a positive impact on patient flow through the Emergency Care system as well as maintaining and improving patient safety and experience. Bed occupancy for medical specialities for over 65s has reduced significantly during 2019-20. The York Hospital site have tested and implemented a new Medical SDEC patient selection method during March 2020, to try to further reduce admissions to inpatient wards, which has had a positive impact on reducing lengths of stay for patients in Hospital, reducing Delayed Transfers of Care and the numbers of stranded patients each month.

20. **Delayed transfers of care –** The figures shown reflect a revised target and outturn up to the end of February, when DToC counting was stopped due to the pandemic. The target reflects the extremely challenging target set centrally by NHS England. Nonetheless, the actual outturn represents significant progress compared to 2018-19, with an 11% reduction in bed days caused by DToC from April 2019 to February 2020 compared with the April 2018-February 2019 period. The main reason for the reduction was that delays due to waiting for places in nursing homes halved.

21. **Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services** – the outturn for this year, although slightly below our target (to improve marginally on 2018-19 performance), is consistent with the level seen in recent years and is likely to be around national/regional averages for this indicator when those figures are published in December. A relatively small number of people – those

supported by our service provider Human Support Group (HSG) - are eligible to be included in the denominator. The rate was higher for women (85%) than for men (75%).

22. **Number of permanent admissions to residential & nursing care homes for older people (65+)** – we set ourselves a target to reduce admissions by 10% compared with 2018-19 and actually achieved a 20% reduction in admissions. During 2019-20 a policy decision not to send people following a hospital discharge directly into care homes had an impact on the numbers admitted, and this has continued into 2020-21. It also reflects well on the efforts of CYC's preventative teams to ensure that as few people as possible entered residential/nursing care during the year.

Impact of BCF Funded Schemes.

23. As referenced above, the impact and success of BCF funded activity in York cannot solely be judged by performance in relation to national metrics and targets. There have been many notable successes resulting from the BCF programme and there is much to celebrate. Highlights include:

24. **York Integrated Care Team** – The BCF funds a multi-disciplinary team comprised of a range of health and care professionals, working from a single location, with the aims of reducing avoidable hospital admissions, expediting safe discharge from hospital and enabling patients to remain independent longer through person centred care in the right place at the right time. The holistic assessment and continuous review of complex and vulnerable patients has included the following activity:
    - Over 3,000 people on the register
    - Average 800 care plans reviewed per month
    - 300-600 cases discussed at Multi-disciplinary Team meetings (MDTs)
    - Average 28 people per month provided with short-term interim care
    - More than 200 calls to the Hub telephone number as the single point of access

    During the year the team received the well-recognised 'Making a Difference' Award from Healthwatch York. The award was in recognition of the team's excellence in health and social care service.

25. **Changing Lives 'A Bed Ahead'** - This scheme provides support for homeless clients who present at the Emergency Department (ED) in the form of two homelessness liaison workers and two dedicated step-down beds at Union Terrace hostel. Referrals are taken from inpatient wards to assist with discharge arrangements. During 2019/20 there were 129 referrals, 73 from inpatient wards and 56 from the ED. Positive outcomes and intervention is achieved in around 83% of cases. This year saw an increase in emergency bed nights - 969 compared to 824 in 2018/19. Providing support for those attending out-patient appointments has been an important development and helped 33 individuals to 67 outpatient and 76 primary/community appointments.

26. **Fulford Nursing Home Beds** - Four nursing care beds plus Occupational Therapy support at Fulford Nursing Home (with flexibility to increase to six to meet peaks in demand) are utilised with a focus on avoiding admissions to hospital for people who present at A&E. This is now a well-established pathway to prevent admissions to York Hospital. During 2019/20, there were 67 admissions with 82% of people admitted to these beds successfully returned to their home with no need for ongoing care and support. The team has managed to continue to provide a high turnaround of admission to discharge with an average of 13 days. The scheme has helped facilitate a culture change and different way of working which promotes a focus on movement and rehabilitation, preventing deconditioning now runs through the home and benefiting all residents, not just the rehabilitation residents.

27. **Rapid Assessment and Therapy Service (RATS), YTH (Extended Hours)** - The aim of the RATs team in York ED is to provide timely and appropriate multidisciplinary assessment and interventions for individuals who present with diverse/complex physical, functional, psychological and social problems, thus avoiding any unnecessary admissions. The service runs 8am-8pm 7 days a week. Better Care Funding allows the service to operate Monday – Friday 4.30pm – 8pm and at weekends and bank holidays. During 2019/20 the team has seen around 4000 patients with the vast majority (74%) of those being sent directly home or referred to other services without the need for admission to a hospital bed.

28. **Carers Support** – 2019/20 saw an additional 630 new carer registrations with York Carers Centre, 1160 referrals into the Carers Support Service and 111 referrals for a Carers Needs Assessment, plus 72 young carers impact assessments/statutory young carers assessments.

    564 one to one carers' advice sessions were delivered, and 42 carers received one to one counselling. 186 carer referrals were made into the Financial Support Service and 33 youth club sessions took place.

    A series of hubs and 'pop up' hubs were delivered on a monthly basis, as well as specialist support groups for carers of customers with mental health and substance misuse issues. The hubs and specialist support groups have acted as a lifeline to marginalised and isolated carers within communities who would not have had the ability to travel to a city centre location, but have benefitted greatly from engaging with an outreach service in their local neighbourhood.

29. **Reablement (One Team)** – this is a collaborative approach across a number of partner services – York Integrated Care Team, Community Reablement Team (YTH), Intensive Support Service (CYC) and Human Support Group (commissioned by CYC). These partners provide short-term support at home to support safe, early discharge from hospital, avoid unnecessary admissions and to help people regain skills and confidence that help them live independently. The majority of people receiving short term support are discharged from these services without on-going care needs. In 2019/20 the service achieved 55% of people requiring no or reduced care following episode of reablement.

30. **Step-up/Step-down beds** - Funding from the Better Care Fund was agreed for ten step up/step down beds at Haxby Hall, a CYC Residential care home, and two further beds to be spot purchased in the private sector. Step down beds offer an effective means of enabling patients to move out of an acute hospital as soon as they are medically fit. Step up beds are used to avoid unnecessary admissions to hospital. Having access to a physiotherapist has led to increased successful home discharges and a reduction in hospital readmission rates via the recognition and prevention of unsafe discharges. 86% of discharges are successful at 3 month follow up, crediting the detailed assessment and discharge planning undertaken by the therapist and wider Multi-Disciplinary Team (MDT) whilst patients are in Step-Down. Readmission rates remain low, though incidence of patients moving into 24 hour care increases at 6 months.

31. **Local Area Coordination (LAC)** – The ethos is to develop person centred relationships focused on a 'good life' and building on the assets and contribution of people and the community in which they live. The LAC team in CYC has grown from 3 to 8 coordinators since May 2017 and coverage has increased to 8 of 21 ward areas.The total number of people the team has worked with to date is 1915 and currently 572 are active (including reactivated cases). In the period 06/03/20 – 17/04/20 the team has been in contact with a total of 772 people related to COVID 19 support, information and advice, 136 of these were not previously known to the service.

32. **Telecare** and **Community Equipment (Be Independent) –** During 2019-20, Be Independent supported:
    - 2500 customers (individual customers)
    - In addition we have 30 business customers ie care homes/supported living/shared housing which equates to an additional 400 customers
    - 400 active customers are from hospital discharges each month (who are already BI customers)
    - Deliveries and collections totals 18,000 (12,000 deliveries, 6000 collections)
    - We are undertaking pilots for younger adults customers with learning disabilities and mental health support needs, trialling 'Brain in Hand' technology, and a smart watch pilot with Independent Living Communities

33. **Home Adaptations** – Funding has been used to support people to remain in their home through provision of e.g. level access showers, stair lifts, ramped access. In 2019/20, 299 major adaptations were funded via Disabled Facilities Grants, compared with 274 in the previous year. This continues a trend of steady increase over the past four years. A non means-tested approach has been introduced to speed up delivery of low value work. In total 1561 referrals received and completed for minor adaptations.

34. **Self-support Champions** - BCF funds additional capacity in the Intensive Support Service and First Contact Team which is designed to enable more consistent early engagement by reducing/avoiding waiting times, ultimately resulting in better outcomes for customers and reduced spend on long term support. The funding has also enabled staff to be available to support the

Talking Point community access sessions as part of the adult social care improvement programme.

35. **Social Prescribing** - 296 customers accessed the scheme in 2019/20, for an average of 6 to 12 weeks. Improvements have been achieved across all mental well-being scale outcome measures with 80 % of people referred reporting an increase in their overall wellbeing score after working with Ways to Wellbeing; 58% of people reported an increased sense of optimism; 42% of people reported feeling more useful; 50% reported feeling and increased sense of relaxedness; 62% reported feeling more confident; 60% reported being able to think more clearly; 60% reported feeling closer to other people; 50% reported an improvement in relation to their ability to make decisions and be decisive.

36. **Handyperson Service –** Enhanced provision of 'small tasks at home' through expansion of community volunteering. Blueberry Academy are providing opportunities for people with learning disabilities to gain experience by volunteering to support people who are frail or have physical disabilities to maintain their garden (35 residents supported). Goodgym York providing one off tasks in the home and garden by utilising volunteers that run to their "mission" in pairs, a run with purpose and commitment, and carry out the requested task. Goodgym have completed 59 missions including a home from hospital initiatives that prevents DTOC e.g. moving a bed downstairs. Community Bees have recently been commissioned to walk alongside vulnerable people to develop independence skills at home. Community Bees has worked with 134 service users.

37. **Live Well York** – 2018/19 saw the official launch of the Live Well York website which provides a searchable health and wellbeing information and advice resource for York citizens. The site includes information on a wide variety of community activities and community groups, as well as promoting volunteering opportunities. During 2019/20 there has been a steady increase in the number of new users accessing the site (3,400 new users across the year) and the activities section has received the most engagement from visitors. Twitter followers have also increased to 665 by the end of the year.

38. **Alcohol Prevention** - Training has been delivered to a range of primary care staff including GPs, Nurses, Health Care Assistants, Health Visitors and non-clinical staff in the identification of problems associated with alcohol misuse in older drinkers and how behaviour can be modified. It has also been delivered to CYC staff such as social workers, housing officers, health trainers and customer centre staff. The aim is to lower alcohol intake and therefore prevent problems escalating. In 2019/20 training was delivered to 95 members of staff in total, across 6 courses.

39. **Seven Day Working** – Having a social work presence at the hospital at weekends and on bank holidays has enabled some patients to be discharged at weekends and speeded up the discharge of others by smoothing out peaks in assessment workloads. It has also facilitated better communication with patients' families and staff, at a time with fewer competing priorities than may be the case on weekdays.

Financial Summary 2019-20 see Annex 3

This page is intentionally left blank

NHS England
Skipton House
80 London Road
London
SE1 6LH

neil.permain1@nhs.net

08 January 2020

To: *(by email)*

Councillor Carol Runciman	Chair, York Health and Wellbeing Board
Phil Mettam	Clinical Commissioning Group Accountable Officer (Lead)
Dr Nigel Wells	Additional Clinical Commissioning Group(s) Accountable Officers
Ian Floyd	Local Authority Chief Executive

Dear Colleagues

BETTER CARE FUND 2019-20

Thank you for submitting your Better Care Fund (BCF) plan for regional assurance and approval. We recognise that the BCF has again presented challenges in preparing plans at a late stage and at pace and we are grateful for your commitment in providing your agreed plan.

I am pleased to let you know that, following the regional assurance process, your plan has been classified as '**Approved**'. The Clinical Commissioning Group (CCG) BCF funding can therefore now be formally released subject to the funding being used in accordance with your final approved plan, and the conditions set out in the BCF policy framework for 2019-20 and the BCF planning guidance for 2019-20, including transfer of funds into a pooling arrangement governed by a Section 75 agreement. Your Section 75 agreement should aim to be confirmed by the end of January 2020.

These conditions have been imposed through the NHS Act 2006 (as amended by the Care Act 2014). If the conditions are not complied with, NHS England is able to direct the CCG(s) in your Health and Wellbeing Board area as to the use of the funding.

The Disabled Facilities Grant (DFG), the improved Better Care Fund (iBCF) and the Winter Pressures grant are also pooled along-side the CCG allocations. The DFG, iBCF and Winter Pressures grants are paid directly to local authorities via a Section 31 grant from the Ministry of Housing, Communities and Local Government. These

grants are subject to grant conditions set out in their respective grant determinations made under Section 31 of the Local Government Act 2003, as specified in the BCF Planning Requirements.

Ongoing support and oversight will continue to be led by your local Better Care Manager (BCM). Following the assurance process, we are asking all BCMs to feedback identified areas for improvement in your plan and share where systems may benefit from conversations with other areas.

Once again, thank you for your work and best wishes with implementation and ongoing delivery.

Yours sincerely,

Neil Permain
Director of NHS Operations and Delivery and SRO for the Better Care Fund

NHS England and Improvement

Copy (by email) to:

Sharon Houlden	Local Authority Director of Adult Social Services (or equivalent)
Pippa Corner	Better Care Fund Lead Official
Debbie Mitchell	LA Section 151 Officer
Richard Barker	Regional Director of Delivery, NHS England North East and Yorkshire Region
Warren Brown	Director of Performance & Improvement
Rosie Seymour	Programme Director, Better Care Support Team, NHS England
Jenny Sleight	Better Care Manager, North East and Yorkshire

Better Care and Improved Better Care Fund - 2019/20 plan and outturn - Summary

(all figures in £000)

	2019/20 Draft Plan	Exact figures
Funding:		
VOY CCG BCF for use in conjunction with CYC	12,124	12,123,655
City of York Council - Disabled Facilities Grant	1,294	1,293,767
City of York Council - Improved Better Care Fund	3,447	3,447,466
City of York Council - IBCF supplementary funding spring budget	1,032	1,031,686
City of York Council - Social Care Support Grant: Winter Pressures	732	731,801
	18,629	**18,628,375**

Spending:	Plan	Outturn	Variance
Disabled Facilities Grant	1,294	1,294	-
City of York Council led schemes	8,402	8,407	5
City of York Council led schemes - Winter Pressures Grant	732	732	-
Vale of York CCG led schemes	8,200	8,195	- 5
	18,629	**18,629**	**0**

Better Care and Improved Better Care Fund - 2019/20 plan

(all figures in £000)

	2019/20 Final Plan	Outturn 1920	Variance
Spending:			
CYC led schemes (on the ledger)			
Disabled Facilities Grant	1,294	1,294	0
Care package pressures due to demographic changes	3,697	3,956	259
Contribution to social worker post	142	142	0
Carers Support	655	655	0
Implementation of care act	454	454	0
Community Facilitators	31	30	-1
Reablement contract with Human Support Group	1,100	1,080	-20
Step Up/Down beds (inc Dementia)	312	312	0
Telecare and Falls Lifting	192	192	0
Community Equipment	180	180	0
Home Adaptations	75	75	0
Increased reablement capacity	168	168	0
Self support champions	100	90	-10
Social prescribing/Ways to Wellbeing	156	156	0
Expanded Handypersons Service	30	30	0
Improve and curate information and advice	50	39	-11
Alcohol prevention	48	47	-1
Project to develop 7 day working	300	300	0
Local Area Co-ordination	172	172	0
Cultural commissioning - Museums' trust	25	25	0
Cultural commissioning - Good Gym anf Blueberry academy	20	20	0
Performance Support role	30	25	-5
Capacity and Demand Exercise	36	35	-1
ICG secondment	30	30	0
End of Life Project	33	33	0
Trusted Assessor project	25	17	-8
Interface Pharmacy Service	80	47	-33
Physiotherapy in step down beds	36	36	0
Multi complex needs - systemic enquiry	10	0	-10
Single Care record - IT support	20	19	-1
Increase Primary Care slots in hospital and community by increasing CRT	130	15	-115
Home from Hospital	27	27	0
contingency	38	0	-38
	9,696	**9,701**	**5**
CYC Winter Pressures schemes			
5 Additional Short term Stepdown/up beds.	39	39	0
12 Additional Care Beds	224	224	0
Secure capacity to enable placements to be made to reduce impact on DTOC's.	351	351	0
Retaining Home Care Packages "open" for 4 weeks	14	14	0
Live in Care	84	84	0
Be Independent falls Support	20	20	0
	732	**732**	**0**
CCG led schemes			
York Integrated Care Team	750	750	0
Urgent Care Practitioners	431	448	17
Hospice at Home (part fund with NYCC)	170	170	0
Street Triage (part fund with NYCC)	154	154	0
CCG Out of Hospital commission services (Incl. Specialist Nursing, Integrated Community Teams, Community Therapies and Community Equipment and Wheelchair Services)	5,973	5,968	-5
Changing Lives - A Bed Ahead	81	81	0
Fulford Nursing Home	184	172	-12
Fulford Nursing Home - York Trust	58	58	0
RATS Extended Hours	164	160	-4
RATS Extended Hours - Social Worker	51	50	-1
Priory Outreach	180	180	0
Vaccinations outreach	4	4	0
	8,200	**8,195**	**-5**
Total	**18,629**	**18,629**	**0**

Health and Wellbeing Board 28th October 2020

Report author: Peter Roderick, Acting Consultant in Public Health, Vale of York CCG / City of York Council

York Tobacco Control Plan and Smokefree Playparks scheme

Summary

1. This report summarises the York Tobacco Control Plan, included as an appendix, and the council's Smokefree Playparks scheme.

Background

2. A large amount of preventable ill health and early mortality in the city relates to smoking and tobacco use. The Health and Wellbeing Board has previously committed to partnership efforts to reduce smoking rates in York, and through the public health team in the council smoking cessation services are provided with the aim of giving residents the best chance of quitting through an evidence-based intervention from a stop smoking advisor.

3. In 2019, a number of partners in the city came together to form the York Tobacco Control Alliance, and after a year of operation the Alliance has produced a draft Tobacco Control Plan for York. This plan is included for endorsement at today's Health and Wellbeing Board meeting.

4. In addition, as an early action arising from this work, members of the Health and Wellbeing Board are asked to note the council's proposed Smokefree Playparks scheme, and consider other ways in which

Main/Key Issues to be Considered

York Tobacco Control Plan 2020-2025

5. The plan (attached) sets out the recent trends in smoking within our population, and the negative impact of smoking on a variety of

aspects of life in our city. It puts forward a vision for smoking rates in York to reduce to 5% of the population in 2025, and lays out actions which are recommended to support this vision.

6. Smoking is the leading cause of preventable death worldwide, killing half of all lifetime users. Currently, 11.9% of the York adult population smoke (over 20,000 smokers), which resulted in over 700 deaths in the city between 2016 and 18, 1690 hospital admissions in 2018/19, and costs the economy (through healthcare costs and lost productivity) nearly £40m a year.

7. Smoking also increases the risk of severe symptoms and hospitalisation in those who become infected with COVID-19. Partners have actively supported the Quit for Covid campaign and actively promoted Public Health England's 'Today is the Day' campaign which recognises that during the COVID-19 crisis, supporting people to live healthier lives has never been more important, and quitting smoking is the best thing you can do to protect your health.

8. The Tobacco Control Pan lays out a set of actions under three headings:

   Priority #1: Prevent people from starting smoking, including Curriculum development and educational work, enforcement activity and work to tackle the trade in illicit tobacco, smokefree outside zones

   Priority #2: Increasing the proportion of smokers attempting to quit, including promoting smoking cessation services in York, treating tobacco dependency in hospital settings, promoting cessation in primary, social and community care, Very brief advice, and work to reduce smoking in pregnancy

   Priority #3 Increasing the success rate of smokers attempting to quit, including delivering high quality smoking cessation services, integrating universal smoking cessation services with specialist services, smokefree homes, vulnerable people, workplace policies

9. The plan includes as an appendix a position statement on e-cigarettes which has been produced by the public health team

based on evidence and national guidance, and endorsed by the Alliance.

Smokefree Playparks Scheme

10. Smokefree legislation was introduced nationwide in 2007 for indoor public spaces, for example pubs and bars. Following the legislation, studies on the exposure of bar-workers to harmful tobacco smoke showed reductions of 80% to 90%. In the year following smokefree legislation, there was a 2.4% reduction in hospital admissions for heart attack. That meant 1,200 fewer emergency admissions in a single year. In the three years following the law's introduction, there were almost 7,000 fewer hospital admissions for childhood asthma. The smokefree law, and the campaign that supported it, also helped to change attitudes and behaviour on smoking. An extra 300,000 smokers were inspired to make a quit attempt as the law came into force (ASH Briefing 2017: '10 years of smokefree legislation: the facts').

11. As well as reducing exposure to second hand smoke, when smoking is no longer 'normalised' in visible settings this encourages smokers to smoke less and can trigger attempts to quit. Children are also less likely to take up smoking if those around them don't smoke. Research has shown that even preschool children who observe their parents smoking have already learnt that smoking is appropriate or normative in social situations (Brenner 2018). Evidence suggests that if young people don't start using tobacco by the age of 26 they will almost certainly never start (Breathe 2025).

12. This has led to a number of areas adopting voluntary smokefree zones in key outdoor places not covered by current smoking legislation, for example Barnsley's Smokefree town centre and Wakefield's Smokefree play areas.

13. The council are proposing that after consultation, from the start of 2021 CYC-managed play area are designated as smokefree zones. This would be indicated through communication and publicity, and through appropriate signage at each play area. The arrangement would be governed through a voluntary code and would not be enforceable; however experience from other areas suggests that the power of social norms (e.g. highlighting local public support for smokefree zones in areas children play) and appropriate signage leads to a large drop in levels of smoking in those areas.

Consultation

14. The Tobacco Control Plan has been written by a number of different organisations and a number of different departments in the council, and all have been consulted in its contents. Partners involved in the York Tobacco Alliance include CYC, North Yorkshire Fire and Rescue Service, North Yorkshire Police, York Teaching Hospitals Trust, Tees Esk and Wear Valley NHS FT, Vale of York CCG, York against Cancer, and Community Pharmacy North Yorkshire, as well as a number of others on our mailing list.

15. The Smokefree playpark scheme will be introduced after a public consultation hosted on the council's website and advertised through media, ward committees, Friends of Parks groups, and through targeting specific groups e.g. current smokers, parents and uses of play area, and other partners. The intended timescale for the consultation will be:

Opening:	November 2020
Duration:	Four weeks
Analysis of results:	December 2020
Decision and implementation:	January 2021

Options

16. Options for the Health and Wellbeing Board are:

    a) Endorse the Tobacco Control Plan and note the Smokefree Playparks Scheme

    b) Decline to note and approve these items

Analysis

17. Declining to approve these items would mean a missed opportunity for the Board to support multi-agency work to improve the health and wellbeing of the York population.

Strategic/Operational Plans

18. This proposal is in line with the Council's Plan 2019-23, to ensure Good Health and Wellbeing through a broad range of opportunities to support healthy lifestyles. The York Health and Wellbeing

Strategy 2017-2022 specifically commits to ‘make sustained progress towards a smoke-free generation in York’. This proposal also aligns with the Council’s Health in All Policies approach whereby public health encompasses not just a set of services or work done by a single team, but runs through all city policies and practice and aims to improve the wider determinants of health.

Implications

- **Financial**

The Smokefree playparks scheme includes a small investment in signs which will be part of routine capital investment in the city’s play areas

- **Human Resources (HR)**

There are no HR implications

- **Equalities**

People in routine and manual occupations in York are twice as likely to smoke as those in other occupational groups. This is one of the major causes in the life expectancy and healthy life expectancy gap between the poorest and most affluent member of society. Supporting and enabling people to quit and protecting children from the harms of smoking with disproportionally benefit people from lower socioeconomic backgrounds, and decrease health inequalities.

- **Legal**

There are no legal implications

- **Crime and Disorder**

There are no crime and disorder implications

- **Information Technology (IT)**

There are no IT implications

- **Property**

There are no property implications

Risk Management

19. There are no risks identified associated with the recommendations below

Recommendations

20. The Health and Wellbeing Board are asked to:

i. Endorse the York Tobacco Control Plan 2020-2025

Reason: So that local partnership efforts to tackle the rate of smoking in the city are supported, and the health of the population improved

ii. Note the Smokefree Playparks scheme

Reason: To support efforts to de-normalise smoking and make it invisible to the current generation of children in our city'

Reason:

Contact Details

Author:

Peter Roderick
Acting Consultant in Public Health
Public Health
City of York Council
01904 551479

Chief Officer Responsible for the report: Fiona Phillips, Assistant Director of Public Health, City of York Council

Report Approved ✓ **Date** 15.10.2020

Wards Affected: **All** ✓

For further information please contact the author of the report
Annexes

Tobacco Control Plan for York

City of York

Tobacco Control Plan

2020-2025

1. Foreword

As the Chair of the York Health and Wellbeing Board, I'm delighted to be able to introduce this Tobacco Control plan for York 2020-2025.

In the York Health and Wellbeing Strategy 2017-2022 we specifically committed to make sustained progress towards a smoke-free generation in York. The launch of the Tobacco Alliance in 2019 and the work described in this plan helps us on our way to achieving this. Reducing the number of people who smoke remains a public health priority, but this is a partnership approach, reflecting our belief that public health encompasses not just a set of services or work done by a single team, but should run through all city policies and practice, improving the wider determinants of health by supporting people to live healthier lives.

This plan has been approved by the York Health and Wellbeing Board and has been adopted formally by the City of York Council, and I look forward to seeing the progress we make over the next five years.

Cllr Carol Runciman

Chair of the York Health and Wellbeing Board and Executive Member for Health and Adult Social Care, City of York Council

York Tobacco Alliance Partners

2. Smoking: we have some unfinished business

Smoking is the leading cause of preventable death worldwide, killing half of all lifetime users.[1] Currently, 11.9% of the York adult population smoke (more than 20,000 smokers), which resulted in over 700 deaths in the city (2016-18), nearly 2000 hospital admissions a year, and costs the economy (through healthcare costs and lost productivity) over £34m a year.

Whilst levels of smoking have fallen faster in York than nationally over the last decade (the prevalence of smoking in England is 13.9%), it still ranks as one of the major public health issues facing our population, and one of the key modifiable factors in improving the health and wellbeing of the people of York across the life course.

Smoking is linked to countless pathogenic mechanisms in the human body, and decades of research has proved that smoking:

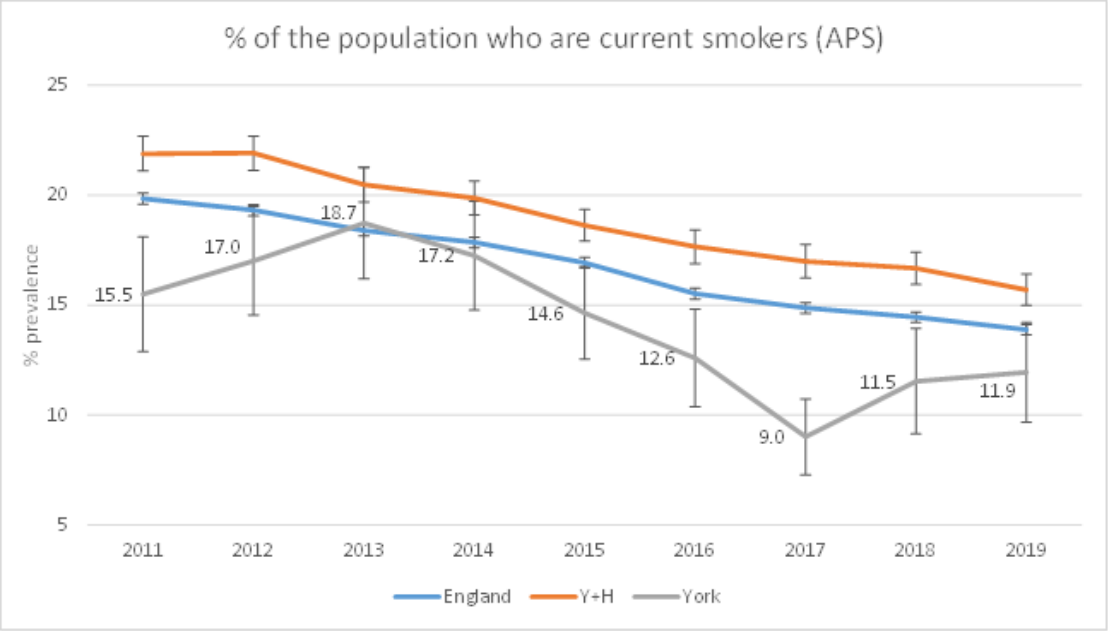
- hugely increases the risk of developing cardiovascular disease e.g. stroke or heart attack
- causes 16 types of cancer, including 9 out of 10 cases of lung cancer
- is responsible for over 10% of incident Type II diabetes cases
- is the cause of most Chronic Obstructive Pulmonary Disorder
- exacerbates asthma and makes acute life threatening attacks more likely
- contributes to both common mental health problems such as depression and anxiety and severe mental illness such as psychoses

In addition, these risks are significant not just to the user but also – through second hand smoke – to those who live, work and socialise around them.

The prevalence of smoking in York has reduced rapidly over the past decade, from just below 1 in 5 of the population to just above 1 in 10 of the population. A number of things have driven this trend, including the effect of national policies such as the smoking ban in public places in 2007 and the introduction of plain packaging in 2016, the gradual de-normalisation of smoking amongst the general public, and e-cigarettes, which have gone from a niche product at the start of the decade to usage of around 5-6% of adults in the UK.

[1] Throughout this plan, the term ‘smoking’ is used, as this is the predominant form of tobacco use in the city. However other forms of tobacco use such as cigars, pipes, shisha/ hookah/waterpipes, bidi and paan are also harmful to health, whilst not being counted routinely within smoking rates.

The following graph, using data from the Annual Population Survey, shows the trends in smoking in our city across the last decade, and compares them to the same trends in our region and in England as a whole.



[2]

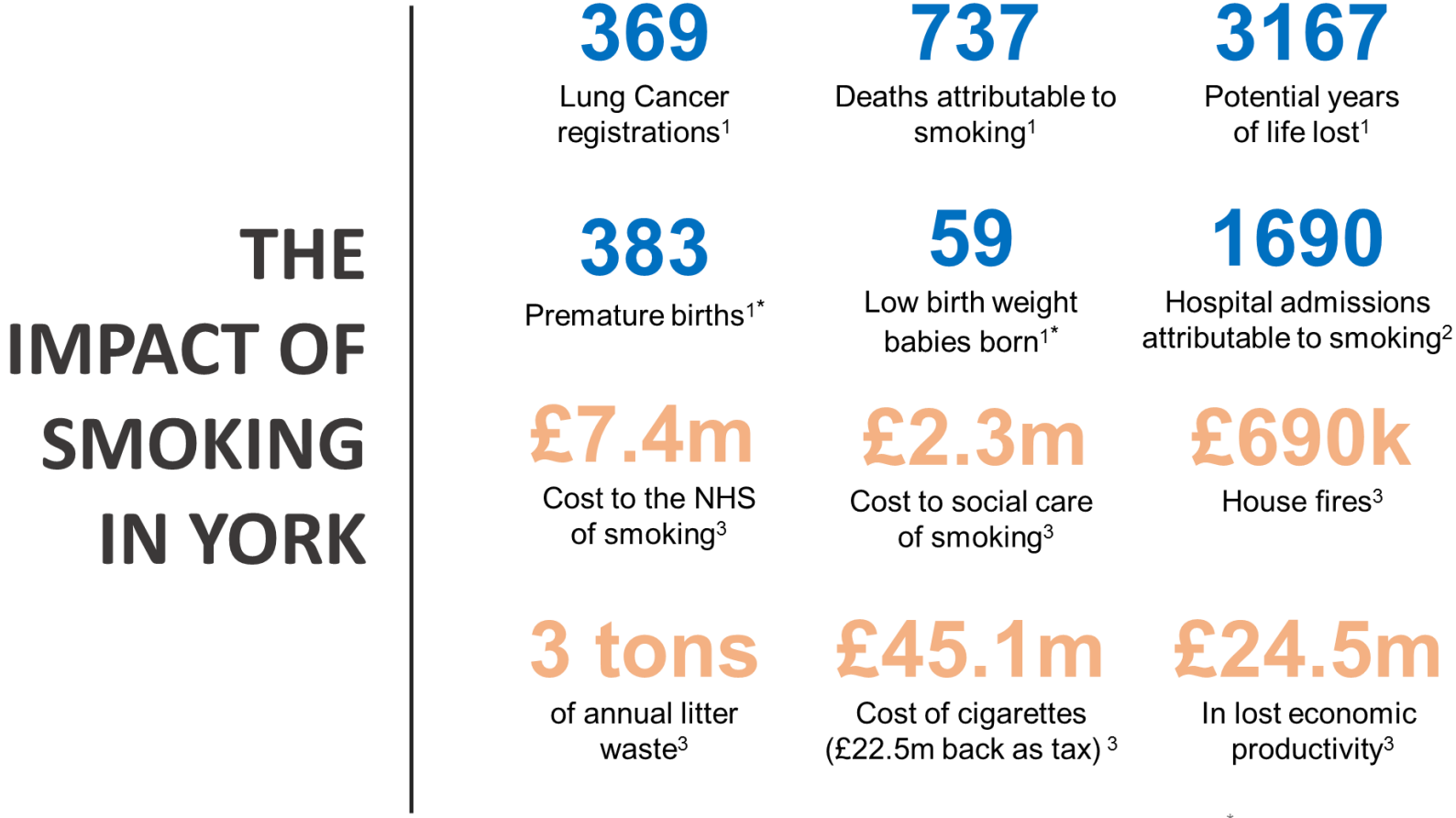
Additionally, part of this reduction is due to smoking cessation services, one of the most evidenced-based public health interventions. York residents are supported to quit through the Health Trainer Service, run by City of York Council, which offers behavioural support from qualified stop smoking practitioners as well as pharmacological support such as Nicotine Replacement Therapy and Champix. Very strong evidence suggests that people who try to quit smoking using this combination of a trained advisor and pharmacological support are 3 times more likely to succeed than trying to quit without any support.

Local service data suggests that when people enter local services our quitting success rate is good, but the proportion of the smoking population in York we treat every year is low in absolute terms as well as compared to other areas, which means the number who set a quit date and are tobacco-free at 4 weeks is not as high as it could be.

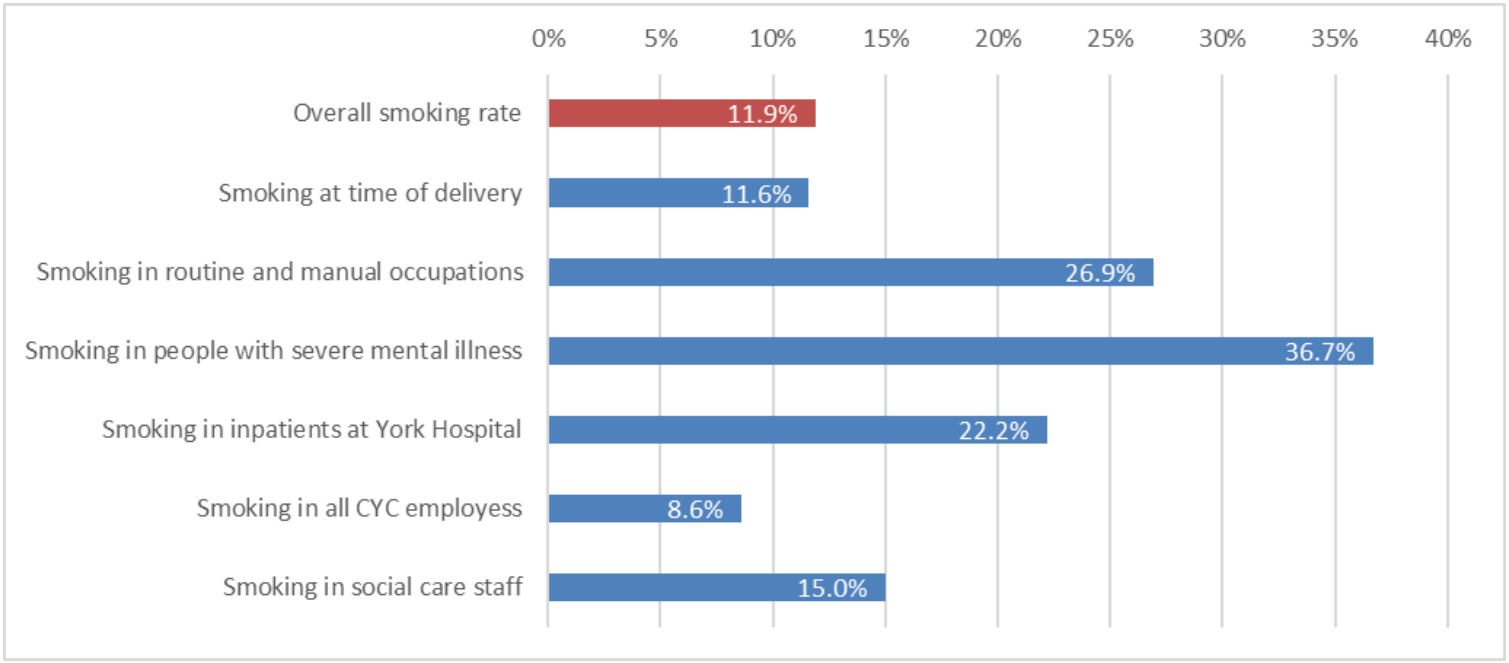
[2] Error bars in this graph (I) are 95% confidence intervals, and refer to the level of statistically certainty around the smoking prevalence estimate, given it is extrapolated from a sample of the population of around 1000 people. They suggest that smoking rates in York in 2019 are significantly lower than Yorkshire and the Humber rates, significantly lower than they were prior to 2014, and lower than England rates (although this is not a statistically significant difference and should be interpreted with caution).

3. The impact of smoking in York

Smoking has an impact on many lives in the city both directly and indirectly. The graphic below demonstrates the range of negative impacts caused by smoking each year in our city alone. Smoking causes early onset of disease, hospital admissions, death and years of life lost; it harms babies in the womb and affects the development of those who grow up in households where someone smoker; it costs the NHS and social care money which could be used on other care; it contributes to an average of 7 house fires in the city a year; it causes tons of litter, and costs the economy generally in lost productivity.



In addition, smoking affects different parts of the city unequally, with large inequalities in rates. 26.9% of people in routine and manual occupations smoke in the city which is nearly five times the rate of those who smoke in managerial occupations. This is the largest gap in Yorkshire and the Humber and the second largest in the whole of England.



Other inequalities exist in smoking rates, as demonstrate by the chart above. 22.2% of inpatients at York Teaching Hospitals Foundation Trust smoke, as do 36.7% of people with a severe mental illness in the city. 11.6% of pregnant women are recorded as smoking at the time of their baby's delivery, a statistic which has not reduced in line with general smoking rates over the last decade and means that over 200 people smoke during pregnancy each year in the city.

In summary, it is clear then that an ambition to reduce the use of tobacco in York is not just about helping people drop a 'bad habit', but has far reaching implications for the health and wellbeing of our society, as noted in the 2019 ASH report 'The End of Smoking':

By reducing smoking prevalence, we will:

Lift thousands out of poverty	Reduce inequalities
Increase local productivity	Protect children from harm
Improve quality of life in local neighbourhoods	Save thousands of lives

5. The best ways to support people to quit

Having established how harmful smoking is, and the impacts it has on our population, it is important to be clear: smoking is not a lifestyle choice. Nicotine has been shown to be a more powerful and addictive a substance than heroin, and most tobacco users start the habit in their late teens before developing a lifelong use of tobacco. Blame or stigma should not be part of the equation in any of our efforts to tackle the effect of tobacco in York. Smoking is more rightly framed as a chronic relapsing long term condition starting in childhood, but treatable through behavioural support and nicotine replacement therapy.

Over the last decade, the number of smokers in York has halved, which gives enormous hope for a continuing reduction in rates. There is very robust and clear evidence about what works to improve the chances of smoking cessation, and – although no quit is guaranteed and some relapse – people are 3 times more likely to succeed in quitting smoking if they use a combination of behavioural support by a qualified advisor and nicotine replacement therapy (NRT).

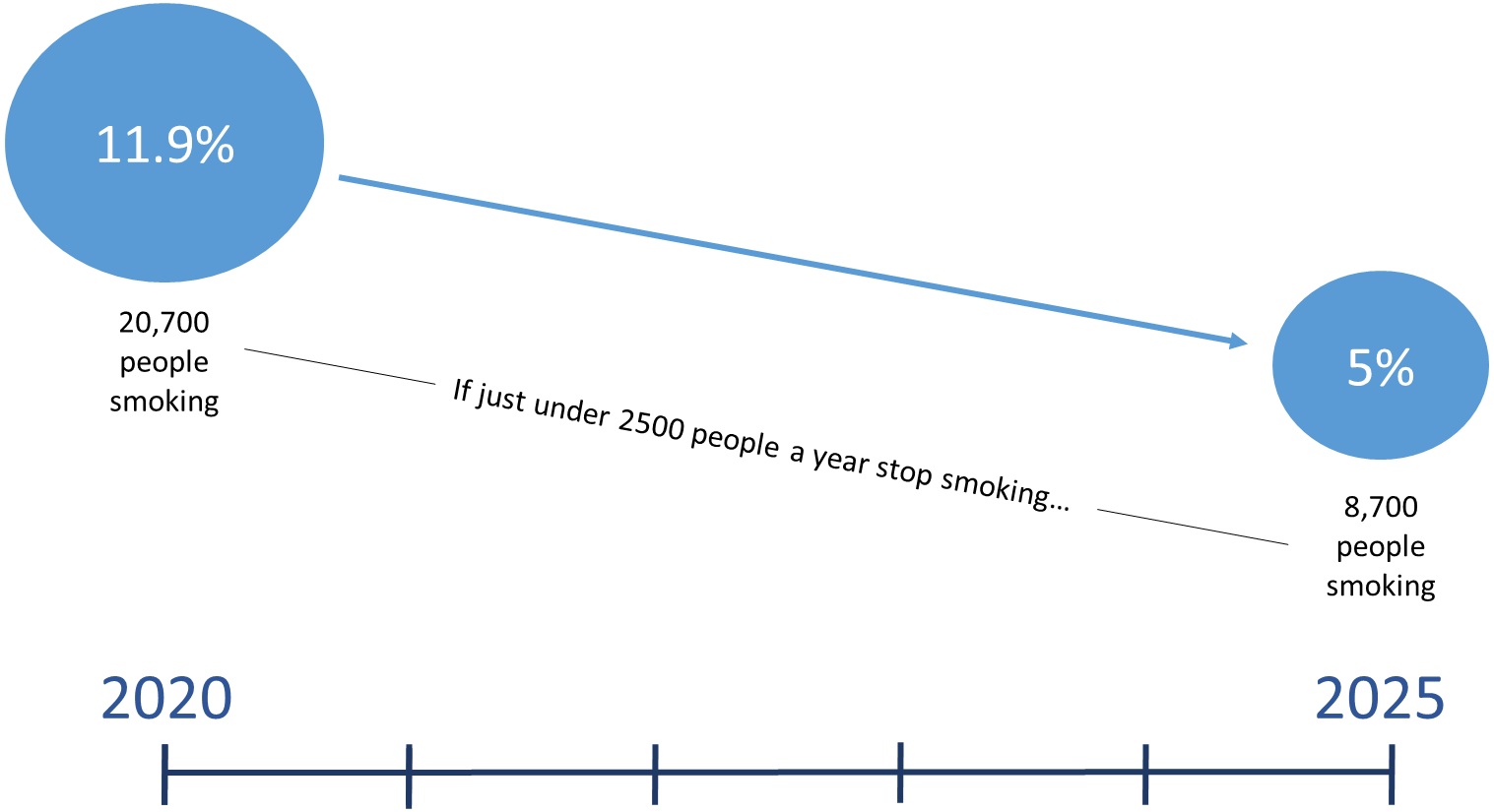
However data from the UCL Tobacco Control project shows that currently only 5% of smokers successfully quit each year, and of these, only 2% quit through stop smoking services, whereas 41% use an e-cigarette (which reflects the volume of people who try these approaches, not the effectiveness of the methods themselves). So other approaches are needed, for instance to harness the power of e-cigarettes as a quitting aid (see our **e-cigarettes position statement in appendix one**), and the deployment of public policy measures, known as 'tobacco control' which improve the likelihood of a quit attempt across the board. These approaches are laid out in the World Health Organisation Framework Convention on Tobacco Control, signed by 181 countries including the UK in 2005. They are:

- Monitor tobacco use and prevention policies
- Protect people from tobacco smoke
- Offer help to quit tobacco use
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising, promotion and sponsorship
- Raise taxes on tobacco

Given the wide range of actions necessary to decrease smoking rates, this tobacco control plan for the city has been written to draw together a 'whole systems' approach to the actions we plan to take, encompassing both cessation services and wider policy measures.

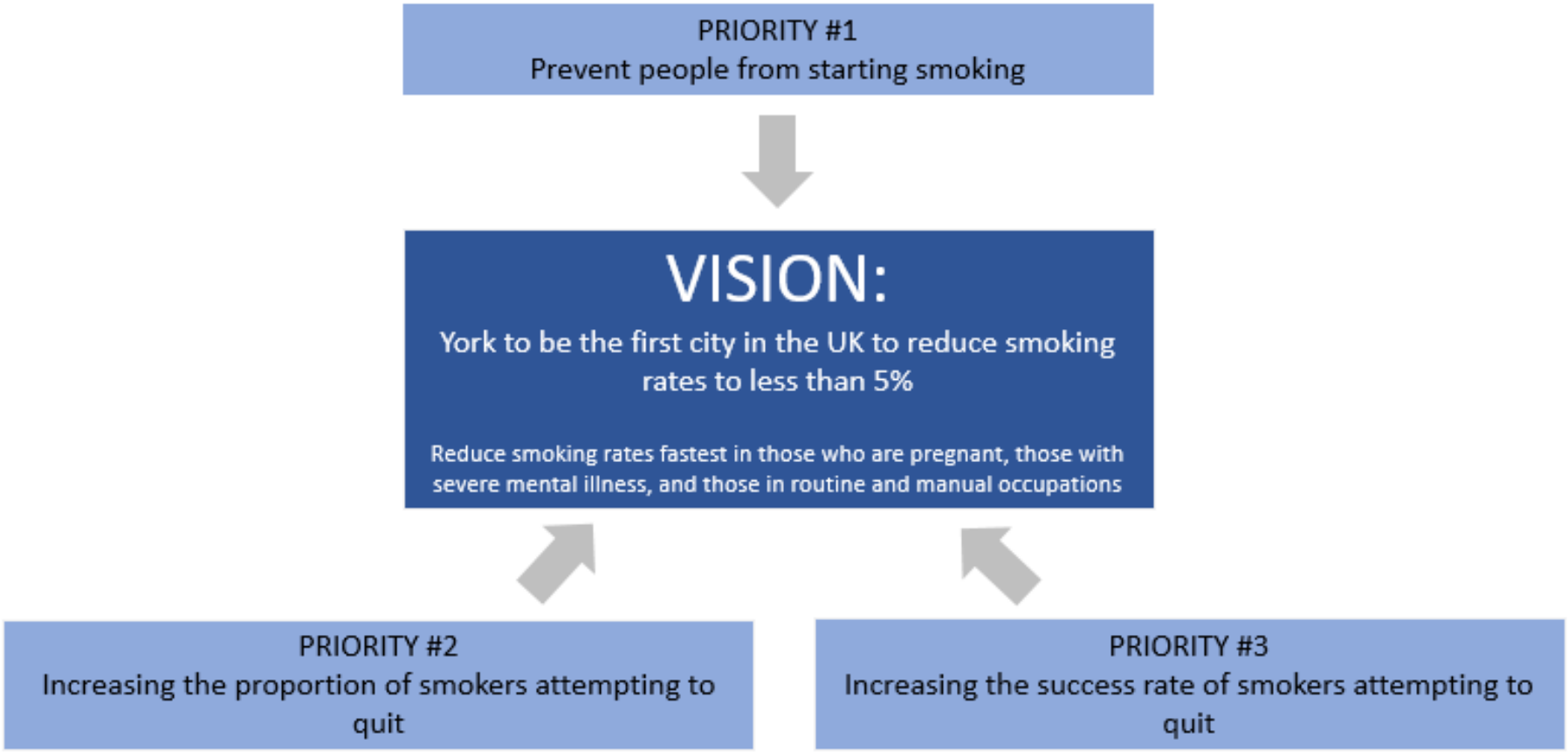
5. A vision to end smoking in York

The York Tobacco Control Alliance was founded in July 2019, and aims to **reduce the prevalence of tobacco use in the city of York to below 5%** of the adult population by 2025.



This ambition is in line with all other Local Authorities in the Yorkshire and the Humber, who have endorsed the Breathe2025 initiative of the Yorkshire and Humber Association of the Directors of Public Health based on reducing rates to under 5% by 2025. As well as this we are aspiring to reduce rates fastest in those who are pregnant, those with severe mental illness, and those in routine and manual occupations.

We plan to achieve this vision through 3 priorities: a slowing of uptake (prevention); increasing the number of people attempting to quit; and increasing the number of people successfully quitting (cessation). This vision and our three priorities are summed up overleaf:


PRIORITY #1
Prevent people from starting smoking
VISION:
York to be the first city in the UK to reduce smoking rates to less than 5%
Reduce smoking rates fastest in those who are pregnant, those with severe mental illness, and those in routine and manual occupations
PRIORITY #2
Increasing the proportion of smokers attempting to quit
PRIORITY #3
Increasing the success rate of smokers attempting to quit

6. So…what's the plan?

The table below outlines the key areas and actions which will we take in York over the next five years, led by the Tobacco Control Alliance, to achieve our vision of below 5% of the population smoking by 2025.

Area of focus	Actions	Key partners
Priority #1: Prevent people from starting smoking		
Curriculum development and educational work	Promote curriculum tools and support to schools, colleges and other settings Support up-to-date schools smoking policy in line with NICE PH23 (Smokefree Schools) Work with young people to explore smoking and vaping motivations	Primary and Secondary Schools CYC Children's Services York Schools and Academies Board
Enforcement	Conduct regular point of sale enforcement activity in the city to ensure adherence to tobacco legislation Communicate changes in tobacco legislation with local businesses	CYC Public Protection York BID Make it York NY Police
Illicit tobacco	Commission and utilise research and intelligence on the illicit tobacco market Engage in detection and disruption activity of the illicit tobacco market Communicate key illicit tobacco messages to businesses and the public	CYC Public Protection CYC Public Health NY Police
Smokefree outside zones	Bring forward city conversations with key community groups, the public and civic representatives to consider voluntary smokefree codes in a number of settings, including smokefree play parks, smokefree sidelines, smokefree public spaces and smokefree campuses.	CYC Public Health Community groups
Leadership	Hold regular meetings of the York Tobacco Control Alliance to drive the agenda forward Take part in the PHE / ASH CLEaR peer assessment programme for an independent review of progress once this strategy is in place	CYC Public Health Public Health England

Area of focus	Actions	Key partners
Priority #2: Increasing the proportion of smokers attempting to quit		
Promoting smoking cessation services in York	Engage in communication activity for the service at events, through printed and online publicity Consider targeted promotion in the city's more deprived areas	CYC Public Health
Treating tobacco dependency in hospital settings	Work towards the implementation of policy on smoking in healthcare settings in line with NICE PH48 (Smoking: acute, maternity and mental health services) Work with regional partners on improving hospital cessation pathways and support to stop smoking for inpatients at York Hospital, using an established modal such as the Ottowa Model or CURE.	York Teaching Hospitals NHS FT Humber Coast and Vale ICS Tees Esk and Wear Valley NHS FT
Promoting cessation in primary, social and community care	Work with general practice, community health and social care to establish clear pathways into smoking cessation services, including use of Very Brief Advice, and overcoming boundary issues with other Local Authorities Integrate smoking cessation within Lung Health Checks locally	York Health and Care Collaborative Humber Coast and Vale ICS Vale of York CCG
Very brief advice	Develop training packages to deliver simple VBA messages and equip large volumes of frontline workers to engage in evidence-based short interventions Utilise existing prevention work e.g. Safe and Well checks for fire prevention	CYC Public Health North Yorkshire Fire and Rescue
Smoking in pregnancy	Implement a smoking in pregnancy Financial Incentive Scheme Work collaboratively with Humber Coast and Vale partners on the Local Maternity System with their smoking in pregnancy workstream Enable midwives, through training and clear pathways, to address smoking-related issues in a compassionate manner with pregnant woman	CYC Public Health York Teaching Hospitals NHS FT midwifery Humber Coast and Vale ICS Vale of York CCG
Mass media	Engage in regular public communication campaigns e.g. Stoptober Carry out ongoing material distribution and campaign support	CYC Public Health Community Pharmacy

Area of focus	Actions	Key partners
Priority #3 Increasing the success rate of smokers attempting to quit		
Delivering high quality smoking cessation services	Work to implementing all the guidance within NICE NG 92 (Stop smoking interventions and services) Train staff in accordance with NCSCT smoking cessation training modules Aim to increase the success rate of interventions (% of people quit at 4 weeks)	CYC Public Health
Integrating universal smoking cessation services with specialist services	Work with specialist smoking cessation services in the city e.g. those run by TEWV to deliver an integrated offer and utilise the right expertise for the right individual	Tees Esk and Wear Valley NHS FT
Smokefree homes	Train Health Visitor staff using NCSCT smokefree home training module	CYC Healthy Child Service
Vulnerable people	Support vulnerable communities with higher prevalence e.g. those who are homeless, on low incomes, to quit smoking through e.g. provision of e cigarettes	CYC Public Health
Workplace policies	Support workplaces with smokefree policies, especially regarding vaping	CYC Public Health
E cigarettes	Develop and promote an e-cigarette policy statement for the city	CYC Public Health, PHE and engagement with all partners

Appendix 1: York Tobacco Alliance e-cigarette position statement

E-cigarette products are electronic devices which deliver nicotine without the significant harms of tobacco. An evidence review in 2018 by Public Health England concluded e cigarette use is no more than 5% as harmful as smoking, and this position is supported within NICE guidance and by the Royal College of Physicians.

The York Tobacco Alliance has considered the growing evidence-base relating to e-cigarette products, and has agreed the following position statement:

> *E cigarettes carry a fraction of the harm of tobacco products, and have been shown to be highly effective in aiding smokers to quit. They are however not harmless, and their uptake in non-smokers, particularly children and young people, is not recommended. Therefore the York Tobacco Alliance endorses (and will seek to promote) e-cigarettes as a quitting aid for smokers, whilst not recommending their use or marketing to those who do not currently smoke.*

There are seven key principles we will work to as a system on e-cigarettes:

1. Smoking cessation services delivered by partners in the city should be e-cigarette friendly, and if it is the service user's choice to use an e-cigarette as their quitting aid, this should be supported.
2. We encourage e-cigarette users in the city to use the devices to help them quit smoking *completely*.
3. E-cigarettes are valid quitting aids when used in pregnancy, or by people with mental health problems.
4. Tobacco 'heat not burn' products have not been shown to be a reduced risk compared to smoking, and we do not recommend or support their use as a quitting aid.
5. Advertising and marketing of e-cigarettes should be appropriately targeted to adults, and under law they cannot be sold to under 18s.
6. Policies on the use of e-cigarettes in the workplace and on public transport will be decided by individual organisations, bearing in mind the views of non-users on the acceptability of e-cigarette vapour; however caution is urged on blanket bans for staff, which may hinder efforts to support employees to quit.

It remains the responsibility of each organisation represented at the Tobacco Alliance to determine the details of how this position statement are implemented amongst staff, patients and service users.

Further information and resources

Breath 2025 Yorkshire and the Humber position statement
NICE NG92 Stop Smoking Interventions and Services
PHE e-cigarette 2020 review
Royal College of Physicians E-cigarette Statement
Action on Smoking and Health (ASH) briefing on e-cigarettes
PHE e-cigarette 2018 review
Royal College of Midwives Smoking Position statement
Hertfordshire CC e-cigarette policy

Health and Wellbeing Board 28 October 2020

Report of the Health and Wellbeing Board Healthwatch York Representative.

Healthwatch York Public Voice Reports – Support for people with experiences across homelessness, mental health, substance misuse and offending, and Urgent Care Rapid Appraisal Report

Summary

1. This report asks Health and Wellbeing Board (HWBB) members to receive two new reports from Healthwatch York, completed for York Multiple Complex Needs Network and NHS Vale of York Clinical Commissioning Group respectively.

2. Health and Wellbeing Board members are asked to receive these reports for information only.

Background

3. Healthwatch York produces several reports a year. These reports are presented to the Health and Wellbeing Board for information only.

Main/Key issues to be considered

4. Our report looking at support for people with experiences across homelessness, mental health, substance misuse and offending was a small scale pilot for the Multiple Complex Needs Network. Our aim was to gain insight into what people felt was good and bad about the support available. The work was developed with support from the Lived Experience Group and supported by MEAM workers at Changing Lives.

5. Our report looking at experiences of urgent care was commissioned by NHS Vale of York Clinical Commissioning Group as a small part of their public engagement around how to improve these services. They have published the full report on

their consultation and engagement webpage - https://www.valeofyorkccg.nhs.uk/get-involved1/engagement-reports/engagement-and-consultation-reports/

Consultation

6. There has been no consultation needed to produce this accompanying report for the Board. Healthwatch York consulted members of the public to produce these reports.

Options

7. This report is for information only and as such there are no specific options for members of the Board to consider.

Strategic/Operational Plans

8. The work from Healthwatch York contributes towards a number of the themes, priorities and actions contained within the Joint Health and Wellbeing Strategy 2017-2022. These reports contribute to the ongoing work of the Multiple Complex Needs Network and the review of Urgent Care services.

Implications

9. There are no implications associated with this report.

Risk Management

10. There are no identified risks within these reports.

Recommendations

11. The Health and Wellbeing Board are asked to:

- Accept the reports

Reason: To keep members of the Board up to date regarding the work of Healthwatch York.

Contact Details

Author:	**Chief Officer Responsible for the report:**

Sian Balsom
Manager
Healthwatch York
Tel: 01904 621133

Sian Balsom
Manager
Healthwatch York
Tel: 01904 621133

Report Approved ✓ **Date** 15.10.2020

Specialist Implications Officer(s) None

Wards Affected: All **All** ✓

For further information please contact the author of the report
Background Papers: None

Annexes

Annex A: Support for people with experiences across homelessness, mental health, substance misuse, and offending

Annex B: Urgent Care Rapid Appraisal Report

This page is intentionally left blank

A healthwatch York report for the

York Multiple Complex Needs Network

The MEAM Approach
Helping areas design and deliver coordinated services

Support for people experiencing issues across homelessness, mental health, substance misuse and offending.

September 2020

A report based on local peoples' experience

Contents

Support for people experiencing issues across homelessness, mental health, substance misuse and offending in York

Introduction

This report presents the results of a York Multiple Complex Needs (MCN) Network survey looking at support for people experiencing issues across homelessness, mental health, substance misuse and offending in York, focused on the experiences of those supported through the MEAM (Making Every Adult Matter) approach. This is delivered in York by Changing Lives. This is a small scale pilot, to see if a survey like this provides useful insight.

Healthwatch York are part of the Network, working alongside people with Lived Experience and others to keep people's experiences at the heart of everything the Network develops. Healthwatch York worked with the Lived Experience group and the MEAM manager to develop plans and write the survey, and has collated the feedback on behalf of the Network.

Why is York MCN Network looking at people's experiences of support in York?

York MCN Network includes people who use, deliver and oversee services that support people who face issues such as homelessness, alcohol or drug problems, mental health problems and offending, especially where their lives are complicated.

Everyone in the Network believes we could do better when it comes to supporting these people. So we want to understand what people facing these issues believe that better support would look like.

What we did to find out more

Members of the Network's engagement group agreed to use a short survey to try and understand what is working well, what doesn't work, and what's missing. MEAM workers provided copies of the survey to people who wanted to complete it themselves, and sat down to interview others who preferred to give spoken replies. We received 17 responses in total. 2 MEAM workers also completed the survey.

What people told us

- Housing is vital, people want to feel safe in their own home as quickly as possible and make it homely
- Hostels, including bail hostels, are not a great environment for many people
- People report poor access to mental health services, and want a walk-in centre for other health issues
- Lack of social activities and meaningful ways to fill time; fears of boredom; links with difficulties staying clean / sober
- Importance of holistic and joined up 1-2-1 support and positive relationships with support workers
- The importance of getting help with managing day to day life
- Feeling judged and never being able to leave your label behind; issues around self-confidence and self-worth
- Importance of access to IT, with some people struggling to use it
- Transitions are difficult, and people often lose support that they value at times of transition because it is tied to a particular state, such as homelessness
- People mostly value the support they receive

What people said – in more detail

Housing is vital, people want to feel safe in their own home as quickly as possible and make it homely

“Housing first is better than living in hostels around everyone else problems.”

“Homelessness is a big issue how can other issues be addressed when no roof over the head.”

(What’s too hard is) “waiting for a flat.”

(What’s too hard is) “decorating my flat.”

“I have got my flat which I have always wanted. Without any help I would still be stuck in hostels.”

“Getting my gaff has meant everything to me. All I want to do now is keep my gaff nice and see my mum.”

“Getting put in this place (a B&B). I don't have to hang around with people that I don't want to be around.”

“I can't wait to get my own place and it won't be long now. Everything is wicked at the moment.”

“The condition of the council flat I moved into was not suitable to live in as it did not have carpets and quite a mess in terms of walls, floor etc.”

“Help having settled room, on crash pad but not properly settled.”

“Having suitable housing (preferably my own flat.)”

(What’s missing is) “a safe place, secure accommodation”

(What’s missing is) “flats - I know loads that don't have flats.”

Hostels, including bail hostels, are not a great environment for many people

“Bail hostels. Southview - I said when I was released from prison I didn't want to go in Southview. It was like Big Brother with all the cameras in

that place. They treated us like kids, when I used to get in they would breathalise me every time. I nearly got recalled because of that place."

"Hostels are like crap hotels bog roll and meals provided at a cost no other real support plenty of judgement."

"Hostel accommodation really didn't help me, been in and out of hostels since I was 16 and I never got close to getting a flat but now I'm out that setting I'm doing really well."

"Living in hostel environments does not work well for me, especially when trying to stay away from drugs."

(What's too hard to do is) "living in hostel environments, especially Union Terrace."

"I don't like hostels, but maybe that's just me. I can never seem to cope in hostels and I know that's my own fault as I do stupid things or get into relationships that are bad for me."

"Hostels don't feel safe like you're set up to fail and be made homeless again."

"Sometimes staff can be lazy at the hostel."

People report poor access to mental health services, and want a Walk-In centre for other health issues

(What's too hard is) "speaking with someone from mental health team. Can't even get an appointment."

"Mental health - not any help at all. Get injection but that's it. Whether there is help but too busy."

"Can't ever speak with mental health team. Don't want to say anything though"

(What's missing is) "mental health services."

"Mental health services are really bad, their waiting list for a CPN is ridiculous."

"Mental health needs to be better to access and support."

“Mental health services could be improved. Now have a mental health social worker who is helping me get a placement in a rehab.”

(What’s missing is) “drop in services - somewhere like Monkgate is missing”

(Good stuff we’ve lost) “Monkgate Medical Centre - I used the service a lot before it closed.”

(What’s too hard to do) “At the moment everything due to health issues.”

Lack of work and social activities and meaningful ways to fill time; fears of boredom; links with difficulties staying clean / sober

“More job opportunities for people like me. I would love to do something like a mechanics course. I suppose I could go to college or somewhere and do this.”

“Structure”

“Brook drive detox (not York) has weekly outings ten-pin bowling, coffee at a cafe, trip to London dungeon as a group (sober group)”

“Drinking - I don't want to start drinking again.”

“Constantly bored - use drugs when bored”

“Housing first living in a flat can be lonely this can lead to boredom and then use drink and drugs left to their own devices. MEAM worker can’t be there all the time they have other punters to see to.”

“Mentors, when you live alone it can be lonely we should have mentors who visit regularly do things go for coffee, bike rides”

“I get bored well easy.”

(What doesn’t work is) “pressure from peers and not being able to stop visits.”

Importance of holistic and joined up 1-2-1 support and positive relationships with support workers

“Have had problems with agencies sloping their shoulders onto one another - IDAS, Mental Health counselling, St Mary's onto MEAM (although my newest keyworker has been much more helpful.)”

“There’s good and bad staff across all of them some are the devil some are angels its pot luck which one you end up helping you but it’s out of your hands.”

“I found working with individual services a challenge and at times unhelpful. That was until I started working with MEAM. That service helped me through the day to day and never gave up. The help and support was 5 star and by far the best service to hit York for a long time”

“You have helped me loads. Only one I can trust.”

“Blossom Street provides a good service - my relationship with my drug workers was very good. Had a great relationship with my keyworker at Peasholme - good engagement and told me how it was. Aba staff are great and have helped me a lot. My MEAM worker is a nice lady.”

“MEAM (works) because of the trust, time given and structure”

“I have a really good support network - that includes probation, bridging the gap and MEAM”

“I get help when I want it.”

“MEAM and probation services have regular contact weekly which is good for me. Things are going well to try and get me into rehab.”

“MEAM team and supported housing services work really well for you. All services work well together.”

“When all CPN / Social Worker / etc are all on same page. Knowing what goal we want. Also when you get along with a MEAM worker like I do with Chris. She makes life feel a lot easier.”

“The charities P3 and MEAM are going above and beyond. They have helped me out with any issues I have had including housing, drug and alcohol abuse, family relationships etc”

(What works is) “having someone to help fight your corner with authorities when you are feeling weak, confused, negative about your life choices if you even feel like you have choices.”

(What doesn’t work is) “not all working together. Not getting along with worker. Not helping yourself. Put in what you want to get out of it.”

(What’s too hard is) “Getting all my workers together to see me”

Getting help with managing day to day life

“Hands on help with prioritising own real life needs. In my case when I was homeless there are so many things I needed to do, and keeping up a drug and alcohol habit was more than a full time job.”

“Help remembering about appointments and getting there, and someone with an understanding of the systems you have to deal with and what they SHOULD be doing to help.”

(What works well is) “when I can get to hospital” (needs help with transport)

(What’s too hard to do is) “filling out forms like these.”

(What’s too hard is) “money - would like to go food shopping again with you.”

Feeling judged and never being able to leave your label behind; issues around self-confidence and self-worth

(What works is) “a worker who actually does their job, who you can trust, and doesn't judge in any way.”

“Putting the past behind you no matter how long you are sober or how hard you try i am still ****** the piss head other people don’t let you forget”

(what’s missing is) “doctors that believe me, and what I'm saying. I know when we go to the doctors they won't give me meds as they see I was a druggie. Even when I was going on with all that I never messed about with meds.”

“Lifeline play god with my script. I was two minutes late for my script and they cancelled it. How come when I get there they make me wait 20 minutes. How is that fair?”

“Nothing is too hard to do with the right support and effort from self you have to ask yourself how much do you want a better life”

(What’s too hard to do is) “believing that it's worth bothering about my self-care and surroundings.”

Importance of access to IT, with some people struggling to use it

“I know I can go to Arclight and can get help if my mobile isn't working”

“Having help financially, i.e. to buy a phone, keep it topped up.”

(What’s missing is) “access to a computer - I have a PS4 but can’t use it.”

“I'm shit with computers. I know you try and teach me but I can't get my head around it.”

“Struggle using technology and other electrical equipment.”

“Things are mint at the moment. I have just been given a laptop so I can start with Oaktrees (12 steps.)”

(What’s too hard is) “lack of access to internet / tech”

Transitions are difficult, and people often lose support that they value at times of transition because it is tied to a particular state, such as homelessness

“Before I was working with this guy about my childhood and depression but that stopped. I went to prison and it wasn't available when I got out.”

“I've not seen anyone for well over a year since I worked with the CPN who dealt with the homeless and I had to stop as I got accommodation.”

“I was in an abusive relationship which although I couldn't leave was useful to me as protection as a woman on the street.”

“Problem is that I am institutionalised and don't know anything else. This is what I am used to. No suitable accommodation for me.”

People mostly value the support they receive

“You are always there for me.”

“I get support from all services and there is loads of stuff I want to do.”

“All services help me - even though I don't use them very often.”

“Most services are alright, they do try and help you.”

“All in all (my worker) and her team - I would be lost without her”

“I have found the services to have been of great benefit and helped enormously”

“Some of the places are okay. MEAM do the job.”

About the pandemic

“(What’s too hard is) interacting with people. Seem to want to be on my own. Anxiety - want to go out but don’t want to.”

“Leaving my gaff. Don't want to go out some days. The thought of getting on a bus with people makes me feel sick.”

Other comments

“The help of other agencies is missing. St Mary's facilities are appalling, knowingly leaving blocked toilets over the weekend, bathrooms that are disgusting. Not enough facilities in No. 27, no kitchen, walking with hot food and pans from the next door kitchen up and down stairs (some of which aren't even level.)”

(What’s missing is) “meeting places when you are actually homeless.”

“Drug places are getting worse. Now I'm in groups. Can't speak to anyone and they don't care.”

(Have we lost good stuff that worked?) “When I got took off vallies. I would even go on daily pickups.”

Responses from MEAM Workers

Broadly, MEAM workers responses echoed those of people supported through MEAM. They provided feedback on housing and hostels, access to health services particularly mental health, and the importance of agencies working in partnership with each other and the person themselves. They also raised issues around processes, paperwork and waiting times.

Housing and hostels

(What works well is) “the housing first model - We have successfully placed clients in tenancies which have flourished under housing first. This is the same clients that have previously been stuck in a cycle of homelessness.’

“Some services think that MEAM can always find appropriate accommodation for our clients and they sometimes think that it is our responsibility to find suitable accommodation especially when a person is homeless and rough sleeping. We are not a housing provider even though we do help our clients find accommodation.”

“(What doesn’t work is) the lack of housing provision especially for those clients with extreme complex needs and are very difficult to accommodate. There is no suitable accommodation in York for some of our MEAM clients, which then creates a never-ending situation and clients just continue to live a chaotic life without being given the appropriate opportunities to live a ‘normal’ life.”
“Sometimes placing clients in hostel environments is clearly not suitable and this can lead to negative outcomes, especially for those who are trying really hard to make positive changes to their lives.”

(What doesn’t work is) “housing - having limited front line hostels that are classed as ‘resettlement’ but without the functionality of accommodating MEAM clients.”

(What’s missing is) “a supported house for MEAM clients. Other housing services cannot always meet the needs of the MEAM clients. Plus, not all of the clients want to live independently through housing first or they have previously been placed in housing first tenancies which have failed. In York, with around 6 to 8 MEAM clients there is a constant revolving door with (people) moving between the streets, prisons and hostels.”

Mental health and other health services

“The lack of access to mental health services for a number of our clients is very problematic.”

“(Good stuff we’ve lost) the drop in centre at Monkgate where the homeless could access medical services.”

“The hardest thing is getting mental health services to offer some kind of provision for those who have complex needs.”

(What we’ve lost is) “a mental health service specifically for the homeless.”

(What doesn’t work is) “access into mental health services and discharging clients from services. Although some services will encourage re-engagement I have witnessed other services discharging when they haven’t attended and without actively encouraging re-engagement.”

Working in partnership

“Partnership working with some of the other services across the city – does work well with most of the service providers.”

(What works well is) “flexibility of services to meet the client’s high support needs. Services such as probation, substance misuse services and in some cases mental health services have offered an alternative approach to working with clients to meet their needs.”

“When it works well, multi agency partnership work. Working collectively with the client’s best interest and working towards their end goals.”

“The levels of expertise, knowledge and professionalism across the services.”

“The commitment and levels of trust between some of the statutory and voluntary organisations.”

“Positive engagement and networking between some of the services.”

“The levels of respect and understanding of each of the service providers, especially when dealing with difficult and complex cases.”

“Most of the support services across the city work extremely well together to provide the best help and support to our clients. From working in the MEAM team this is an approach that seems to work exceptionally well because we are so flexible in our working practices and I think this work is instrumental to helping most of our clients to achieve some real positive changes and outcomes to their lives.”

“I think it’s difficult to get clients to trust other services. Clients have previously been let down from services so it’s difficult to get them to re-engage, even with a different approach from that service.”

“Some individuals agree to undertake a piece of work for a client and then do not do the work and it is left to the MEAM Worker to pick up the pieces”

“Sometimes it’s not the support service as an organisation, but the individual ethos of the worker and their investment and input in the support of a client.”

Processes, paperwork, and waiting times

“The length of time it takes for a Housing First application to be accepted and appropriate accommodation to be offered.”

“Difficulties accessing welfare benefits and the lack of understanding from the department, especially when somebody is homeless and rough sleeping, and when some people clearly do not have the skills to use technology.”

Other comments

“With the introduction of RSI I have seen a drastic improvement in rough sleepers and hard to reach clients getting support. The reduction in rough sleepers is an extremely positive improvement.”

Appendices

Appendix 1 –. Questionnaire

What we are trying to do

We've created a network in York of people who use, deliver and oversee services that support people who face issues such as homelessness, alcohol or drug problems, mental health problems and offending, especially where their lives are complicated.

Everyone in the network believes we could do better, so we want to understand what you think better would look like.

What works well?

What doesn't work?

What's missing?

Have we lost any good stuff, any things that worked?

What's too hard to do?

Is there anything else you want to say about support services?

Appendix 2 - What is MEAM?

The Making Every Adult Matter, or MEAM, approach is a national framework. York is one of 31 MEAM areas across the country.

More information about MEAM nationally can be found here:

http://meam.org.uk/the-meam-approach/

York MEAM is a service which provides an intensive coordinated package of support to chronically excluded adults in the city. There are an identified group of adults who are living chaotic lives and have difficulty maintaining engagement with local support services. This group often have complex needs including homelessness, substance misuse, mental ill health, physical health needs, social exclusion, offending behaviour and breakdown in family relationships.

MEAM project workers provide direct one to one interventions to clients to identifying their support needs and helping to explore the barriers which have prevented them having effective engagement with services. Our aim is to find ways of supporting clients to improve engagement with existing services and encourage holistic multi agency working to develop realistic support plans to enable the clients to make sustainable changes to their lives.

A vital part of the role is to collect evidence of gaps within existing service provision and explore the reasons why traditional services often do not meet the needs of this group. We work closely with a range of local services such as probation, homelessness services, drug and alcohol teams and health care professionals to develop creative and more flexible ways of supporting chronically excluded adults to enable improved outcomes for them.

Clients often have high frequency A&E presentations, frequent arrests and short custodial sentences.

Who do we support?

Since the start of the project in 2015 we have received 132 referrals and supported 56 individuals. The project currently supports 33 individuals aged between 24 and 61, 25 are male, 8 female.
All people currently being supported

- have experienced problematic substance/alcohol use
- have spent time in custody
- experience mental ill health ranging from diagnosed conditions to self-reported
- have experienced multiple periods of homelessness
- have experienced personal trauma

15 are care leavers. 26 have no family contact or support network. 10 have disclosed involvement in sex work/survival sex

Service engagement at this time
14 are engaged with community substance misuse services
14 are engaged with NPS/CRC services
7 are currently in prison
10 are open to mental health services
8 are open to adult social care
7 are engaged with housing resettlement services
7 are deemed inappropriately housed, for example they are unable to successfully move through an existing pathway
13 are accommodated in CYC properties either housing first or gold band

York Lived Experience Group

York Lived Experience Group are part of the York Multiple Complex Needs Network, and working to establish themselves as a standalone user-led organisation. Members of the group have lived experience of homelessness, mental health issues, substance misuse and offending.

They are:

'Acting and developing the voice of experience by supporting systemic change across York'

This report

This report is available to download from the Healthwatch York website: www.healthwatchyork.co.uk

This page is intentionally left blank

Urgent Care Rapid Appraisal

June 2020

Acknowledgements

Healthwatch York would like to thank everyone that shared their thoughts and views with us about Urgent Care in York and especially the following organisations for helping us at short notice and at a difficult time; Door 84, Good Organisation, Lifting Voices Up Network, Multiple Complex Needs Network and York CVS.

Background

In June 2020 NHS Vale of York Clinical Commissioning Group wanted to understand what people already knew about ‘urgent care’ in the Vale of York and when they used it. In this context ‘urgent care’ was defined as ‘conditions which are not life threatening but cannot wait until a routine appointment with your GP or other healthcare professional is available.’

Healthwatch York has used it’s network of trusted organisations to obtain some rapid feedback to help supplement a broader online survey about urgent care.

What we did

In particular we wanted a snapshot of what people do if they ‘have an urgent medical condition that needs treating on the same day’:

- Where do people get information from?
- Where would they prefer to go?

- Who/which healthcare professional would they prefer to see?
- How they would like the appointment – for example is the use of virtual technology (video consultations) or over the phone useful. If not, why is this?
- What do they understand about the services available to them?
- What would make it easier for them/what would they prefer to happen if they had an urgent medical condition (not life-threatening, but cannot wait until a routine appointment is available)

We decided to use a 'Rapid Appraisal' methodology; "a less structured data collection method aimed at supplying needed information in a timely and cost-effective manner." <Kumar, Krishna, 1993, *Rapid Appraisal Methods* World Bank Regional and Sectoral Studies http://documents.worldbank.org/curated/en/888741468740959563/Rapid-appraisal-methods>

We carried out semi-structured interviews, a small group interview and street-based research techniques.

Who did we speak to?

Covid-19 Welfare Calls service	Older, vulnerable and frail people: welfare calls list - predominantly female, White British and older age group (65-74) and with health conditions.
Young People	Door 84 Youth Club based on Lowther Street in York, providing activities for young people aged 8 – 25.

Multiple Complex Needs Network	A York based network aiming to radically improve outcomes for people who experience multiple difficulties at the same time and for whom the system's collective response to help and support them is currently insufficient. All interviewees had had experience of addiction and subsequent ongoing health conditions and many had experience of homelessness.
Lifting Voices Up	A recently formed network in York aiming to give a voice to BAME people in York.
Street-based interviews	A snapshot of local public opinion close to Nunnery Lane in York adhering to social distancing.

We conducted 23 semi-structured interviews, a mixture of telephone and street based. We have been careful to ensure that participants have actively 'opted-in' to the interview and given consent for the information to be shared with us and the CCG. The information has been anonymised to protect the identity of the participants. The following report is not a comprehensive analysis of results, but a description of some of the key themes that have emerged.

What did people say?

Theme 1: Lack of access to a GP

The preferred choice of advice and urgent care for many people was their GP, many preferred ‘face-to-face’ appointments and for some video conferencing was not an option, but getting an appointment to speak to or see a GP within 3 weeks was often difficult.

“There are no appointments (laughs) they are like 'hen's teeth', I can go to x surgery online and book a blood test or smear test, but have to wait 3 weeks to see a doctor.”

"...if you can get one <a doctor>. That would be nice wouldn't it? It's impossible!"

“It is rare that I see a doctor, I only phone up if it is necessary, but the receptionist says ‘no’, without any medical qualifications. They usually offer an appointment in 3 weeks time. Once I finally get to see the doctor they are fantastic.”

“Appointments are so hard to get, it is hard to ring at 8am when you have children. It means I end up not getting treatment and then things get worse.”

“It is very difficult to get through on the x surgery phone-line, and when you do you are told to ring again tomorrow at 8am. Then, when you do that you are told all the appointments have gone.”

“Will I actually get through to talk to someone or have 15 minutes after I 'press one'?”

“I rang my GP at 10am and they said all the appointments had gone for the day, so ring back at 1-2pm. I arranged for a GP to call - they rang at 2 minutes to 6pm to say we can't see you, call 111!”

Some people have difficulties ‘getting past’ the receptionist:

*“I call my doctor and leave a message with reception to ring back on the understanding that I only ring when it is urgent….getting past a '*h#t&@g' receptionist who 'takes the law into her own hands' is sometimes a problem.”*

“Not having a receptionist 'like Attila the Hun'. I went in when I couldn't hear anything and the receptionist said I was shouting and got irate. She then looked down at her screen and papers so I couldn't lip read. On another occasion I did my back in and couldn't walk so I tried to get an appointment, the receptionist said 'I can fit you in on Thursday', so I staged a sit in. I said I am not moving until a doctor sees me. 3/4 hour later I was seen, but I had to stage a sit-in to get medical care!”

“I shouldn't have to use tactics. Like, I've learnt from experience not to say anything to the receptionists about why you're calling. Coz no matter what you tell them, they say it's not urgent. So I never tell them anything. That's the only way I can ever get a same day appointment.”

“It would be good if I could see a health professional on the same day. I had to fight my case on that each time. On the occasion that I wasn't able to be seen I went to urgent care at 7pm. It feels like luck as to what service you receive, not planning. The system that my GP was operating was switchboard options, and you didn't go to reception, you went to a 'triage nurse' who signposted to someone else. That worked well for me. When I'm not well physically and find it difficult to speak to someone on the phone. Being judged on clinical need, rather than having to plead my case was easier, it didn't feel as challenging mentally and much better than 'state your case at the reception desk', that isn't confidential at all!”

“Being able to get through to reception and past the receptionist to actually see someone! The response is often that there is nothing available today, but maybe something for next week, even with a respiratory condition.”

“You used to sit down in the waiting room and the doctor would carry on until s/he had seen everyone, now you need to book an appointment, they are not doing it like they used to and only allow so many phone calls on the doctor's telephone list, so you are told 'the doctors list is full, please ring back tomorrow at 8am’.”

Theme 2: A lack of continuity of care

Some people reported that they rarely saw the same doctor and that this can lead to problems in having to explain their condition several times and the occasional mix up with medical history and medication leading to serious consequences.

“I haven't got a good support system around me, I used to have one 5 years ago, but it has all changed. Now it is just zero, it is as if you don't matter anymore, especially as I get older...I'm derelict.The GPs have changed, so I don't see them anymore, there are 6 or 7 different doctors, but I only see mine now.”

“I was given the wrong tablets for my condition due to a mix up between different doctors and ended up on life support. I now only talk to one doctor that I know.”

“Practice nurses are good, but have limited knowledge. Talking to the nurse wastes time, because I could just have been put through to the doctor and I wouldn't have to repeat my symptoms.”

“Someone took my medication for neuralgia off the system, it's been horrendous going back and forwards to doctors and pharmacies.”

“...the NHS is so sectionalised now that you get pushed from pillar to post.”

“<I am> nervous about having to see a new person and having to re-establish trust.”

Theme 3 - Poor accessibility for some people

For some people travelling to a GP surgery for urgent care was difficult, especially when they are sent to a surgery outside of their local area.

Travel can also be expensive, which is an important barrier to accessing urgent care for some people.

“I have to use taxis because I don't know where everywhere is. They say you can go to Surgery x or Surgery y, but I don't know how to do that on the bus. They give you a bus route number but they don't tell you where you can find that route, or where to get off. I've got no sense of direction so the thought of getting on a bus to somewhere I don't know and trying to work it all out, it's terrifying. But taxis are very expensive. So if I don't have the cash in my purse, I can't see a doctor. I can't afford it. I just don't have the money.”

“I live close to A&E and would ring 111, but I’m not close to Surgery x, where I often get sent. Sometimes my brother-in-law can take me because I don't drive, so I use York Wheels, but this needs to be booked in advance or a taxi, and the taxi can be very expensive. I could go on the bus, but not if I had something contagious.”

“Having somewhere more accessible would be good, I don't drive and the GP surgery is 5 mins by car when a friend takes me, or 20 minutes by bus. They are always surprised when I say I can't drive! At the

moment you have to wait outside <due to Covid-19>, so my bus got there 45 minutes early last time."

Theme 4 - A lack of knowledge about out of hours care

There is a lack of knowledge about the options for out of hours care, especially during evening and weekends. There is also some confusion about the different options for urgent care.

"There are a lot of grey areas around when the surgery is open and what time, and when you can ring. It is often not obvious whether it is something that I need same day treatment for, but there is no option to resolve that - it's not A&E, 111 would say 'go to the doctor', the options on the phone are '1 urgent', but how urgent am I?"

"I don't know the opening hours of these services."

"I wouldn't know who to call in the evening, or at weekends".

"The doctor can't come out, only after surgery hours, so I have to hang on throughout the day, which is scary. "

“I am not sure about the difference <between> the people listed above.”

Theme 5 - A lack of mental health crisis care and after care

For one in person with experience of mental health services there was a lack of emergency care and after care.

“I used to have mental health breakdowns, horrific moments, I never got any answer, I had no ability to formulate my problem and no help from anyone. It was a 'mental health emergency'...when we do get some help we are 'released back into the wild' too soon. I understand capacity issues, and respect freedom, but sometimes I think I'd rather have my leg broken as it is visible and would receive care.”

Theme 6 - Internet access and technology

For some people access to the internet and technology was not difficult and in some circumstances, especially during the Covid-19 pandemic, it was preferred. Other people, however, have no access to the internet or the equipment to enable them to access online video. Some people also may have had access, but preferred not to use online video.

“It depends upon the condition, <I> might even prefer video.”

“Happy to accept video and in some circumstances it might be preferable due to anxiety around using the phone and easier to convey information.”

“My baby son had an operation 2 weeks ago. We've had lots of video appointments in connection with that. It's worked really well. Really good. It's really efficient, especially for us as we're both working. I've been amazed how much they can do by video. The speech and language therapist has been amazing over video.”

“Definitely not video, I don't have the technology.”

‘Due to learning disability and hearing aids face-to-face is the only way that is suited.’

“If you haven't got internet access it is more challenging because that tells you which service to go to.”

“<I> would prefer face to face for psychiatric help. Video conferences are too distracting; it is difficult to concentrate.”

Thoughts of what could improve patient experience in relation to Urgent Care

We asked respondents what they felt could improve urgent care services. They provided us with a number of recommendations:

- “A phone line that offered appointments and that you didn't have to wait 3 weeks for an appointment would be great.”
- “Shorter queue times when on the phone to the GP.”
- “The system that my GP was operating was switchboard options, and you didn't go to reception, you went to a 'triage nurse' who signposted to someone else. That worked well for me.”
- “Being able to see/speak to a healthcare professional on the same day by some means.”
- “More appointments available.”
- “Online link with York local information if you pose a question it tells you where to go, so you can check for further symptoms and guidance on a smartphone.”

- “A monthly well publicised open surgery for reassurance, awareness and understanding to build up public awareness, so that family members and friends can effectively signpost people.”
- “I would like a care nurse to call once a month to check in with me.”
- “Easier parking at A&E as it is too expensive.”
- “More help for people with a mental health emergency'...and not to be 'released back into the wild' too soon.”

Contact us:

Post: Freepost RTEG-BLES-RRYJ
Healthwatch York
15 Priory Street
York YO1 6ET

Phone: 01904 621133

E mail: healthwatch@yorkcvs.org.uk

Twitter: @healthwatchyork

Facebook: Like us on Facebook

Web: www.healthwatchyork.co.uk

York CVS

Healthwatch York is a York CVS project. York CVS is a social action organisation; supporting and championing York's voluntary, community and social enterprise (VCSE) sector to make positive change, challenge issues and grow new ideas for the future in order to strengthen communities.