

Meeting	Health and Wellbeing Board
Date	10 March 2021
Present	<p>Councillors Runciman (Chair), Craghill, Orrell and Perrett</p> <p>Dr Nigel Wells (Vice Chair), Chair NHS Vale of York Clinical Commissioning Group (CCG)</p> <p>Dr Emma Broughton, Chair of the York Health and Care Collaborative &amp; a PCN Clinical Director</p> <p>Sharon Stoltz, Director of Public Health, City of York</p> <p>Maxine Squire, Assistant Director of Education and Skills, City of York Council, as substitute for Amanda Hatton, Corporate Director of People, City of York Council</p> <p>Pippa Corner, Assistant Director of Joint Commissioning, City of York Council, as substitute for Amanda Hatton, Corporate Director of People, City of York Council</p> <p>Phil Cain, Assistant Chief Constable, North Yorkshire Police, as substitute for Lisa Winward, Chief Constable, North Yorkshire Police</p> <p>Alison Semmence, Chief Executive, York CVS</p> <p>Sian Balsom, Manager, Healthwatch York</p> <p>Shaun Jones, Deputy Locality Director, NHS England and Improvement</p> <p>Naomi Lonergan, Director of Operations, North Yorkshire &amp; York - Tees, Esk &amp; Wear Valleys NHS Foundation Trust</p>

Simon Morritt, Chief Executive, York  
Teaching Hospital NHS Foundation Trust

Stephanie Porter, Director for Primary Care,  
NHS Vale of York Clinical Commissioning  
Group

Beverley Proctor, Chief Executive,  
Independent Care Group as substitute for  
Mike Padgham Chair, Independent Care  
Group

In Attendance: Councillor Cuthbertson

Apologies:

Amanda Hatton, Corporate Director of People, City of York Council

Lisa Winward, Chief Constable, North Yorkshire Police

Mike Padgham, Chair, Independent Care Group

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## **29. 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 at this point, but whilst discussing Agenda Item 5, Covid-19 Update, Cllr Perrett declared a non-prejudicial interest in that her husband was a teacher.

## **30. Minutes**

Resolved: That the minutes of the Health and Wellbeing Board held on 6 January 2021 be approved and then signed by the Chair at a later date.

## **31. Public Participation**

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

Dr Crane raised a number of concerns regarding the recent decision by York Hospital Trust to allow Vocare (a wholly private, for-profit organisation) to extend its influence and role in

the management of patients presenting with urgent care needs to York Hospital's A&E department. He explained why front line staff working in the area of minor injuries were opposed to this plan and why allowing Vocare further influence over urgent care in York, would not be in the interests of the patients of York. He stated that the specification for an Urgent Treatment Centre could be met without recourse to the private sector and that staff would be very happy to help develop such a centre with NHS partners in York.

The Chair thanked the speaker for his comments and she suggested that this matter could be referred to Health and Adult Social Care Policy and Scrutiny Committee for consideration.

### **32. Covid-19 Update**

The Director of Public Health provided an update on the latest data regarding Covid-19 in York.

The key points arising from the update, included:

- The rate of positive cases for York was currently at 45.6 per 100,000, which was below the national and regional average.
- The over 60's positive case rate had dramatically reduced and was currently at 24.3 per 100,000, which was the lowest rate in Yorkshire and the Humber.
- Nine electoral wards in York were currently above the national average and three electoral wards had no positive cases. Strensall currently had the highest rate of infection, just over 168 per 100,000.
- The percentage of positive cases currently being picked up through the PCR testing had lowered to 2.1% and the lateral flow test positive rates were at 0.2%.
- Two care homes currently had outbreaks and currently 34 children of primary and secondary school age had tested positive.
- The current death rate in York due to Covid was 174 per 100,000, which was lower than the national average.

The Director highlighted the roadmap set by the Government and she noted the four conditions the Government would be considering for lockdown easing:

- 1) Vaccine programme continued to go to plan;
- 2) Evidence showed vaccines were reducing deaths and numbers requiring hospital treatments;

- 3) Infection rates did not risk surge in hospital admissions;
- 4) New variants did not change the risk of lifting restrictions.

Board Members noted that the Outbreak Management Plan would be refreshed and officers would be focusing on the wider economic recovery.

The Chair then invited Board Members to provide a Covid update within their service areas. They highlighted the strong partnership working that had taken place throughout the pandemic and appreciations were expressed to all primary care and public health colleagues, care homes, volunteers, schools, and York CVS.

The Board noted that:

- The vaccination programme was going extremely well in York and that the second dose would soon be offered to care homes.
- Covid admissions to York hospital had slowly started to reduce and that the sector would continue to work together to support the recovery programme and the long term impacts of the pandemic.
- 95% of children were now back in school.
- There had been a surge in Mental Health referrals, particularly with children's eating disorders.
- Staff across the whole sector had worked extremely hard throughout the pandemic and support to them would be a priority throughout recovery.

The Manager of Healthwatch York highlighted some concerns she had regarding residents with learning difficulties accessing the vaccine and it was agreed that she would liaise with some Board Members following the meeting.

In answer to some questions raised, it was confirmed that schools had very thorough risk assessments in place and that the majority of mental health services had continued to manage a four week waiting time.

The Chair thanked Board Members for their updates and she noted that vaccinating and testing in care homes had been successful and that staff remained focussed on increasing the vaccine uptake whilst remaining vigilant, careful and cautious through the easing of restrictions. She also confirmed that visiting in care homes had started this week.

Resolved:

- (i) That the update be noted.
- (ii) That a recovery update be presented at a future Health and Wellbeing Board meeting.

Reason: To ensure the Board were aware of the current situation in York relating to the Covid-19 pandemic.

### **33. Plans for the future of the Health and Care System in York**

The Board received a presentation that gave them an update on the plans being prepared by a number of health and social care partners in York (including the council, NHS commissioners and providers and voluntary sector organisations) for the future of the health and care system in York, including consideration of closer working and increased integration.

The Vale of York Clinical Commissioning Groups Accountable Officer and Consultant in Public Health were in attendance to provide an update. They highlighted the work partners had undertaken locally to prepare the system in York and to respond to forthcoming government legislation set out in the February 2021 white paper 'Integration and Innovation: working together to improve health and social care for all'.

Board Members noted that:

- 42 Integrated care systems (ICSs) were to be established on a statutory footing in England through both an 'NHS ICS board' (this would also include representatives from local authorities) and an ICS health and care partnership.
- ICSs would take on the statutory and allocative duties of Clinical Commissioning Groups (CCGs) in April 2022, and from that point the Vale of York CCG would cease to exist.
- A duty to collaborate would be created to promote collaboration across the healthcare, public health and social care system.
- Locally, it had been agreed that York would be designated a 'place' within Humber Coast and Vale area and be invited to send a representative to the ICS board.
- To build on the foundation of greater collaboration and integration coming out of Covid, and in response to the white paper, the proposal was to establish a York Health and Care Alliance.

- Governance arrangements for the Alliance during its 2021/22 shadow year would be proposed to the board at its first meeting in April.
- For this year, neither the Alliance nor the Alliance Board would be a legal body itself, and would not be able to make decisions in their own right.
- During the shadow year, decision-making and accountability would remain the purview of each organisation involved, and any decisions affecting the council would be taken back through existing governance routes as appropriate.
- It would be recommended that the Alliance was adopted as a subgroup of the Health and Wellbeing Board, subject to approval at Full Council.
- The Alliance Board Chair would be the Leader of the Council, with the Director of Public Health and one other senior City of York Council officer also attending
- The Alliance would be reviewed over its shadow 12 months, including its relationship with the Health and Wellbeing Board, with further reports to be presented to the Council.

Members noted the aims of the Alliance Board and the Chair then invited Board Members to raise any questions relating to their service areas. It was noted that the Alliance would include representatives from:

- Vale of York CCG
- York Teaching Hospitals NHS Trust
- Tees Esk and Wear Valleys NHS Trust
- Nimbuscare (Primary Care services provider in York)
- City of York Council
- Community & Voluntary Services
- St Leonard's Hospice
- York Schools and Academies Board
- Representatives of Primary Care Networks.

In answer to questions and concerns raised regarding the potential privatisation of York hospital's A&E minor injuries unit to Vocare, the Chief Executive of York Teaching Hospital Trust explained the background to Vocare and the services they provided. He noted that the Hospital Trust were working with Vocare to ensure there was an integrated offer to members of the public and that national specification stated that minor injury and minor illness services in A&E should be working more

closely together. He stated that there were no plans to commission further services to the private sector.

The Chair thanked officers for their update.

Resolved:

- (i) That the update be noted.
- (ii) That the Alliance be adopted as a subgroup of the Health and Wellbeing Board, subject to approval at Full Council.
- (ii) That the Health and Adult Social Care Policy and Scrutiny Committee be asked to consider a report on the transfer of the minor injuries unit to Vocare at their next meeting.

Reason: To keep the Board updated on the future of the health and care system in York.

#### **34. Report of the Chair of The York Health and Care Collaborative**

The Board considered a report that updated them on the York Health and Care Collaborative.

The Chair of the York Health and Care Collaborative (YHCC) gave an update and confirmed that the YHCC was a multi-agency group that brought together a range of organisations involved in health and care in the city. She highlighted the progress in each of the YHCC priority work streams:

- Prevention
- Ageing Well/Frailty
- Multi-morbidity
- Mental Health
- Covid-19 Preparedness and Resilience

In answer to questions, the Chair of YHCC provided an update on the substance misuse service, stating that they were focussing on a small Primary Care Alcohol Intervention Service across the city, and would report back to the Board on its development.

The Chair thanked the Chair of the York Health and Care Collaborative for her update.

Resolved:

- (i) That the report be noted.
- (ii) That an update on the Primary Care Alcohol Intervention Service be received at a future Health and Wellbeing Board meeting.

Reason: There was a shared objective of improving the health and wellbeing of the population. The York Health and Care Collaborative was 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. The York Health and Care Collaborative agreed to provide regular updates on its work and progress.

### **35. Better Care Fund Update**

The Board considered a report that provided an update on the progress of the Better Care Fund (BCF) Review and planning for 2021/22.

The Assistance Director of Joint Commissioning provided an update on the financial allocations for the BCF 2021/22 and confirmed the Council and the NHS Vale of York Clinical Commissioning Group (CCG) would be reviewing the York BCF in four phases, to ensure the right outcomes were achieved and the best value from the pooled investment. She noted the key issues to be considered, and officers hoped future guidance would be introduced earlier and include multi-year funding.

The Assistant Director highlighted the scope and dimensions of the review and the progress made so far, as highlighted within the report. The Board noted that the evidence gathering and evaluation process would enable a series of goals to be set to add value over the coming years to reduce health inequalities and maximise opportunities for collaboration.



The Chair of the CCG noted that the first cluster of schemes had recognised the value of integrated flexible approaches between organisations, teams and local people and in answer to questions, the Assistant Director confirmed that the annual report to this Committee would include an evaluation of the schemes the BCF had supported.

The Chair thanked officers for their report and she was very appreciative of the work undertaken.

Resolved:

- (i) That the York Better Care Fund update be noted.

Reason: The HWBB was the accountable body for the Better Care Fund.

- (ii) That the progress of the review of the financial allocations for BCF 2021-22, to ensure maximum impact on outcomes for the system, be noted.

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

- (iii) That further reports on the progress and outcomes from the BCF review be received at future Health and Wellbeing Board (HWBB) meetings.

Reason: The HWBB was the accountable body for the Better Care Fund.

Cllr Runciman, Chair

[The meeting started at 4.30 pm and finished at 6.27 pm].