

Meeting	Health and Wellbeing Board
Date	21 July 2021
Present	<p>Councillors Runciman (Chair), Craghill, Cuthbertson and Looker</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 & a PCN Clinical Director,</p> <p>Shaun Jones, Deputy Locality Director, NHS England and Improvement,</p> <p>David Kerr, Service Development Manager North Yorkshire,</p> <p>Stephanie Porter, Director of Primary Care, NHS Vale of York Clinical Commissioning Group,</p> <p>Alison Semmence, Chair, York CVS</p> <p>Sian Balsom, Manager, Healthwatch York</p> <p>Sharon Stoltz, Director of Public Health, City of York</p>
Apologies	<p>Mike Padgham, Chair, Independent Care Group</p> <p>Lisa Winward, Chief Constable, North Yorkshire Police</p> <p>Naomi Lonergan, – Director of Operations, North Yorkshire & York – Tees, Esk & Wear Valleys NHS Foundation Trust</p> <p>Amanda Hatton, Corporate Director of People, City of York Council</p>

43. 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.

44. Minutes

There was a suggestion for one amendment to Minute 40, which now reads 'in response to questions from board members, it was noted: that the covid-19 pandemic had caused a large increase in operation waiting times, and that *work around preventing or minimising* deconditioning would therefore be vital in optimising patients' health during that period.'

Additionally under Minute 40, there was a query as to whether the older people's survey should be revisited or repeated.

This was discussed at the June meeting of the ageing well partnership and the following response was given:

The Ageing Well Partnership considered the option to carry out a follow up to the Older People Survey. It was agreed that this would not be appropriate as all the actions from the survey have been aligned with the Age Friendly York project action plan and any follow up survey questions are included within the Age Friendly York project surveys. To carry out an Older People survey in addition would be a duplication.

At their May meeting the HWBB also expressed concern over the timeline for the last domain of the Age Friendly City project and it has been confirmed that flexibility has been built into the timeline.

Finally, since the last meeting of the HWBB the chair of the Ageing Well Partnership has changed and going forward it will be chaired by Joe Micheli, Head of Communities from City of York Council.

Resolved: That the minutes of the meeting held on Wednesday 5 May 2021 be approved with the addition of the above amendment and signed by the Chair at a later date.

45. Public Participation

It was reported that there were no registrations to speak under the Council's Public Participation Scheme.

46. Impact of Covid-19 on Health Inequalities

The Board considered a report which provided a summary of the information it received at an April 2021 workshop on the impact of Covid-19 on health inequalities. The Board was asked to identify the actions and/or work streams that they would like to see taken forward. The Consultant in Public Health – NHS Vale of York Clinical Commissioning Group was in attendance to present the report.

Key issues raised in the presentation of the report included:

- That deprivation levels are useful in highlighting health inequalities, for example over the past decade the gap in life expectancy between the richest and poorest groups in society have widened and life expectancy increases have largely stalled in 2011/12. The 'inequality cliff edge' was discussed, wherein the most disadvantaged in society have a significantly lower life expectancy than those in the next higher percentile.
- Issues reported since the onset of the Covid-19 pandemic included an increase in perinatal mental health conditions; carers who are working with fewer breaks and increased isolation; increased poverty around technology, with some without the means to pay for broadband or smartphones; the increased risk of exposure of those with multiple complex needs to Covid-19; limited social contact amongst the elderly leading to increased loneliness and an increase in poor mental health amongst the Traveller community.
- That there were three layers/causes to health inequalities as identified by the Department for Health and Public Health England: attributable risks, causes and causes of causes.

- Feedback from the workshop, which highlighted both York's greatest challenges and assets, as well as how to protect the next generation, with the first 1,001 days of a child's life, from conception to around two years old, being one of the most critical for long term health.
- The Marmot Framework was especially emphasised as a means of producing a fairer and healthier society.

Key points arising from discussion of the report included:

- That the exemplar city around the Marmot Framework was Coventry, who have adopted it as a city-wide framework in all areas, not just in health and wellbeing. It was suggested that some collaboration between York's and Coventry's Health and Wellbeing Boards in future could be looked into.
- The importance of the first 1,001 days of a child's life in improving long term health was emphasised by multiple Board Members, with a need for increased discussion of maternity services and more work around pre-conception care also highlighted. Furthermore, it was noted that a whole-family approach was needed on this issue.
- That a key failure in York's health services had laid in co-production: that was not enough engagement with local residents around their needs. The Manager of Healthwatch York put herself forward as a sponsor of work to improve and develop new ways of co-production in the city as part of a partnership between Healthwatch York and York and Scarborough Hospital to create a Voice and Lived Experience Collaborative.
- In response to queries around availability of and changes to access in the primary care sector, it was noted that the move to a more clinical approach since the pandemic began had many advantages, and that despite staff shortages and the effects of the pandemic, there were now more contact points in the primary care sector for patients than before the pandemic, however it was acknowledged that the demand for primary care services had increased faster than supply.
- It was reported that Healthwatch York was preparing a report on health inequalities which would be conducted in a sensitive manner, recognising both patient and professional issues.
- The importance of the effect of climate change on health inequalities at present and into the future was noted.

- That a 20-year plan on health inequality was needed which addressed the previous mentioned attributable risks, causes and causes of causes in turn.
- Multiple Board Members noted that the pandemic and the impending restructure/reform of health services presented an opportunity for the Health and Wellbeing Board to reposition itself within the city as a system leader driving the economic, climate change and other strategies of York.

The Executive Member for Children, Young People and Education spoke on the YorOK Board, which was last due to meet on Tuesday 17 March 2020 before meetings were suspended due to the Covid-19 pandemic and lockdowns. The Executive Member gave notice that it had been provisionally agreed to stand down the YorOK Board and replace it with a new board/partnership with broadly similar membership and objectives, but a more direct reporting line to the Health and Wellbeing Board

Resolved:

- (i) That the workstreams that the Health and Wellbeing Board would like to see progressed are:
 - The repositioning of the Board as a strategic leader across all areas of work in York.
 - The creation of a 20-year strategy to combat health inequalities.
 - Ensuring that all children get the best possible start in life, especially around the first 1,001 days from conception and pre-conception.
 - Work around co-production.
- (ii) That the Chair, Vice-Chair and Director for Public Health will discuss how best to progress these workstreams.

Reason: To ensure that work happens to reduce health inequalities within the city.

47. Update from the York Health and Care Alliance

The Board considered a report which provided an update on the progress of the York Health and Care Alliance, including minutes of Alliance meetings for Board members to note. The

Consultant in Public Health – NHS Vale of York Clinical Commissioning Group was in attendance to present the report.

Key points raised during the presentation of the report included:

- That a summary of some of the incoming NHS reforms were included in the report, such as details of the Health and Care Bill which was progressing through Parliament and the Integrated Care System Design Framework.
- That the NHS Vale of York Clinical Commissioning Group was to be abolished in April 2022, and that the York Health and Care Alliance was formed to determine how NHS place functions will operate within the Humber Coast and Vale Integrated Care System.
- That the ambition of the Alliance was that York should retain local control of decision making around healthcare and how best to make a local integrated care system.
- That since the Alliance was a sub-group of the Health and Wellbeing Board, its minutes would be brought to meeting for member's approval.

The Chair thanked the Consultant in Public Health for presenting the report.

Resolved:

- (i) That the update on the NHS reforms and the work of the York Health and Care Alliance be noted.
- (ii) That the minutes of the York Health and Care Alliance be noted and received.

Reason: To keep the Board up to date on the work of the York Health and Care Alliance.

48. Covid-19 Update

The Director of Public Health gave a presentation on the current situation in relation to Covid-19 including recovery plans. This item was in presentation format to ensure that the most up to date information could be presented to the Health and Wellbeing Board.

Key points raised during the presentation included:

- That York was currently in the fourth wave of the Covid-19 pandemic.

- That cases had been increasing recently, but the rate of that increase was slowing. York had the third lowest 7 day rate per 100,000 people in Yorkshire and Humber regions local authorities.
- That there were Covid-19 cases amongst all age groups, however the low incidence of cases amongst older sections of the population was evidence of the success of the vaccination programme. Younger sections of the population had a higher rate of Covid-19 infections, which could be attributed to the fact that they had only recently become eligible for the vaccine.
- That the most recent figures for hospital admissions due to Covid-19 in York were 17 in hospital and 1 in the Intensive Treatment Unit. Current levels were much lower than previous waves, but were beginning to rise.
- That there had been no recent deaths from Covid-19 in York, and that the total excess deaths since the beginning of 2020 were 106.
- That there were 8 care homes in York currently with a staff member or resident who had tested positive for Covid-19. The last outbreak of 2 or more cases was on 2 July, with control measures in York being largely effective.
- That in the 7 day period up until 19 July, there were 177 school-age children who had tested positive in York across 39 schools.
- That younger age groups were catching up in vaccination rate since eligibility had been expanded, but remained lower. Disparity in vaccination rates between wards in York could largely be explained by the percentage of the ward that was of a younger age and was therefore not long eligible for vaccination.
- That the Delta variant was the dominant variant of concern.
- That York was in Stage 4, and all legal restrictions had been lifted. The importance of the continued encouragement of, hand-washing, social distancing and the wearing of facemasks was emphasised.

In response to questions from Board Members, it was noted:

- That contact tracing was going well, and that it was encouraged that people in York get themselves regularly tested. However, concern was expressed at recent government changes to local authorities' involvement in contact tracing, who now received notification of a positive case 4 hours later and could no longer follow up on

contacts of positive cases. The Director of Public Health stated that she was in communications with the City of York Council Outbreak Management Advisory Board to see if they were supportive of a letter being drafted and sent to the Secretary of State for Health asking for the reinstatement of the previous policy.

- That on the 16 August, the government was to change legal advice around self-isolation to those 'pinged' by the NHS app. The government had recognised the issues 'pinging' had been causing, especially in areas such as primary care. It was reported that the City of York Council was working with North Yorkshire County Council to create a joint template to be issued to primary care services to assist with the implementation of these changes, and that the City of York Council was also working with care homes along similar lines.

The Chair thanked the Director of Public Health for presenting the report and Board Members for their questions.

49. Healthwatch York Annual Report

The Board considered a report which provided information and shared details about the activities of Healthwatch York in 2020/21, and gave details of plans for work throughout 2021/22. The Manager, Healthwatch York was in attendance to present the report.

Key points arising from the presentation of the report included:

- That the report reflected on the past 17 months of pandemic, and thanked many key partners. Healthwatch York had improved its working relationship with a wide range of partners during the pandemic.
- That the evaluation of the work of Healthwatch York was less comprehensive than previously, due to work pressures around staff being involved with pandemic response, but the evaluation included examples of how Healthwatch York has supported people and provided suggestions on how they might improve.
- The summary workplan included a survey for people with dementia and for people living with/caring for someone with dementia, with an additional 1 page feedback form asking for any information Healthwatch York doesn't know

about dementia. These were to feed into the City of York Dementia Strategy.

- That as part of work on dentistry, Healthwatch York had engaged with local practices and had found a severe lack of capacity. The next stage was to ask the public about their experience. It was noted that Healthwatch England had flagged this as a national issue. The Director of Public Health gave notice that this issue was to be discussed at the January meeting of the Health and Adult Social Care Policy and Scrutiny Committee, and that she would keep the Health and Wellbeing Board up to date on their discussions.

The Chair thanked the Manager, Healthwatch York for her report and for the work of the organisation over the past year.

Resolved:

- (i) That Healthwatch York's Annual Report and workplan be received and noted.

Reason: To keep up to date with the work of Healthwatch York

50. Better Care Fund Update

The Board considered a report which provided an update on:

- the national reporting process for the 2020-21 BCF Plan
- 2020-21 Performance report
- progress of the Better Care Fund Review
- recommendation on Intermediate Care
- the planning arrangements for 2021-22
- recommendation to review the BCF Performance and Delivery
- Group Terms of Reference

The Director of Public Health was in attendance to present the report.

Key points arising during the presentation of the report included:

- That Board was asked to note the report and the progress made on the BCF, as well as to approve the financial plan.
- That there was no current Intermediate Care Strategy for York, and it was suggested by the Director of Public

Health that the Board delegates the development of this strategy to the York Health and Care Alliance and York Health and Care Collaborative.

- That the new Assistant Director for Commissioning and Prevention should take up reviewing the terms of reference of the Performance and Delivery Group of the BCF once in post.

The Chair thanked the Director of Public Health for presenting the report, and specifically expressed the gratitude of the Board towards the report author, Pippa Corner, who was previously Assistant Director, Joint Commissioning, City of York Council/NHS Vale of York Clinical Commissioning Group, but has now left the Council.

Resolved:

- (i) That the York Better Care Fund update for information, including formal submission of the 2020-21 End of Year Report to NHSEI be received.

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

- (ii) That the financial plan for 2021-22 be approved.

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

- (iii) That the development of a new, multi-agency Intermediate Care Strategy for York be supported.

Reason: York does not currently have a strategy in place to cover the range of services described as intermediate care.

- (iv) That further reports on the progress and outcomes from the Care Rooms Project will be received by the Board.

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

- (v) That a review of the Terms of Reference for the Performance and Delivery Group to reflect changes in the local and national arrangements and to prepare for future requirements be investigated.

Reason: The Terms of Reference have not been updated since 2018.

51. Report of the Chair of the York Health and Care Collaborative

The Board considered a report on the work of the York Health and Care Collaborative. The Chair of the York Health and Care Collaborative was in attendance to present the report.

Key points arising from the presentation of the report included:

- That prevention is a large part of the York Health and Care Collaborative's agenda, with work around holding providers accountable for example around tobacco consumption. It was also noted that a pilot for work on low level drinking problems would begin in late October/early November, and it was hoped that the sponsor of that work, Changing Lives, would be able to attend the next Health and Wellbeing Board meeting with an active update.
- That mental health was a priority of the Collaborative, and that the work of the Northern Quarter, a community asset based approach to mental health was successfully adapting across the whole city. Additionally, it was noted that more Integrated Care System funding for the impact of Covid-19 on mental health had been made available.
- That a bespoke workshop on end of life care was being set up, as well as a community response team to aid in ageing well, with a two hour response time.
- Furthermore, child welfare and learning disabilities were key priorities for the Collaborative.

The Chair thanked the Chair of the York Health and Care Collaborative, and emphasised the work of the Covid Support Hub, which had supported 4,000 people – the importance of raising awareness of the issues around Long Covid was highlighted and the Chair asked for a report to be brought to a future HWBB meeting focused on helping the HWBB to better understand Long Covid and the impact that it has on residents and on health inequalities.

Resolved:

- (i) That the report of the Chair of the York Health and Care Collaborative be noted.

- (ii) That a report be brought to a future HWBB meeting focused on helping the HWBB to better understand Long Covid and the impact that it has on residents and on health inequalities

Reason: There is a shared objective of improving the health and wellbeing of the population. The York Health and Care Collaborative is 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.

Cllr C Runicman, Chair

[The meeting started at 4:30pm and finished at 6:23pm].