
Meeting	Health and Wellbeing Board
Date	8 May 2024
Present	<p>Councillors Coles (Chair), Runciman, Webb and Mason (from 5:22pm)</p> <p>Sarah Coltman-Lovell – York Place Director</p> <p>Siân Balsom – Manager, Healthwatch York</p> <p>Brian Cranna - Director of Operations and Transformation, Tees, Esk and Wear Valleys NHS Foundation Trust (Substitute for Zoe Campbell)</p> <p>Sara Storey – Corporate Director Adult Social Care and Integration, City of York Council</p> <p>Martin Kelly – Corporate Director of Children’s and Education Services, City of York Council</p> <p>John Pattinson – Chief Executive, Independent Care Group (Substitute for Mike Padgham)</p> <p>Alison Semmence – Chief Executive, York CVS</p> <p>Peter Roderick - Director of Public Health, City of York Council</p> <p>Simon Morritt – Chief Executive, York & Scarborough Teaching Hospitals NHS Foundation Trust</p>
Apologies	<p>Zoe Campbell – Managing Director, Yorkshire, York and Selby - Tees, Esk and Wear Valleys NHS Foundation Trust</p> <p>Dr Emma Broughton – Joint Chair of York Health and Care Collaborative</p> <p>Mike Padgham - Chair, Independent Care Group</p> <p>Tim Forber - Chief Constable, North Yorkshire Police</p>

187. Declarations of Interest (4:38pm)

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.

188. Minutes (4:38pm)

Resolved: That the minutes of the Health and Wellbeing Board meeting on 20 March 2024 be approved as a correct record.

189. Public Participation (4:38pm)

It was reported that there was one registration to speak under the Council's Public Participation Scheme.

James Cannon spoke on the topic of participation among York's older residents. He advised the board that older residents in York had not been consulted or invited to a symposium on age-related matters, which had recently been discussed by the Chair of Humber and North Yorkshire Integrated Care System (ICS) in her blog.

He stressed that he and other older citizens in York were always willing to participate when given the opportunity to do so, noting that such meetings were open to public participation in other ICS areas such as South Yorkshire and Cumbria.

He noted that the Humber and North Yorkshire ICS otherwise has a patient-centred approach, but there was a lack of wider advertised publicity before or after this symposium and urged the ICS to tell people about such events.

190. Report of the Chair of the Health and Wellbeing Board (4:43pm)

The Chair presented the report.

It was noted that the Schools Health and Wellbeing survey link in point 3 did not take users to the most up to date set of results on the website.

The Director of Public Health explained that a survey was completed two weeks prior to the date of this meeting and was currently being circulated to Senior Leadership Teams at schools within the authority area, as well as the York Safeguarding Children Partnership.

The results had not been updated prior to this meeting for technical reasons, as they were published on the homepage for Joint Strategic Needs Assessments (JSNA) in York which, as mentioned at the March meeting of the Board, was in a transitional period between iterations of their website. The Director of Public Health assured the Board that the current results of this survey would be updated and published when the new JSNA website went live.

The chair noted key statistics of concern regarding health and meals in schools from the current data – firstly that 7% of primary school children had missed school in the past month due to tooth pain; secondly that significant numbers of children reported being hungry in secondary schools (25% reported not eating breakfast, 10% also reported not eating anything at lunchtime, 37% of secondary children believed school food was too expensive).

The chair raised two further points from the survey, namely the issue that a fifth of all children reported using the internet for more than six hours on an average school day and 23% of school age children reported self-harming in the past year.

The board agreed that it was appropriate for the results of this survey to form an item at the next meeting of the Board, allowing all partners to digest the report once fully circulated.

It was noted that a feasibility study, hearing the voices of children and supporting many of the issues raised by this survey, was being undertaken with a view to creating a Poverty Truth Commission for children.

Resolved: That the Health and Wellbeing Board noted the report.

Reason: So that the Board were kept up to date on: Board business, local updates, national updates, and actions on recommendations from recent Healthwatch reports.

191. Report of the York Health and Care Partnership (4:49pm)

The York Place Director presented this report which included an update on the Annual Report. She stated that the March

meeting of the York Health Care Partnership (YHCP) reflected on the past 12 months and reassessed priorities. The report had not been finalised at the time of this meeting and will therefore be brought to the Health and Wellbeing Board in July.

It was noted that the YHCP Reported into this Board and also to the Chief Executive for the Integrated Care Board (ICB); and that it delivered both the Humber and North Yorkshire Integrated Care System and York Health and Wellbeing Board Strategies.

She noted that the YHCP had agreed to maintain the following six priorities in 2024-25:

1. To strengthen York's integrated community offer.
2. To implement an integrated Urgent and Emergency Care offer for York.
3. To further develop Primary/Secondary shared-care models.
4. To embed an integrated prevention and early intervention model.
5. To develop a partnership based, inclusive model for children, young people, and families.
6. To drive social and economic development.

She also acknowledged that the Partnership had signed off health and inequalities funding, which was ring fenced by the ICB.

On discussion of the report the following comments were made:

- The Director of Operations and Transformation, TEWV NHS Foundation Trust clarified that the Mental Health Hub was for adults not children.
- The board asked what had been done by ICB to advance point 5 specifically. Director of Place advised that a full update will follow at the next meeting – the things done in partnership are things done together not just by the ICB.
- The Corporate Director of Childrens and Education noted that Early Talk for York would be discussed in item 7, but specifically referred to core 20 – the 20% of population living in more deprived areas. He advised that these groups faced special difficulties when it comes to

equalities. We need to reflect these and this included Romany/gypsy/trans/veterans.

- With regard to the points raised in Public Participation the board asked how do we get people more involved to create something that gives clear communication at all levels within the ICS.
- The board discussed the Child and Adolescent Mental Health Service (CAMHS) out of hours emergency response for young people across York and North Yorkshire. A trauma informed approach to working was discussed, as well as the 24/7 crisis line. The existing challenges to recruitment were discussed. Director of Place responded that there are trauma informed networks for people experiencing multiple disadvantage.

Resolved: That the Board note the report of the YHCP.

Reason: So that the Board were kept up to date on the work of the YHCP, progress to date and next steps.

192. Update on Goal 7 of the Joint Health and Wellbeing Strategy 2022-2032: 'Reduce both the suicide rate and the self-harm rate in the city by 20%' (5:23pm)

The Director of Public Health and Public Health Specialist Practitioner Advanced Partnerships and Early Intervention presented an update on Goal 7 of the Joint Health and Wellbeing Strategy 2022-2032: “Reduce both the suicide rate and the self-harm rate in the city by 20%”.

The Director of Public Health introduced the item, stating that Goal 7 and therefore this report, addressed actions 16, 17 and 18 of the action plan. He noted that action 17 was being delivered by the York Centre for Voluntary Service (CVS) and invited the Chief Executive of York CVS to contribute in addition to the two presenters. He also stated that the first year action was around the audit and the second year would be around refreshing and relaunching the Suicide Safer Community Strategy. He noted that a year into the Joint Health and Wellbeing Strategy we are on course but are not fully making an impact yet; Childrens Mental Health, Alcohol and Suicide

indicators within the JSNA which should typically show green, were currently showing yellow or red and these should remain a priority for partners.

Public Health Specialist Practitioner Advanced Partnerships and Early Intervention presented the update on actions noting that goal 7 suicide data was discussed on pages 42-43 of the report, and this showed reductions of just under 20% which while not statistically significant, were moving in the right direction.

She acknowledged that some typographical errors remained in the suicide audit - action 16 - which would be amended before this was published online.

She stated that this was deliberately a retrospective report, hence the figures dating from 2021-22. The reason for this was the need to look at situations specifically confirmed as suicides post-coronial report and not speculating whether or not any particular instance might be considered suicide. While the data may not seem that current she confirmed that these statistics reflected suicide figures post-covid.

She advised that the authority previously had one steering group for suicide and mental health, and that this had now been split. She also stated that work was being undertaken across North Yorkshire and the City of York, offering a combined approach which gave a broader holistic picture.

She also credited Menfulness, Healthwatch York and York MIND for their work on actions 16 and 18 and indicated that the intention was to assemble a tangible action plan going forwards.

She introduced the Yes Project (Action 17) conducted together with York CVS, as part of the forward strategy to reduce stigma and bring good mental health into the city.

The Chief Executive, York CVS further discussed the Yes Project, stating that it was about good mental health, and that a film ("The WHY film" www.WhySuicidePrevention.co.uk) had been made by champions with the message that talking about suicide saves lives. She urged partners to get in touch if they would like CVS to present the film for them.

The board asked for clarification about whether references to those in the report contacting their GP around the time of

suicide represented a statistically significant/higher than average level of contact with GP.

The Public Health Specialist Practitioner Advanced Partnerships and Early Intervention stated that the audit sought to source markers and flags from the coronial report or police report – and whether someone had recently attended a Mental Health appointment counted as one of these; this was why this data was included. She conceded that the published data did not distinguish whether the GP attendance related to a Mental Health issue or any other (possibly unrelated) health issue and as such this should be considered a correlative rather than causative factor.

The board asked whether there should be a content warning on the audit before wider publication, and also signposting for bereavement support and to organisations such as Samaritans. The Public Health Specialist Practitioner Advanced Partnerships and Early Intervention advised that while there was already a general warning note within the report, some editorial alterations were already required and she would be more than happy to make the requested additions and to take guidance from partners regarding the wording.

The board asked whether more young people contemplating suicide had come forward for help specifically during the pandemic, and if so had the impact of Covid now lessened or ended? The Public Health Specialist Practitioner Advanced Partnerships and Early Intervention deferred to front-end responders, stating that she did not personally have this data. The Director of Operations and Transformation, TEWV NHS Foundation Trust responded that within the general population the majority of people who attempted suicide had not had recent contact with Mental Health Services, and it was really more about education and prevention. The Director of Public Health noted the lag due to retrospective nature of the audit needing to take into account the coronial report, meant that it was difficult to fully appreciate where we stand regarding statistics and people's Mental Health post-pandemic.

The board asked whether the authority was still training people in Mental Health First Aid: The Chief Executive, York CVS responded that CVS was undertaking these and also ASIST training for the voluntary sector due to the work they undertake. The Director of Public Health added that suicide prevention

training, ASIST (the full course) and SafeTALK (the shorter version) are still conveyed by York Mind but unfortunately they were no longer funded programmes.

The board raised concerns about young people's mental health deteriorating over the past decade and how this may become a concern as these young people turn 18. The Director of Public Health advised that 2000s figures were 800,000 - 900,000 2010s up towards 1,000,000.

Addressing several points raised, the Director of Public Health clarified:

- It was generally understood to be incorrect that people taking their life are at an acute point in a mental health crisis being seen regularly, and only 1 in 4 are under secondary mental health care (although a greater number may be on the primary care register).
- 41% of these people had seen their GP recently, but of the general population, many people see their GP regularly and it was important to distinguish causality vs correlation.
- Income and background were significant contributory factors; suicidality increased the further down the income spectrum one was and ending stigma should be a focus here; communities such as Autism/ADHD spectrum and LGBTQ+ were also statistically more likely to commit suicide.

The board noted the Director of Public Health's comments regarding the significant increase in neurodiversity among the population, particularly young people. The Corporate Director, Childrens and Education advised that the audit would be used to inform his team's trauma informed practice.

The board asked whether there were any more predictive powers within the data in terms of looking at frequency of use of these services. The Director of Public Health stated that trying to predict here was not easy as suicide was an area where there are a lot of false positives; instead systems such as SafeTALK and ASIST engender a culture in which professionals have courage to talk. He highlighted that this was not just healthcare/medical professionals but also organisations such as Network Rail who do an exceptional job of training staff to talk to people. The Public Health Specialist Practitioner Advanced

Partnerships and Early Intervention added that she was working with Network Rail and factoring their data into statistics.

Resolved: That the Health and Wellbeing Board noted and commented on the updates provided within this report and its associated annexes.

Reason: To ensure that the Health and Wellbeing Board fulfilled its' statutory duty to deliver on one of the ten big goals within the Joint Local Health and Wellbeing Strategy 2022-2032.

193. Learning From Early Talk for York (5:54pm)

The report was presented by the Social Mobility Project Lead and the Corporate Director, Children's and Education Services; discussing the factors that had made Early Talk for York so successful.

The Social Mobility Project Lead summarised the pilot, stating that it had started small, which allowed them to get the right approach and prioritise relationships. He stated that Early Talk for York positively exemplified the concept of "Waiting Well" and made positive progress in addressing inequalities.

The Corporate Director, Children's and Education further discussed this topic stating that Early Talk for York was a tremendous example of how something different and innovative could be created, which allowed intervention to take place while young people were still on a waiting list. He suggested this model could be further deployed in other areas of practice.

The board asked whether there any longitudinal work being undertaken to see if those coming off the waiting list were staying off it – with specific regard to paragraph 19. The Social Mobility Project Lead conceded that this was difficult to evaluate, but a number of academic institutions were offering to help and a bid had been put into a national funder that would allow for robust independent evaluation.

The board acknowledged that better speech and language can lead to better outcomes for young people, and asked partners which other areas they felt could benefit from a similar people-based approach.

The board acknowledged that while this method was resource intensive it had demonstrably delivered results.

The Director of Public Health discussed that another area that may benefit from this model would be Family Hub; for example its role in young people's nutrition and the goal of living to a healthy weight. The Director of Nursing and Quality explained that children with conditions such as epilepsy, diabetes, asthma, as well as Complications of Excessive Weight (CEW) were presently referred to regional tertiary centres and therefore a preventative solution would be far preferable.

The Corporate Director of Childrens and Education suggested Mental Health – in terms of having a medicalised rather than a social approach; and cited the present preoccupation with assessing conditions such as autism rather than intervention and actually working with those seeking help.

The board also asked who Early Talk For York is currently working with – in terms of numbers and how children are identified, and what are the long term views on opening up the pilot and parents referring their children. The Social Mobility Project Lead answered that the scheme's referrals predominantly came from early childhood education and care (ECEC) settings and in terms of the numbers there were between 4000-5000 children across the city impacted by Early Talk for York and the Full Approach is in approximately 50 schools and settings impacting approximately 2000 children. The initial rollout was somewhat impacted by the pandemic. The Corporate Director Children's and Education said that full rollout to parents would need to be carefully managed as there would likely be high demand.

Resolved: That the Health and Wellbeing Board noted and commented on the contents and implications of the report.

Reason: To provide the Health and Wellbeing Board with an update on learning from Early Talk for York.

194. Developing a Corporate Parent approach to support the Health and Wellbeing of Care Leavers (6:16pm)

The Director of Nursing & Quality, NHS Humber & North Yorkshire Health and Care Partnership and Corporate Director,

Childrens and Education Services presented the report on a Corporate Parent approach to support the Health and Wellbeing of Care Leavers.

The Corporate Director, Children's and Education introduced the report, detailing discussion with a national advisor about areas of strength and improvement. He stated that young people in care and care leavers were twice as likely to leave home at 18 and need Corporate Parenting support around them.

The Director of Nursing & Quality, NHS Humber & North Yorkshire Health and Care Partnership clarified that the official legal definition of a care leaver is someone who has spent 13 weeks under care of the Local Authority before their 16th birthday but the Care Leavers Association definition is more nuanced, specifying any child who has been in care – voluntarily or via Court Order – and in the various ways we understand that – fostering and residential care.

She confirmed that the Integrated Care Board's Children's and Young People's Board was established in January and it was determined that there was good reason to protect care leavers, with some action having been taken already.

She stated that adults that had spent time as Children in Care between 1971 and 2001 had lower prospects, lower employment, and the York Trust had supported those who wish to pursue a career in Mental Health. She confirmed that having studied feasibility and costs, free prescriptions for care leavers would currently impact just four young people across the authority area. Dental care, and glasses were still proving a challenge to progress.

The board asked whether this strategy constituted part of the care leavers covenant, and how the local authority ensured care leavers prospects were improved.

The Corporate Director of Childrens and Education responded by explaining that all Local Authorities had a Local Offer, and City of York Council ensured that care leavers went into the gold band and additionally that the houses provided had white goods. He also explained that the Council were working with local businesses towards not only a prioritised interview but also developing a gold/silver/bronze banding of partner employers to

improve understanding of the demands of working with young people who have been in care.

While the Director of Nursing & Quality, NHS Humber & North Yorkshire Health and Care Partnership did not have specific statistics about costings for glasses and dental care for Children in Care/Care Leavers, she did not believe this amounted to a substantial sum and suggested the authority might be able to subsidise this internally. Councillor Mason felt he may have a solution regarding eyecare and offered to personally pursue this issue.

The Director of Nursing & Quality, NHS Humber & North Yorkshire Health and Care Partnership said that there were currently no young people on the steering group and she definitely felt this should be a priority going forwards. Corporate Director Children's and Education said there was more work to do but that this would be in the local offer.

The board acknowledged the national debate over care leavers having protected characteristics and that national government had yet to offer protected status to this cohort, but that a lot of authorities had addressed this locally at a council level.

Resolved: That the Health and Wellbeing Board noted and commented on the contents and implications of the report.

Reason: To provide the Health and Wellbeing Board with an update on Developing a Corporate Parent Approach to support the Health and Wellbeing of Care Leavers.

Cllr Jo Coles, Chair

[The meeting started at 4.36 pm and finished at 6.37 pm].