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Meeting	Health and Wellbeing Board
Date	24 July 2024
Present	Councillors Steels-Walshaw (Chair), Runciman, Webb and Mason Siân Balsom – Manager, Healthwatch York Brian Cranna - Director of Operations and Transformation, Tees, Esk and Wear Valleys NHS Foundation Trust (Substitute for Zoe Campbell) Sarah Coltman-Lovell - York Place Director Sara Storey – Corporate Director of Adults and Integration, City of York Council Martin Kelly - Corporate Director of Children’s and Education, City of York Council Alison Semmence - Chief Executive, York CVS Peter Roderick - Director of Public Health, City of York Council
Apologies	Zoe Campbell – Managing Director, Yorkshire, York & Selby - Tees, Esk & Wear Valleys NHS Foundation Trust
Absent	Dr Emma Broughton – Joint Chair of York Health & Care Collaborative Simon Morritt - Chief Executive, York & Scarborough Teaching Hospitals NHS Foundation Trust Mike Padgham – Chair, Independent Care Group Tim Forber - Chief Constable, North Yorkshire Police

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## 1. **Declarations of Interest (4:35pm)**

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.

## **2. Minutes (4:35pm)**

Resolved: That the minutes of the Health and Wellbeing Board meeting held on Wednesday, 8 May 2024 be approved as a correct record.

## **3. Public Participation (4:35pm)**

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

Ben Ffrench spoke on item 8 concerning the delivery of mental health services and the importance of lowering thresholds for access and coproduction and also on item 9, specifically on the importance of Action A23 of Goal 9 of the Joint Health and Wellbeing Strategy 2022-2032, and the consequential vitality of investment in green spaces and local parks.

## **4. Presentation: Poverty Truth Commission (4:39pm)**

The Poverty Truth Commission Coordinator (PTC Coordinator) introduced the role of the Community Commissioners and discussed their presentation entitled "TOGETHER: Promoting dignity and respect for those facing poverty" introducing the newly created Charter for Organisational Standards. He stated that the top three issues identified by Commissioners as a priority when drawing up the Charter were:

- Understanding; linked with kindness and respect
- Communication
- Digital exclusion/inclusion

The Community Commissioners proceeded to discuss their individual lived experiences and how these fed into the work of the Commission and the theme of the presentation.

In response to questions to the PTC Coordinator's questions, they also discussed ways in which the Commission had already made a difference; such as changing the way in which letters from the council are worded, and the police presenting a monthly kindness award.

They also proposed changes to health and social care to improve experiences for end users. The Board recognised this point, and confirmed that they would take away from it, acknowledging the way Commissioners had discussed being treated by health and social service staff. While the Commissioners had understood there must be mitigating factors for this, it was instructive for the board to see how this impacted on end users.

The Board queried the concerns that Commissioners had regarding communications and they explained that a lack of detail and explanation on a computer generated council bill could cause a great deal of worry, particularly if sent in error or unexpectedly. The example given billed for “Adult Social Care” which was a generic explanation and not something the commissioner had recognised; someone with mobility issues or financial/digital exclusion may find it difficult to follow up on correspondence to request further explanation. Commissioners also noted that the average literacy level of someone in poverty is age 13 and the communications sent generally have an expectation of GCSE level literacy. The Commission were happy to offer a service to confirm correspondence was comprehensible to the intended audience.

The board acknowledged commissioners points regarding digital exclusion and asserted that in addition to poverty and education, there were also generational accessibility issues, and access to services should never be locked behind a gatekeeper of technology. The PTC Coordinator noted that commissioners were contributing to a digital inclusion panel.

Board members asked whether there were any lessons to be learned from other Local Authorities, and the PTC Coordinator stated that York was the first authority to produce such a charter and was essentially leading the way in putting something together like this. The board acknowledged that multiple partners had received feedback regarding correspondence, and Healthwatch utilised a “readability” panel, but it was vitally important that partners not create unnecessary concern.

The Board asked the Chair what the chances were of City of York Council adopting the Charter proposed by the Poverty Truth Commission, and the Chair confirmed that many organisations had already taken up the charter, and the Board

was asking partners to return to their organisations, consider the principles, and decide within their organisations whether or not they wished to sign up.

The board acknowledged LGBTQ residents, disabled residents and residents experiencing dementia had all fed back that they too greatly appreciated the key principles of kindness and respect from health and social care providers, and the charter would provide benefit more widely than just those experiencing poverty.

The board acknowledged that the changes to legislation regarding prescription charges put the onus on the recipient to declare that they were in poverty or otherwise unable to afford to pay for their prescription in order to be offered assistance, and it was felt that the guidance offered by the charter was helpful for situations like this.

The Chair thanked the presenters on behalf of the board for the work they, and the Commission were doing, and urged organisations to sign up for the charter if they had not already done so.

Resolved: That the Health and Wellbeing Board noted the Report and Presentation, and endorsed the Commission's Charter.

Reason: To provide the Health and Wellbeing Board with an update on the work of the Poverty Truth Commission and their Charter for Organisational Standards.

## **5. Better Care Fund (5:16pm)**

The report was presented by the Assistant Director, Community Integration Humber and North Yorkshire ICB (York Place) and the Finance Manager, Corporate Finance Team, City of York Council. They advised the Board of the recent Better Care Fund (BCF) annual planning template, which is a national requirement.

The planning submission template collects data on the use of BCF funding and ambitions for performance on BCF metrics (performance objectives) and activity to achieve these as well as on capacity and demand planning.

The Assistant Director, Community Integration further explained that it was a requirement to provide a summary of the strategic approach to integration of health and social care to support further improvement of outcomes for people with care and support needs. Included in this we provide narrative on specific schemes, outcomes and what they are trying to achieve.

Acknowledging the current direction of travel and the shift towards a more joined up approach to commissioning, we have also included detail on how City of York Council and NHS Humber and North Yorkshire Integrated Care Board (ICB) will work together to further join up commissioning and develop the care market.

The board asked whether rising inflation had impacted the ability to afford services, since this had the potential to reduce support offered to some organisations. The Finance Manager, Corporate Finance Team confirmed that this had been difficult; the amount contributed to the Better Care Fund by the Council had remained static for the last two years. Whereas in the past a surplus pool had provided the option to “bid” for funding, leading to new services like the Local Area Coordinators and the York Integrated Care Team; the ability to do this had now been limited. The emphasis had shifted to effective management of existing resources rather than new investment.

The Assistant Director, Community Integration proceeded to take the group through some of the schemes contributing to the performance objectives, including admission avoidance, discharge improvement and early support at home. In response to questions from the board she clarified some anticipatory care also aimed to prevent people going into hospital in the first instance.

The board asked about the process from diagnosing a need for a service to sourcing a provider to delivering an outcome, as well as the associated challenges. The Assistant Director, Community Integration explained that consideration was given to prior years BCF submissions, since little variation tended to occur year on year, it was also similar with contracts and

specifications so schemes were scrutinised to ensure they provided best value and met key performance indicators. Performance was monitored throughout the year, and the spending forecast was put forward annually. In terms of challenges, they needed to take into account what was reasonable from providers, if providers came to her in the middle of a year and said that they were unable to provide a service due to inflationary uplift, a financial driver etc these factors would be considered on a case by case basis by the performance delivery group.

The Chair of York CVS stated that she had been on the delivery board for six years, and there had been a review every one of those years. She felt that this year would be different because the report was more thorough and really addressed some of the challenges within a really challenging environment. She felt that excellent work had been done, and was grateful as she felt CVS was seriously disadvantaged when cuts were made in the past. She proposed ring fencing funding when funds were as tight as they currently are.

In response to queries from the board The Assistant Director, Community Integration stated that the BCF wished to hold itself accountable and acknowledged that these are not just figures on paper but funding that has a real impact on people's lives. The BCF would consider reintroducing case studies, which they had used in the past.

Resolved: The Health and Wellbeing Board considered the content of this report and supported the ongoing oversight of the planning and implementation of the Better Care Fund. The Board also noted the next steps with agreement that the findings and any associated proposals be discussed at a future meeting.

Reason: To keep up to date with the work of the Better Care Fund and monitor progress regarding recommendations.

## **6. Report of the Chair of the Health and Wellbeing Board (5:40pm)**

The Chair presented the report.

The board raised a question about support and education on the issue of domestic violence based on responses to the Children and Young Peoples Survey, in which only 50% of respondents had recognised coercive factors to be “wrong”.

The Director of Public Health responded that the Children and Young People’s Service was commissioned through Independent Domestic Abuse Services (IDAS), and was therefore directly supporting children who are victims directly or through witnessing abuse. He also noted that the Healthy Schools program now had a stronger take up in York (with 25% of schools working toward the Healthy Schools award) and this program contained information on healthy relationships/boundaries and where to get support. This formed part of the curriculum around health and wellbeing/sex and relationships in schools. He acknowledged that the survey data was worrying, and acknowledged the public health concern, admitting positive efforts in this area were an uphill battle against unhelpful social media influences.

The board queried why independent schools were not covered by the survey, and the Director of Public Health clarified that this was an administrative issue as the survey was managed through the school support team within the council, who had stronger links with the state sector but were other schools keen to participate, there was no reason why independent schools in the city couldn’t be included going forward. The 200+ children who were home schooled in York would be harder still to capture, but the board had an interest in the health and wellbeing of all children and young people within the authority.

The board discussed the “I am” statements and SEND Hub, stressing the importance of parents knowing where they could go for help, noting that SEND offer needed effective and clear communication to ensure people were connected to the appropriated service. Board members noted that parent feedback suggested a desire for someone to guide them through the first steps on this journey and to walk with them, which a website cannot do and a more in-person approach could.

The Corporate Director of Childrens and Education responded that there was a planned extension to the Local Offer’s web-based services awaiting Executive approval. He clarified that it was not necessarily only about the local offer but about the

whole national picture, where funding was short by £6.4billion to deliver the 2014 SEND Act. York was developing a physical SEND centre of excellence bringing together professionals from across different organisations, providing better support for families.

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.

## **7. Report of the York Health and Care Partnership (5:59pm)**

The York Place Director presented the report, which included an update regarding the work of the York Health and Care Partnership (YHCP).

The board raised a query regarding the appointments mentioned on paragraph 21 of the report; concerning the “Assurance Report”. Board members asked whether the statistics given concerned hospital or GP appointments, and whether they included phone appointments, as well as in-person ones. The York Place Director clarified that the statistics in the report reflected 119,917 General Practice appointments both in-person and by phone had taken place in the month of April within York within 14 days, thus if residents commented that they “could not get an appointment” but had spoken with a clinician by phone this *would* be included in the figures.

The board also asked for clarification on the Improvement to A&E waiting times and working towards achieving a minimum standard of 78% of patients waiting no more than four hours in the Assurance Report, given the delays mentioned in the report, and board members queried whether achieving this target by March 2025 was still realistic. The York Place Director advised that some improvement had been observed here, but the trajectory had been revised in order to meet the intended target.

The board asked for clarification on the progress of the recruitment laid out in paragraph 22 of the report, on “Social care workforce priorities update” and the York Place Director explained that this varied by sector/organisation across the



partnership but generally “retention was the new recruitment” and the financial priority was to ensure qualified staff remained before taking on new staff.

The board raised that it would be useful in the interests of getting the right staff to have a more detailed breakdown of recruitment and retention across the partnership and the York Place Director stated she would refer to the report that came to the Place Board which had more detail on numbers, and bring this back to the board.

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.

## **8. Healthwatch York Annual Report & Update on Recommendations from Previous Reports (6:15pm)**

The Manager, Healthwatch York, presented the annual report and updated the Board on recommendations from previous reports. She began by reading out feedback from members of the public, noting that there was a need for better communication about the role of Healthwatch.

The board were unanimous in their praise for the this report, particularly noting its accessibility and depth, and the hard work and diligence of Healthwatch’s staff.

The board asked for further clarification about achievement section of page 141 of the agenda, wherein the CORE20PLUS5 initiative was discussed.

The Healthwatch Manager advised that this would be discussed in detail within the next annual report, but that York had recently received some funding from Humber and North Yorkshire ICB and NHS England, which was initially due to be allocated only to coastal areas of the region, but York had successfully negotiated to join this scheme to discuss what matters to children and young people with regard to oral health, mental health and chronic conditions. She encouraged partners to get in touch if they were aware of any cohorts that may wish to become involved.

The Corporate Director of Childrens and Education discussed care leavers at 18, advising that he had recently brought care experienced people together to speak with senior colleagues within the ICB; one of the main points raised by this discussion was the shift at age 18 from being considered a young person to an adult.

As a result of this discussion, York had led (through the ICB) a successful £1.4 million bid to develop a central ICB Clinical Psychologist with an apprentice Advanced Clinical Practitioner in each leading care team across all six areas. This would particularly benefit the mental health of 18-25 year olds.

The board further discussed the issue of 18-25 years olds, querying the participation of students in higher education. The Healthwatch Manager noted that Healthwatch had core connections studying within both of York's universities and also York College. Board members also suggested Askham Bryan College be included as the cohort attending there were often distinct from the other higher education bodies, both in terms of the syllabus and the demographic of the students.

The Director of Public Health noted with regard to Annex C "Emerging Issue – Gender Health" that it was his intention to undertake a health needs assessment around womens health, followed by one for trans/non-binary health and one for men's health at some point in the future and he would be happy to liaise with Healthwatch on these topics.

The Healthwatch Manager responded that this report only covered the period to March 2024, and further work had since been undertaken. Their next report would be the interim report on Access to GP Services, for which Healthwatch received over 1300 responses. This report was drafted and awaiting fact checking, the Healthwatch Manager proposed to bring the item before the board in September.

She also noted that Healthwatch had progressed with work on York's all age neurodiversity strategy and she would be happy to liaise with the Director of Public Health on this, particularly as it applied to gender. Furthermore, she noted that Healthwatch had received £4000 grant funding, made available by the ICB to fund five in-depth conversations with women regarding sexual and reproductive health which may also be useful to discuss with him.

In response to a query from the board, the Healthwatch Manager clarified that under the “Independent Evaluation of the pilot Pathway for Adult ADHD and Autism” in Annex C (E7); what was there referred to as an “All Age Autism Strategy” should have been updated to “All Age Neurodiversity Strategy”.

Resolved: That the Board noted Healthwatch York’s Annual Report 2023/24 and commented on the updates provided within the report and its associated annexes.

Reason: To keep up to date with the work of Healthwatch York and monitor progress regarding recommendations.

## **9. Update on Goals 8 & 9 of the Joint Health and Wellbeing Strategy 2022-2032 (6:30pm)**

The Director of Public Health presented an update on Goals 8 and 9 of the Joint Health and Wellbeing Strategy 2022-2032; Goal 8: “Improve diagnosis gaps in dementia, diabetes and high blood pressure to above the national average, and detect cancer at an earlier stage and Goal 9: “Reduce sedentary behaviour, so that 4 in every 5 adults in York are physically active”.

Got to goals 8 and 9 this time, focus in goal 8 on early diagnosis. Make space for girls championed in Rowntree park (eg. festival in June).

Regarding Goal 8, the board asked whether or not diagnosis was helpful regarding dementia – previous work undertaken by Healthwatch had suggested that GPs and other professionals were reluctant to diagnose dementia, since there is not a lot doctors can do for patients once diagnosed but people with dementia had disagreed feeling that a diagnosis opened up a gateway for other services, greater choice and control. The Director of Public Health noted that therapeutics around dementia were at a lightening pace and some recently trialed drugs, about to be approved by NICE can really slow things down re dementia, making dementia all the more important. A great deal can now be done vs just a few years ago once someone is diagnosed with dementia, but he did not feel best placed to judge whether this was something which primary care could currently help with, suggesting the Joint Chair of York

Health and Care Collaborative would be better placed to advise on this.

The board supported the “Make Space for Girls” initiative highlighted within Goal 9 to which had been a great success to date, in fulfilling the aims of this goal, specifically with regard to girls and women.

The board noted, regarding Goal 9 and the earlier Public Participation, that partners should support negotiation and release of Section 106 money from developers, particularly the timing and conditions for release of funds; since it was not uncommon for money earmarked for playgrounds, sports clubs and other green spaces to take in excess of a decade to release, under which circumstances a whole childhood had passed without the goal having being fulfilled.

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 two of the ten big goals within the Joint Local Health and Wellbeing Strategy 2022-2032.

Cllr Lucy Steels-Walshaw, Chair  
[The meeting started at 4.32 pm and finished at 6.43 pm].