

Meeting	Health and Wellbeing Board
Date	20 March 2024
Present	<p>Councillors Coles (Chair), Runciman and Waller (Substitute)</p> <p>Siân Balsom – Manager, Healthwatch York</p> <p>Dr Emma Broughton – Joint Chair of York Health and Care Collaborative</p> <p>Brian Cranna - Director of Operations and Transformation, Tees, Esk and Wear Valleys NHS Foundation Trust (Substitute)</p> <p>Caroline Johnson – Deputy Director of Nursing – York (Substitute)</p> <p>Sara Storey – Corporate Director Adult Social Care and Integration, City of York Council</p> <p>Martin Kelly – Corporate Director of Children’s and Education Services, City of York Council</p> <p>David Harbourne – Chair, York CVS (Substitute)</p> <p>Peter Roderick - Director of Public Health, City of York Council</p>
Apologies	<p>Councillors Webb and Ayre</p> <p>Sarah Coltman-Lovell – York Place Director</p> <p>Zoe Campbell – Managing Director, Yorkshire, York and Selby - Tees, Esk and Wear Valleys NHS Foundation Trust</p> <p>Simon Morritt - Chief Executive, York and Scarborough Teaching Hospitals NHS Foundation Trust</p> <p>Tim Forber - Chief Constable, North Yorkshire Police</p> <p>Alison Semmence – Chief Executive, York CVS</p> <p>Mike Padgham – Chair, Independent Care Group</p>

178. Declarations of Interest (4:38pm)

Board Members were invited to declare any personal, prejudicial or disclosable pecuniary interests, other than their standing interests, that they had in relation to the business on the agenda. None were declared.

179. Minutes (4:38pm)

Resolved: That the minutes of the Health and Wellbeing Board meeting on 24 January 2024 be approved as a correct record.

180. Public Participation (4:39pm)

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

Hazel Kerrison spoke about mortality rates in adults with severe mental illness. She advised that during the last four years, there has been an increase in excess deaths nationally for this cohort, but local numbers are far higher (425% vs 344.2%). She noted that the only excess risk factor singled out by studies was smoking, but multiple other risk factors such as side effects of anti-psychotics, socio-economic issues, late diagnosis, irregular health care, non-compliance, discrimination and suicide were not taken into account and should also be considered.

She also expressed concern that if a person with a diagnosed mental illness visited their GP with any physical disorder, the doctor was likely to assume a link to the patient's mental health condition; Ms Kerrison suggested that many patients in this cohort are statistically likely to have mental OR physical comorbidities and complex needs, which are not captured by simply assessing lifestyle choices like smoking.

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

The Chair presented the report. Referencing Annex B of the report, she queried several points which were unclear and proposed circulation of an amended version of this annex.

The Chair then responded to points raised by Board Members:

- The board raised the issue of pharmacies being difficult to access for elderly residents requiring regular prescriptions; patients living in villages were often obliged to make long journeys and some pharmacies were not wheelchair accessible. It was noted that local GP groups had been working internally to save patients multiple bus journeys, and Amazon-style lockers for delivery of medication had also been discussed.
- Concerning the Dementia Strategy, the board encouraged carers to make themselves known to their GP so that they can work collaboratively, and advised that for people concerned about dementia, they did not need to wait for a diagnosis and help was available from organisations such as Dementia Forward.

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

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

182. Report of the York Health and Care Partnership (4:52pm)

The Director of Public Health presented the report and the Deputy Director of Nursing – York presented an update on the progress of the Mental Health Hub.

The following points were discussed:

- Regarding speech and language professionals – the board asked about increasing access referrals as there was still a waiting list. The Corporate Director Children's and Education responded that there are two parts of the Early Talk For York scheme, the first is identifying the issue and passing on to specialists, the second is training people within the workforce to respond to it. So the first part was probably increasing waits by identifying more cases. He noted that we were not going to see a number of specialists come to the city who don't exist nationally.

- Regarding winter pressures the Joint Chair of York Health and Care Collaborative expressed concern that funds were usually committed in December and primary care were asked to step up by which time they could not do so quickly enough. It was suggested this be made opt-out rather than opt-in to make more economic use of funds. The Director of Public Health responded to this by noting that an operational group had been set up early by his predecessor last year and public messaging re vaccination did get out there at an earlier point, the problematic part was waiting for NHS England to announce funding. He agreed with primary care's suggestion that discussions with the ICB about the best spending needed to happen earlier in the year.

- Regarding Funding - the Manager of Healthwatch York agreed that currently things were being done locally at risk when it was generally understood that the money would be coming. She proposed writing a wish list of what is required, whether or not the money had come at that point. The Chair of York CVS stated that the same was applicable to the voluntary and community sector. He stated the sector was keen to help with winter pressures but significant operational challenges were presented where money was awarded at such short notice; additionally if a contract has been awarded but the outcome of a review was not received until the contract had ended, voluntary staff have left due to having had to be put on notice of redundancy.

- Regarding Mental Health Hubs – the board advised that they were pleased to see an early intervention and prevention approach discussed in the report as it saved both money and time later. The board said it would appreciate advice on where the Mental Health hubs would be and how people can get to them. The Director of Operations and Transformation, TEWV advised that the Mental Health Hub was on track to relaunch at Clarence Street in April 2024 and –
 - Posts had now been fully recruited to.
 - There was an aim for a sustainable model going forward to establish three hubs across York.
 - Referrals would be diverted from primary care and specialist services.

- Crisis line/crisis team was the appropriate direction to best address the needs of the community.
- There was currently an overall 4-hour response time.
- There was an 0800 number on the new telephone system and a new provider will start on 3 April to screen calls.
- The average wait time was 30 mins and there had been 388 callers in last week, 70% of which were answered before the call was abandoned.

On this last point, the Chair expressed some concern that 30% of calls to the crisis line had still 'hung up' in the past week and therefore those people may end up in Accident and Emergency. She stressed that if there was anything that partners can contribute then please raise this as we wish to address this issue. The Director of Operations and Transformation, TEWV stressed for clarity that 94% calls were answered by a person and it was just the transfer through that the 70% figure comes from, and he can observe from statistics that many of these people call back.

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

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

183. Update on Dentistry (5:24pm)

The Deputy Director for Dental Commissioning, Yorkshire and Humber presented an update on the national dental recovery plan.

The Programme Lead, Dental & Optometry, Humber and North Yorkshire ICB presented an update on the Blossom Family Dental Practice discussed at the previous HWBB meeting.

She was pleased to advise that work had been completed to retain the NHS contract for the City. A staggered return to offering existing patients appointments and taking on new patients, and 84 patient access appointments, 12 urgent access slots had been agreed per week. The Chair welcomed this as a genuinely good outcome for York.

The board noted another piece of good news for York, that the ICB were still on track to open additional provision over from BUPA this Summer. Mydentist was relocating to Stonebow and may be able to accommodate more NHS patients there.

The presenters took queries on the report from the Board on the following:

- The board expressed concern that this funding was non-recurrent and asked whether this would allow for sustainable arrangements with dental practices going forwards, given waiting lists and challenges including staffing would be ongoing.
- The Board expressed concern that a Freedom of Information request had indicated none of the previous £50 million allocated funding was actually spent in York, so would any of this new funding be coming to the city? The Programme Lead, Dental & Optometry, Humber and North Yorkshire ICB indicated that funding was ring fenced, and would be going forward to 2024/25 so they could still commit to spending that. The ICB had also taken a positive approach to managing risk, and this allowed forward planning re: workforce. Also planning ahead for Intermediate and Minor Oral Surgery (IMOS) which they had only gone as far north as Selby with and would like to move into York. She also indicated that they intended to launch a pilot to support people in vulnerable groups.
- The board noted that children, homeless people, those with mental health difficulties and refugee groups had been identified as high-risk groups to be prioritised with pilot schemes, and asked whether other vulnerable groups could also be added to this category such as pregnant women and diabetics, care leavers 18-25?
- The board asked how can we signpost people who no longer have access to dentists? An example was given of cancer patients who can't eat due to dental issues. The Programme Lead, Dental & Optometry, Humber and North Yorkshire ICB advised that signposting could be provided for urgent access sessions, though caution would be needed to manage patient expectation that this was

increased likelihood of being seen and not a guarantee. The board welcomed this, as GPs are currently having to triage or treat these cases without clear resources.

- The board requested metrics be presented after six months – where things started, where they had got to; with the workforce, net gain or loss, extractions in children etc. The Programme Lead, Dental & Optometry, Humber and North Yorkshire ICB agreed that these metrics would be useful – working on a report around what metrics to review regularly and acknowledged that feedback from the Board would be really useful. The board requested these metrics also be triangulated with Primary Care and A&E attendances for dental issues.
- The board queried the experience of children in particular; noting that a substantial part of the school day is lost if patients needed to travel a long distance for dental appointments. The Programme Lead, Dental & Optometry, Humber and North Yorkshire ICB responded that they had several child-only contracts out and were awaiting confirmation with four practices who had expressed interest to accommodate children who have not accessed an NHS dentist for 2 years. The Corporate Director Children's and Education noted that 92% of young people in care for more than 1 year have an up-to-date dental check (up from 79% last year) and wished to congratulate ICB for their work here.
- The board suggested that the Corporate Director of Children's and Education liaise with ICB to determine which children/schools may benefit most from pilot scheme for children.
- The board queried further investment into the Smile for Life programme and the Deputy Director for Dental Commissioning, Yorkshire and Humber said he would look into this.

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

Reason: To provide the Health and Wellbeing Board with an understanding of the current state of dental services within the City of York, an update on the national dental recovery plan

(launched February 2024) and future Humber and North Yorkshire Integrated Care Board plans for dentistry.

184. Update on Goal 6 of the Joint Health and Wellbeing Strategy 2022-2032: 'Reduce health inequalities in specific groups' (5:57pm)

The Director of Public Health presented the update, which included highlighting Section 10 which showed that there were inequalities and exceptional rates of mortality in excluded groups within the strategy, as also evidenced in Ms Kerrison's speech in the Public Participation section.

The Director of Public Health responded to questions from Board Members regarding:

- Multiple categories of disadvantage, which mean a patient may not fit into a single individual category; the Director of Public Health advised that this was evolving, and work had been undertaken on dual diagnosis, particularly drugs/alcohol and mental health. He suggested that trauma tended to be siloed and professionals should become more used to discussing these issues with one another to determine the best place for a patient at any given time. He noted that the housing issue was also a factor here.
- Answering whether there were metrics on which schemes are working and which may need further development, the Director of Public Health indicated that there was a larger, broader paper summarising these metrics and this will be brought back to the Board allowing for deeper analysis of progress and impact on Goal 6 at a future date.
- It was highlighted that the trans community in particular had very lengthy wait times and while the ICS was looking into this, it was not ideal given the vulnerability of that cohort. The Director of Public Health said responsibility for this may lie directly with the Commissioner at a national level, but the issue would be discussed with the ICB.
- Barriers to health access existed for deaf people, who had higher inequalities despite generally healthier lifestyles. The Chair advised that the latter issue would be going

before the Executive imminently and requested the Director of Public Health assess and refine it prior to submission. The Director of Public Health agreed that including those with hearing and visual sensory issues as an equality group in this report would be beneficial going forward.

- Regarding the voluntary sector the Chair noted that the Board needed to ensure treating people with kindness and understanding was enshrined, especially when it came to marginalised groups. The Chair of York CVS noted his involvement as Community Commissioner for the Poverty Truth Commission (PTC), since the PTC had come up in the context of this report. He noted that the PTC would be publishing its report in April, but once they had completed their work, the organisations within the Board would need to commit to contribute to this on a fundamental level.
- It was noted that the Data on Excess Deaths in the Annex A table was dated 2021. The Director of Public Health noted that this was published in March 2023, and he would usually expect an annual refresh of data. Unfortunately, this was a national data set and not within his remit directly.
- Employment rate for people with Learning Difficulties is wider than national average – was there a reason for this?
- It was highlighted that gypsy/traveller community health inequality statistics were also stark; the Director of Public Health noted that a health needs assessment had been published on the Council's website and an action plan was also being brought forward on this. There was a multi-agency group including the York Travellers Trust who were addressing these statistics.

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

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

185. Annual Update on the JSNA (6:18pm)

The Public Health Specialist Practitioner Advanced presented a retrospective on the Joint Strategic Needs Assessment (JSNA).

- The Board asked if consideration had been given to linking the End of Life Health Needs Assessment to the Bereavement Alliance; the Public Health Specialist Practitioner agreed that this suggestion was very sensible and the Health and Wellbeing Partnerships Coordinator offered to liaise with her on this matter.

The Public Health Specialist Practitioner Advanced presented an overview of things to come in 2024.

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

Reason: To provide the Health and Wellbeing Board with an update on the JSNA, including work undertaken in the last year by the York Population Health Hub and planned work for the coming year.

186. Healthwatch Report: Community Pharmacy (6:27pm)

The Manager, Healthwatch York presented the report, which looked at the results of a survey exploring people's experiences at community pharmacies, led by Healthwatch York in partnership with Healthwatch North Yorkshire and Community Pharmacy North Yorkshire.

On discussion of the report the following points were raised:

- Querying the bar charts indicating the services currently being accessed, the board asked what else might encourage more people to go to pharmacy; the Manager Healthwatch York agreed that one driver would be a better understanding of the wide range of services that can be offered, blood pressure, advice on many conditions without waiting for a GP appointment and the pharmacy will always signpost if they are unable to help. She strongly urged the public to try the pharmacy in the first instance.
- Regarding unclear communication of irregular pharmacy opening hours over the Christmas period the Manager,

Healthwatch York agreed that this could be communicated better and that a shared resource that all providers signpost to would be useful in future.

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

Reason: To present the results of a survey exploring people's experiences at community pharmacies, led by Healthwatch York in partnership with Healthwatch North Yorkshire and Community Pharmacy North Yorkshire.

Cllr Jo Coles, Chair

[The meeting started at 4.34 pm and finished at 6.33 pm].