
Meeting	Health and Wellbeing Board
Date	22 November 2023
Present	<p>Councillors Coles (Chair), Runciman, Dr Emma Broughton – Joint Chair of York Health & Care Collaborative Zoe Campbell (Remotely) – Managing Director, Yorkshire, York & Selby - Tees, Esk & Wear Valleys NHS Foundation Trust Sarah Coltman-Lovell - York Place Director Martin Kelly - Corporate Director of Children’s and Education, City of York Council Alison Semmence - Chief Executive, York CVS Sharon Stoltz - Director of Public Health, City of York Council Lucy Brown (substitute for Simon Morritt) – Director of Communications Emily Douse (substitute for Sian Balsom) – Deputy Manager, Healthwatch York Michael Melvin (substitute for Jamaila Hussain) – Director of Adults Safeguarding, City of York Council Mabs Hussain (Remotely) (substitute for Lisa Winward) - Deputy Chief Constable, North Yorkshire Police</p>
Apologies	<p>Councillors Ayre and Jones - Interim Director, Humber and North Yorkshire Locality, NHS England and Improvement Simon Morritt - Chief Executive, York & Scarborough Teaching Hospitals NHS Foundation Trust Mike Padgham – Chair, Independent Care Group</p>

160. Declarations of Interest (4:37pm)

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.

161. Minutes (4:37pm)

Resolved: That the minutes of the Health and Wellbeing Board meeting on 25 July 2023 be approved as a correct record subject to the following amendment:

- i. Add wording to reflect the correct job title of the Director of Quality and Nursing North Yorkshire and York, who was incorrectly described as 'Director of Quality and Nursing, NHS Vale of York Clinical Commissioning Group'.

Resolved: That the minutes of the Health and Wellbeing Board meeting on 20 September 2023 be approved as a correct record subject to the following amendments:

- i. Amend the wording on page 17 of the agenda, item 158 of the minutes, "And it was brought it due to growing demand on services", to "And it was brought about due to growing demand on services".
- ii. Amend the wording on page 17 of the agenda, item 158 of the minutes, "The Commission service", to "The commissioned service".

162. Public Participation (4:38pm)

It was reported that there were eight registrations to speak under the Council's Public Participation Scheme.

Alec Fraher spoke on item 4 of the agenda and requested that the Health and Wellbeing Board invited the Director of Public Health to organise a working group for the diagnostic protocol for ADHD, Autism, and dissociative conditions. Alec stated that there were difficulties around the understanding of differences between ADHD and Autism and highlighted that they are often mistakenly thought to be the same, Alec asked the board to create a public health information campaign in relation to these matters.

Hilary Conroy spoke on item 4 of the agenda representing York Disability Rights Forum. Hilary stated that the Autism/ADHD Pilot was unlawful, and that service provision for autism was the same as it was before the pilot commenced. She stated that it

could take up to 20 years for those on the waiting list to be helped and it was unethical for people to be assessed only if they stayed on the list.

Stephanie Brodie spoke on item 4 of the agenda and stated how autism burnout does not fit the criteria for mental health support and stated that NHS staff do not have the proper training for diagnosing borderline personality disorder (BPD), autism, and ADHD.

Hazel Kerrison spoke on item 4 of the agenda and stated that mental health services were not the best environment for neurodivergent people and that many aspects of ADHD and Autism could be misinterpreted and misdiagnosed. She also mentioned that the Suicide Prevention Strategy linked undiagnosed autism to suicide and that early prevention was important.

Councillor Rose spoke on item 4 of the agenda and raised concerns with the Autism/ADHD pilot. He highlighted that recent changes to the pilot were not improvements, commenting that many changes concerned communications while many issues had not been addressed.

Councillor Burton spoke on item 4 of the agenda and stated that people had been discharged from care when they were in need of help and risks were ignored. He stated that communication between services in York needed to be improved and highlighted that mental health was a key driver of substance misuse.

James Cannon spoke on item 6 of the agenda, noting that he was Chair of the York Older People's Assembly and a member of a York friendly citizen's group. He highlighted that York residents should have a say in the services available in York, and that many York residents would not understand the acronyms and terms referenced in the York Health and Care Partnership (YHCP) report. He then questioned what involvement the public had in the winter resilience planning referenced in the report.

Payson Muller spoke on item 4 of the agenda and stated that many women had been misdiagnosed and had gone under the radar due to their ability to mask their autism. They also noted

that the diagnostic theory for ADHD and related conditions was misunderstood.

163. Report of the Chair of the Health and Wellbeing Board (5:08pm)

The Chair presented the report.

Referencing Annex C of the report, Healthwatch York Recommendations, the York Place Director noted that details of previous and upcoming community engagement were online and that there was a live pilot which was the opportunity to receive meaningful feedback. She also mentioned that it was a priority to learn how we could better support people while they were on the waiting list, and that the ICB had met with the International Health Minister about being a neurodivergent supporting community. The York Place Director also noted that the criteria for the pilot had not been tightened but had instead been broadened.

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

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

164. Health and Wellbeing Board Terms of Reference (5:19pm)

The Director of Public Health presented the report and noted that as the Health and Wellbeing Board was a sub-committee of Council, the ToR (Terms of reference) would need to be approved by Full Council.

The Board discussed the use of task and finish groups, noting that they provided more flexibility in approach due to the lack of structure required.

It was noted that it was important for mental health to continue to contribute to board meetings, and that the York Health and Care Partnership (YHCP) would continue to have a reporting relationship with the board on relevant agenda items.

Resolved:

That the Health and Wellbeing Board approved the proposed Terms of Reference;

That the Board's revised Terms of Reference be referred to the Constitution Working Group and then onto Full Council for approval, and for the Monitoring Officer to ensure that the Council's Constitution is updated to incorporate any revisions to the Terms of Reference agreed by Full Council.

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

165. Report of the York Health and Care Partnership (5:34pm)

The York Place Director presented the report and noted that there were difficulties for customers and professionals to navigate the health system and the winter resilience plan was to identify what provisions were available and where gaps in provision were.

The Chair requested that the York Place Director present a report to the Board at the next meeting concerning dental provision in York.

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

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

166. Report of the Health Impacts of the Cost-of-Living Crisis (5:53pm)

The Consultant in Public Health, Director for Customer and Communities, Public Health Improvement Officer, and Population Health Manager for York Integrated Care Board (ICB) presented the report, and it was noted that the report focused on how the cost-of-living crisis was affecting people's health in York.

The Assistant Director of Customer Services noted that there was a Financial Inclusion Steering Group to help address cost-of-living issues in York. She also stated that illegal money-

lending and digital inclusion were key features of the cost-of-living crisis.

The York Place Director urged all partners to make use of the Population Health Hub (PHH) and noted that the ICB has committed to health and inequalities funding for the next five years to support targeted approaches to reduce the burden of ill health.

In response to questions from board members, it was confirmed that:

- York PHH would discuss rising issues residents were facing at their next meeting, and that more regular updates could be commissioned in order to have more real-time data reporting.
- Many benefit entitlements were not being picked up by those who were eligible.
- The Policy in Practice tool allowed for a collection of data to inform how people had improved their situation.

Resolved: That the Health and Wellbeing Board:

- Noted and discussed the contents of the report;
- Disseminated the findings and support available in York to local services and practitioners in York.

Reason: So that findings and support in York was available to local services and practitioners.

167. Health Protection Annual Report (6:23pm)

The Director of Public Health presented the report and noted that there were shared responsibilities between the Humber and North Yorkshire ICB, City of York Council, and North Yorkshire Council for infection prevention control services.

In response to questions from board members, it was confirmed that:

- The ICB had a vaccination board for encouraging vaccinations within the local population.
- There was negative social media attention for vaccinations since COVID-19. Take-up levels for

vaccinations had always been good for the over-75 age bracket, but more needed to be done to further encourage younger age groups.

- Work was ongoing with the ICB and joint practices for Measles, and letters had been sent out to all NHS trusts in relation to this.

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

Reason: To be assured of the health protection arrangements to protect the local population.

168. Implementation, Delivery, & Performance Monitoring of the Joint Health and Wellbeing Strategy 2022-2032 (6:40pm)

The Consultant in Public Health presented the report.

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 fulfils its statutory duty to deliver on their Joint Local Health and Wellbeing Strategy 2022-2032.

169. Annual Report of the Director of Public Health (6:48pm)

The Director of Public Health presented the report and recommended that at a future meeting the board receive the domestic abuse strategy referenced in paragraph 7a of the report. The Chair noted that the board would receive the strategy when it was completed.

Resolved: That the Health and Wellbeing Board:

- i. Received the report.
- ii. Agreed to support the recommendations.
- iii. Noted the progress being made on the recommendations of the 2020-2022 Director of Public Health Annual Report.

Reason: It is a statutory requirement for the Director of Public Health to produce an annual report and the Health and Wellbeing Board needed to be aware of the recommendations within it.

The members of the Health and Wellbeing Board thanked the outgoing Director of Public Health for the report and for her role on the board and wished her well in her retirement.

Cllr Coles, Chair

[The meeting started at 4.37 pm and finished at 7.00 pm].