

Meeting	Health and Wellbeing Board
Date	30 July 2020
Present	Councillors Runciman (Chair), Cuthbertson and Cllr Perrett
	Dr Nigel Wells (Vice Chair) Chair, NHS Vale of York Clinical Commissioning Group (CCG)
	Sharon Stoltz Director of Public Health City of York
	Sharon Houlden Corporate Director Health, Housing and Adult Social Care, City of York Council
	Amanda Hatton Corporate Director, Children, Education & Communities, City of York Council
	Phil Cain Deputy Chief Constable, North Yorkshire Police as substitute for Lisa Winward, Chief Constable, North Yorkshire Police
	David Harbourne Chair of York CVS as substitute for Alison Semmence, Chief Executive, York CVS
	Siân Balsom Manager, Healthwatch York
	Gillian Laurence Head of Clinical Strategy (North Yorkshire & the Humber) NHS England
	Naomi Lonergan Director of Operations, North Yorkshire & York - Tees, Esk & Wear Valleys NHS Foundation Trust

	Simon Morritt	Chief Executive, York Hospital NHS Foundation Trust
	Dr Andrew Lee	Executive Director for Primary Care and Population Health, NHS Vale of York Clinical Commissioning Group
	Mike Padgham	Chair, Independent Care Group
Apologies	Cllr Baker Alison Semmence, Chief Executive, York CVS, Lisa Winward, Chief Constable, North Yorkshire Police	

#### **74. 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.

#### **75. Minutes**

Resolved : That the Minutes of the Health and Wellbeing Board held on 4 March 2020 be approved and then signed by the Chair at a later date.

#### **76. Public Participation**

It was reported that there had been no registrations to speak at the meeting under the Council's Public Participation Scheme.

#### **77. Outbreak Management Advisory Board and the Outbreak Control Plan**

Board members considered a report on the council's response to the Covid-19 emergency. All local authorities with responsibilities for public health were required to develop and publish Covid-19 Outbreak Control Plans by 30 June 2020 and to establish new member led Outbreak Management Boards. The Director of Public Health (DoPH) for the City of York was in

attendance to present this report and plan and to respond to questions.

The following information was provided in response to questions from committee members:

- The DoPH explained that the Outbreak Control Plan (the plan) sets out how the council would deliver a local outbreak response. The plan was available to view on the council's website and was intended to be a 'living document' so that as we learn more, it could be reviewed and updated before as March next year.
- Students represented 20% of the population of York at around 40,000 people in the city (figure includes colleges and universities). A subgroup of the outbreak management advisory board brings partners together and has representation from universities and colleges, to ensure specific wrap around support to those working in and attending those institutions.
- Regarding localised lock down (like that currently in place in Leicester), the DoPH outlined the 3 conditions that would need to be met and explained that the relevant local authority would make that decision in consultation with relevant partners and stakeholders. The Police service would need to be satisfied that all other measures had been exhausted. Partners would then have to review that decision every 7 days.

Key points arising from board members' discussion on this item included:

- The need for simple, clear messages to be communicated to the public who are uncertain about what they should or should not be doing. The DoPH responded that this point was more about engagement than communication and offered to meet with board members to consider this further, outside of this meeting.
- Through the crisis, we learnt so much about the way that the whole city works together. Where do our strengths lie? How do we protect voluntary services? so that we know how to best support the mental health of people, underlining the vulnerable adult part of the plan.
- Voluntary services were at risk due to the fact that the volunteers tended to be towards the older end of spectrum, who then had to shield and withdraw their support. As a consequence, services had to withdraw

what they could offer. If these services cannot be provided, it becomes a big problem to those who are most vulnerable.

- Board members gave brief consideration to the merits of having a Covid-19 expert group in the instance of rapid transmission, so as not to confuse the governance of decision making. The Chair requested that there be further discussion on this point outside of the meeting, prior to the next meeting of this board.

The Chair and board members thanked the DoPH and her team for all of the work involved in producing this plan.

- Resolved:
- (i) That the Health and Wellbeing Board noted the Outbreak Control Plan at Annex A to the report and the establishment of an Outbreak Management Advisory Board.
  - (ii) That all agencies represented at the Health and Wellbeing Board committed to working together to implement the plan.

Reason: To assure the Health and Wellbeing Board that the national requirement for producing and publishing a local Outbreak Control Plan has been met.

## **78. Assessment of Health Impacts of Covid 19 in North Yorkshire and York**

[Naomi Lonergan joined the meeting]

The Health and Wellbeing Board members received a presentation which assessed the health impacts of Covid 19 in North Yorkshire and York. The Acting Consultant in Public Health led the presentation and responded to questions.

Key points arising from the presentation included:

- The increased pressure on health services due to the mental health presentations GPs were seeing in their surgeries and how GPs were always challenged on numbers or waiting times, however, responding appropriately to need takes priority.

- Concern that people are not accessing NHS services in the instances where an appointment is either (i) cancelled or (ii) patients deciding not to go ahead with elective surgery. Board members discussed how to best meet need and provide equality rather than serving those who are more capable of accessing service, often the needs of carers may not be heard because they may not consider their health to be a priority.
- Communicating a realistic service expectation, as the level of care which could be expected pre-covid-19 has now changed. An example of a blood test scenario was provided, a process which would typically take 7 minutes now takes 10 minutes once you factor in the additional 3 minutes it takes to put on necessary PPE equipment. Overall, that 3 minutes equates to a 33% reduction in efficiency. Also communication in relation to treatment of minor ailments and alternative options.
- Concern was expressed with regard to the winter flu coverage to mitigate the potential burden on the system which in turn could affect staffing levels and service provision.
- Board members discussed the need to protect services in relation to domiciliary and hospital wrap around care.

The Acting Consultant in Public Health concluded that this area of work had been about making visible the experiences of those individuals who may have experienced health inequality pre-covid: those with learning disabilities, severe mental illness or perhaps in the bottom 10 -20% in terms of income; with the aim of considering the communication we have with them regarding accessing health care.

The Chair and board members thanked the Acting Consultant in Public Health for this presentation which had been widely used regionally and had brought life to the situations they were facing within their work.

Resolved: Board members noted the presentation.

Reason: So that board members were kept up to date regarding the health impacts of Covid-19 in North Yorkshire and York.

## 79. Positives and the Learning Arising from the Emergency

Board members discussed the positives and the learning that have come out of the operational response to the pandemic which included:

### Effective Partnership Working

- The NHS was moving away from competition and commissioning pre-covid-19. This challenge has fostered a sense of creativity and effectiveness which has accelerated some of these conversations.
- Swift decision making. Able to 'cut through red tape' and achieve new processes. A willingness to work differently. Changes in the effective management of the discharge process have been revolutionary.
- A recognition that we are one system focused on shared objectives and goals, in different organisations. It takes courage to put aside personal organisational agendas to respond to need as one system.

### Community Spirit

- A sense of community spirit has emerged which cuts across every sector of society such as the NHS, local businesses, voluntary sector and schools, which in turn has meant that there's been a low rate of infection in York. The hope is that we continue to work in this way and harness that support, to develop strength based communities.
- People have stepped up beyond expectations, they have adapted to the crisis and were willing to volunteer and help neighbours.
- The outpouring of public support and goodwill for the NHS had been well received and had kept staff going.

### Voluntary Sector

- The voluntary sector responded remarkably quickly, York Mind, the Samaritans, NSPCC, etc. however, this sector has also suffered financially in that many charity shops have been closed. That said, 4,000 people have volunteered to help spontaneously which sets this sector in good stead for the future.
- The huge efforts made by the voluntary sector has enabled statutory services to focus on those most needing their support.

- Many NHS practitioners who had retired have returned to meet new need, enabling a 24 hour hospital service.

### Schools

- York schools and academies have worked together effectively, sharing risk practice and resources and have shown a willingness to adapt and offer solutions. Staff have continued to work throughout the school holidays.
- A board member mentioned equality concerns in terms of inconsistencies of what was offered via technology and access to this.

### Technology

- In relying more on technology, we have adapted to new ways in delivering service effectively. For example, virtual meetings in relation to social care has benefited from higher multi-agency attendance. Children's social care achieved virtual working within 3 days and has operated effectively.
- Concern regarding inequalities to access to services for those without internet access or knowledge with the reliance on technology during this period.

The Chair thanked board members for their contributions to this discussion.

## **80. The Focus and Next Steps for the Health and Wellbeing Board**

The Director of Public Health led a discussion on the focus and next steps for the Health and Wellbeing Board.

Board members comments included:

- Suggested revisiting the discussion on the refreshed Local Transformation Plan (LTP) in the March HWBB meeting, which is particularly relevant to the board's statutory duties.
- Giving consideration as to whether our HWBB focuses were pre-covid and to review this in light of covid -19, particularly in relation to mental health services and the long term impacts of lock down, giving further consideration to prevention and population health management going forward.

Board members agreed to email their thoughts to the HWBB  
Co-ordinator for consideration at the next meeting.

Cllr Runciman, Chair

[The meeting started at 10.00 am and finished at 12.00 pm].