

Meeting	Health and Wellbeing Board
Date	22 January 2025
Present	Councillors Steels-Walshaw (Chair) and Runciman (Arrived 4:51pm) Sarah Coltman-Lovell - York Place Director (Vice Chair) Siân Balsom – Manager, Healthwatch York Martin Kelly - Corporate Director of Children’s and Education, City of York Council (Arrived 4:45pm) Alison Semmence - Chief Executive, York CVS Peter Roderick - Director of Public Health, City of York Council (Left 6:20pm) Tim Forber - Chief Constable, North Yorkshire Police Michael Melvin – Director of Adults Safeguarding, City of York Council (Substitute for Sara Storey) Lucy Brown – Director of Communications, York and Scarborough Teaching Hospitals NHS Foundation Trust (Substitute for Simon Morritt) David Kerr – Community Mental Health Transformation Programme and Delivery Lead – Tees, Esk and Wear Valleys Foundation Trust (Substitute for Zoe Campbell)
Apologies	Councillors Mason and Webb Dr Emma Broughton – Joint Chair of York Health & Care Collaborative Zoe Campbell – Managing Director, Yorkshire, York & Selby - Tees, Esk & Wear Valleys NHS Foundation Trust Sara Storey – Corporate Director, Adults and Integration Simon Morritt - Chief Executive, York & Scarborough Teaching Hospitals NHS Foundation Trust Mike Padgham – Chair, Independent Care Group

23. Apologies for Absence (4:34pm)

The board received apologies from Councillors Mason and Webb; there were no substitutes for the councillors.

The board received apologies from the Managing Director, North Yorkshire, York & Selby - Tees, Esk & Wear Valleys NHS Foundation Trust, who was substituted by the Community Mental Health Transformation Programme & Delivery Lead.

The board received apologies from the Chief Executive, York and Scarborough Teaching Hospitals NHS Foundation Trust, who was substituted by the Director Of Communications.

The board received apologies from the Corporate Director, Adults and Integration, City of York Council who was substituted by the Director of Adult Safeguarding.

Notice was received from Councillor Runciman and the Corporate Director, Childrens and Education, City of York Council who were running late for this meeting.

24. Declarations of Interest (4:34pm)

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.

The York Place Director declared a personal interest in Item 5, in addition to her professional role as a representative of NHS Humber and North Yorkshire Integrated Care Board (ICB).

25. Minutes (4:34pm)

Resolved: To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on Wednesday, 11 November 2024 and amended minutes from the meeting held on 25 September 2024.

26. Public Participation (4:35pm)

It was reported that there had been two registrations to speak at the meeting under the Council's Public Participation Scheme.

Cllr Nelson spoke on agenda item 10, and the wider remit of the board, regarding pharmaceutical needs assessment. She specifically cited pharmacy access in Westfield ward, where there was only one out of hours pharmacy, which had recently applied for a change of opening hours; "no significant change" had been flagged for the individual application – but it would in fact represent a profound change in pharmacy provision for residents this part of the city if the only late pharmacy service was to cease.

Cllr Nelson requested that the board formally write to national government in an official capacity, requesting a change in legislation on this matter because there was currently no local provision for funding or contracting of pharmacies. The Chair acknowledged this request and confirmed that she would discuss this with the Director of Public Health.

Hillary Conroy spoke on agenda item 5, praising the authors for their hard work and advising that parents of neurodiverse children like those who contributed to the report experienced a great deal of pressure and were often afraid to "speak up" honestly about their experiences. She said a huge physical and emotional toll was taken on parents, many of whom had felt they were the only ones. She felt that the ICB had been overly defensive with their initial response to Healthwatch and suggested that a change in approach to these families was required and simply signposting was not necessarily the best solution.

27. Healthwatch York Report: Listening to Neurodivergent Families in York (4:43pm)

The York Healthwatch Manager presented the report; paying tribute to the families, organisations and partners who contributed. She emphasised that sharing stories was an important step to show families not alone and that parents expertise of their own children and family situation should be recognised.

[The Director of Childrens and Education arrived at 4:45pm]

[Cllr Runciman arrived at 4:51pm]

The Director of Public Health thanked the report authors as well as the public speaker and all involved in producing the report, noting that the Autism and ADHD strategy for the city was currently being written, and had been discussed at the Health Scrutiny committee, and as such this report could not be better timed. He agreed that there was a need to incorporate the voices of those with lived experience of neurodiversity, stating that the larger aspiration was to be a city with a better understanding of neurodiversity in areas such as education and transport, as well as pathways through diagnosis. He assured the board that the Neurodiversity and Mental Health working group for children, adults and those transitioning between services was being well briefed on this issue and hoped to have the strategy completed by May 2025. He added, while the report discussed professionals finding ways of saying “no” to things, this refusal was not due to it not being needed, rather it was due to lack of funding.

The York Place Director commented on the perceived “defensiveness” of the report discussed in public participation – she explained that the ICB had been invited to fact check, and there had a short turnaround of 10 days due to Healthwatch requesting the ICB comment over the Christmas period. She assured the board that York Teaching Hospitals now included a digital flag on their systems, where there were any doubts over accuracy of any points in a report, and she encouraged people to get in touch online via the ICB website regarding commissioning and support. She said that she had read the report with great personal and professional interest.

The Corporate Director of Children’s and Education commended the report, stating that there were good things ahead, although the school system needed to change. He said that the ICB had done good work regarding Trauma-Informed Practice but noted that children and adults who experience autism and ADHD experience “trauma” every day. He also discussed development of this strategy in York, with an additional £60,000 funding to authority, families, SENDIAS.

The Director of Adult Safeguarding said it was a difficult report to read but nothing compared to the difficulties faced every day

by the families involved. He advised that a strategic, attitudinal, and trauma-informed workforce approach would help respond to concerns raised.

Board members asked whether the report would be presented to primary and secondary school networks, given the prominent discussion of neurodiversity in schools and the exclusion levels of neurodiverse children in the report. The Director of Childrens and Education answered that this was discussed at the Safeguarding Executive Board and would indeed be taken to schools.

28. City of York Safeguarding Adults Board Annual Report 2023/24 (5:06pm)

The Director of Adults Safeguarding advised that this report summarised achievements and challenges of the Safeguarding Adults Board as well as its ambitions for 2025 and sought input from board members.

The Independent Chair of the City of York Safeguarding Adults Board presented the report and PowerPoint discussing the work of the members of the Safeguarding Adults Board to carry out and deliver the objectives of their strategic plan during 2023/24. The Independent Chair and Director of Adults Safeguarding then responded to questions from the board.

The board noted that the referrals coming in and conversions into Section 42 investigations were higher than the national average and asked whether there was any concern about initial referrals not being as high as they might be.

The Director of Adults Safeguarding responded that there was a positive in increased awareness in the city prompting residents to come forward to Adult Social Care Front Door with their concerns, but Community and Early Intervention needed to manage these risks, and the conversion rate of Section 42 enquiries was in part lower than it otherwise might be due to the amount of discretionary work put in at the triaging stage. There was capacity to help manage risk without getting into lengthy enquiries, and extant multi agency partnerships with the Police Force and Mental Health Services could be broadened to further avoid the need to progress to Section 42 with all referrals. He suggested that he would be more concerned if the number of

referrals continued to rise as these numbers could become unsustainable.

On the point of increased referrals – The Chief Constable, North Yorkshire Police, added reassurance that the Police Force had made considerable investment in its workforce for the Vulnerability Assessment Team, which was currently a bottleneck for referrals, and that this was one of the limited areas being prioritised for further investment in the coming year.

The board asked how safeguarding were dealing with Neurodivergent residents and particularly those transitioning from Children's to Adult's Social Care, where issues have arisen in the past due to this milestone representing a change in all the rules, and it should not be assumed that young people are aware of this.

The Director of Adult's Safeguarding said that a transitional protocol had been put in place to identify those with potential need in this area, with the intention of identifying young people who may need safeguarding support into adulthood. Alongside this there was both a strategic and an operational transitions group looking at individuals and cohorts in order to better support their transition between services. As the plan detailed, there was a specific focus on training and governance within the workforce for younger adults and the particular types of harm that they experience.

The Corporate Director of Children's and Education added that it was important to recognise and understand much more about neurodiversity; how young people don't fully develop their brains until 25 and how being supportive rather than punitive at a young age was important. Moving forwards, the Children and Wellbeing Schools Bill which would be mandating Multi-Agency Child Protection teams from 2027, strengthening what can be done for children moving into adult life.

The board expressed that the inclusion of homeless and rough sleepers in the report was positive, as this cohort were historically harder to engage.

The Independent Chair of City of York Safeguarding Adults Board responded that it had not been hard to engage this group, rather a way had not been found to engage with them, which was an important distinction.

She concluded that there was now a much better understanding of the well-being principle under the Care Act, and how that was not simply about older people, but about anyone struggling with care and/or support.

29. Annual Update on the Joint Strategic Needs Assessment (5:33pm)

The Director of Public Health introduced and presented PowerPoint slides, alongside the Public Health Practitioner, Communities and Neighbourhoods Services.

The report summarised and updated on the Joint Strategic Needs Assessment, including work undertaken in the last year by the York Population Health Hub, planned work for the coming year, and some key changes in the York population.

The presentation reminded members of the key role JSNAs play within the work of the board, and outlined the approach being taken in York.

Given the discussion during public participation, it was pointed out that one of the Health Needs Assessments undertaken as part of this work concerned Pharmaceutical Needs Assessment; one of the required statutory assessments for this board.

The Population Health Hub (PHH) was also highlighted because the Director of Public Health felt that it tied into the work undertaken by his team on Health Needs Assessments, but it was also part of a wider partnership with the ICB, the hospital, the police and many other partners around the table. The PHH represented important partnership work, meeting on a regular basis and discussing how data is shared.

The Director of Place commended the PHH as a real asset for York, with analysts coming together to talk about need, which she felt tied it to the neighbourhood principles of the York Health and Care Partnership discussed in item 8. She said that moving to neighbourhood working was extremely positive and enabled multi-agency work.

The board asked whether Public Health team would be able to look at the needs highlighted by the PHH on a neighbourhood basis and use this data.

The Director of Public Health answered with the example of “Proactive Social Prescribing”, a project started a couple of years prior, analysing need of a cohort of patients with respiratory conditions, and sharing data between the ICB, hospital and York CVS. This had received good self-reported outcomes, though not yet formally assessed. He agreed that the neighbourhood model and data sharing was a helpful and positive step forward.

The Director of York CVS added that this project had worked well; those engaged in Proactive Social Prescribing faced many challenges and might ordinarily have “fallen through the cracks” in the system. Their team needed to be persistent as some appointments were cancelled and some patients did not attend, but this persistence moved patients to a better place where they were happier. She stated that the project did not cost a lot and in fact had saved a lot of money.

The board asked whether there had been any progress with regard to dental health and supervised toothbrushing schemes at schools.

The Director of Public Health responded that he would have to formally report back to the board at a later date on this matter; there was now supervised brushing in six settings and the ICB was funding further expansion of this. Supervised brushing was so well evidenced that data was not routinely collected, but he committed to discussing this with the oral health lead, to produce evidence of impact.

30. Update from the York Health and Care Partnership (5:49pm)

The York Place Director presented the report summarising the work of, and recent minutes of the York Health and Care Partnership (YHCP), progress to date and next steps.

One report highlighted in the wake of earlier public participation and item 5, summarised work the YHCP, City of York Council and the ICB had undertaken linked to the neurodiversity in schools, due to conclude in March 2025.

Also, she explained that all six places were now set to form joint committees – as such York could be seen to be leading the way.

The board asked about money allocated for the Mental Health Hub running out if this project was not completed in time. The York Place Director responded that there were very detailed plans in place for this and money was in place for two years. Currently they simply needed to answer how the allocation would be spent. TEWV, Adult Social Care and the ICB had all discussed a sustainable model and she hoped to be able to give an update on further work elsewhere in city.

The Director of Adults Safeguarding clarified that The Mental Health Hub (Hub 3) would be focused on a specific local area, and there would never be one central base for whole city, rather a localised concentration. Beyond the two years of funding, there was a hope that a neighbourhood model would be adopted to better serve people.

31. York's Joint Local Health and Wellbeing Strategy 2022-2032: Review of Progress and Future Action Planning (6:07pm)

The Director of Public Health presented the report summarising the background and goals of York's Joint Local Health and Wellbeing Strategy, established in 2022 for 10-year vision of a healthier and fairer city; not just healthier but health-generating. Now that the strategy was two years in, it was time to review the action plan.

The Director of Public Health asked the board to consider how to measure and enable progress against the action plan in the remaining eight years of the strategy, proposing three options for how this could be achieved:

- a. Continue another cycle through the current 28 actions in the plan, which would see further embedding and assurance on what partners have committed to, but risk overlooking key areas of work outside the current actions.

- b. Agree with the board lead for each goal a combination of new and old actions in each area appropriate for 2025-2027, and then cycle through reporting on these new actions from May 2025.
- c. Take a different approach, for instance focussing on the six ambitions in the strategy, or on using themed sessions around the 'life course' areas (Start Well, Live Well, Age Well, Die Well), or focussing on the 'building blocks of health'.

The Chair agreed to delegate actions to the Director of Public Health and the Health and Wellbeing Partnerships Coordinator. The board agreed with the author's recommendation of Option B.

32. Report of the Chair of the Health and Wellbeing Board (6:16pm)

The Chair of the Health and Wellbeing Board presented the report, which focused on pharmacy provision further to the public participation. While there had been a statement made that hours would not change, the Chair resolved to monitor this. She drew attention to the Pharmaceutical Needs Assessment Survey 2025 (PNA) which would be live until 3 March 2025, and encouraged people to complete this to have their say on services.

The Manager, Healthwatch York reminded the board that Healthwatch had completed a report on pharmacy provision last year, in which the number of pharmacies that had moved from 100 hours was discussed before changes to NI. She agreed that this was a really concerning aspect and hoped to see a national settlement soon.

[The Director of Public Health left at 6:20pm]

The Chair endorsed the neighbourhood model discussed in item 8, citing the need to switch from a reactive service to a model where localised teams shared information across the whole community; stating that such models also reduced pressure on Health and Care Systems and created savings.

Cllr L Steels-Walshaw, Chair

[The meeting started at 4.33 pm and finished at 6.21 pm].