

#### AGENDA SUPPLEMENT

#### **Health and Wellbeing Board**

**To:** Councillors Runciman (Chair), Craghill, Cuthbertson,

Looker,

Dr Nigel Wells (Vice Chair) - Chair, NHS Vale of York

Clinical Commissioning Group

Dr Emma Broughton - Chair of the York Health and

Care Collaborative & a PCN Clinical Director

Sharon Stoltz – Director of Public Health, City of York

Council

Lisa Winward - Chief Constable, North Yorkshire Police

Alison Semmence – Chief Executive, York CVS

Siân Balsom - Manager, Healthwatch York

Shaun Jones – Deputy Locality Director, NHS England

and Improvement

Naomi Lonergan – Director of Operations, North Yorkshire & York – Tees, Esk & Wear Valleys NHS

**Foundation Trust** 

Simon Morritt – Chief Executive, York Teaching

Hospitals NHS Foundation Trust

Stephanie Porter – Director for Primary Care, NHS Vale

of York Clinical Commissioning Group

Mike Padgham – Chair, Independent Care Group

Michael Melvin (Substitute for Corporate Director of

People) - Director of Safeguarding

Anne Coyle (Substitute for Corporate Director of People) – Interim Director of Children's Services

**Date:** Wednesday, 16 March 2022

**Time:** 4.30 pm

Venue: Remote meeting

The Agenda for the above meeting was published on **Tuesday 8 March 2022.** The attached additional documents are now available for the following agenda item:

4. Presentation on the Day: Better Care Fund (Pages 1 - 12) Update

The Director of Prevention & Commissioning will give a presentation to provide the Board with an update on the Better Care Fund.

5. Healthwatch York Report: Dentistry in York: (Pages 13 - 18) Gaps in Provision

Board members will consider a report from Healthwatch York looking at people's experiences of dentistry in the city.

6. Healthwatch York Report: Dementia (Pages 19 - 22)
Support

This report aims to help shape the dementia strategy in York, sharing Healthwatch York's work looking at the experiences of people caring for those living with dementia in the city.

11. Presentation on the Day: Update on the (Pages 23 - 42) Current Situation re: Covid-19

The Joint Consultant in Public Health will give a presentation on the current situation in relation to Covid-19 including recovery plans. This item will be in presentation format to ensure that the most up to date information can be presented to the Health and Wellbeing Board.

This agenda supplement was published on **Thursday 17 March 2022.** 



## Better Care Fund

16th March 2022



# YOL

## The National Context

- Better care funding has been agreed for another year, therefore will cover 21/22 and 22/23.
- The York plan has been signed off and agreed by NHSE together with activity targets.
- The White paper on integration makes further suggestions that the mechanism of the Better Care Fund could support further pooling of budgets in later years.



## Key Targets



- There have been changes in the BCF performance metrics the two specific changes are around health activity.
- The 21/22 metrics are:
  - 1. Reductions in ambulatory care condition admissions
  - 2. Length of Stay: 14 & 21 day reductions
  - 3. Reablement
  - 4. Admissions into long term care

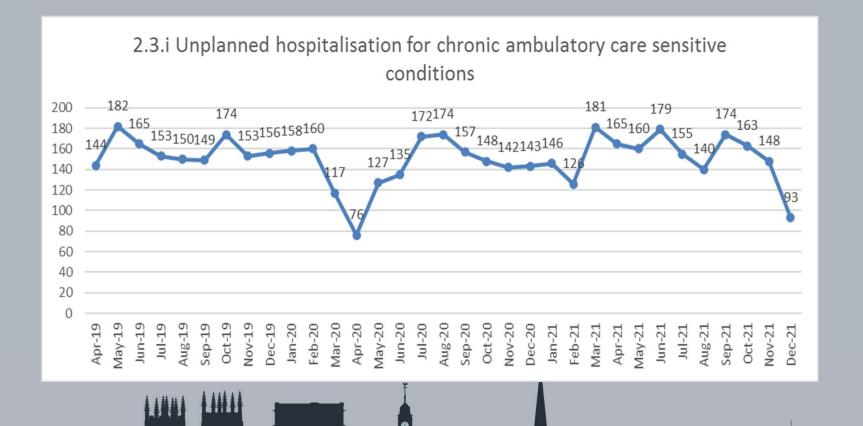
The two performance metrics that are no longer measurable are:

- 1. 4hr A/E target
- 2. Delayed Transfers of Care





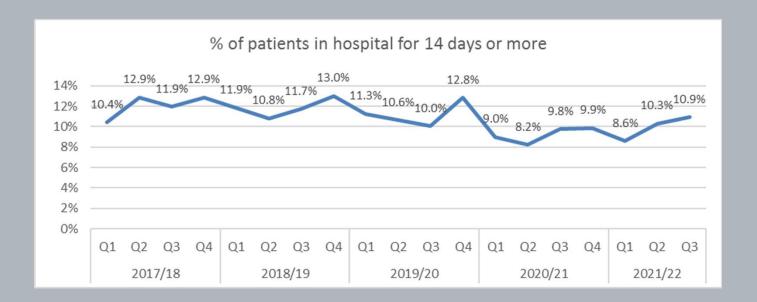
### Performance



Working together to improve and make a difference



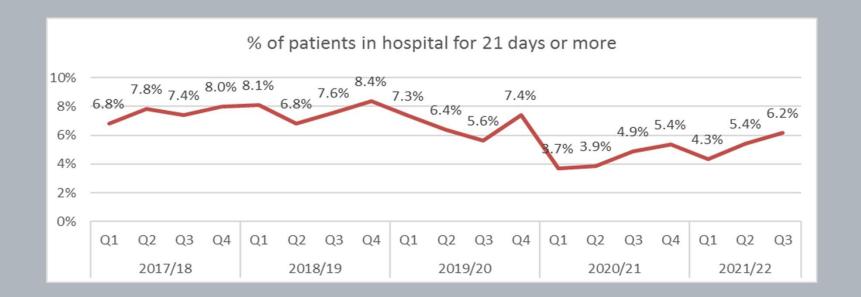
# Length of Stay







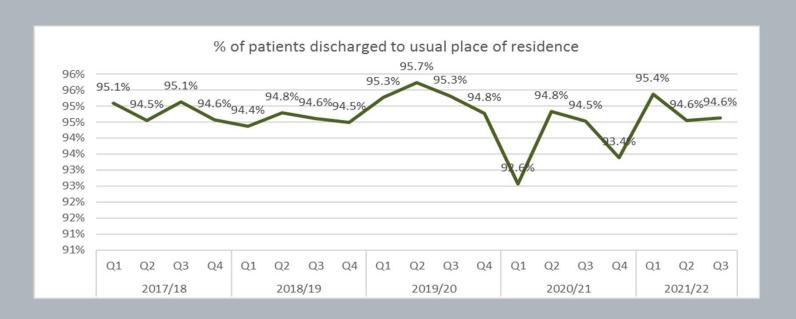
# Length of Stay







# Discharges







## Local context

- Partners have agreed minimum levels of BCF funds to be pooled as part of the BCF directions.
- The BCF partnership group has agreed to review all schemes and re-design or decommission schemes that are not performing or meeting targets.
- In light of this the BCF partnership commissioned VENN consulting to ensure we completed due diligence on areas of particular redesign and focus.





## Key Findings from VENN

- Partners work very well together to support discharges out of hospital, using differing approaches to care.
- Individually services do support early intervention approaches within the community.
- There is a no wrong door approach which supports easier access to services.
- Real focus on discharges from hospital.
- Some real good work within crisis teams and Local Area coordinators.





## Areas for consideration

- Although there is strength in a no wrong door approach as partners
  we may wish to review the criteria as this may support more people
  accessing statutory services unnecessarily.
- Early intervention approaches are good however there is evidence that people may not be getting the right care or too much care.
- There is duplication within reablement and intermediate care services and we should possibly consider implementing an integrated seamless pathway.



## **Next Steps**



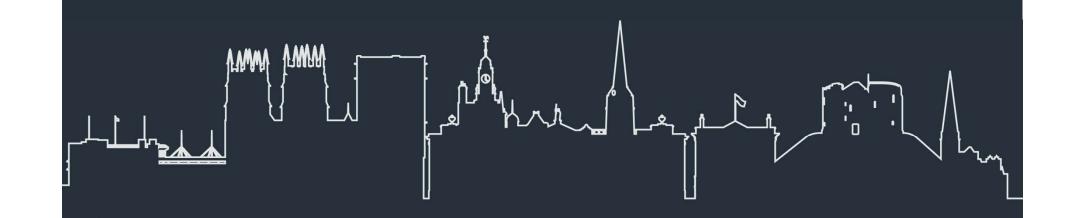
Shorter-Term	Longer-Term				
Step-up into rapid community service / beds	No wrong door / SPA				
Enhanced pathways into housing / adaptations	Focus on sustainable prevention & early intervention – funding / outcomes / VFM				
Capacity in reablement & rehabilitation	Market management & cost of care exercise				
Effective discharge pathways	Extra Care Housing & other schemes				
Front-door turn-around / streaming	Enhanced voluntary & community sector				
Ambulance pathways	Workforce strategy				
Effective brokerage system					
Effective assessment & review - ASC					
Dynamic purchasing system					
Strength-based assessments					





# Thank you

# Any Questions?







**Dentistry in York - Gaps in Provision January 2022** 



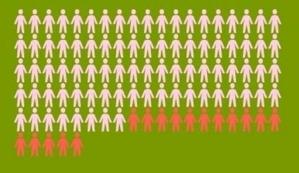
- Filled to Capacity: NHS Dentistry in York March 2018
- NHS Dentistry A Service in Decay July 2021
- Dentistry in York Gaps in Provision January 2022

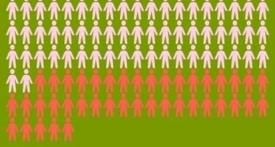


## **Healthwatch York**

Gaps in Provision- Dentistry Report

Do you have a dentist? (173 respondents)





In our 2018 report 84% of respondents said that they had a dentist.

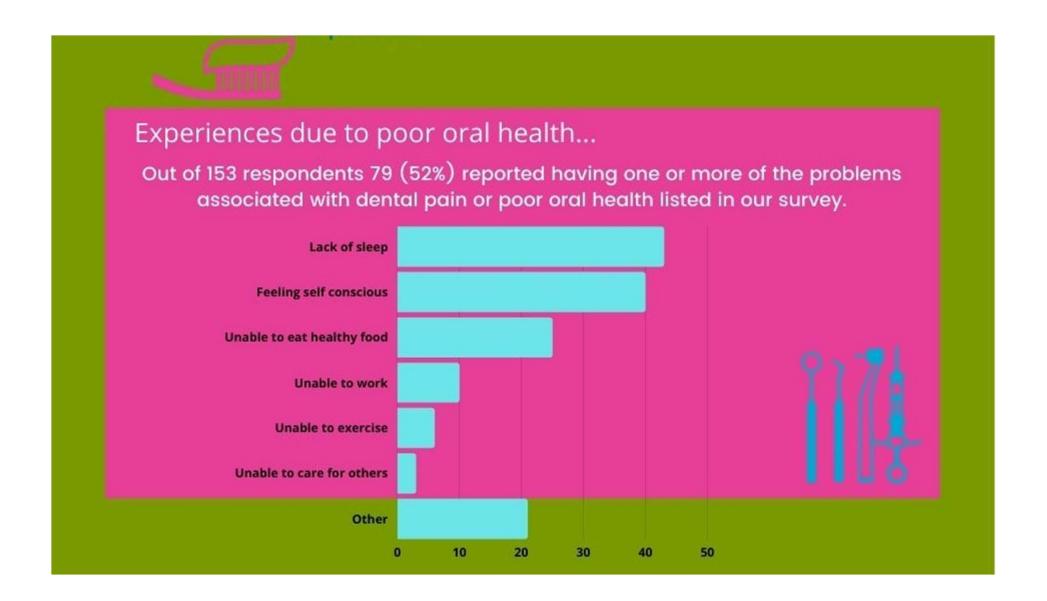
In our 2021 report 59% of respondents said that they had a dentist.

#### **Quotes from the report**

"Me and my sons have been trying to get a dentist in York for over two years, my teeth are loose, I have permanent toothache, my 26 year old son has exposed nerves and crumbling teeth he's in permanent agony where he is crying, my 16 year old has tooth ache all the time."

"I have been in pain for almost a year. No NHS dentist in this area.
Even 111
couldn't help. Very poor service
over the phone."





# **Dementia Support**

Listening to carers of people living with dementia in York

**Healthwatch York Report February 2022** 



# **Summary of Key Themes**

- Diagnosis
- Access to services/support after diagnosis
- Longer term support
- How services work together
- Planning for the future
- Activities and socialising
- Being listened to



#### **Towards a New Service**

# Carers imagined:



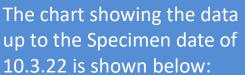
- Reduced waiting times for diagnosis and improved communication and support following diagnosis
- A consistent approach to dementia care across the city with improved GP access and support from specialists, where care was integrated across a network of closely allied organisations
- A new service which included an allocated person to seek support from in the longer term

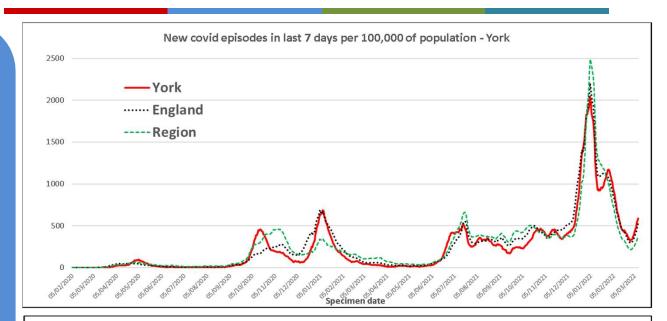
- A key physical place/centre to provide social and physical support for people
- Improved opportunities for activities and socialising for people with dementia and their carers across the city
- A network of respite and day centres for support
- Advice on housing and finances and understanding what to do and how to manage things as the disease progresses
- Being listened to by health and social care services, both as a person with dementia and as a carer.

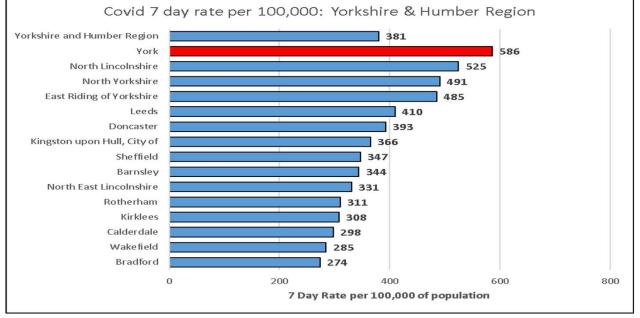
# Covid-19 Update 15.3.22

#### 7 Day Incidence rates per 100,000

The provisional rate of new Covid episodes per 100,000 of population for the period 7.3.22 to 13.3.22 in York is **686.2** (1,448 episodes). (Using data published on Gov.uk on 15.3.22). The latest official "validated" rate of new Covid episodes per 100,000 of population for the period 4.3.22 to 10.3.22 in York was **586.2** (1,237 episodes). The national and regional averages at this date were **542.1** and **380.7** respectively (using data published on Gov.uk on 15.3.22). The chart showing the data

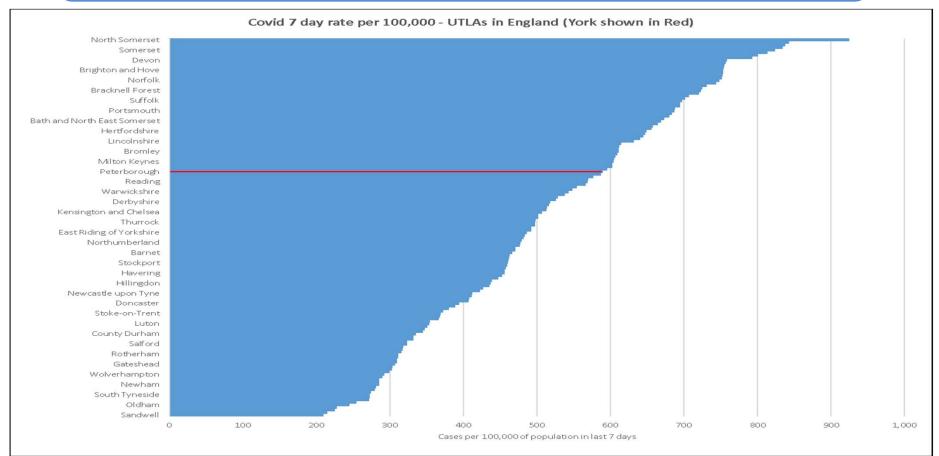






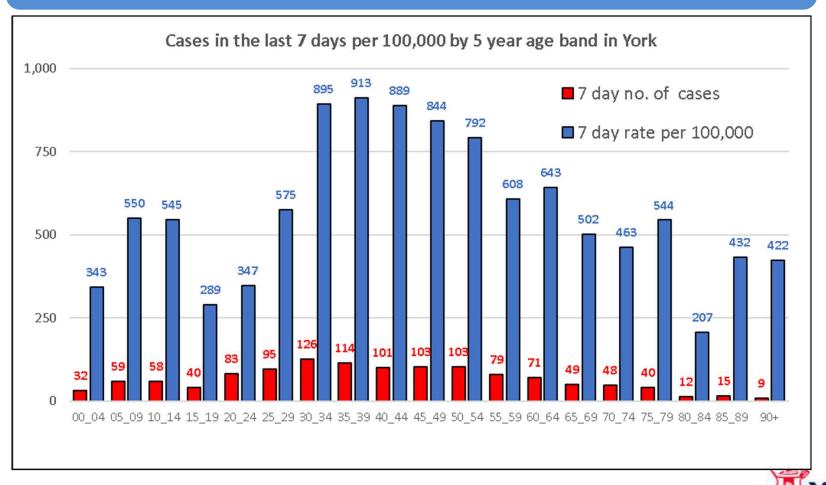
#### York v UTLAs in England

York is currently ranked **96<sup>th</sup>** out of 149 Upper Tier Local Authorities (UTLAs) in England with a rank of 1 indicating the lowest 7 day rate.



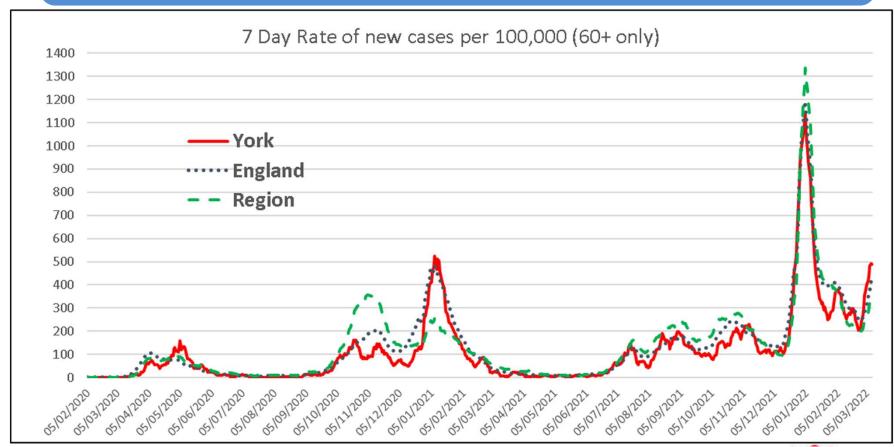
#### Rates by Age Band

Case rates are currently highest in the following age ranges: **35-39** (913 per 100,000); **30-34** (895); **40-44** (889) and **45-49** (844).



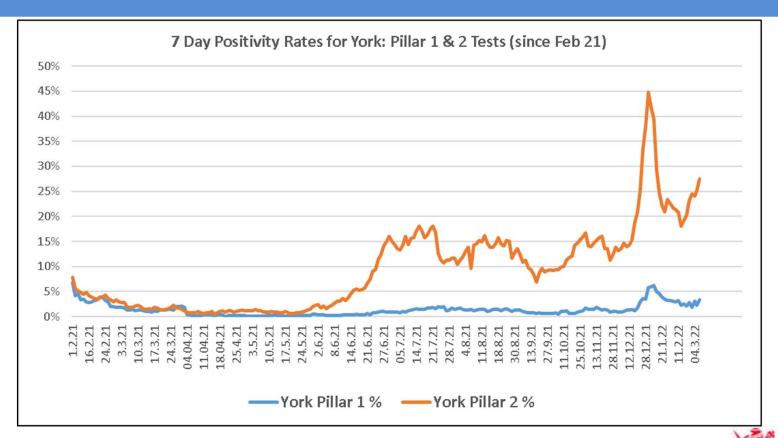
#### 7 Day Incidence rates per 100,000: 60+

The rate of new Covid cases per 100,000 of population for the period 4.3.22 to 10.3.22 for people aged **60+** in York was **488.8** (244 cases). The national and regional averages were 441.5 and 361.7 respectively.



#### 7 Day Positivity Rates

As at 11.3.22 the latest **7 day** positivity rate in York (Pillar 1 tests only) was **3.4%**. The national and regional averages are 5.2% and 5.9% respectively. As at 11.3.22, the latest **7 day** positivity rate in York (all Pillar 2 tests) was **27.4%**. The national and regional averages are 31.2% and 27.1% respectively.



#### Variant Summary

#### **Variants**

In the latest month for which data is available in York (cases with a specimen date between 14<sup>th</sup> February 2022 and 13<sup>th</sup> March 2022) the estimated percentage breakdown by Variant of Concern (VOC) or Variant under Investigation (VUI) is as follows:

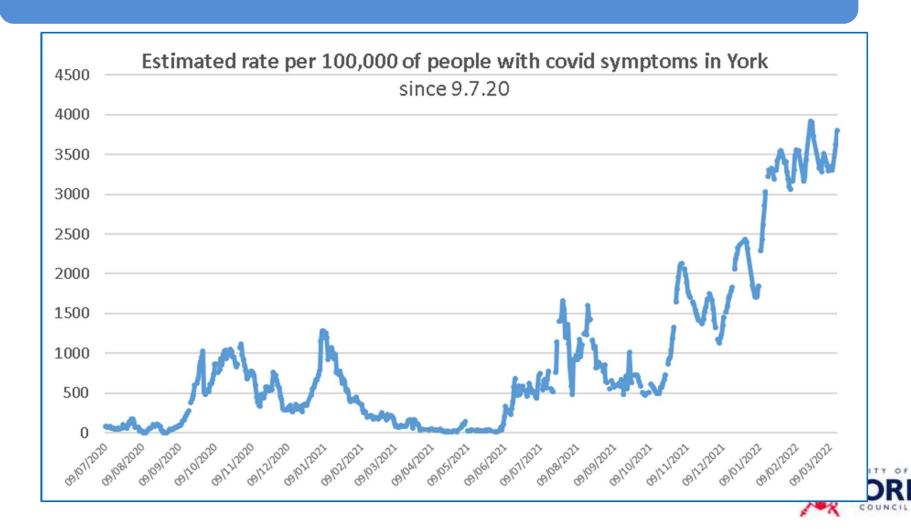
- VOC-21NOV-01 (Lineage B.1.1.529) Original Omicron strain BA.1: 78.6% of cases
- VUI-22JAN-01(Lineage B.1.1.529.BA2) Omicron sub-lineage BA.2: 18.4% of cases
- Undetermined **3.0%** of cases

Source: PHE Covid-19 Situational Awareness Explorer.



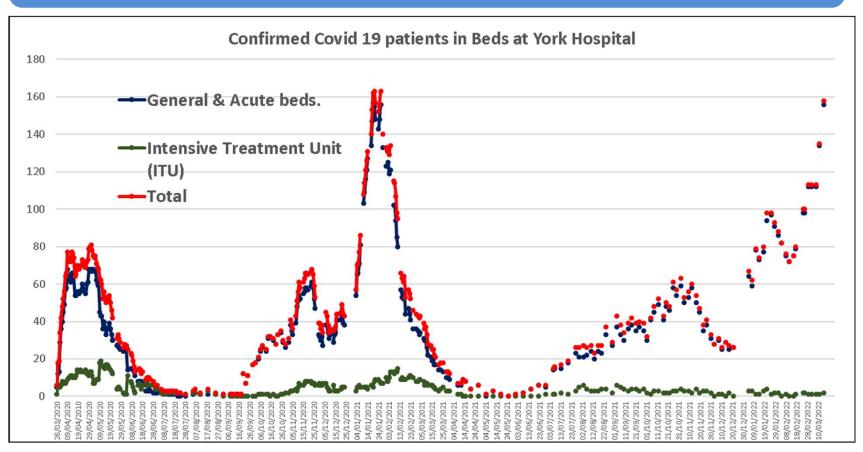
#### People with Covid Symptoms

As at 15.3.22, the Covid Symptom App estimates **3,804** per 100,000 in York with symptomatic covid (responses from a sample of 2,704 people).



#### **Covid Patients in York Hospital**

As at 15.3.22 there were **156** people with Covid in a General / Acute bed and **2** in ITU.



#### **Covid Deaths - ONS**

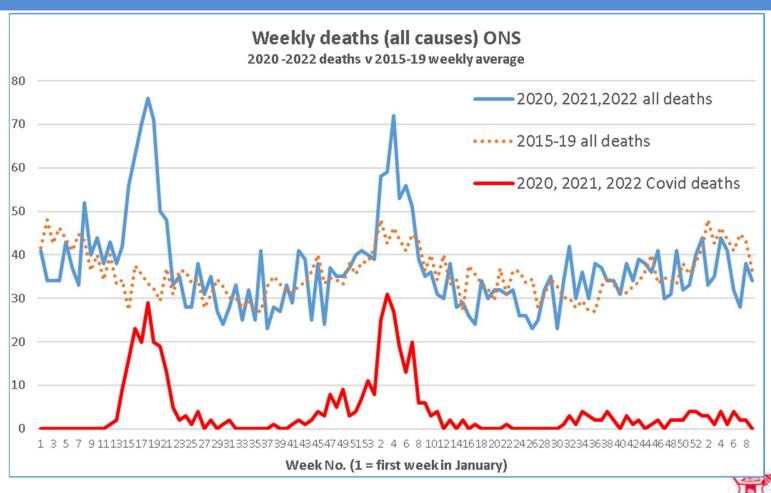
ONS Weekly data: In the most recent period (2022 Week 9: 26.2.22 to 4.3.22) **0** Covid-19 deaths were recorded as having occurred for CYC residents. In weeks 8, 7 and 6 there had been **2, 2** and **4** deaths respectively. Please note that due to lags in death registration, weekly totals are subject to revision.

ONS Cumulative data: Since the start of the pandemic, for deaths occurring up to 4<sup>th</sup> March 2022 and registered up to 12<sup>th</sup> March 2022, 466 Covid-19 deaths were recorded as having occurred for CYC residents (281 in hospital, 144 in care homes, 33 at home/elsewhere and 8 in a hospice). The number of deaths per 100,000 of population (using ONS 2020 Mid-Year Population Estimates) in York is 220.8 which is lower than the national average of 281.7.



#### Covid Deaths and Excess Deaths - ONS

There have been 139 'excess deaths' in York since the start of the 2020 (using the 2015-2019 weekly average number of deaths as the comparator)



#### Care Homes and Schools

#### **Cases in Residential Care Settings**

As at 10.3.22 there were **13** care homes in the CYC area with confirmed Covid-19 infection (at least 1 case of either a staff member or resident).

The latest 'outbreak' (2+ cases of either a staff member or resident) in a residential care setting in York was reported by PHE on **15.3.22** (1 home).

#### **Cases amongst School Aged Children**

In the 7 days up to 14.3.22 there were **166** children of primary or secondary school age who tested positive across **41** schools.

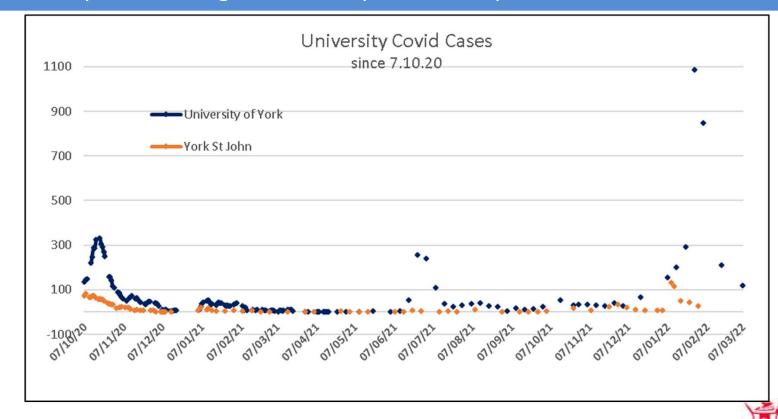
(The time period relates to the dates when the positive cases were uploaded onto the local database from the DPH line listing rather then test specimen date).



#### **University Cases**

As at 7.3.22 York University reported **119** individuals within the University community who were currently self-isolating because they have had a positive COVID-19 test.

As at 28.1.22 York St. John reported **27** individuals within the University community who were currently self-isolating because they have had a positive COVID-19 test.



## Rates and Numbers by Ward

Rank	Ward	Prior week (2022-02- 24 to 2022-03-02)		Most recent week (2022-03-03 to 2022- 03-09)		Change in rate between two weeks		
-		Cases	Case: Rate		Case: Rate		% 💌 Absolute	
1	Micklegate	49	364.8	116	863.7	137	498.9	<b>↑</b>
2	Huntington & New Earswick	34	269.6	91	721.6	168	452	<b>↑</b>
3	Rural West York	28	356.4	56	712.7	100	356.3	<b>↑</b>
4	Wheldrake	16	383.9	29	695.8	81	311.9	$\rightarrow$
5	Osbaldwick & Derwent	32	379.8	58	688.3	81	308.5	1
6	Westfield	62	444.4	91	652.2	47	207.8	<b>↑</b>
7	Holgate	48	375.6	79	618.1	65	242.5	<b>↑</b>
8	Strensall	22	266.1	51	616.9	132	350.8	<b>↑</b>
9	Rawcliffe & Clifton Without	60	492	74	606.8	23	114.8	$\rightarrow$
10	Dringhouses & Woodthorpe	36	311.2	70	605.1	94	293.9	1
11	Haxby & Wigginton	38	322.9	64	543.8	68	220.9	1
12	Fulford & Heslington	14	357.7	21	536.5	50	178.8	$\rightarrow$
13	Acomb	31	338.8	46	502.7	48	163.9	$\longrightarrow$
14	Heworth Without	13	339.6	19	496.3	46	156.7	$\rightarrow$
15	Hull Road	35	231.1	73	481.9	109	250.8	1
16	Guildhall	59	328.2	79	439.4	34	111.2	$\longrightarrow$
17	Heworth	62	425.9	63	432.8	2	6.9	$\longrightarrow$
18	Fishergate	28	253.9	47	426.3	68	172.4	<b>↑</b>
19	Copmanthorpe	10	242.2	17	411.7	70	169.5	<b>→</b>
20	Clifton	28	277.3	40	396.2	43	118.9	$\longrightarrow$
21	Bishopthorpe	14	336.5	12	288.5	-14	-48	$\longrightarrow$

#### Vaccines Summary

#### Vaccinations for People aged 16+ (1st dose, 2nd dose and Booster)

- As at 14.3.22 a total of **158,760** CYC residents aged **16+** have had the first dose of the vaccine. This represents **89.0%** of the estimated (**16+**) population of York.
- As at 14.3.22 a total of **152,216** CYC residents aged **16+** have had both doses of the vaccine. This represents **85.4%** of the estimated (**16+**) population of York.
- As at 14.3.22 a total of **126,760** CYC residents aged **16+** have received the booster vaccine. This represents **71.1%** of the estimated (**16+**) population of York.

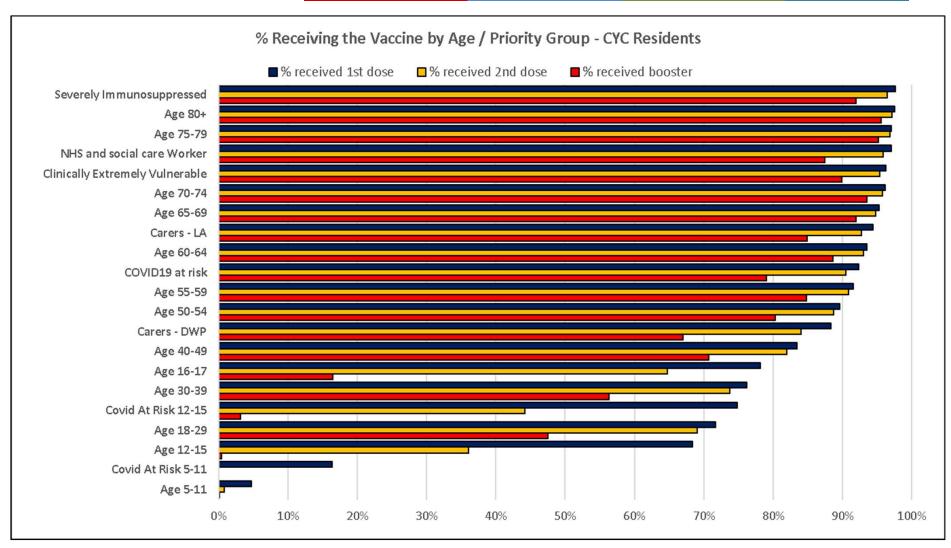
#### Vaccinations for People aged 12-15 (1st and 2nd dose)

- As at 14.3.22 a total of **5,924** CYC residents aged **12-15** have had the first dose of the vaccine. This represents **70.7%** of the estimated (**12-15**) population of York.
- As at 14.3.22 a total of **3,121** CYC residents aged **12-15** have had both doses of the vaccine. This represents **37.3%** of the estimated (**12-15**) population of York.

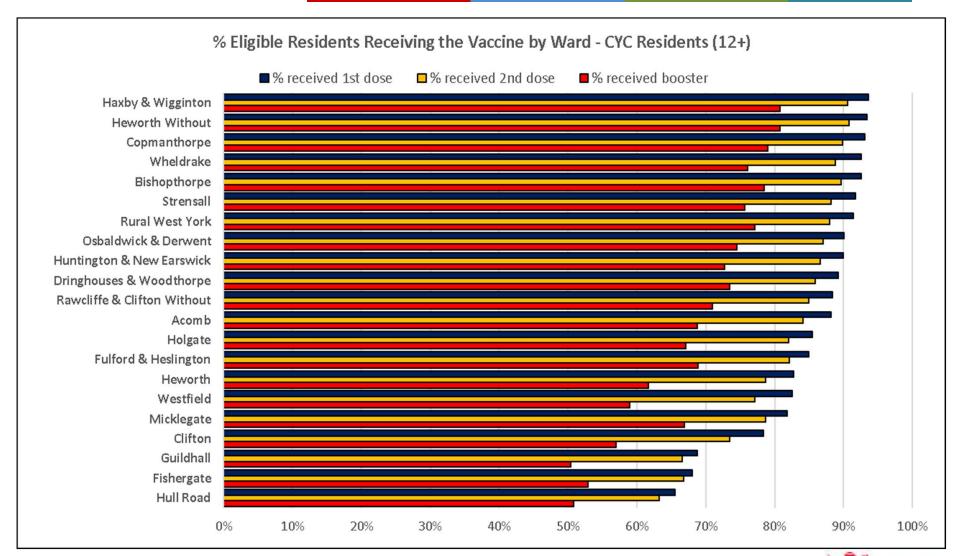
Source: PHE Covid-19 Situational Awareness Explorer.



## Vaccinations – By Age / Category



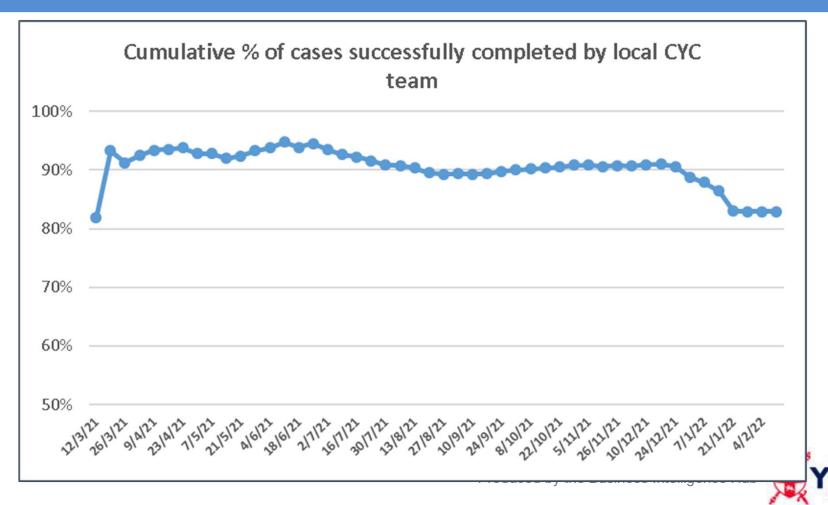
#### Vaccinations – By Ward (12+)



#### Contact Tracing - % of Cases Completed

The cumulative % of cases uploaded to NHS Test and Trace who have been completed (contacted) by the local team since 'Local-0' is shown in the chart below.

(NB 'Local-0' means that all cases are dealt with by the local rather than the national team)



#### Post Acute Covid-19

The Post Acute Covid-19 Model shows real time data driven (10-12 week) forecasts of new cases of post acute Covid overall and new cases of post acute Covid that require support from a service.

The Situational Awareness Explorer Post-Acute Covid-19 model currently predicts that in York, in the 3 month period 1.3.22 to 31.5.22, there will be **3,840** new cases of post-acute Covid, of which **810** will require services. (Model Refreshed on 28.2.22)

For modelling purposes, the definition of post-acute COVID applied has been defined as signs and symptoms that develop during or after an infection consistent with COVID-19, which continue for more than 12 weeks and are not explained by an alternative diagnosis. This is in line with the NICE definition.

Those who require a service are those that have their activity limited a lot by their post acute COVID symptoms - in line with ONS Prevalence of ongoing symptoms following coronavirus (COVID-19) infection (activity limitation). The proportion of those whose activity has been limited a lot is self-reported rather than clinically diagnosed.



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