



Notice of a public meeting of Health and Wellbeing Board

To:	Councillors: Councillors Runciman(Chair), Craghill, Orrell, Perrett.	
	Dr Nigel Wells (Vice Chair)	Chair, NHS Vale of York Clinical Commissioning Group (CCG)
	Dr Emma Broughton	Chair of the York Health and Care Collaborative & a PCN Clinical Director
	Sharon Stoltz	Director of Public Health, City of York
	Amanda Hatton	Corporate Director, of People, City of York Council
	Lisa Winward	Chief Constable, North Yorkshire Police
	Alison Semmence	Chief Executive, York CVS
	Sian Balsom	Manager, Healthwatch York
	Shaun Jones	Deputy Locality Director, NHS England and Improvement
	Naomi Lonergan	Director of Operations, North Yorkshire & York - Tees, Esk & Wear Valleys NHS Foundation Trust

Simon Morritt

Chief Executive, York
Teaching Hospital NHS
Foundation Trust

Stephanie Porter

Acting Director for Primary
Care and Population Health
for NHS Vale of York
Clinical Commissioning
Group

Mike Padgham

Chair, Independent Care
Group

Date: Wednesday, 6 January 2021

Time: 4.00 pm

Venue: Remote Meeting

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 1 - 10)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on 28 October 2020.

3. Public Participation

At this point in the meeting members of the public who have registered to speak can do so. Members of the public may speak on agenda items or on matters within the remit of the committee.

Please note that our registration deadlines have changed to 2 working days before the meeting, in order to facilitate the management of public participation at remote meetings. The deadline for registering at this meeting is **5:00pm on Monday, 4 January 2021**.

To register to speak please visit www.york.gov.uk/AttendCouncilMeetings to fill out an online registration form. If you have any questions about the registration form or the meeting, please contact the relevant Democracy Officer, on the details at the foot of the agenda.

Webcasting of Remote Public Meetings

Please note that, subject to available resources, this remote public meeting will be webcast including any registered public speakers who have given their permission. The remote public meeting can be viewed live and on demand at www.york.gov.uk/webcasts.

During coronavirus, we've made some changes to how we're running council meetings. See our coronavirus updates (www.york.gov.uk/COVIDDemocracy) for more information on meetings and decisions.

- 4. Review of Terms of Reference for York's Health and Wellbeing Board** (Pages 11 - 18)
This report asks the Board to confirm the proposed revised terms of reference for York's Health and Wellbeing Board.

- 5. Report of the Independent Chair of the York Health and Wellbeing Board's Mental Health Partnership** (Pages 19 - 32)
The Health and Wellbeing Board will consider a report from the Independent Chair of the Health and Wellbeing Board's Mental Health Partnership which provides an update on the work the partnership has undertaken since last reporting to the board in September 2019.

6. Building a Health System in York based on Population Health Need (Pages 33 - 42)

This report is intended to summarise and involve Health and Wellbeing Board members in work which is being carried out across organisations in York to better understand our population, and to use data and intelligence to plan and build a health system in York based on population health need.

7. Update on Covid-19

Please note that there is no paper for this item. A presentation will be given at the HWBB meeting which will contain the most up to date information regarding Covid-19 in York.

8. Better Care Fund Update (Pages 43 - 50)

This report is to provide a brief update on the arrangements for the Better Care Fund 2020-21 and 2021-22.

9. Healthwatch York Report - Listening to BAME people about Health and Social Care Services in York (Pages 51 - 70)

This report asks Health and Wellbeing Board members to receive a new report from Healthwatch York about understanding BAME people's experiences of health and social care services in York attached to Annex A of this report.

10. 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 (Polish)
własnym języku.

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)

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City of York Council

Committee Minutes

Meeting	Health and Wellbeing Board
Date	28 October 2020
Present:	Councillors Runciman (Chair), Craghill and Cllr Perrett
	Phil Mettam Accountable Officer NHS Vale of York Clinical Commissioning Group as substitute for Dr Nigel Wells (Vice Chair HWBB), Chair, NHS Vale of York Clinical Commissioning Group
	Fiona Phillips Assistant Director, Consultant in Public Health, as substitute for 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 Semmence Chief Executive, York CVS
	Siân Balsom Manager, Healthwatch York
	Michelle Waugh Manager as substitute for 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
	Dr Andrew Lee Executive Director for Primary Care and Population Health, NHS Vale of York Clinical Commissioning Group

Apologies: Cllr Cuthbertson, Dr Nigel Wells, Sharon Stoltz, Shaun Jones, Simon Morritt, Mike Padgham

8. 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.

9. Minutes

Resolved: That the minutes of the Health and Wellbeing Board held on 30 July 2020 be approved and then signed by the Chair at a later date.

10. Public Participation

It was reported that there had been one registration to speak at the meeting under the Council's Public Participation Scheme

Mr Ocean Melchizedek spoke on behalf of [5G Awareness York](#) to highlight the potential negative health risks in relation to radiation, the electromagnetic field and lack of testing of 5G. He expressed concern that these risks were uninsurable. He reiterated the request he had made at the March meeting of the HWBB, that a working group be set up to consider these concerns further.

The Assistant Director, Consultant in Public Health, (CYC) responded that in terms of technology within this country, there are guidelines that have been developed internationally which are used by the UK government to determine health protection policies in relation to these kinds of technologies. Those guidelines are from the International Commission on Non-Ionising Radiation Protection, and UK providers of technology have committed that they will work within those guidelines in terms of monitoring health impact. As mentioned, there is various research that gets carried out nationally and internationally. Public Health England (PHE) is the body that currently monitors the various research that is carried out both within this country and nationally in relation to 5G. They would then revise any health advice accordingly. It is a very technical topic and PHE is where the expertise sits, there is not that level of expertise at a local level. The current position from PHE in relation to 5G technology from their

guidance, which they updated in October 2019, states that whilst 5G technology may lead to an increase in overall exposure to radio waves, it is expected that it remains low, relative to those aforementioned guidelines and as such, they have concluded that there are no consequences for public health in relation to 5G technology.

Note: [Phil Mettam left the meeting at 5:00pm]

11. Appointments to York's Health and Wellbeing Board

Board Members considered a report which sought their endorsement of new appointments to its membership and named list of substitutes. It also requested that existing members review their Register of Interest forms, notifying democratic services of any changes.

The Chair, on behalf of the board, thanked all of the members no longer serving on the board for their valued contributions.

Resolved: (i) That The Health and Wellbeing Board endorse the changes to the membership set out in paragraph 2 of the officer report.
(ii) That the changes to the membership of the Health and Wellbeing Board be referred to Full Council for approval.
(iii) That all board members would review their Register of Interest forms, notifying 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.

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

Board members received the report of the York Health and Care Collaborative (YHCC). The Collaborative is chaired jointly by Dr Emma Broughton and Dr Rebecca Field. Dr Broughton was in attendance to present the report and to respond to questions.

Board members considered the working relationship between the board and the YHCC, given that there was cross over in terms of the priorities YHCC had identified in their February 2020 multi-agency workshop and those of the HWBB in areas such as 'Ageing Well' and 'Mental Health' and that their work aligned with the aspirations of the HWBB.

Key points arising from board members' discussion on this item were that YHCC were a great representative of providers for these common goals and were keen to have that two directional relationship with HWBB, to work together to improve the population health outcomes. YHCC wanted to be more accountable; members suggested through the HWBB, they could ensure that partners were challenged and that the priorities of York's residents and professionals were recognised and supported.

The HWBB Chair considered that the work of the YHCC sits between strategy and operational work and welcomed the opportunity to receive progress reports and further information on the challenges that YHCC worked with.

Resolved: The Health and Wellbeing Board:

- (i) Noted the report of the Chair of the York Health and Care Collaborative.
- (ii) Agreed to receive quarterly reports and updates from the York Health and Care Collaborative.
- (iii) Invited Dr Emma Broughton, to become a member of the Health and Wellbeing Board, with Dr Rebecca Field as her substitute.

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.

13. Presentation: Mental Health Surge Forecast

The Board received 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 Director of Operations, North Yorkshire and York – Tees, Esk and Wear Valleys NHS Foundation Trust, was in attendance to present the report and to respond to questions.

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

Many of the members agreed that the presentation given had echoed their experiences within their services; York GPs were seeing an increase in loneliness in all age group categories in their patients, similarly mental health concerns in children's social care; also in Yorkshire police service, it had been noted that there had been an increase in confrontational responses to what would previously have been a simple interaction. For this reason, members were supportive of the multi-disciplinary approach to mitigate the concerns raised in the presentation and to support existing service provision. Members were also pleased to note that these forecasts were disseminated locally and regionally for consideration when planning services and support.

Members discussed the new challenges presented with the second wave of covid, particularly concerns that professional staff that had been on the frontline may be exhausted, resulting in staff absences. Members also discussed 'covid fatigue', without an end in sight, people feeling more helpless or less willing to comply with restrictions.

The Corporate Director, Children, Education & Communities (CYC) talked about a youth work presentation *Show Me I Matter*. In this presentation young people identified that their relationships were most important and it discussed how young people communicate virtually and digitally and were more equipped to maintain relationships with the covid restrictions now in place. It also highlighted that young people respond well to a digital approach in terms of support and learning. It was agreed that this presentation would be circulated to members.

Members discussed informal community activities and initiatives that helped people to feel well or feel normal in a time when we don't feel normal, and focusing some resources to support this.

Resolved: That the Health and Wellbeing Board members noted the information held within the presentation and each committed to:

- (i) considering the potential impact and preparations within their own organisations and ways that they could respond to an increase in need.
- (ii) Considering and identifying new opportunities for agencies to work together to meet increasing levels of need in mental health over the next 5 years.

Reason: To recognise and mitigate the potential risk of increased levels of mental health need within the population of York and to consider how organisations can respond to this need and work together.

14. York CVS Report: What we did during the Covid-19 lockdown March - June 2020

Board members received a report from York CVS which set out the challenges people experienced during the Covid-19 pandemic from March to June 2020, and how organisations in York responded. The Chief Executive, York CVS and the Healthwatch York Manager were in attendance to present the report and to respond to questions.

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

It was reported that York CVS were in the process of planning for a 'second wave'. Arrangements to provide those in need of support with food and medicine had already been established, this new wave would be about supporting mental health; loneliness and welfare. York CVS were in the process of developing a directory outlining what support charities provide and also continue to provide welfare calls.

York CVS were also reinstating welfare volunteers and had recruited a part time co-ordinator to manage this and mentioned that It may prove more difficult to recruit volunteers this time given that it's winter and that more of the previous volunteers had returned to their substantive posts.

Following a brief discussion on motivating volunteers and ensuring their wellbeing, the Corporate Director, Children, Education & Communities (CYC) talked about the models used in Social Care and it was agreed that further information would be given to the HWBB Co-ordinator to circulate amongst the board.

The Executive Director for Primary care and Population Health, NHS Vale of York Clinical Commissioning Group, on behalf of the NHS, thanked York CVS and Healthwatch York for their hard work particularly in supporting those who were unable to access digital support. This had relieved pressure from front line provision.

Resolved: The Health and Wellbeing Board considered the report and any implications for the ongoing system response to Covid-19.

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.

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

The Assistant Director, Consultant in Public Health, (CYC)
Gave a presentation on Covid-19 and the current situation in York.

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

- Regionally the rate had been increasing in Yorkshire and Humberside, early indications were that York was stabilising and slowing.
- York's rate was higher than regionally and nationally, which could be due to improvements in the number of people able to receive tests locally in October.
- A new local contact tracing service had been launched in support of the national tracing service and they would make contact in the instances where the national service had been unable to. The local tracing service also assisted in signposting service users to relevant information and support they could access.

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

- A Member enquired whether or not there would be any campaigns communicating that anyone with a cough or raised temperature needed to get a test for Covid-19. GPs were reporting that patients were wanting to come to practices to see their GP with coughs or colds.
- In relation to communication, another member suggested that the fact that testing capacity is, only recently, easier to access locally needed to be communicated as previously this had been a concern preventing people from getting tested.

The Assistant Director noted these comments for feedback to their communications department.

16. Better Care Fund Annual Report 2019-20, October 2020

The board considered a report which provided an overview of the Better Care Fund (BCF) achievements during the previous financial year, 2019-20. The report included an update on the national planning timetable for Better Care Fund 2020-21. The Assistant Director – Joint Commissioning People Directorate (CYC), presented the report and introduced Jennifer Allott from Age UK York who explained how they had benefitted from the BCF in that they had been able to build resilience into some of their key projects.

Resolved: (i) That the Health and Wellbeing Board noted the Annual Report 2019-20 of York Better Care Fund.

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.

Resolved: (ii) That delegated responsibility for signing off the BCF Plan 2020-21 be given to the Chair and Vice Chair, supported by the Council's 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.

17. YorOK Board Proposal Report

The above item had been withdrawn to ensure further discussion and development of the report prior to it being presented to the Health and Wellbeing Board.

18. York Tobacco Control Plan and Smokefree Play Parks Scheme

The board received a report which summarised the York Tobacco Control Plan and the council's Smokefree Playparks scheme. The

Assistant Director, Consultant in Public Health, (CYC) presented the report and provided responses to questions.

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

- You often see people smoking next to no smoking signs and it was noted that it was not possible to enforce this. A member suggested that consultation be extended to include smokers so that plans are co-produced with smokers to gain a clearer understanding from a smoker's perspective of what preventative measures and support would be effective.
- Regarding the aim to bring smoking down from 11 per cent to 5 per cent, it was suggested that targeted work within lower socio-economic wards amongst pregnant woman and people with mental health concerns would be most effective in bringing the overall number down significantly.

Resolved: The Health and Wellbeing Board:

- (i) Endorsed the York Tobacco Control Plan 2020 – 2025.

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

- (ii) Noted 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'

19. Healthwatch York Reports (For Information Only)

The Board had received two new reports from Healthwatch York, completed for York Multiple Complex Needs Network and NHS Vale of York Clinical Commissioning Group respectively.

Resolved: That the Health and Wellbeing Board accepts these reports.

Reason: To ensure that board members are up to date regarding the work of Healthwatch York.

Cllr Runciman, Chair

[The meeting started at 4.30 pm and finished at 6.25 pm].



Health and Wellbeing Board**6 January 2021**

Report of the Director of Governance

Review of Terms of Reference for York's Health and Wellbeing Board (HWBB)**Summary**

1. This report asks the Board to confirm the revised terms of reference for York's Health and Wellbeing Board (HWBB). The revisions made include the insertion of a paragraph under 'membership' which explains how members are appointed and which lists the various posts and organisations.

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. The terms of reference for the Board sets out how it will operate and carry out its functions.

Consultation

3. The terms of reference have been reviewed and are an update to the existing arrangements for the Board, therefore no consultation has been necessary.

Options

4. There are no alternative options as to how the Board carries out its functions.

Council Plan and other strategic plans

5. Maintaining an appropriate decision making function and reviewing how the Board operates, contributes to the Council delivering its core priorities set out in the current Council Plan, effectively. In particular, updating the Board's terms of reference ensures that partnership working is central to the Council working to improve the overall wellbeing of the city.

Implications

6. 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

7. The Council is statutorily obliged to appoint a Health & Wellbeing Board and its terms of reference should be set by the Council, given that the Board acts as a Committee of the Council. Following any review of, or proposed alteration to, the terms of reference by the Board, it is therefore appropriate for any changes to be referred to Full Council for ratification.

Risk Management

8. In compliance with the Council's risk management strategy, the only risk associated with the recommendation in this report is that the Council would fail in its statutory obligation if the terms of reference were not reviewed, updated and confirmed.

Recommendations

9. The Health and Wellbeing Board are asked to confirm the proposed revised terms of reference for the Board set out in Annex 1.
10. That the Board's proposed revised terms of reference be referred to Full Council for approval.
11. For the Monitoring Officer to ensure that the Council's Constitution is updated to incorporate the revised terms of reference

Reason: In order to ensure that the Health and Wellbeing Board continues to undertake its statutory functions appropriately and effectively.

Author:

Michelle Bennett
Democracy Officer
Telephone: 01904 551573

Chief Officer Responsible for the report:

Janie Berry
Director of Governance & Monitoring Officer

**Report
Approved**

Date 17/12/20

Specialist Implications Officers

Not applicable

Wards Affected:

All

For further information please contact the author of the report

Background Papers

None

Annexes

Annex 1

York Health and Wellbeing Board Terms of Reference, December 2020.

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York Health and Wellbeing Board Terms of Reference

The York Health and Wellbeing Board has a key strategic role in carrying out assessments of the health and wellbeing needs of the people of York and in developing strategies to meet those needs. It also has a role in encouraging health and social care providers to work together to meet those needs.

1. Name

- 1.1 The Board will be known as the York Health and Wellbeing Board ('the Board')

2. Membership

- 2.1 The Council has appointed a Health and Wellbeing Board. Although it operates as a form of Committee the Health and 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 post holders who are not councillors.
- 2.2 Board members will be required to represent their organisation with sufficient seniority and influence for decision making. The membership of the Board will consist of:
- i. The Leader of City of York Council ("the Council") or his/her nominee. The Leader's nominee is the Elected Member Portfolio Holder for Adult Social Care (Chair)
 - ii. Elected Member Portfolio Holder for Education, Children and Young People)
 - iii. Elected Member – Opposition Representative
 - iv. Elected Member – Opposition Representative
 - v. The Chair of NHS Vale of York Clinical Commissioning Group (Vice-Chair)
 - vi. Executive Director of Primary Care and Population Health, NHS Vale of York Clinical Commissioning Group
 - vii. The Manager of Healthwatch York
 - viii. The Director of Public Health
 - ix. The Corporate Director of People, City of York Council
 - x. The Chief Executive of York CVS
 - xi. The Chief Executive of York Teaching Hospital NHS Foundation Trust

- xii. Director of Operations of Tees, Esk and Wear Valleys NHS Foundation Trust
- xiii. The Chair of the Independent Care Group
- xiv. The Deputy Locality Director (North) NHS England and Improvement
- xv. The Chief Constable of North Yorkshire Police
- xvi. Other members appointed by the Board or the Leader of the Council after consultation with the Board.

3. Legal Status

- 3.1 The Health and Wellbeing Board is a committee of the Council and will adhere to the Constitutional requirements of the Council affecting committees unless alternative provision is made within these terms of reference or the law.

4. Disqualification from Membership

- 4.1 The following are disqualified from being a Board Member
- a. Any person who is the subject of a bankruptcy restrictions order or interim order.
 - b. Any person who has within five years before the day of being appointed or since his or her appointment been convicted in the United Kingdom, the Channel Islands or the Isle of Man of any offence and has had passed on him a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine.

5. Quorum

- 5.1 The quorum shall be 7 members including as a minimum a representative of the City of York Council and a representative of NHS Vale of York Clinical Commissioning Group.

6. Chair and Vice-Chair

- 6.1 The Chair of the Board shall be the Leader of the Council or his or her nominated representative. The Vice-Chair of the Board shall be the Chair of NHS Vale of York Clinical Commissioning Group

- 6.2 The Chair of the Health and Wellbeing Board will be required to hold a named delegate list for board representatives including deputies.

7. Frequency of Meetings

- 7.1 The Board shall schedule meetings at least four times a year.

8. Delegation of Powers

- 8.1 The Board may establish sub-committees to discharge any function of the Board or to advise the Board in respect of its functions.
- 8.2 If the Council delegates any of its public health functions to the Board in accordance with section 196(2) of the Health and Social Care Act 2012 then the Board may arrange for those functions to be discharged by an officer. Other functions of the Board may not be delegated to officers.

9. Functions of the Board

- 9.1 In order to advance the health and wellbeing of the patients and residents in York, encourage persons who arrange for the provision of any health or social care services to work in an integrated manner.
- 9.2 To provide such assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 between the Council and NHS bodies in relation to the exercise of NHS functions or health related functions of the Council.
- 9.3 To approve and make recommendations to the Executive and the Clinical Commissioning Group in respect of use of Better Care funding based upon jointly agreed plans
- 9.4 To exercise the functions of a local authority and its partner clinical commissioning groups under sections 116 and 116A of the Local Government and Public Involvement in Health Act 2007 relating to joint strategic needs assessments, and the joint health and wellbeing strategy.

- 9.5 To exercise the statutory functions of a Health and Wellbeing Board in relation to the carrying out and publication of pharmaceutical needs assessments.
- 9.6 To exercise any other functions of the Council which the Council has determined should be exercised by the Board on its behalf in accordance with section 196(2) of the Health and Social Care Act 2012 including:
- Overseeing the development of local commissioning plans and, where necessary, initiating discussions with the NHS Commissioning Board (NHS England) if an agreed concern exists
 - Leading cultural and behavioural change to support a joint approach to meeting local need
 - Holding all partners to account for their role in the delivery of joint commissioning and overall stewardship of the health and wellbeing outcomes for patients and residents
 - Working alongside local and regional strategic partnership arrangements to ensure the coordination of city wide ambitions, all of which impact on the health and wellbeing of patients and residents.
- 9.7 Where it considers it appropriate to do so, or when so requested by the Council, to give the Council its opinion on whether the Council is discharging its duty under section 116B of the 2007 Act to have regard to the joint strategic needs assessment and joint health and wellbeing strategy.
- 9.8 To periodically review the York Health and Wellbeing Board constitution.
- 9.9 When acting as a member of the Board members will be bound by the same codes of conduct as Councillors.



Health and Wellbeing Board**6th January 2021**

Report of the Independent Chair of the Mental Health Partnership

Report of the Independent Chair of the York Health and Wellbeing Board's Mental Health Partnership**Summary**

1. This report presents the Health and Wellbeing Board with an update on the work the partnership has undertaken since last reporting to the board in September 2019.
2. The board are asked to ratify the amended Terms of Reference for the partnership and indicate their continued support for the partnership's direction of travel.
3. The Independent chair of the partnership will be in attendance at the meeting to present this report.

Background

4. The joint health and wellbeing strategy for 2017-22 identifies four principal themes to be addressed. One of these themes is mental health and wellbeing with the key priority for that theme being 'to get better at spotting the early signs of mental ill health and intervening early'. Other aims in the joint health and wellbeing strategy in relation to mental health are:
 - Focus on recovery and rehabilitation
 - Improve services for young mothers, children and young people
 - Ensure that York becomes a Suicide Safer city
 - Ensure that York is both a mental health and dementia-friendly environment
 - Improve the services for those with learning disabilities (to be addressed in its own strategy)

5. These are expanded and explored in more detail in the Health and Wellbeing Board's all age mental health strategy 2018-2023.
6. Additionally in 2019 the Health and Wellbeing Board undertook a mid-way review of the joint health and wellbeing strategy and identified that the following priority should be their focus for mental health for the rest of the strategy's lifetime:

The board will promote awareness and understanding of the protective factors that support good mental wellbeing and ensure that compassionate, strength-based approaches in communities are developed.

7. This was communicated to the Mental Health Partnership who were heartened to see that it was a perfect fit to the holistic approach to the delivery of the mental health priorities they had been taking.

Independent Chair's Update

8. This update aims to illustrate how the partnership is continuing to work in an all-inclusive way to shift the focus from hospital based services to a more community focused model of service provision. It gives a flavour of the transformational change needed to achieve our long term vision of embedding a Trieste style model of mental health care in York.
9. Tackling some of the fundamental things such as transforming how we deliver services and ensuring that the human rights of all individuals are met within that service provision are long term pieces of work. Similarly engagement with everybody who has a voice about mental health in the city will take time. However over the last two years progress has been made with the Multiple Complex Needs network which has started to shape how they can influence system change in the city. As part of this transformation we need to understand that some of the work may increase demand for services and this will need to be managed.
10. Additionally new challenges and pressures have emerged for mental health and wellbeing due to the ongoing Covid-19 pandemic.
11. Despite the current pressures on the health and social care system and a halt in being able to meet for a few months we have still been able to drive a number of our key work streams forward. The two I would like to highlight with you are the Northern Quarter Project

(NQP) and our bid for Community Mental Health Transformation Funding.

12. This project started in 2019 with mapping the community assets in this area of the city and has grown significantly since then. An engagement event was held in February 2020 which was very well attended and received.
13. We have chosen to start in the northern quarter of the city because there is already a wealth of community assets running along the 'corridor' from Haxby, through New Earswick, and into the city centre. These include the Folk Hall, the new Foss Park hospital, The Hut, 30 Clarence Street/The Haven, York St John University Mental Health Clinic and Converge, and York Explore. The area is also well served by a number of 'community connector' roles such as Local Area Coordinators and Ways to Wellbeing Workers. In working with local people and communities we hope to be able to build on these strengths, and better connect people to these and other such assets in the area.
14. The following are a few key achievements of the NQP over the last few months:
 - Multi agency working group established
 - NQP local engagement event held at York St John in February 2020, attended by 100 delegates where we started to collectively map the community assets that exist within each ward and across the Northern Quarter as a whole.
 - Work streams established with leads from across partner agencies (see below).
 - In September, the project was successful in gaining additional project management resource to support the various work-streams
 - On 9th December we held a very successful NQP on-line engagement event attended again by around 100 delegates. We shared again our vision for the Northern Quarter Project (NQP) and a community approach to mental health and wellbeing, updated everyone on work that has been done to date, and shared several powerful examples of personal stories where people have gained strength and support by connecting with others in their community
15. The NQP work streams include the following:

- Community conversations – skilling up members of the community such as shop keepers, community leaders, hairdressers, initially within the Clifton area, to encourage community based conversations to support mental health and wellbeing;
 - Whole system data collection and analysis – to collate data held by a range of organisations in the City to give us a better understanding of the needs and allow us to measure the impact of any initiatives. We have recently used information from York Hospital, Adult Social Care and the Police to create ‘heat maps’ of the City which have allowed us to better target initiatives such as the community conversations work stream;
 - Developing a more integrated, multi-disciplinary community MH service with the development of community mental health service ‘hubs’ including creating stronger links with GP practices
 - Frontline practitioners network – bringing together practitioners and local community leaders and champions living and working in the North of the City to help to enhance the mapping of ‘assets’ and to build relationships and support better joint working.
16. In October, NHS England launched the Community mental health transformation funding which will see significant investment within mental health services. Timescales for developing proposals for this funding have been extremely tight, but the work of the NQP has meant that York has been well placed to develop a coherent proposal based on the principles of the Project as well as the specific priorities of the funding.
17. Applications are submitted on an Integrated Care System (ICS) level (Humber, Coast and Vale) so it has been a challenge to ensure that priorities for York are reflected within such a wide geographical footprint. Our initial proposal supported investment in the Voluntary Community and Social Enterprise (VCSE) sector, the development of a VCSE alliance model, a multi-agency hub model including specialist roles, coproduction workers, a peer support scheme, a system wide culture change programme and evaluation.

18. We await feedback from NHS England on the Humber Coast and Vale proposal and any further clarification on funding shares across the patch.

Terms of Reference

19. Since June 2020 we have been holding virtual meetings every two months which are well attended. However we plan to change the way we work starting in 2021 and move the focus to 'doing' at an operational level rather than our more formalized strategic meetings. To this effect we are suggesting to the Health and Wellbeing Board that we change our Terms of Reference (**see Annex A**). The key changes we propose are as follows:
 - To revise our membership to better reflect who attends the partnership meetings
 - To meet quarterly rather than every two months
 - To continue to meet virtually to allow for maximum attendance
 - To make more use of flexible sub groups and other existing groups in the city to drive work streams forward and to clarify the relationship of these groups to the partnership
 - To reflect in the Terms of Reference that the partnership is committed to working in a co-productive and multi-agency way across the statutory and voluntary sector and with local residents.

Consultation

20. Consultation with a wide audience took place when developing both the joint health and wellbeing strategy and the mental health strategy. Co-production is at the heart of the Northern Quarter Project and various events and meetings have been held where all are invited to have their say. The partnership have recently established an engagement and co-production sub-group which is still in development but hopes to start meeting with a wide-range of interested parties involved to help design and develop future mental health services.

Options

21. There are no specific options for the Health and Wellbeing Board but they are asked to

- Ratify the changes to the Terms of Reference at Annex A
- Indicate their ongoing support for the work being undertaken on the Northern Quarter Project and the application for Community Mental Health Transformation Funding

Implications

22. It is important that both the priorities around mental health and wellbeing in both the joint health and wellbeing strategy and the all age mental health strategy are delivered. The establishment of the Mental Health Partnership has enabled this to be achieved. There is a recognition that demand on services will significantly increase across all age groups and major change will be required to ensure that all agencies and partners work together in all sectors to meet this challenge.

Recommendations

23. The Health and Wellbeing Board are asked to
- Ratify the changes to the Terms of Reference at Annex A
 - Indicate their ongoing support for the work being undertaken on the Northern Quarter Project and the application for Community Mental Health Transformation Funding

Reason: To give the Health and Wellbeing Board oversight of the work of the Mental Health Partnership and assurance in relation to strategy delivery.

Contact Details

Author:

Tim Madgwick
Independent Chair of the
Mental Health Partnership

Chief Officer Responsible for the report:

Tim Madgwick
Independent Chair of the Mental Health
Partnership

**Report
Approved**



Date 15.12.2020

Specialist Implications Officer(s)

None

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A – Amended Terms of Reference

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Terms of Reference for the York Mental Health Partnership

A. Vision and purpose of the mental health partnership

1. The overarching strategic vision for health and wellbeing in York is set out in the joint health and wellbeing strategy 2017-2022; its accompanying supplementary document and the all age mental health strategy 2018-2023.
2. The joint health and wellbeing strategy has four priorities one of which is mental health. The all age mental health strategy expands and augments this priority.
3. The mental health partnership will translate the strategic vision within the mental health strategy into action; bringing partners together to focus on its delivery.
4. The partnership will work to achieve positive change in the area of mental health and build a shared approach to delivering against the priorities in the mental health strategy and its associated action plan(s).

B. The role of the mental health partnership

5. The mental health partnership is accountable to the York Health and Wellbeing Board for delivering against the priorities in both the joint health and wellbeing strategy 2017-2022 and the mental health strategy 2018-2023
6. To ensure that partners work together in relation to mental health on behalf of the whole health and social care system; acknowledging that some organisations work across multiple boundaries
7. To drive improvement in the area of mental health
8. To provide assurance to the Health and Wellbeing Board that the mental health strategy is being delivered
9. To provide an annual progress update on its activities for the Health and Wellbeing Board

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10. To lead on and report back on any other work in the area of mental health that the Health and Wellbeing Board requests
11. To lead on the refresh and/or renewal of the mental health strategy 2018-2023 as it nears its end

C. Membership of the Board

12. Partnership members will be required to represent their organisation with sufficient seniority and influence to take forward the vision and agenda of the partnership
13. The core membership of the Board will consist of:

	Organisation	Position
1	Independent	Chair
2	NHS Vale of York Clinical Commissioning Group	Head of Mental Health Partnerships
3	City of York Council	Assistant Director Adult Social Care
4	City of York Council	Commissioning Manager
5	City of York Council	Public Health Specialist Practitioner Advanced
6	City of York Council	Assistant Director Children's Specialist Services (to act as the link on children's mental health and transitions)
7	York Council for Voluntary Service	Officer Representative
8	York MIND	Chief Executive
9	Community Representative	Service Manager from Mainstay
10	Healthwatch York	Healthwatch Manager
11	Higher York	Head of Open Door and Disability
12	Office of the Police, Fire & Crime Commissioner	Commissioning and Partnerships Manager
13	Tees, Esk and Wear Valleys NHS Foundation Trust	Project Lead for 'Right Care, Right Place'
14	Humber Coast and Vale Integrated Care Partnership	Clinical Lead for Mental Health and Chair of Community Mental Health Transformation Steering Group
15	Humber Coast and Vale Integrated Care Partnership	Transformation Programme Director, Mental Health
16	North Yorkshire Police	Strategic Lead for Mental Health

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17	York Teaching Hospital NHS Foundation Trust	Chief Nurse
18	Carer Representative	Carer
19	Independent/Private Sector	Represented by The Retreat's Director of Services
20	Multiple Complex Needs Network	Systems Change Lead
21	York Advocacy Service	Head of Client Services
22	Converge	Director of Converge

14. Membership of the partnership will be reviewed periodically and can be amended at any stage with the agreement of existing members. Partner organisations may substitute for their named representative with the prior agreement of the Chair.
15. In addition to the core membership set out above a flexible approach will be taken to enable additional people to be invited to join the board for specific discussions and work streams.
16. All partnership members will have equal status.
17. Partnership members will be expected to individually lead on specific work streams to ensure delivery of the mental health strategy

D. Chair and Vice Chair

18. The partnership will have an independent chair and the vice-chair will be the assistant director for adult social care at City of York Council.
19. The Independent Chair of the partnership's term of office will initially be for 3 years with the possibility of extending this if all partnership members are in agreement
20. The Chair is responsible for determining the forward plan and agenda items (with assistance from the lead officer), ensuring the efficient running of the meeting, maintaining focus and facilitating and enabling participation of all those present and ensuring that confidential items are handled accordingly.

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21. The Chair is responsible for direct liaison with the chair of the Health and Wellbeing Board; keeping them up to date in relation to the partnership's work and progress against the delivery of the mental health strategy and the mental health priority within the joint health and wellbeing strategy.

E. Leaving the partnership

22. A person shall cease to be a member of the partnership if s/he resigns or the relevant partner agency notifies the Chair of the removal or change of representative.

F. Lead Officer

23. The Lead Officer will assist the Chair and Vice Chair in determining the forward plan, prioritising, scheduling and coordinating agenda items. They are responsible for ensuring that appropriate reports, presentations and attendees are available for items tabled and act as a contact point for enquiries.

G. Other support for the Board

24. The Council and Vale of York Clinical Commissioning Group will ensure that the Board receives the necessary support to enable the Board to discharge its responsibilities effectively. This will include financial and legal advice and specific support to monitor and review performance.

H. Interests of Board members

25. Partnership members must declare any personal or organisational interest in connection with the work of the partnership. Where there is a potential conflict of interest for individual members, this should be openly and explicitly declared. At the Chair's discretion the partnership member may be excluded from the discussion and / or decision making related to that particular agenda item.

I. Meetings

26. The partnership will normally meet on a quarterly basis. The partnership will be quorate when at least five members, including

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at least one representative from City of York Council or Vale of York Clinical Commissioning Group, and from two other partners, are present. If the meeting is not quorate it may proceed at the discretion of the Chair but may not take any decisions that would require a vote.

27. Where possible the partnership will meet virtually to allow for maximum attendance.

J. What the partnership doesn't do

28. The Board is not directly responsible for managing and running services but it does consider the quality and impact of service delivery across partner organisations. It does not have direct responsibility for budgets.

K. Involving people in the work of the partnership

29. The partnership expects that the views and involvement of local people will influence its work and its sub groups at all stages.
30. The partnership is committed to working in a co-productive and multi-agency way across the statutory and voluntary sector and with local residents.
31. The partnership will use flexible sub groups and task and finish groups to drive work streams forward. This will allow them to maximise the number and variety of organisations and individuals it can involve in its work.
32. Sub groups will report back to the partnership on a regular basis.
33. The partnership will build on interrelationships with other groups that sit within the health and social care system.
34. The Partnership will regular review the sub-groups and task and finish groups reporting to it along with those

L. Accountability and reporting

35. The mental health partnership is formally accountable to the Health and Wellbeing Board.

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M. Culture and values: how the Board exercises its responsibilities and functions

36. The partnership will take into account the following behaviours and values in exercising its functions. Members will:
37. Participate on the basis of mutual trust and openness, respecting and maintaining confidentiality as appropriate;
38. Work collaboratively, ensuring clear lines of accountability and communication;
39. Share expertise and intelligence and use this synergy to provide creative solutions to complex issues;
40. Take account of any particular challenges, policies and guidance faced by individual partners;
41. Have regard to the policies and guidance which apply to each of the individual partners;
42. Adhere to and develop their work based on the vision and priorities within the mental health strategy 2018-2023
43. Where decisions of the partnership require ratification by other bodies the relevant partnership member shall seek such ratification in advance of any meeting of the partnership or promptly following the partnership's recommendations;

These terms of reference will be reviewed annually.

These terms of reference were last updated in December 2020.



Health and Wellbeing Board
Report of the Director of Public Health

6th January 2021

Building a 'place-based' health and care system in York based on population health need

Summary

1. This report is intended to summarise and involve Health and Wellbeing Board members in work which is being carried out across organisations in York to better understand our population, and to use data and intelligence to plan and build a health system in York based on population health need. This work comes in the context of national changes to NHS commissioning structures recently announced, and local discussions of how health, council and community services can work more closely together.

It will be accompanied by a presentation setting out some of the key aspects of the work in detail, together with some key recent insight into the health of the public in York.

Health and Wellbeing Board members are asked to:

- Endorse this approach from partners in York to base future changes within the health and care system on linked data and intelligence on population health need.
- Comment on the 'population health management' approach, and in particular suggest which areas of need and inequality faced by the York population the Board sees as their priorities for this type of work.

Background

2. There are three key contexts for this work:
 - a. The **impact of COVID-19** on the health and wellbeing of people in York, shown by the rapid Health Needs Assessments written

in 2020 as the pandemic unfolded. These impacts are multiple, encompassing mental health, community cohesion, long term conditions, family wellbeing and vulnerability, economic shock, and – as some estimates suggest – a reduction of up to a year of life expectancy for our population. Our approach to services will inevitably (and indeed must) change in response to this, in order to safeguard and improve the public's health, acknowledge the strong links between 'health' and 'wealth', and move the city towards recovery.

- b. The **NHS Long Term Plan**, which sets out an ambitious programme of work to base health and care services on what people and residents need, not merely on the how they currently access care (which is often influenced by a lack of options in what care is available). The Plan states that:

'We will deploy population health management solutions to support ICSs to understand the areas of greatest health need and match NHS services to meet them.

The use of de-personalised data extracted from local records, in line with information governance safeguards, will enable more sophisticated population health management approaches.'

- c. The recently announced changes to NHS commissioning structures set out in the NHS England December 2020 document '**Integrating care: Next steps to building strong and effective integrated care systems across England**'. The implications of this document for York are still to be determined, but nationally will include the establishment of the existing Integrated Care Systems on a formal footing, absorbing many of the commissioning functions currently carried out by CCGs, but with 'significant budgets delegated to 'place' level'. It is likely that locally York will be considered the natural geography for this 'place' level.

Main/Key Issues to be Considered

3. The summary below aims to explain what population health and Population Health Management (PHM) are, before moving to give examples of PHM work, and to suggesting ways we might use PHM in York in the future.

What are Population Health and Population Health Management?

4. These two similar terms denote two different and discrete things:
 - a. **'Population Health'** is an approach aimed at improving the health of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people, whilst reducing health inequalities within and across a defined population. It includes action to reduce the occurrence of ill-health, including addressing wider determinants of health, and requires working with communities and partners. Much 'population health' work is done by public health teams in local authorities, PHE and the NHS, however there is an acknowledgment that the whole NHS and public sector has a huge role to play.
 - b. **'Population Health Management'** improves population health by data driven planning and delivery of care to achieve maximum impact. It includes segmentation, stratification and impactability modelling to identify local 'at risk' cohorts - and, in turn, designing and targeting interventions to prevent ill-health and to improve care and support for people with ongoing health conditions and reducing unwarranted variations in outcomes' *(NHS England PHM Flatpack)*

'Population health' is therefore an umbrella label for a set of programmes geared towards improving health and wellbeing in a local area, some or all of which may individually deploy 'Population Health Management' solutions.

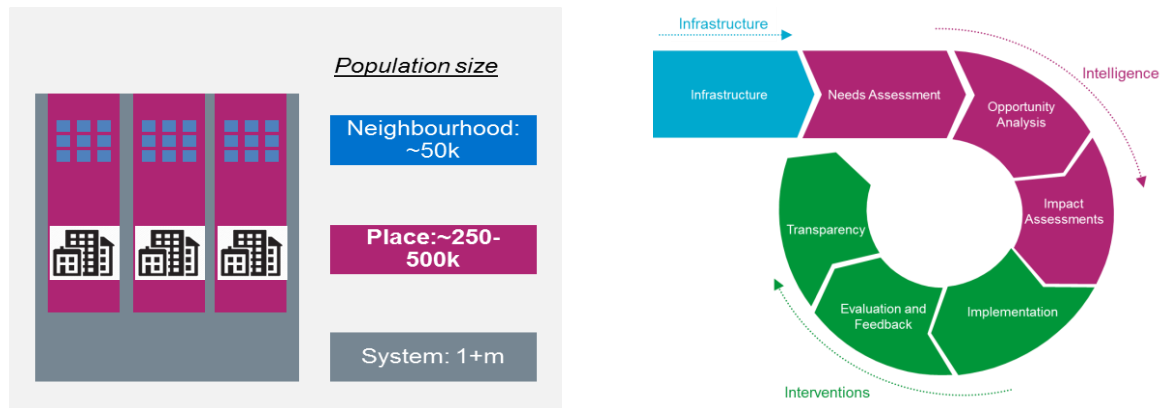
5. Population Health Management can help focus programmes of work on the right areas. For instance, when considering the growing demand on hospitals, much attention is given to the 'ageing population' as a driver of this growth. However PHM would point to strong evidence that the changing age structure of England is estimated to contribute to a growth in demand for care of around 0.4% a year, whereas hospital demand is growing by around 4% a

year; better explanation would be to understand the data on patterns of chronic disease incidence in each local population. Since 2009/10 the Vale of York area has gained a huge amount of 'additional' chronic disease: from 142 thousand people on a GP disease register a decade ago, by 2018/19 this had grown to 202 thousand, a 36% increase against a background population increase of 5%. This includes a:

- 65% rise in the number of diagnosed diabetics
- 106% increase in the number of people with Atrial Fibrillation
- 10% increase in the number of people with Depression.

PHM tools help health and care systems to understand these patterns and specific needs of the local population, and to target prevention and treatment resources appropriately; it can be applied to physical and mental health needs as illustrated above, but is most powerful when it specifically incorporates social, community and economic needs, and also recognises and harnesses their accompanying assets within a community.

6. As a distinct component of a population approach, PHM tools help understand current and future health and care needs so action can be taken to design joined up and sustainable health and care services, and make better use of public resources. Routine data is interrogated to understand the factors driving poor outcomes in different population groups, and to inform the design of new proactive models of care, stopping people becoming unwell in the first place or improving the way the system works to support them when they do.
7. As illustrated in the following diagrams, PHM tools work at three geographies: *neighbourhood* (e.g. PCN), *place* (e.g. LA or CCG), and *system* (e.g. ICS). And they need three capabilities: the right *infrastructure* to bring linked datasets together across primary, secondary, and social care; the right *intelligence* colleagues to analyse the data (including from a BI, population health and clinical perspective; and the evidence-based *interventions* which are implemented, evaluated and fed back.



8. There are a number of tools which PHM applies to health and social care data:

a. Risk stratification

This takes data on a whole population and analyses historical health conditions and healthcare usage to see how likely an adverse event e.g. hospital admission, was in the past. A risk pyramid then stratifies the population into levels of risk and enables the prediction of healthcare use in the future according to the level of need. For instance, we know that people with a high frailty score are around 5 times as likely to be admitted to hospital after a fall than those with a low score, so it makes sense to proactively identify those patients in general practice and offer them the full range of interventions to prevent falls

This approach can run the risk of focussing on 'low volume high risk' groups where even a good reduction in risk for some has little effect on the whole population; it is often more effective to focus on 'rising risk'. Risk stratification tools also need to be evidence-based, as some have low predictive value.

b. Segmentation

This approach divides the population into meaningful and mutually exclusive 'segments' e.g. healthy children, End of Life, adults with Long term conditions, and then looks at the activity, costs and outcomes associated with each segment by sector e.g. primary care, urgent care. This can be compared within area and between area to highlight segments of the population who may benefit from additional preventive support, and also to design new payment and contracting tools which incentivise providers towards prevention. For instance, we may find that children with complex care needs in York (a population 'segment') currently have a high


level of service use but poorer outcomes than elsewhere, leading to redesign of services and better health.

c. Impactability

Impactability further sorts individuals based on how likely they are to respond (be impacted) by different treatment or prevention options. This involved clinical and social judgement from groups of professionals around willingness and ability of patients, sometimes using measures such as patient activation scores. So, for instance, if evidence shows us that female patients with Diabetes between the ages of 50-64 are the most likely to respond to a referral to structured education programme for diet, physical activity and condition management, that is where we target our resources.

Examples of Population Health Management work

9. Population Health Management work has been implemented successfully in several other locations, as illustrated in the examples below.

<p>Chorley</p> <p>Use of NHS and council wheelie bin data to target social Rx</p>	<p>Chorley </p> <p>Chorley had already begun working across practice boundaries and with other stakeholders, including Chorley Council. These prior interests encouraged Chorley to think wider than traditional healthcare data. A lightbulb moment came when realising that people who were receiving assistance with bin collections – data held by the council – could help clinicians find frail people who had fewer social links. Interventions reflected these links between health and social needs. They used a social prescriber to provide care coordination and outreach for patients identified from this data. Patient activation scores were collected from patients. Patients are starting to see improved activation levels and reduced use of their GP practices.</p>
<p>Leeds</p> <p>Use of multiple datasets to target proactive frailty support</p>	<p>An example story from Leeds’ PHM Programme: ‘Paula from Pudsey’</p> <p>PCN cohort identified through population health analytics:</p> <ul style="list-style-type: none"> • 80 people 60-74 within moderate frailty segment, multiple LTCs, balance and nutrition issues, who aren’t connected to the neighbourhood teams (health or social care) <p>Locally-designed intervention:</p> <ul style="list-style-type: none"> • Proactive outreach with telephone-based triage • Assess areas of strength and struggle, including how they feel about ability to self manage • Triage to one of three interventions based on level of activation and need: <ul style="list-style-type: none"> • Refer to group “Live Well” consultation • Individual medical consult in clinic • Home visit led by an OT <p><i>‘Paula’ is a 63 year old woman with moderate frailty. She has multiple medical conditions as well as challenges associated with falls, memory and nutrition. Paula was identified as a person at risk based on the risk analysis and was contacted by the proactive telephone triage process. Paula was then visited at home by an Occupational Therapist. The at-home visit provided a proactive and holistic view—with specific focus on preventing falls, enabling better nutrition and improving Paula’s ability to self-care. The OT identified specific opportunities to enable a healthier lifestyle for Paula at home—for example by bringing in a kitchen trolley and enabling easier use of key kitchen tools. These interventions flowed from a more personal discussion at home about Paula’s goals and the challenges Paula faced associated with managing her own care at home.</i></p>

<p>Halton</p> <p>Use of urgent and primary care datasets to target physical activity interventions</p>	<p>Case Study: NHS Halton CCG 'Game Changer' Programme</p> <p>Problem</p> <p>High no. of children visiting A&E unnecessarily</p> <p>Understanding the Population</p> <p>Children attending A&E but who didn't correlate with children with child health problems, specifically obesity and diabetes</p> <p>Targeting the population group</p> <ul style="list-style-type: none"> • Level of gestational diabetes above national average; children with a mother who developed gestational diabetes whilst pregnant had one-in-six chance of giving birth to a child who would become overweight • Looked at local data to understand how many children in primary school going into secondary are classed as overweight <p>Intervention</p> <ul style="list-style-type: none"> • Increased child fitness and activity levels through the sport, specifically rugby, and through the use of local role models through sporting heroes • Used activity-based model consisting of assemblies and classes to influence children and their families into a more positive approach to health & wellbeing, nutrition and participating in local activities • Used a tracker given to every child to monitor progress and create competition between schools. An app was also introduced to allow children to summarise their emotions (for example, happy or sad) throughout the programme <p>Evidence / Evaluation</p> <ul style="list-style-type: none"> • It was seen that sport has a psychological aspect on children who are enthralled by sportsmen and sportswomen and are more likely to look up to and follow these individuals. As such, the programme utilised the local sports stadium, where children were invited to train alongside their sporting heroes. In this instance, the Widnes Vikings Rugby club partnered with the CCG and the catchphrase 'if you wanna be a pro, you have to eat like a pro' was developed to entice and encourage children to participate. • As well as developing and running the programme, Halton CCG commissioned John Moors University to evaluate the impact of the programme, which showed positive outcomes from the first phase. As a result, Halton CCG are looking to expand the programme and involve different sports and role models. <p style="text-align: right;">91</p>
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How do we plan to use PHM in York?

10. There are currently a number of existing assets in the North Yorkshire and York sub-system out of which a population health / PHM approach will be built:
 - JSNA work by Local Authorities which drives the priority setting of local health and wellbeing boards
 - COVID-19 related health impact assessments
 - The newly established North Yorkshire and York Analytics Collaborative between public health and the two CCGs, which can drive the 'infrastructure' element of PHM as well as some of the 'intelligence' element
 - The RAIDR platform, which for the first time provides good linked datasets between primary and secondary care
 - The NHS England PHM programme supported by Optum, which is currently supporting York 'place'

11. The NHS England / Optum supported programme is a 22 week programme in which participants in York from social care, General Practice, public health, the CCG, the voluntary sector and the Hospital take part in 'Action Learning Sets, supported by analytics capacity from the programme team, who supply linked data and analysis for the sets to use. The aim is to learn and develop PHM skills and 'test' out some of the learning. This involves:

- a. Cohort identification *e.g. a focus on people between the ages of 50 and 64 in York with Diabetes who are socially vulnerable*
 - b. Logic model development *e.g what inputs, activities and participants will we draw on, and what outputs and outcomes (short, medium and long term) do we expect*
 - c. Intervention *e.g. assessing the needs of individuals in the cohort using a multidisciplinary team, and triaging them to the most appropriate local services*
 - d. Evaluation *e.g. measuring the Patient Activation Scores of participants at the start and end, to see if we have made a difference.*
12. After the NHS England / Optum programme has completed, this work will be incorporated into the emerging plans for a York 'place' approach to future NHS and council commissioning, supported from public health and the CCG and feeding in analysis into the York Health and Care Collaborative to guide and set direction for its work.

Consultation

13. Work on population health management is at an early stage in York, as is the planning for new arrangements for NHS services based around 'Place'. A range of partners are involved in the population health management work described above, including council, NHS, primary care and voluntary sector staff, and further consultation is planned in early 2021 through York CVS.

Strategic/Operational Plans

14. This paper aligns to the Health and Wellbeing Strategy for the City in following a 'life course' approach; this 'segmented' view of the city aims to achieve comprehensive outcomes for all, and especially relies on strong evidence that conditions for health in early years shape the rest of a person's life.

Implications

- **Financial**

There are no financial implications to this report

- **Human Resources (HR)**

- There are no HR implications to this report

- **Equalities**

One opportunity in using data and intelligence through a population health management approach is to shine a light on hidden inequalities, whether socio-economic or around poorer health outcomes for people based on ethnicity, gender and other protected characteristics. This should lead to service changes which better reflect the needs of the population. An example of this is the targeting of text invites to smoking cessation services on populations who are disadvantaged and more likely to smoke, for instance those living in more deprived areas and those from an Eastern European background.

- **Legal**

- There are no Legal implications to this report

- **Crime and Disorder**

- There are no Crime and disorder implications to this report

- **Information Technology (IT)**

- There are no IT implications to this report

- **Property**

- There are no property implications to this report

Risk Management

15. Given the early nature of this work, there are no risk management implications of this report

Recommendations

16. The Health and Wellbeing Board are asked to

- Endorse this approach from partners in York to base future changes within the health and care system on linked data and intelligence on population health need.

Reason: the board have a key oversight and leadership role in health and care services in the city and should shape the future development of these services

- Comment on the ‘population health management’ approach, and in particular suggest which areas of need and inequality faced by the York population the Board sees as their priorities for this type of work.
- *Reason: the board have a key remit to tackle inequalities, and this is a chance for them to comment on how this work can be optimised to achieve this goal.*

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Report Approved

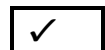


Date 17.12.2020

Specialist Implications Officer(s) None

Wards Affected:

All



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



Health and Wellbeing Board

January 6th 2021

Report of the Assistant Director – Joint Commissioning,
City of York Council and Vale of York Clinical Commissioning Group

Better Care Fund Update

Summary

1. This report is to provide a brief update on the arrangements for the Better Care Fund 2020-21 and 2021-22.

Background

2. The background information on the BCF has been previously reported to the Health and Wellbeing Board (HWBB), with quarterly updates now the normal routine.
3. As outlined in the previous report to the Health and Wellbeing Board, the planning requirements for 2020-21 were anticipated during October 2020.
4. The government published a short statement about the Better Care Fund on 3rd December 2020. This can be accessed here:
<https://www.gov.uk/government/publications/better-care-fund-policy-statement-2020-to-2021/better-care-fund-policy-statement-2020-to-2021>

Earlier in the year, Health and Wellbeing Boards were advised that BCF policy and planning requirements would not be published during the initial response to the COVID-19 pandemic and that they should prioritise continuity of provision, social care capacity and system resilience and spend from ring-fenced BCF pots based on local agreement in 2020 to 2021, pending further guidance. Given the ongoing pressures on systems, Departments and NHS England and NHS Improvement have agreed that formal BCF plans will not have to be submitted to NHS England and NHS Improvement for approval in 2020 to 2021.

5. The national conditions for the BCF in 2020-21 are that:
 - Plans covering all mandatory funding contributions have been agreed by HWB areas and minimum contributions are pooled in a section 75 agreement (an agreement made under section 75 of the NHS Act 2006).
 - The contribution to social care from the CCG via the BCF is agreed and meets or exceeds the minimum expectation.
 - Spend on CCG commissioned out of hospital services meets or exceeds the minimum ringfence.
 - CCGs and local authorities confirm compliance with the above conditions to their Health and Wellbeing Boards.
6. York BCF is compliant with these conditions. The roll forward plan for 2020-21 has been previously reported to the board. The financial summary of the plan is attached at Annex 1 for HWBB.

Main/Key Issues to be Considered

7. The Spending Review 2020 confirmed that the iBCF grant will continue in 2021 to 2022 and be maintained at its current level. The Disabled Facilities Grant will also continue and will be worth £573 million nationally in 2021 to 2022.
8. The CCG contribution will again increase by 5.3% in line with the NHS Long Term Plan settlement.
9. The Policy Framework and Planning Requirements will be published in early 2021.
10. As previously highlighted, 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 in recent years.
11. The multi-agency BCF Performance and Delivery Group has developed plans in partnership with service providers to support system resilience over the winter period by investing in out of

hospital services, support for carers and other preventative measures for the current year.

Consultation

12. The BCF Plan 2020-21 was developed in a collaborative process with partners, and is co-produced with the scheme providers.
13. The financial assumptions for a roll forward into 2021-22 are being reviewed to ensure BCF is delivering the greatest impact on outcomes possible. This process is ongoing and means future commitments will be confirmed at a later date.

Options

14. The HWBB will receive further reports on future commitments.

Analysis

15. *n/a*

Strategic/Operational Plans

16. The Joint Health and Wellbeing Strategy is the overarching strategic vision for York; this plan supports the delivery of the desired outcomes.
17. The York BCF Plan 2017-19 provided the foundation for the BCF Plan 2019-20 and 2020-21. It has evolved each year in line with refreshed intelligence and national directives.
18. This work is congruent with the Council Plan and the NHS Long Term Plan.
19. BCF schemes have been central to the COVID-19 pandemic response, including the implementation of the Hospital Discharge Policy.

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** - none
- **Legal** - none
- **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

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

Recommendations

21. The Health and Wellbeing Board are asked to:
- i. Receive the York Better Care Fund update for information.
Reason:
The HWBB is the accountable body for the Better Care Fund.
 - 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 government has now confirmed that the plan will not need to be submitted formally as in previous years. The plan commitments

are recorded within the NHSE excel template. This can be obtained from the report author on request but is not in an accessible format for publication. A financial summary is attached at Annex 1.

- iii. Note the intention to review the financial allocations for BCF 2021-22 to ensure maximum impact on outcomes for the system.

Reason:

It is important for the sustainability and stability of the whole system that the funding commitment is reviewed regularly to be assured of value for money and impact on outcomes. The Chair and Vice Chair, have approved this approach, supported by the council Corporate Director of People and the CCG Accountable Officer.

Contact Details

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 Corporate Director - People
 City of York Council

Phil Mettam
 Accountable Officer
 NHS Vale of York CCG

**Report
 Approved**



Date 17.12.2020

Wards Affected:

All

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
 Better Care Fund 2020-21 Planning template

Annexes

Annex 1 – summary financial plan BCF 2020-21

Glossary

BCF – Better Care Fund

CCG – Clinical Commissioning Group

CYC – City of York Council

DHSC - Department of Health and Social Care

HWBB – Health and Wellbeing Board

IT – Information Technology

NHS - National Health Service

NHSE&I - NHS England & Improvement

Annex 1 – BCF Plan 2020-21 financial summary

Better Care and Improved Better Care Fund - 2020/21 draft plan - Summary

(all figures in £000)

	2020/21 Draft Plan
<u>Funding:</u>	
VOY CCG contribution	6,698
VOY CCG contribution - minimum to be spent on Social Care	6,030
City of York Council - Disabled Facilities Grant	1,294
City of York Council - Improved Better Care Fund	5,211
	<hr/> 19,233 <hr/>
<u>Spending:</u>	
Disabled Facilities Grant	1,294
City of York Council led schemes	8,897
Vale of York CCG led schemes	8,361
	<hr/> 18,552 <hr/>
Unallocated funds	681
comprised of:	
unallocated Improved Better Care Fund	244
unallocated Minimum Adult Social Care Protection	257
unallocated CCG contribution	180

January 2021 – update – please note the unallocated funds have been invested non-recurrently in schemes to support system resilience during the winter period and to manage the impacts of the pandemic.

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Health and Wellbeing Board

6th January 2021

Report of the Health and Wellbeing Board Healthwatch York Representative.

Healthwatch York Report – Listening to BAME people about health and social care services in York

Summary

1. This report asks Health and Wellbeing Board (HWBB) members to receive a new report from Healthwatch York about understanding BAME people's experiences of health and social care services in York attached to **Annex A** of this report.
2. Health and Wellbeing Board members are asked to receive this report, and consider ways their organisations can support Healthwatch York's commitment to developing our understanding of Black, Asian and Minority Ethnic (BAME) people's experiences and tackling the barriers they face collectively.

Background

3. Healthwatch York produces several reports a year arising from work undertaken as part of their annual work programme. These reports are presented to the Health and Wellbeing Board for consideration.

Main/Key Issues to be considered

4. Healthwatch York sees this as a first step towards stronger partnership working with organisations in the city supporting BAME residents. This initial report was completed at a time consultation was challenging due to the pandemic.

Consultation

5. There has been no consultation needed to produce this accompanying report for the Board. Healthwatch York consults extensively to produce their reports.

Options

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

Analysis

7. Analysis of responses and comments received are set out in Annex A.

Strategic/Operational Plans

8. 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

9. There are no implications associated with the recommendations set out within this report. However there may be implications for partners in relation to the recommendations within the Healthwatch York report.

Risk Management

10. There may be risks associated with any changes to the prescription process. All changes should be risk assessed appropriately by the responsible organisations.

Recommendations

11. The Health and Wellbeing Board are asked to:
 - Consider the report and how their organisations can help extend this conversation over the coming months

Reason: To keep members of the Board up to date regarding the work of Healthwatch York, and the recommendations made to member organisations.

Contact Details

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Chief Officer Responsible for the report:

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**Report
Approved**

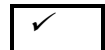


Date 16.12.2020

Specialist Implications Officer(s) None

Wards Affected:

All



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

Annexes

Annex A: Listening to BAME people about health and social care services in York

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Listening to BAME people about Health and Social care services in York!

**Healthwatch York
Engagement Project
November 2020**



Thank you

Healthwatch York would like to thank everyone who took the time to share their thoughts, views and experiences with us about race, health and social care in York. We could not have completed this report without your help.

All quotes in this report have been anonymised.

Contents

3	What we did and why
4	Who did we send our survey to?
6	Who did we speak to?
7	Findings
12	Covid-19 specific findings
13	Comments from partners we have worked alongside
14	Our reflections and What next?
15	Why does this report matter?
16	Glossary Abbreviations

What we did and why?

Healthwatch York wanted to work with Black, Asian and Ethnic Minority residents of York, to make sure they are listened to, and their experiences are used to help shape local health and social care services.

We believe that everyone's voice has equal value. We realise that so far we have not engaged with York's BAME residents as much as we should.

What we did

We created a short survey, sending it to organisations working with BAME residents, or with BAME membership (*see page 4*).

This survey was a simple first step. It's purpose was to get the ball rolling - to act as a catalyst.

The survey was also shared with health and social care sector organisations and local community groups, and published in many bulletins and newsletters across the city.

Why?

- To understand the experiences of York's BAME residents when they use health and social care services
- To see what issues people have accessing services
- To discover if people have ever felt less valued, or treated unequally, because of the colour of their skin or ethnicity
- To explore how people find out about

health and social care services in York

- To know if and how Covid-19 affected York's BAME residents
- To make sure our information and signposting service is not excluding services that support BAME people
- To understand if there are gaps in the health and social care system, so we can help improve it, and make it accessible and anti-racist.

Challenges we faced doing this research

- Covid-19 made engagement difficult. We were unable to do any face-to-face engagement, making it almost impossible for us to reach people who don't use technology
- Covid-19 meant that most support groups weren't meeting face to face, thus reducing potential respondents
- We didn't have strong working relationships with all local organisations representing BAME communities in York

What we will do with the findings

We will share this report with decision makers and people who run local health and social care services.

Our reports are presented to the York [Health and Wellbeing Board](#), which has a number of statutory requirements and whose purpose is to improve local services.

Who did we send our survey to?

<p>York Racial Equality Network (YREN)</p>	<p><u>YREN</u> exists to promote and encourage community cohesion and aims to:</p> <ul style="list-style-type: none"> - Enable BAME voices to be better heard in York - Improve access to appropriate services and support for BAME people - Increase the confidence of BAME people to express themselves and be mutually supportive <p>Contact them on: 01904 642600 OR York Racial Equality Network, 20 Falsgrave Crescent, York, YO30 7AZ</p>
<p>York Travellers Trust (YTT)</p>	<p><u>YTT is a community led organisation</u> that works with Gypsy and Traveller communities in York and surrounding areas.</p> <p>They give advice and guidance around benefits and healthcare to social clubs and activities!</p> <p>They also promote community cohesion and run Safe Space conversations for organisations wanting to learn about Gypsy and Traveller culture.</p> <p>Contact them on: 01904 630526 OR York Travellers Trust, 20 Falsgrave Crescent, York, YO30 7AZ</p>
<p>Refugee Action York (RAY)</p>	<p><u>RAY</u> challenges myths and misconceptions about refugees and asylum seekers and raises awareness of the contribution refugees and asylum seekers make to our society in York.</p> <p>Contact them on: carrie@refugeeactionyork.com OR 07545 060694</p>
<p>York Interfaith Group</p>	<p><u>York Interfaith Group</u> aims to contribute to the promotion of mutual respect and understanding between faith communities.</p> <p>They also aim to respond to the new and changing ethnic and faith mix of populations in York. They support and contribute to like-minded organisations through sharing information to their membership, and via social media.</p> <p>Contact them on: yorkinterfaithgroup@gmail.com</p>
<p>MYnority York— A project run by CYC’s Migrant Community Involvement Officer</p>	<p>MYnority empowers residents from EEA migrant communities with the knowledge and skills needed to deal with any challenges that might prevent them from integrating into UK society.</p> <p>They also raise awareness and build an understanding of the migrant communities and the challenges they face in the UK today.</p> <p>Contact them on: bianca.vartic@york.gov.uk</p>

<p>Speak Up Diversity</p>	<p>Speak Up Diversity is a grassroots BAME-led social enterprise based in the City of York.</p> <p>Their mission is to work collaboratively with relevant stakeholders in the city and beyond, to make sure that we tackle the root causes of structural racism.</p> <p>Contact them on: info@speakupdiversity.org</p>
<p>York LGBT Forum</p>	<p>The York LGBT Forum is a charity that works with its members to create a strategy and have a vision in making York better for the LGBT+ community.</p> <p>Contact them on: enquiry@yorklgbtforum.org OR 07731 852 533</p>
<p>Local Maternity System— Humber Coast and Vale</p>	<p>The Local Maternity System supports the provision of the best quality care to all women and families across York and other areas in the Humber, Coast and Vale Health and Care Partnership.</p> <p>They know that women from BAME backgrounds and other vulnerable communities need additional support during pregnancy, birth and beyond; so wanted to support this work to ensure we understand what our local populations and organisations need.</p>
<p>York St John University and The University of York</p>	<p>We sent this survey to many societies at both local universities:</p> <p>York St John University Societies University of York Societies</p> <p>We also sent it to the Students' Unions, but due to Covid-19 most of the students weren't at University when we did this survey, causing another engagement barrier.</p>
<p>Local newsletters and bulletins</p>	<p>Our survey was published in many local newsletters across York as well as our HWY magazine and bulletin, including:</p> <ul style="list-style-type: none"> - York CVS Voluntary Voice - Live Well York (City of York Council) - Social Vision News - York Human Rights Network

Who we spoke to

All feedback was collected anonymously.

30 people completed our survey, which ran for three months.

The views expressed in this report give a simple snapshot of people's experiences.

Gender - Out of the 30 people who completed our survey, 28 people indicated their gender identities, as follows:

Male—6 Cis Woman—1 Female—20 Non-Binary—1

Age - Out of the 30 people who completed our survey, 23 people gave their age:

18-24 years—9 25-30 years—3 31-40 years—5,
 41-50 years—5 51-60 years—3 61-70 year—3,
 70+ years—1

Ethnicity - 28 people out of the 30 respondents gave their ethnicity:

Romanian—1
 Syrian—1
 Mixed—2
 Mixed White and Black African—3,
 Mixed White and Indian—4
 Black African—4
 Indian—2
 Taiwanese—1
 Asian—2
 Traveller—1
 Latin American—1
 Pakistani—3
 White other—3

Our findings

Question 1: Tell us about your experience of health and social care services in York, good or bad.

The responses were evenly split between positive and negative experiences.

GPs—GP surgeries were the most common service spoken about in this question.

Many people described feeling judged, and not listened to. Many felt this was down to language barriers, accents and the colour of their skin. People also felt that GPs lacked knowledge about what illnesses (eg skin irritation) looked like on their skin.

There were also many positive responses, where people thought that both access to, and the care received from surgeries was great.

I feel I don't get listened to because my spoken English isn't too good. This makes me feel patronised.

The GP told me they loved my skin tone and wished they had it. This made me feel very uncomfortable.

Me and my family have always received great care at the GP.

When I go to the GP they never seem to know what's what with my skin as I am Black, and have to search on google what skin illnesses would look like on my skin. This makes me lose all trust in going to the Doctors.

GP's have been pretty good for me, I never really have a problem.

During all of my pregnancies all the doctors, nurses and midwives I came across were great and very informative.

Maternity Services—There were multiple responses to how women using Maternity Services had felt. All were positive, describing how well looked after they had felt during pregnancy and childbirth.

Dentists—Some people mentioned how they found it extremely difficult to access an NHS dentist in York. They did say that they understood that this was a national issue.

The maternity services were super when I was giving birth, making me feel comfortable. I don't feel I was treated any differently due to my ethnicity.

Our findings

Question 2: When using health or care services, have you ever felt you were treated differently because of the colour of your skin or your ethnicity?

Yes

Out of the 30 people who completed the survey, **seven people** said they felt as if they were treated differently due to their skin colour or ethnicity.

No

Out of the 30 people who completed the survey, **ten people** said they didn't feel as if they were treated differently due to their skin colour or ethnicity.

Maybe

Out of the 30 people who completed the survey, **one person** said they was unsure about feeling that they were treated differently due to their skin colour or ethnicity.

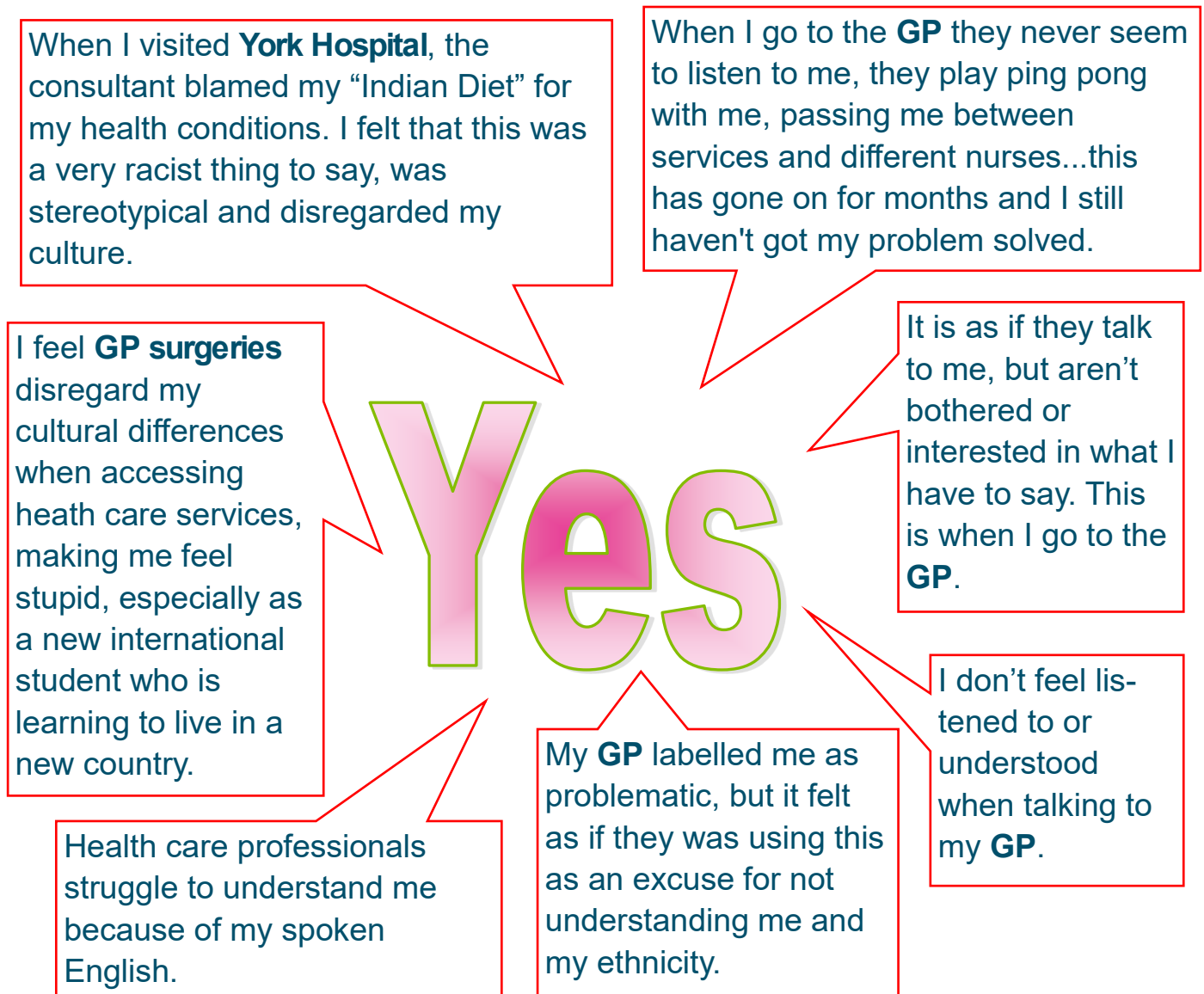
12 people didn't answer this question.

These responses are only based on a small number of people in York. It shows that not everyone feels as if they are treated differently due to skin colour or ethnicity, with more people answering 'no' to this question.

Ideally, no one should have to answer 'Yes' to this question. This shows there are still things within the local health and social care system which can be done to support equality.

Our findings

Question 3: If you said 'Yes' to question 2, please share with us your experience.



The main theme that came up from these responses was that people didn't feel as if they were listened to, or felt misunderstood. People said they felt health care professionals didn't know enough about cultural differences.

For example in some parts of Asia, you are taught to get health care advice (speak to a Doctor) about any health concern, which can be seen as wasting time and not being appropriate here in the UK. This is a cultural difference which can leave people feeling dismissed. (*This experience was described by international student, from the survey.*)

Our findings

Question 4: Have you had other issues accessing services? Please give details.

This was a general question to hear of people's experiences using and accessing health and social care services in York. The main themes that came from this were:

- Struggling to make appointments
- Difficulty accessing NHS dentistry
- Lack of resources in the health and social care sectors in York
- Feeling intimidated by the Governments PREVENT strategy, which can be a barrier to accessing services.

Under the [PREVENT Strategy](#), all public sector workers have a duty to report any staff or service users they think show markers of radicalisation.

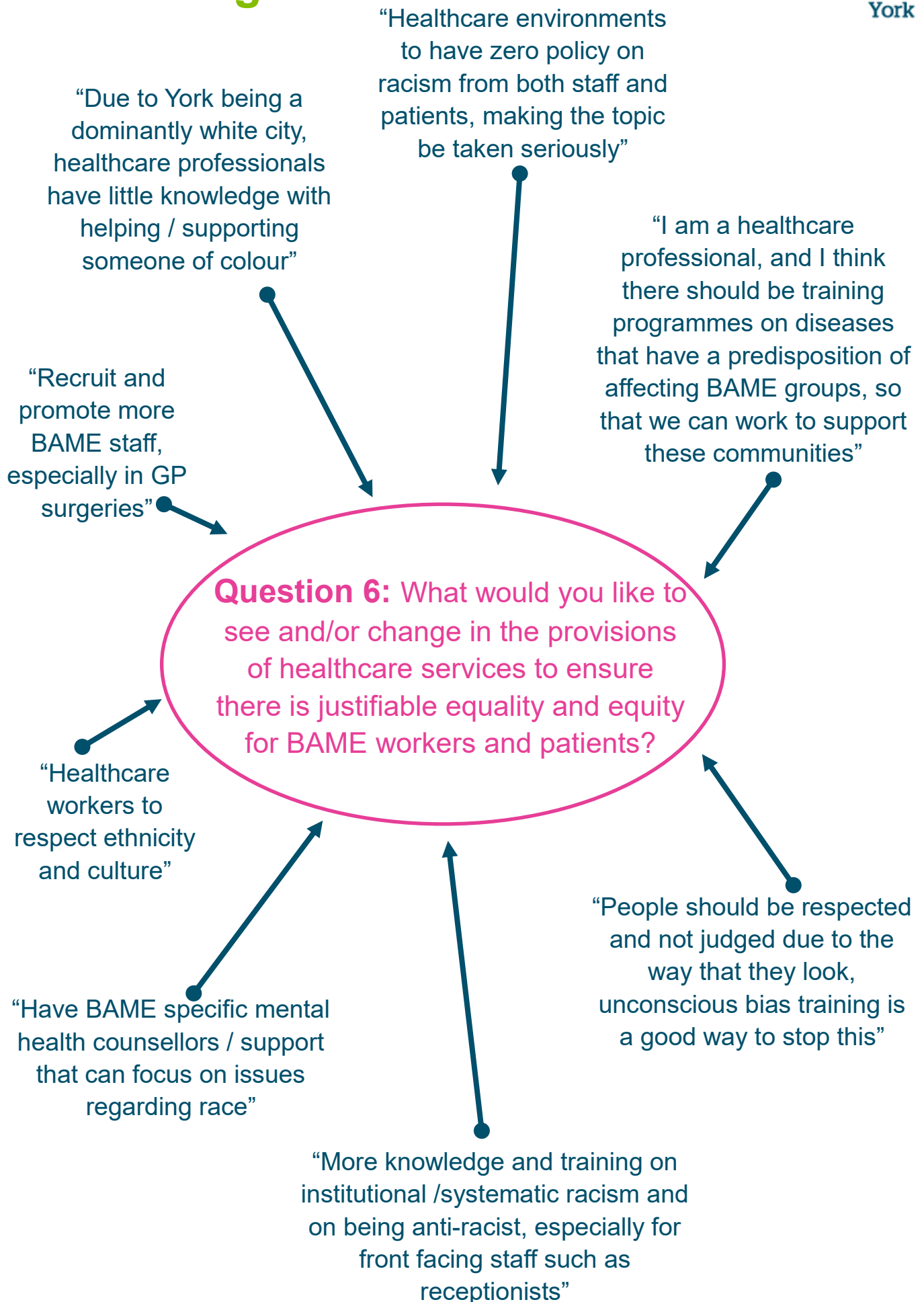
Question 5: If you needed to access a health or social care service in York, how or where would you seek information?

NHS Website (1) Google (2) Friends (2)
 GP (5) **Going online (8)**
 Do some research (1) Family (2) Not sure (3)

25 out of 30 people responded to this question.

The most common answer was that people would look online, rather than talking to peers or to family. Only three people said they were not sure where they would go to access information.

Our findings



Covid19-specific findings

focussing on Covid-19 . Read our [‘What York CVS heard/did during \(March – June\) the Covid-19 lockdown’](#) report.



Question 7: Have you tried to access health and care services during the Covid19 pandemic? If yes, please tell us about your experiences.

Out of 30 people, 17 answered this question. Out of them, 12 have tried to access services during the pandemic. Five had positive experiences and seven had negative experiences.

Positive

The people who answered this question positively were understanding that services were working differently due to current circumstances. They also all had access to internet or a phone so managed to access services via this route.

“No problems and received excellent treatment at York Hospital.”

Negative

Most of the negative experiences were regarding to not being able to be seen face-to-face, finding it hard to find guidance. Also people found not being able to get through GP phone lines hard. These negative comments mainly stemmed from frustration of the pandemic getting in the way and to digital exclusion.

“I finally got through on the phones, I felt like they just wanted to get rid of me.”

“Getting through to GP surgery seemed extra difficult and I felt as if I was going round in circles.”

Question 8: As it became clear that this disease has disproportionately affected BAME people, has this had an impact on you?

This has come from Public Health England Research—[Read the Public Health England Report ‘Beyond the data: Understanding the impact of COVID-19 on BAME groups’](#) here.

Only six people responded saying that these findings impacted them. The main reason was the increase of anxiety and the unknown effect Covid-19 would have on them and their families.

“I felt scared”

“It had a massive impact on my mental health “

Comments from partners we have worked alongside

This was a very important and inclusive step. It was designed to lift up the voices of people from Black, Asian and other Ethnic Minority groups who have and continue to be disproportionately affected in the accessibility and treatment of healthcare services.

The transparency of the survey results is an opportunity for decision-makers to recognise the inequities and disparities and therefore use this as the driving force to work with BAME-led organisations in identifying appropriate measures in place to benefit everyone regardless of their creed, race, ethnicity or background.

– **Haddy at Speak Up Diversity**

York Racial Equality Network are very pleased to have been able to assist Healthwatch York in promoting this survey to our members to complete.

Working in partnership in this way will empower and enable the York BAME communities to engage with and influence commissioners and providers in the future. This will improve commissioners' and providers' understanding of and response to the needs of BAME communities.

We hope that a lasting outcome of the survey is that the involvement of York's BAME communities continues so that their voices are heard when working on achieving better health outcomes and patient experience for these communities. - **Jane Greenwood at YREN**

We at York Travellers Trust are very grateful to Healthwatch for including the experiences of York's Gypsy and Traveller (GT) communities in this report.

Gypsies and Travellers experience a huge range of health inequalities leading to a life expectancy that is 10 years lower than the national average. Reports such as this are therefore vitally important to increase the knowledge and understanding of health practitioners and commissioners in order to address this huge inequality.

We really look forward to continuing to work with Healthwatch and welcome any other organisations who would like to learn more about engaging GT communities to get in touch! - **York Travellers Trust—
debi@ytt.org.uk**

Our reflections

The Black Lives Matter movement made us think more about race relations and our work. We acknowledged that until now we have not done enough to find out what it's like to be a Black, Asian and/or other Ethnic Minority person in York using health and care services.

We became conscious that our information and signposting service was lacking representation of services that support York's BAME residents.

We want to know if there are problems, if people face barriers, or indeed if people's experiences are good. But we can only find that out by asking those who are from ethnic minorities and not described as white.

The survey was a starting point for our work. Partner organisations (especially statutory services) have told us that they too want to do more to understand the experience of BAME people using their services. People want to know what's working and what isn't.

Knowing what language to use in this report has been a dilemma. As an all white British staff team, we are **very** far from being experts in this field. We don't want to use language that offends, is out-dated or patronising. But we are also very conscious that people of colour have different preferences when it comes to language. Some people we have spoken to use the term BAME; others dislike it. Accepting that one size does not fit all, we settled on BAME but we acknowledge that there is not a consensus on the use of the term .

What next?

Healthwatch York will continue to listen to BAME residents, identifying ways to make sure everyone's voice is heard and has an influence.

We'll continue to build connections with local groups, organisations and services that support BAME communities, ensuring a wide range of voices are heard. Our relationship and future plans with two key local organisations is growing stronger—YREN and Speak Up Diversity.

We are also working with MYnority York, [hosting the Migrant Voices event with them on 3rd December 2020.](#)

Our staff and volunteers will have opportunities to better their knowledge by attending training. We have already attended unconscious bias training, York Travellers Trust awareness training and anti-racist training. Education is an important factor in understanding and working with BAME communities.

In early 2021, we will host a meeting that brings together partner organisations from the statutory and VCSE sectors, to discuss the findings of this report and agree the next steps.

Why does this report matter?

Healthwatch England, whose sole purpose is to give a strong and powerful voice to people who often go unheard, places equality, diversity, and inclusion at the heart of its values. We believe that everyone should have a fair and equal experience using health and social care.

In June 2020, NHS Chief Executive Simon Stevens, wrote a message for all NHS England and NHS Improvement staff. In it, he described how the Black Lives Matter movement and Covid19 together “brought into stark and urgent focus the layered impacts of years of disadvantage and inequality.”

Stevens went on to say, “it would be wrong to marginalise this moment by trying to compartmentalise it: as racism ‘over there in America, not here in Britain’. Or racism as ‘part of our history – from slavery to the Windrush, but not our lived present’. That would be to misunderstand and obscure important truths about fairness and equality in modern Britain”.

Also in June, Kathryn Smith, Chief Executive of the Social Care Institute for Excellence, wrote “we need to accept responsibility for racism, and the huge damage which it causes. Why? Because western societies are built on white dominance and privilege; it's embedded in every aspect of society, and white people must work with others to dismantle it.”

North Yorkshire Police’s most recent Hate Crime figures show that three quarters of Hate Crime was down to race. But this survey is about more than hate crime. It’s an attempt to understand the everyday reality of BAME people using local services, and the hidden prejudice that may not be malicious or even conscious, but is only hidden to those of us who benefit from white privilege.

People’s experiences of racism from the survey responses

- ⇒ “Health care workers told me my name didn't fit my skin colour, and that they wished they had my skin (referring to being tanned)”
- ⇒ “I feel that health care workers don't mean to be racist, but they just show micro aggression towards me and my ways”
- ⇒ “I get patronised due to my foreign accent”
- ⇒ “I often get mistaken for being White, this causes me distress”
- ⇒ “The Doctor at the hospital blamed my health condition on my race, in the end after running tests, I didn't even have the condition that the Doctor assumed I had”

Abbreviations

BAME	Black, Asian and Minority Ethnic
HWY	Healthwatch York
YREN	York Racial Equality Network
CYC	City of York Council
EEA	European Economic Area
PREVENT	Prevent is about safeguarding and supporting those vulnerable to radicalisation. Prevent is an element of the Government's counter-terrorism strategy. It aims to stop people becoming terrorists or supporting terrorism.
VCSE	Voluntary, Community and Social Enterprise

Glossary

Anti-Racism The practice of actively opposing racism through actions or expressing antiracist ideas, and by advocating for changes in political, economic, and social life.

Unconscious Bias Any detectable bias in our attitudes or behaviour that operates outside of our awareness . Formed by our social experiences, they are negative associations that people unknowingly hold, expressed automatically, without conscious awareness. Though people are often unaware of their bias, unconscious bias is just as harmful as overt or intentional bias. Healthwatch York staff have previously taken part in Unconscious Bias training.

Healthwatch York contact details

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