

**Notice of a public meeting of  
Health and Wellbeing Board**

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

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

Jamaila Hussain – Corporate Director of Adult Social  
Care and Integration

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

**Date:** Wednesday, 18 May 2022

**Time:** 4.30 pm

**Venue:** The George Hudson Board Room - 1st Floor West Offices (F045)

## **AGENDA**

### **1. Declarations of Interest**

At this point in the meeting, Board Members are asked to declare:

- any personal interests not included on the Register of Interests
- any prejudicial interests or
- any disclosable pecuniary interests

which they may have in respect of business on this agenda.

### **2. Minutes** (Pages 1 - 12)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on 16 March 2022.

### **3. Public Participation**

At this point in the meeting members of the public who have registered to speak can do so. Members of the public may speak on agenda items or on matters within the remit of the committee. Please note that our registration deadlines have changed to 2 working days before the meeting. The deadline for registering at this meeting is **5:00pm on Monday 16 May 2022.**

To register to speak please visit [www.york.gov.uk/AttendCouncilMeetings](http://www.york.gov.uk/AttendCouncilMeetings) to fill out an online registration form. If you have any questions about the registration form or the meeting, please contact the relevant Democracy Officer, on the details at the foot of the agenda.

## **Webcasting of Remote Public Meetings**

Please note that, subject to available resources, this remote public meeting will be webcast including any registered public speakers who have given their permission. The public meeting can be viewed live and on demand at [www.york.gov.uk/webcasts](http://www.york.gov.uk/webcasts).

During coronavirus, we've made some changes to how we're running council meetings. See our coronavirus updates ([www.york.gov.uk/COVIDDemocracy](http://www.york.gov.uk/COVIDDemocracy)) for more information on meetings and decisions.

- 4. Annual Update from the Health and Wellbeing Board's Ageing Well Partnership** (Pages 13 - 20)  
This report presents the Health and Wellbeing Board with an update on the work the Ageing Well Partnership has undertaken since last reporting to the board in May 2021.
- 5. Draft Dementia Strategy** (Pages 21 - 38)  
This paper aims to brief members of the Health and Wellbeing Board on the progress being made towards the publication of a Dementia Strategy for the City this summer. This is timely given we are midway through Dementia Awareness Week.
- 6. Update on the Integrated Care System** (Pages 39 - 52)  
This report updates board members on the national reforms to the NHS, health and care, and developments locally to plan for the changes which are due to come into force in July 2022.
- 7. Presentation on the Day: Covid 19 Update: Recovery and Living with Covid**  
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.

## 8. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972.

### Democracy Officer:

Robert Flintoft

Telephone No – 01904 555704

Email – [robert.flintoft@york.gov.uk](mailto:robert.flintoft@york.gov.uk)

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting:

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

Contact details are set out above.

**This information can be provided in your own language.**

我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)

 **(01904) 551550**

City of York Council

Committee Minutes

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Meeting	Health and Wellbeing Board
Date	16 March 2022
Present	<p>Councillors Runciman (Chair), Cuthbertson, Looker,</p> <p>Dr Nigel Wells (Vice Chair) – Chair, NHS Vale of York Clinical Commissioning Group</p> <p>Alison Semmence – Chief Executive, York CVS</p> <p>Stephanie Porter – Director for Primary Care, NHS Vale of York Clinical Commissioning Group</p> <p>Jamaila Hussain – Director of Prevention, Commissioning and Education</p> <p>Peter Roderick – Joint Consultant in Public Health, City of York Council and NHS Vale of York Clinical Commissioning Group (substitute for Sharon Stoltz)</p> <p>Janet Wright – Chair, Healthwatch York (substitute for Siân Balsom)</p> <p>Mabs Hussain – Deputy Chief Constable, North Yorkshire Police (substitute for Lisa Winward)</p> <p>Bridget Lentall – Head of Service, NHS Vale of York Clinical Commissioning Group (substitute for Naomi Lonergan)</p> <p>Lucy Brown – Head of Communications – York and Scarborough Teaching Hospitals NHS Foundation Trust (substitute for Simon Morritt)</p>

Apologies

Councillor Craghill

Sharon Stoltz – Director of Public Health, City of York Council

Siân Balsom – Chief Executive, Healthwatch York

Simon Morritt – Chief Executive, York Teaching Hospitals NHS Foundation Trust

Lisa Winward – Chief Constable, North Yorkshire Police

Dr Emma Broughton – Chair of the York Health and Care Collaborative & a PCN Clinical Director

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

Mike Padgham – Chair, Independent Care Group

Shaun Jones – Deputy Locality Director, NHS England and Improvement

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## **79. 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.

## **80. Minutes**

Resolved:

- i. That the minutes of the last meeting of the Health and Wellbeing Board held on 19 January 2022 be approved as an accurate record.

## **81. Public Participation**

It was reported that there were members of the public registered to speak under the Council's Public Participation Scheme.

## **82. Presentation on the Day: Better Care Fund Update**

The Director of Prevention & Commissioning gave a presentation to provide the Board with an update on the Better Care Fund (BCF).

Key points raised during the presentation included:

- Better care funding had been agreed for 2021/22 and 2022/23.
- The York plan had been signed off and agreed by NHS England with activity targets.
- An outline of changes in BCF performance metrics was given, together with an update on performance around unplanned hospitalisation for chronic ambulatory care sensitive conditions, length of stay and discharges.
- BCF funds had remained the same at ~£20 million.
- Key findings from VENN included that there was a focus on discharges from hospital and crisis teams and Local Area co-ordinators were working well together to support people in remaining at home for longer.
- There were concerns that the no wrong door approach may support more people accessing statutory services unnecessarily.
- The short and long term next steps for the BCF were outlined, which included effective discharge pathways, strength based assessments, an effective brokerage system and a workforce strategy.

Comments and questions from Board members included:

- It was clarified that 'ambulatory' care referred to conditions that did not require people to be transported to hospital via emergency vehicle.
- Officers stated that consultation and co-production would feature prominently in the next steps of the BCF.
- Admittance to hospital could often be prevented if ambulatory care conditions were treated earlier.

- VENN compared York's BCF system to others and were positive about its response during the Covid-19 pandemic with respect to the acute sector.

Resolved:

- i. That the contents of the update be noted.

Reason: To inform Board members on the BCF.

### **83. Healthwatch York Report: Dentistry in York: Gaps in Provision**

Board members considered a report from Healthwatch York, which examined people's experiences of dentistry in the city. The Chair of Healthwatch York and Healthwatch York Research Officer were in attendance to present the report and respond to questions.

Key points raised during the presentation of the report included:

- This report was Healthwatch's third on dentistry in York and focused on the impact of lack of provision.
- The report included statistics and quotes from local residents on their experience of dentistry provision in York, and detailed that there had been 25 percentage pointed reduction in the number of York residents saying they had a dentist between the 2019 and 2021 polls.
- 71% of York's residents who didn't have a dentist said it was because there were no practices taking on NHS patients and 52% of respondents reported having more problems associated with dental pain or poor oral health.

Comments and questions from Board members included:

- Concerns were raised around ensuring children and children in care in York had access to dentistry, and the Executive Member for Children and Young People indicated he would write to the Minister of State for Children and Families.

Resolved:

- i. That the contents of the report be noted.
- ii. That the 4 areas for action identified on pages 57-58 of the report be noted.



Reason: To update Board members on the provision of dentistry in York.

#### **84. Healthwatch York Report: Dementia Support**

This report aimed 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. The Chair of Healthwatch York and the Healthwatch York Research Officer were in attendance to present the report and respond to questions.

Key points raised during the presentation of the report included:

- Waiting for a diagnosis of dementia was a key issue.
- Carers were the key respondents and evidence base for the report due to difficulties in accessing dementia patients during the Covid-19 pandemic.
- Carers requested reduced waiting times for diagnosis and improved communication and support following diagnosis, as well as a new service which included an allocated person to seek support from in the long term and a key physical place/centre in York to provide social and physical support for people.

Comments and questions from Board members included:

- It was noted that the issues raised in the report were the same as ones raised in previous years, and members suggested creating a partnership across a range of services including the voluntary sector to support dementia services.
- Evidence in the report seemed to show the speed of diagnosis very varied and somewhat random, ranging from weeks to years.
- There was a lack of knowledge in the community on what signs to look for to identify early onset dementia.

Resolved:

- i. That the contents of the report be noted.
- ii. That the key aspirations for improving dementia support in York be noted.

Reason: To inform Board members on dementia support in York.

## **85. Annual Update from the HWBB's Mental Health Partnership**

This report presented the Health and Wellbeing Board with an update on the work the partnership has undertaken since last reporting to the board in January 2021. The Independent Chair of the Mental Health Partnership was in attendance to present the report and respond to questions.

Key points raised during the presentation of the report included:

- There had been significant progress in recent years, though there were still areas of concern, including dementia.
- There was a desire within the city to recognise the skilled attributes within the Voluntary, Community and Social Enterprise (VCSE) sector.
- Major health partners had reported that some children had consistent issues in accessing diagnosis.
- There been considerable amounts of work done on eating disorders, however York had the highest number of people with severe eating disorders in accommodation in the Integrated Care System Area.

Comments and questions from Board members included:

- The City of York Dementia Strategy was due to be presented to Health Scrutiny and the HWBB in May 2022 and implemented by July 2022, including an action plan to bring in additional dementia services.
- CYC went to market for mental health housing, but did not receive any tenders, and were now looking at whether the Council's housing team can provide properties and a care provider to be engaged in order to prevent a gap in service provision.

Resolved:

- i. That the contents of the report be noted.
- ii. That the Board indicates its continuing support for the Mental Health Partnership and its chosen direction of travel.

Reason: To ensure Board members remain informed on the Mental Health Partnership.

## **86. Update on the Integrated Care System**

This report updated Board members on the national reforms to the NHS, health and care, and developments locally to plan for the changes which were due to come into force in July 2022. The Joint Consultant in Public Health, City of York Council and NHS Vale of York Clinical Commissioning Group was in attendance to present the report and respond questions.

Key points raised during the presentation of the report included:

- Clinical commissioning groups were to be abolished on 1 July 2022 and replaced with regional integrated care systems (ICS).
- As part of the transition, a number of appointments at board level of the ICS had been made and the place-based partnership was to be a key committee of the new system to ensure as many decisions as possible are made locally.
- The place-based partnership was due to have responsibility for areas such as quality and safety of care, in the financing of healthcare and population health elements in order to maximise health gain.
- Place-based partnership governance arrangements had not yet been established.
- Health and Wellbeing Board chairs will be invited to sit on the Integrated Care Partnership and will have an active role in setting the ICS Strategy.

Resolved:

- i. That the developments, including the proposed structure and arrangements for the NHS and care within our region from next financial year be noted.
- ii. That the minutes of the November 2021 York Health and Care Alliance meeting be noted.

Reason; To ensure members remain informed of developments in the establishment of the Integrated Care System.

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

The Health and Wellbeing Board considered a report on the work of the York Health and Care Collaborative. The Joint Consultant in Public Health, City of York Council and NHS Vale

of York Clinical Commissioning Group was in attendance to present the report and respond to questions.

Key points raised during the presentation of the report included:

- The Collaborative was an operational group consisting of many senior managers running out of hospital services in York including community services, primary care, and the voluntary sector.
- The Collaborative's priorities were focused on prevention of health issues by discussing support around smoking, drugs, alcohol and substance abuse and obesity.
- Ageing well was also a priority, with work done around the 2 hour urgent care standard and supporting and identifying those in need of support for frailty.

Comments and questions from Board members included:

- Obesity in younger children of reception age was a significant concern.
- City of York Council was a signatory to the Healthy Weight Declaration, however it was recognised that there was a need to improve the quality of school meals.
- It was recognised that healthy food including fresh fruit and vegetables was often more expensive than more unhealthy processed foods.
- The Holiday Activities and Food Programme was discussed, which supported less advantaged children in accessing food and enriching activities during school holidays.

Resolved:

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

Reason: To ensure that Board member remain updated on the work of the York Health and Care Collaborative.

## **88. Presentation: The Poverty Truth Commission**

The Chief Executive of York CVS gave a presentation to board members on the Poverty Truth Commission.

Key points raised during the presentation of the report included:

- The Poverty Truth Commission sought bring together those who have experienced poverty (community

commissioners) and those who have power to make change within the city (civic commissioners) in order to work to alleviate issues of poverty in York.

- York was overall a wealthy city, however there significant issues such as a 13 year difference in life expectancy from the least to most deprived parts of the city, a higher than average number of part time, insecure and low paid jobs than average and 1/3 of residents in rented or social accommodation.
- The ratio of rent to earnings in York was comparable to London.
- The Poverty Truth Commission sought to humanise decision making and create positive relationships between those with power and those the decisions affect.
- Money had been raised for one year, and more was being sought for a second year.
- Two co-ordinators had been recruited and began work on 1 March 2022.

Comments and questions from Board members included:

- Members commented that poverty was the root cause of almost all health issues including eating habits, housing, dentistry and care costs.
- The cost of living was set to increase dramatically in 2022, making the importance of the Commission greater.
- A similar approach had been taken in Leeds, and had led to greater credibility of decisions made around poverty due to the input of community commissioners.
- It was recognised that the Commission would not eradicate poverty in the city, however it sought to alleviate the issue by improving decision making and building trust.

Resolved:

- i. That the contents of the presentation be noted.

Reason: To update members on the work of the Commission.

## **89. Presentation on the Day: Update on the Current Situation re: Covid-19**

The Joint Consultant in 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 of the report included:

- Cases of Covid-19 were increasing and nearing 600 cases per 100,000. York had the highest case rate in the Yorkshire and Humber region, however the increase was broadly in line with national trends.
- Vaccinations were reducing the effect of increasing Covid-19 infection rates.
- Case rates were highest in the 35-39, 30-34, 40-44 and 45-59 age ranges respectively.
- 18.4% of cases were of the BA.2 Omicron sub-lineage strain which was a variant under investigation, but thought to have a higher transmissibility rate than the BA.1 Omicron.
- As of 15/03/2022 there were 156 people with Covid-19 in a general/acute hospital bed in York and 2 in the Intensive Treatment Unit. Many others may be in hospital with Covid but not necessarily in hospital for that reason.
- Free Covid testing funded by the Government was due to end at the end of March.

Comments and questions from Board members included:

- A fourth vaccine dose for over 75s and a first dose for children 5-11 were due to become available in April.
- Anyone who had not yet taken up the offer of a vaccine were still welcome to book a slot.
- There were acute pressures for availability of beds in York hospitals due to infection control measures.

Resolved:

- i. That the content of the presentation be noted.

Reason: To ensure that Board members remain updated on the current situation regarding Covid-19 in York.

## **90. Urgent Business**

The Chair mentioned that both the Health and Wellbeing Board and the York Health and Care Alliance were to distribute a Cultural Values Survey to Board members in the first week of May.

The Chair thanked the Vice-Chair, Dr Nigel Wells for his work on the Health and Wellbeing Board due to his post being scheduled to be abolished before the next meeting of the Board.

Cllr C Runicman, Chair

[The meeting started at 16:30 and finished at 18:31].

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**Health and Wellbeing Board**18<sup>th</sup> May 2022

Report of the Chair of the Health and Wellbeing Board's Ageing Well Partnership

**Update from the Ageing Well Partnership****Summary**

1. This report presents the Health and Wellbeing Board with an update on the work the Ageing Well Partnership has undertaken since last reporting to the board in May 2021.
2. The board are asked to note the report and ratify their continued support for the partnership's direction of travel.
3. Joe Micheli who is the chair of the partnership and Carl Wain lead officer for Age Friendly York from the Communities and Prevention team, will attend the meeting to present this report

**Background**

4. The [joint health and wellbeing strategy for 2017-22](#) identifies four principal themes to be addressed. One of these themes is ageing well with the key priority for that theme being to reduce loneliness and isolation for older people.
5. Additionally in 2019 the Health and Wellbeing Board undertook a mid-way review of the joint health and wellbeing strategy and identified that the following priority would be their focus for ageing well for the rest of the strategy's lifetime:

*The board's ambition is that York will be the most age friendly city it can be. We will ensure that our Age Friendly programme of work is connected across all ages and parts of society.*

6. Progressing the Age Friendly York work has therefore been the predominant focus of the Ageing Well Partnership since that time.

## Chair's Update

7. The partnership was previously co-chaired by a representative from NHS Vale of York Clinical Commissioning Group and a representative from York's Public Health Team. However due to both retirement and re-structures a collective decision was made for this to be undertaken by the council's Head of Service for Communities and Prevention, within the Customer and Communities Directorate. With the transition to an ICS there may be another opportunity to look at ensuring there is a clear leadership role from a health perspective. It is however worth noting that there is both health, social care and public health representation on a continual basis to ensure we maintain a balanced approach to priorities.

8. The partnership is currently concentrating on two areas of work, as follows:

### Age Friendly York Project

9. The partnership's primary focus is working towards Age Friendly City status, and this is being taken forward through the Age Friendly York project. Updates on this are received at every partnership meeting.

10. This is a very hands on and operational project with five focused domains and one cross cutting. [Baseline Assessments](#) have been completed for 3 out of the 5 domains with the fourth domain's 'baseline assessment', Your Service, to be submitted for sign off in June 2022. The project plan is reviewed at each meeting and is still on schedule to apply for World Health Organisation (WHO) Age Friendly City Status in December 2022. An evolving [Action Plan](#) is updated and approved through the partnership with any completed actions submitted to the partnership before signing off.

11. The project has excellent leadership and is co-produced at every stage with the Age Friendly York Citizen Group who are intrinsic to the success of the work. Each domain includes an Operation Group to ensure there is stakeholder engagement before submitting to the Age Well Partnership for sign off. **Annex A** provides a summary of the domains, the work that has taken place since May 2021 and the evolving action plan.

### Developing a Dementia Strategy for York

12. The partnership has renewed their focus on the development of a dementia strategy for the city and progress against this is outlined in a separate report to the Health and Wellbeing Board.
13. Over many years, efforts have been made to develop a Dementia Strategy for the city, building on the work of the Dementia Collaborative, Minds and Voices, JRF and other partners. The activity carried out so far should be commended for its integrity and for staying close to the vision to engage with people with dementia, their families, and carers to produce a strategy that is meaningful to them.
14. Whilst there have been delays in meeting timelines set out for the delivery of the strategy, most recently these have been due to the need for more time to engage with people in the city. Despite these delays, there continues to be significant service development including the recruitment of dementia coordinators and a specialist dementia nurse in primary care, proposals for the development of a Pathway to Recovery Team for people at Foss Park Hospital and the commissioning of a dementia support service provided by Dementia Forward which includes a Helpline, Dementia Support Advisors, wellbeing activities and young onset dementia support. The multiagency strategy group meets monthly to maintain this momentum.
15. As a partnership we are aware that this piece of work needs to be progressed, reflecting coproduction principles and we have added this as a standing agenda item for consideration at every meeting. The Mental Health Partnership have also added this as a standing item, which should ensure that there is input and energy from both partnerships in order to make headway with this cross-cutting piece of work.

### Other areas of work

16. The two areas of work detailed above are the main focus for the partnership and whilst the partnership are confident that these are being progressed and action plans developed they have started to explore other areas of work linked to the ageing well agenda to look at where best they can add value and influence.
17. Reports and presentations have been received on a variety of topics including the York Multiple Complex Needs Network 'Cultural

Values' programme which has gained good traction in the health and care system. The Partnership has also worked on the [What's My Next Step](#) and [Feel Real York](#) responding to the pandemic and supporting community recovery.

18. The partnership also continues to consider how we address loneliness and social isolation in the city. Loneliness and building a sense of belonging will continue to be a priority in the refreshed Volunteering Strategy for the city, reflecting the power of communities and importance of relationships, connection and strength based approaches. City partners, including York Cares, York CVS and the council are also about to begin a partnership with The Cares Family, to learn from their highly successful intergenerational approach to addressing loneliness, to inspire a wave of intergenerational connection and community across the city. A short film, describing the Cares Family model is here <https://www.thecaresfamily.org.uk/> . This will complement the roll out of community hubs, which provided such valuable sources of support and mutual aid during the pandemic, alongside civil society.

### **Consultation**

19. There has been a [consultation](#) issued for each Age Friendly domain to inform 'baseline assessments' and ensure there is a co-produced approach to defining the action points. There has also been an additional consultation issued as a follow on from the 'Getting Out and About' domain to provide the opportunity for people to propose improvements to their bus stops. This was done in partnership with three citizen groups: Age Friendly Citizen Group; York Bus Forum and York Disability Right Forum.
20. Age Friendly York has the principal of there never being a wrong time to have a view. The consultations are therefore kept live with any additional views gathered each month. If this informs a new or revised action point, then this is submitted to the Ageing Well Partnership for amendment to the action plan.

### **Options**

21. There are no specific options for the Health and Wellbeing Board but they are asked to:
  - a. Indicate their ongoing support for the direction of travel for the Ageing Well Partnership including the three identified priorities

around progressing the Age Friendly York project; developing a dementia strategy and undertaking further work around, emotional wellbeing loneliness and social isolation.

### **Strategic/Operational Plans**

22. The Ageing Well Partnership will naturally consider the new Health and Wellbeing Strategy within its future work programme and the evolving Health and Care Alliance prospectus and contribution to respective strategic priorities.

### **Implications**

23. It is important that the priorities in relation to ageing well in the joint health and wellbeing strategy are delivered. The establishment of the Ageing Well Partnership has enabled this to be achieved.

### **Recommendations**

24. The Health and Wellbeing Board are asked to
- a. Indicate their ongoing support for the direction of travel for the Ageing Well Partnership including the three identified priorities around progressing the Age Friendly York project; developing a dementia strategy; and undertaking further work around loneliness and social isolation

Reason: To give the Health and Wellbeing Board oversight of the work of the Ageing Well Partnership and assurance in relation to strategy delivery.

### **Contact Details**

**Author:**

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*Head of Communities*  
*Customer & Communities*  
*Directorate*  
Tel No. 07534644859

**Chief Officer Responsible for the report:**

*Pauline Stuchfield*  
*Director of Customer and Communities*  
Tel No. 01904 551706

**Report  
Approved**



**Date** 26.4.22

**Wards Affected:**

**All**

**Annex A – Age Friendly York Update**

## ANNEX A

### Annex A: Summary of work undertaken in relation to the Age Friendly York project

This Annex provides an outline of some of the work done through Age Friendly York:

- Completed [Your \(leisure\) time Baseline Assessment](#)
- Completed [Your \(employment\) time Baseline Assessment](#)
- Completed [Your Information Baseline Assessment](#)
- Created and analysed views against the above domains.
- Completed and signed off a range of action points marked as completed on the [Action Plan](#)
- The Getting Out and About survey told us that older people like to go into the city centre but they need to be able to sit down and they needed more access to toilets. Age Friendly York partnered with Home Instead to launch [Take A Seat+](#) in March 2022. Already there are 35 businesses signed up.
- Age Friendly York worked in partnership with Goodgym York to run, walk or cycle every street of York to update the Council's street map layer of the benches within the outer ring road. Seats indicated whether they were Age Friendly (had a back and arms) and where new locations for benches were proposed.
- Age Friendly York launched Happy To Chat providing the opportunity for people to have a conversation with someone on a bench.
- Age Friendly York have provided a membership option to keep people up to date with progress and an opportunity for older people to get involved. There are now 135 members.
- Age Friendly York provided a supporting statement for Changing Places funding which was successful – [press release 6<sup>th</sup> April 2022](#)
- Attended YOPA information fair and various other community opportunities to continue to widen the reach to ensure all older people have a voice.
- Provided support for the [City Centre Disabled Access](#) information page on the City of York Council website with utilising two of the Age Friendly initiatives with the printable map
- Raised awareness of how to report a raised paving to reduce the risk of falls
- Raised awareness of scams including a personal story from a citizen and requesting a [staying safe online](#) page on Live Well York. Which led to the police becoming a partner.
- Age Friendly York provided the opportunity for an all age approach to giving a citizen voice to make green spaces more accessible.

## ANNEX A

This was done in partnership with York Disability Rights Forum and Children's Services with buy in from the parks and leisure team in the Council.

- An Age Friendly Citizen Group member joined York Walk to ensure there was a joined up citizen approach for priorities and understanding of what other citizen groups were focusing on.
- Engaged with a wide range of impacts with older people including: feeling safe; air pollution; accessibility of venues; physical activity; social isolation; cultural wellbeing; completing the census and much more.

### Future planning:

- Continue to progress any outstanding actions
- To look to working in partnership with Be Independent so that any conversations around returning home from hospital can pick up on any trip hazards in addition to them currently identifying any telecare needs.
- Look to increase the awareness of social solutions and support through a flyer within Our City. Your Service recent findings indicate that older people want a one stop shop. This service is already commissioned through Age UK First Call so increasing awareness to those that do not access the internet is vital.





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**Health and Wellbeing Board**

18 May 2022

Report of the Dementia Lead for City of York Council- Jamaila Hussain, Corporate Director, Adult Social Care

**A Dementia Strategy for York****Summary**

1. This paper aims to brief members of the Health and Wellbeing Board on the progress being made towards the publication of a Dementia Strategy for the City this summer. This is timely given we are midway through Dementia Awareness Week.

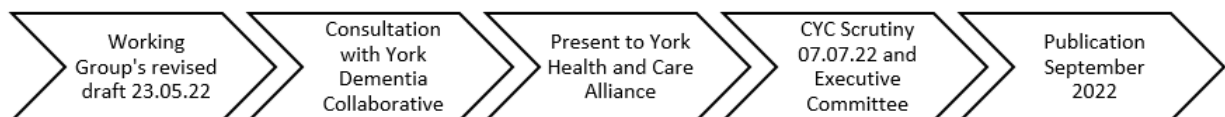
**Background**

2. The Health and Wellbeing Strategy 2017-2022 and the All Age Mental Health Strategy 2018-2023 both confirm our commitment to being a Dementia Friendly City, with the latter specifically stipulating the need to develop *a joint strategy for improving dementia diagnosis and support services*.
3. Work has been underway prior to 2017 to develop a Dementia Strategy for the City of York and there has been significant engagement with people with both lived experience, carers and families of people with dementia to understand the current environment and the ambition for Dementia support in the future.
4. Engagement exercises have identified areas of practice in which more immediate solutions have either been identified or warranted, and thus over this period significant work has been, and continues to be undertaken, to develop the support on offer to people with dementia and their carers. This has been the subject of previous update and progress reports to the Health and Well Being Board.
5. Recent examples of such developments include the recruitment of dementia coordinators and a specialist dementia nurse in primary care, and the commissioning of a dementia support service from

Dementia Forward (including a Helpline, Dementia Support Advisors, wellbeing activities and young onset dementia support).

### **Main/Key Issues to be Considered**

6. A draft framework for the York Dementia Strategy 2022-2027 is available at Annex A for consideration by the Board.
7. This Framework provides a proposed structure for the York Dementia Strategy. It follows a conventional format and focusses our ambitions for dementia support over the next 5 years within the stages of the national Dementia Well Pathway. Within each stage, the Strategy highlights the current challenges and opportunities, as well as an agreement between stakeholders of what we believe good to look like for dementia support in the City.
8. The detailed information which will sit under the 5 Pathway stages is not here for consideration. This content is currently under consultation with the key partners contributing to the Strategy, with a view to then consult with the York Dementia Collaborative before formal approvals are sought in the next 2 months.
9. The proposed delivery timeline is as follows:



### **Consultation**

10. The draft Dementia Strategy has been produced through a number of engagement events over the last few years. Most recently, the draft has been positioned within the annexed Framework, and this version was shared with key stakeholders in the Dementia Strategy working group on 25 April 2022.
11. A briefing paper went to the Ageing Well Partnership on 26 April 2022 and the Partnership approved the intended timeframe for delivery.

### **Options**

12. There are no specific options for the Health and Wellbeing Board but they are asked to indicate their support for the proposed delivery timeline at para 9.

## Strategic/Operational Plans

13. As described at para 2, the proposal for a York Dementia Strategy is a response to the Health and Wellbeing strategy 2017-2022 and the All Age Mental health Strategy 2018-2023. It is aligned to the Council Plan's key priority of providing *good health and wellbeing* for our citizens. Ageing well and caring for people with dementia are both key priorities in The NHS Long Term Plan.
14. It is anticipated that the Dementia Strategy will be reflected in the refreshed Health and Wellbeing Strategy and within the Health and Care Alliance prospectus.
15. A Dementia Strategy is being developed by the Humber and Vale Integrated Care System's Dementia Steering Group. The intention is for this Strategy to consider quality issues and associated costs within each stage of the Dementia Pathway, with some focus on improving dementia diagnosis rates, staffing and workforce issues, non-essential hospital admissions and appropriateness of current residential care provision for people with complex needs relating to dementia. The main purpose of the ICS Strategy is to bring a commitment to consistency of support services across the ICS footprint. It is suggested that such a strategy will dovetail with the dementia strategy for York.

## Implications

- **Financial:** The Strategy does not specify investment in Dementia Support but it is recognised that some ambitions will only be achievable through ongoing consideration of how each system partner can best contribute resources in this area
- **Human Resources (HR):** As above, the strategy does not specify impact upon Human Resources but it is recognised that some ambitions may require stakeholders to think about how they best use their human resource to achieve the collective goal.
- **Equalities:** An equalities impact assessment is being undertaken to ensure that that the Strategy complies with the law, by taking account of equality, human rights and socioeconomic disadvantage implications in the decisions made.

- **Legal:** legal oversight of the final draft will be sought
- **Crime and Disorder:** There are no crime and disorder implications
- **Information Technology (IT):** The Dementia Strategy will need to be accessible and easy read. City of York Council communications team are engaged to support with this.
- **Property:** there are no property implications

### Risk Management


16. There is potential reputational risk to delays in the publication of a Dementia Strategy, as there has been significant public commitment to this for a significant length of time. There are also risks in publishing a Strategy which has not received full commitment from the necessary stakeholders.

### Recommendations

17. The author recommends that the next 2 months are used to ensure a final draft strategy which sets clear and achievable ambitions for the City to provide good support to its residents living with Dementia and their carers.

The Health and Wellbeing Board are asked to indicate their support for this recommendation.

### Contact Details

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<i>City of York Council</i>	<b>Report Approved</b>	✓	<b>Date</b> 09.05.2022
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### Annex A: Draft York Dementia Strategy

# York Dementia Strategy

2022-2027



## Foreword

To be written by Denise Nightingale and Jamaila Hussain. To reference:

- priorities determined by the former Dementia Action Alliance – now the York Dementia Collaborative
- the York Minds and Voices strategy

- Our aspirations as a City to be Dementia Friendly, with a clear focus on tackling inequality and making sure no-one is left behind following the disproportionate impact the Covid-19 pandemic has had on people with dementia and their carers (identified in the Alzheimer's Society [report](#), September 2020).
- The priorities of the new York Health and Care Alliance
- The key role that people living with dementia have played in drafting the strategy, with acknowledgment of the contributions from:
  - Age UK and the Alzheimer's Society
  - The Ways to Wellbeing Service Social prescribers
  - York Hospital
  - New Earswick Folk Hall
  - Local support groups for people with dementia and their carers, including Deans Garden Centre Carers Group, Clements' Hall, York Minds and Voices and Beetle Bank Farm
  - Dementia Forward
- Gratitude to the Alzheimer's Society for their 2021 profile report which is referenced throughout
- The pivotal role of the Action Plan in demonstrating our progress towards our aspirations

**Jamaila Hussain,**  
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**Denise Nightingale,**  
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Vale of York CCG

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Living Well: I can live normally in a safe and accepting community, with post diagnostic support available when I need it

Diagnosing Well: timely, accurate diagnosis, care plan and review within the first year

Supporting Well: Safe high-quality health & social care for people with dementia and carers

Dying Well: To die with dignity in the place of your choosing

## About the Strategy

This is a Dementia strategy for the City of York, and a priority of the [York Health and Well Being Board](#). Its intended audience is the citizens of York, local leaders, the health and care workforce (including those who commission and provide care and support), and community, voluntary and social enterprise organisations – in short everyone involved in the experience of both drawing on and offering support for people with dementia.

There are different levels of accountability for the Strategy's delivery, but it provides the framework within which local services can deliver quality joined-up improvements to dementia services, address health inequalities, and realise a shared vision for dementia support in York.

The strategy has been developed in collaboration with City of York Council, the Vale of York CCG, Healthwatch York, community and voluntary providers and the Dementia Collaborative. Through face to face conversations, online surveys and focus groups with people who have experience of living with dementia in York, and with those staff and organisations who have learned experience of the opportunities and challenges this creates, we have been able to better understand how York can become a better place to live, with better quality services for people with dementia and their carers.

We recognise that the participation and contribution from people with dementia and their families and carers is vital in designing and improving dementia care and support. The York Dementia Collaborative has had a key role in ensuring voices are heard, and through their knowledge and experience, they will continue to actively influence service development and provision, particularly highlighting gaps in services which lead to poor outcomes for people.

This strategy is a living document, which we hope will make a real and positive impact for people in the City. It is complimented by a detailed delivery plan, which considers the tasks required to reach our ambitions. As the Delivery Plan is a working document, it is available for anyone to see on request.

## Our Vision

Our vision is to make sure that people with dementia, their families and carers, are supported to live life to their full potential. We want the people of York to be able to say:

- I live in a dementia friendly community
- I know who/where to turn to for information, advice and support
- I can live a life of my own
- I have access to the right support that enables me to live well at home for as long as possible
- My voice is heard and makes a difference
- I know that when the time comes, I can die with dignity, in the place of my choice



## National Context

An estimated 675,000 people in England have dementia, the majority of whom are over 65 and [have underlying health conditions](#). They are supported by a similar number of carers, many of whom are older people themselves. It is estimated that a quarter of people in acute hospitals and three quarters of the residents of care homes have dementia; yet 200,000 people with moderate and severe dementia do not get any kind of funded or professional support (Health and Social Care Committee's 7<sup>th</sup> report 2021-22). The number of people living with dementia in the UK is set to rise to 1.6 million by 2040.

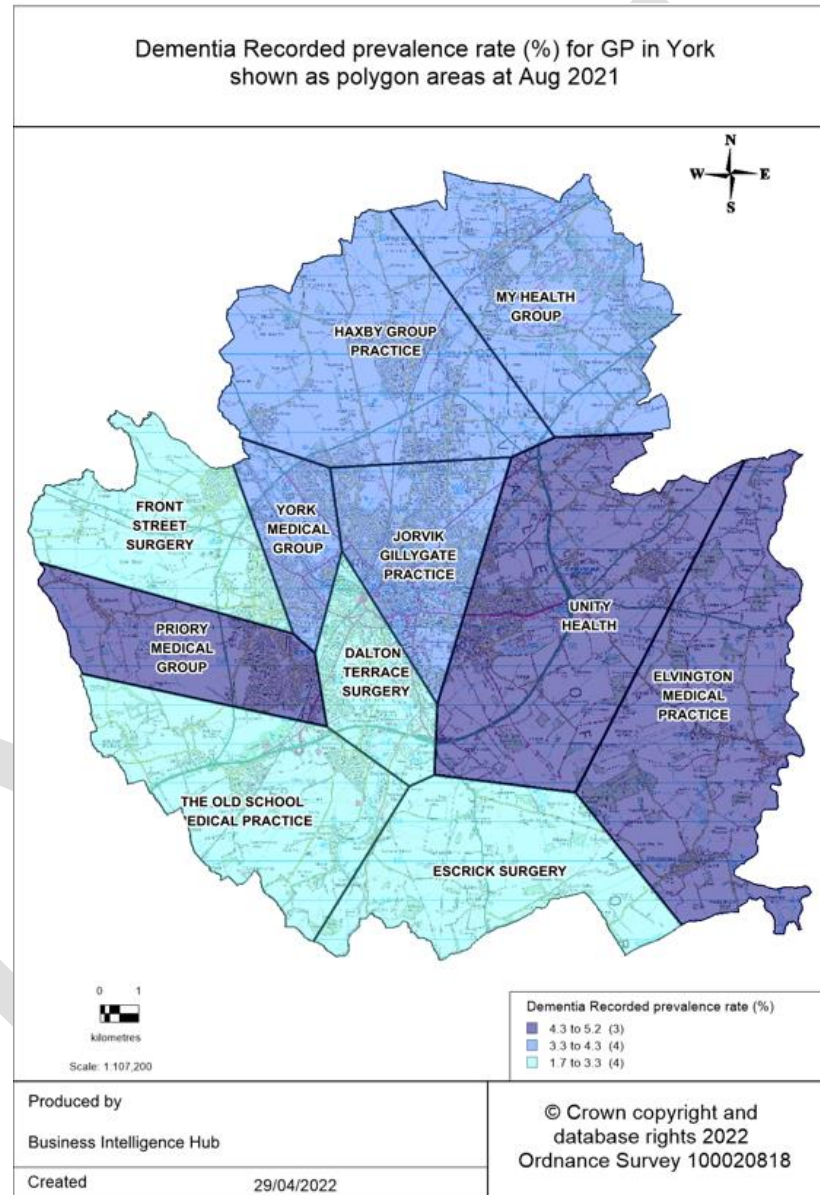
As the number of people living with dementia, and the complexity of their situation, steadily increases, the government and NHS England have pledged to make improvements to dementia care a key priority. The scale and the need to prevent, diagnose, support, live and die well with dementia will only become greater (Alzheimer's Society, 2021).

[The NHS Five Year Forward View](#) and the [Prime Minister's challenge on Dementia](#) 2020 set out a clear rationale for providing a consistent standard of support for people with dementia and their family and carers. The [Well Pathway for Dementia](#) has five elements based on the themes outlined in the Prime Minister's Challenge - they reflect the breadth of the experience of people with dementia, their families, and carers, from prevention to end of life care.

Ageing well and caring for people with dementia are both key priorities in [The NHS Long Term Plan](#). The Plan focuses on the need for people to be helped to stay well and to have control over their support, using tools such as personal health budgets and assistive technology. It also calls for a transformed workforce with a more varied and richer skill mix, integration between health and social care, and the expansion of service models such as Anticipatory Care, Enhanced Health in Care Homes, and Urgent Community Response Teams. The aim of these initiatives is to ensure that everyone receives the right care, in the right place, at the right time.



Local Context





There are an estimated **2,812 people over 65 living with dementia** in York<sup>2</sup>

**1 in 20 people over 60, & 1 in 5 people over 80** has a form of Dementia



Of those 2,798, only **1,554 people have been diagnosed**  
The dementia **diagnosis rate for York is 53.2%** - the average for England is 61.7%<sup>1</sup>



It is estimated that **2/3 of people with dementia in York are living in the community, whilst 1/3 are living in care** <sup>2</sup>



Currently there are **15,006 people under the age of 65 living with dementia** in England<sup>7</sup>



The value of dementia support provided by **unpaid carers in York is £71.3m**<sup>3</sup>



**3,860 people will be living with dementia in York by 2030**<sup>3</sup>



By 2030, it is estimated that there will be **2,483 of people living with severe dementia** in York<sup>4</sup>



In York, **56.7% of carers** spend 100 hours or more per week providing care<sup>16</sup>



The value of dementia support contributed by unpaid carers in York is **£71m**<sup>15</sup>



It is predicted that the cost of dementia care in York by 2030 **will be £171m**<sup>6</sup>



Currently, the annual cost of dementia care in York is **£108m**<sup>5</sup>



In York, **60% of carers reported feeling stress or anxiety**<sup>21</sup>



**34.5% of all carers** reported caring for someone living with dementia in York<sup>17</sup>

<sup>1</sup> NHS Digital Nov 2021

<sup>2</sup> NHS Digital November 2021

<sup>3</sup> Alzheimer's Society York Profile 2021

## Age Friendly, Dementia Friendly City

We recognise that it is important to support people living with dementia to live the life they choose and to feel included in the community. Through the dementia-friendly communities programme, organisations in York have agreed to try to make the city 'dementia friendly', making it a good place to live for people with dementia and their carers. York's Dementia Friendly Communities programme is working to improve four key areas in the City:

- **Improving the place:** Making York as easy as possible to move around and enjoy, with uncluttered and clear signage, and making public transport and facilities comfortable, easy to use and accessible. York already has many assets in terms of leisure, cultural and spiritual resources, which we can enable and encourage people with dementia to enjoy.
- **Improving the people:** With training for staff who provide key services in the wider community, such as in banks, libraries and shops, we can improve customer service and 'understanding of needs', and remove stigma.
- **Improving resources:** Using the 'dementia friendly' forget-me-not symbol to denote dementia-friendly services and venues (theatres, cinemas, cafes) we can support businesses to become dementia-friendly and recognise such credentials. We can consider the needs of people with dementia when developing all services, not just health and care services.
- **Improving networks:** By encouraging people with dementia and carers to network and share experience and creating a York Dementia Action Alliance partners can commit to action within their own organisations and support this movement, building a sense of corporate responsibility across all sectors.

## The Dementia Pathway in York

A dementia pathway will begin at the point that someone becomes aware of changes to their memory, or other symptoms associated with dementia, and will progress through diagnosis, post-diagnosis support, living well with dementia, and eventually end of life care (Alzheimer's Society, 2021). The national Dementia Pathway describes how support should 'wrap around us' when we need it and is dependent upon how much we need at each point in time- sometimes close and intense, and sometimes more distant, but there if we need it.

In York, we recognise that we have work to do in each section of the pathway, and we have used the 5 recognised steps to illustrate our strategy to provide better support for those living with Dementia in the City.



## Preventing Well

"The risk of people developing dementia is minimised"

### Current Challenges & Opportunities

- York has a larger than national average gap between actual and expected prevalence of dementia.

### What 'good' would look like

- People live, work, and play in communities that promote health and wellbeing, and reduce social isolation
- Campaigns, such as 'What's good for your heart is good for your head', are visible in the city to reduce the risk factors which can contribute to a third of dementia case (such as smoking, lack of physical activity, alcohol, and poor diet). Some campaigns are targeted on the basis of local public health data.
- We have a good uptake of NHS health checks for over 40/65s, and for people with learning disabilities (>75%), where dementia is discussed
- Information, advice, and guidance is available to enable people to make informed choices and potentially prevent, delay, or reduce the impact of dementia on their lives.
- People are connected to their community and to support through the Council's Talking Points, Local Area Coordinators and Social Prescribing
- City of York Council and the CCG have a clear recovery plan to help people living with dementia and their carers to recover from the adverse effects of Covid-19

### Key Actions & Priorities



# Diagnosing Well

Timely accurate diagnosis, care plan and review within first year

## Current Challenges



The dementia diagnosis rate for York is 54.7%, the average for England is 61.7%<sup>10</sup>



1,537 people have received a dementia diagnosis in York<sup>10</sup>

- Our diagnosis rate is below the national average and the national target (66%)
- There are significant numbers of people living in York with undiagnosed dementia and many people who feel unsupported following diagnosis. Many described having unanswered questions about the diagnosis, what will happen, the help available, the future, and relationships

## What 'good' would look like

- People receive a personalised diagnosis and pathway which is appropriate to their age and stage
- People know what to expect of the diagnostic process, and diagnoses are delivered in a compassionate way, using positive language and a message of hope.
- Organisations involved generally in care and support, are skilled in identifying the symptoms of dementia, and know what steps to take to support people to receive a diagnosis.
- Support is offered to people who have been discharged from hospital with delirium, to monitor their cognition and prevent deterioration

## Key Actions & Priorities



# Supporting Well

“Access to safe high-quality health and social care for people with dementia and carers”

## Current Challenges & Opportunities

- There is some fragmentation between services and support organisations
- Challenges within the care market around recruiting and retaining health and social care staff (particularly nurses)
- Limited availability of long-term specialist dementia care;
- Gaps in provision generally for people with young onset or alcohol related dementia

## What ‘good’ would look like

- Post- diagnostic support is provided to the person and they have choice in how they meet their outcomes.
- People are enabled to live at home through dementia friendly communities and tailored home support. Community spaces and formal building-based care and support is accessible and dementia-friendly.

## Key Actions & Priorities

-



# Living Well

“People with dementia can live normally in safe and accepting communities”

## Current Challenges



In York, 13.9% of carers reported feeling socially isolated<sup>21</sup>

## What ‘good’ would look like

- There are ongoing opportunities for people with dementia and carers to access support interventions, information and education following diagnosis, to help them to live in the way that is important to them for longer.
- The Council has a Market Position Statement which promotes collaborative approaches to delivery of services
- Our Carers’ strategy includes a specific focus on carers of people with dementia, detailing the support available to them, including access to evidence based interventions, psychological support, practical training, bereavement support, and vital breaks where needed.
- York is dementia friendly and safe for those living with dementia to live well and remain part of their community.

## Key Actions & Priorities





# Dying Well

“People with dementia die with dignity in the place of their choosing”

## Current Challenges & Opportunities

## What ‘good’ would look like

- Everyone has the chance to have the right support and setting at the end of life, and to be as comfortable as possible.
- All people living with dementia have the opportunity to discuss advance care plans at each stage of their pathway.
- There is support for people to die with dignity in a place of their choice
- Families and carers are provided with timely coordinated support before death, at the time of death and bereavement
- We have appropriate information, advice and guidance to enable people to make early and informed decisions around mental capacity, planning for the future and end of life care

## Key Actions & Priorities

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**Health and Wellbeing Board****18<sup>th</sup> May 2022**

Report of the Consultant in Public Health, Vale of York CCG and City of York Council

**Update on the Integrated Care System****Summary**

1. This report updates board members on the national reforms to the NHS, health and care, and developments locally to plan for the changes which are due to come into force in July 2022.
5. It also updates board members on the progress of establishing a place-based partnership ('The York Health and Care Alliance') as a joint committee of the Humber and North Yorkshire Integrated Care Board together with presenting minutes of recent Alliance meetings for the Board to note.

**Recommendations**

2. Health and Wellbeing Board is asked to:
  - a) Note and comment on the developments, including the proposed structure and arrangements for the NHS and care within our region from next financial year
  - b) Note the minutes of recent York Health and Care Alliance meetings

**Background***Update on current plans and governance of Integrated Care Systems*

6. The NHS White Paper 'Integration and Innovation' was published in February 2021; this led to the Health and Care Bill, published July 2021 which set out key legislative proposals for the NHS reforms, and was

passed as an act of Parliament on the 28<sup>th</sup> April 2022. In summary, it will lead to Integrated Care Systems (ICSs) being established on a statutory footing and taking on the statutory and allocative duties of Clinical Commissioning Groups (CCGs) in July 2022; from this point NHS Vale of York Clinical Commissioning Group will cease to exist.

7. Humber Coast and Vale Partnership has operated as a non-statutory organisation for several years now, and in 2020 was designated an Integrated Care System (ICS). Once it is formally established in July 2022, it will be known as Humber and North Yorkshire Health and Care Partnership, with the two governance arms of the ICS being known as 'Humber and North Yorkshire NHS Integrated Care Board' and 'Humber and North Yorkshire Health and Care Partnership'.
8. Plans for Humber and North Yorkshire Health and Care Partnership have been emerging over the last nine months, and have been summarised in previous updates to the Health and Wellbeing Board, including implications for the Board itself.
9. Since the March 2022 update, the following developments should be noted:
  - The Health and Care Bill gaining Royal Assent on the 28<sup>th</sup> April 2022 and therefore becoming an Act of Parliament. A useful summary of some of the late changes to the Bill, which include a rejection of plans to publish NHS workforce targets and an amendment of proposals around NHS reorganisation powers, can be found on the Kings Fund website:  
<https://www.kingsfund.org.uk/blog/2022/05/health-and-care-act-2022-challenges-and-opportunities>
  - The Humber and North Yorkshire Integrated Care Board has met for the first time in shadow form, and intends to publish its constitution on the 20<sup>th</sup> May 2022 and the schedule of delegated functions (to, for instance place-based boards) on the 27<sup>th</sup> May 2022
  - The Humber and North Yorkshire Integrated Care Partnership membership and approach is developing, and we have been told that the Core membership will include six Place Lead Chief Executives, six Place Elected Members - in most cases, drawn from Health and Wellbeing Boards (for Place to determine), six NHS Place Directors plus the independent joint Chair of the ICP and ICB, the ICP Vice chair, the ICB Chief Executive and the ICB Chief Operating Officer.

There will then be a wider 'partnership community' including, for example, Public health, Mental Health, Learning Disabilities and Autism, the VCSE, Community and Social Enterprise, Healthwatch, Members of the public, and other key partners.

- An emerging clinical model is being developed which will see each place-based committee having access to a clinical and a nursing/quality lead
  - Appointments of NHS place Directors have been made in North Yorkshire, North East Lincolnshire and North Lincolnshire, but at the time of writing are still to be made in Hull, East Riding and York.
  - It has been agreed locally by partners in York that the Place-based partnership lead (which needs to be a chief officer of a statutory organisation) and chair of the York Health and Care Alliance will be the Chief Operating Officer of City of York Council.
10. The York Health and Care Alliance (our place-based partnership) held meetings on the 28<sup>th</sup> February, the 29<sup>th</sup> of March and the 28<sup>th</sup> of April, and minutes of the first two meetings are included as annexes to this report (with the April meeting minutes to follow in future updates once approved by the Board).

## **Consultation**

11. This paper sets out an update on the progress of national and local reforms, and summarises a policy position taken by partners in York. Therefore most consultation has taken place within health partners in York, including with elected members. Currently, a broad public and third sector consultation is taking place led by the Alliance as part of their Prospectus work, around the type of things which characterise good health and wellbeing in the city, under the banner 'York's Health and Care Big Question'. As the development of a York place-based partnership proceeds, it is anticipated that much more public involvement, consultation and indeed co-production where possible is incorporated into this work.

## Contact Details

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**Chief Officer Responsible for the report:**

**Sharon Stoltz**  
**Director of Public Health**

**Report**  
**Approved**



09.05.2022

**Wards Affected:** [List wards or tick box to indicate all]

**All**

**For further information please contact the author of the report**

## Background Papers:

*Health and Act Bill 2022*

<https://bills.parliament.uk/bills/3022>

Executive report March 2021

<https://democracy.york.gov.uk/ieListDocuments.aspx?CIId=733&MIId=12509&Ver=4>

## Annexes

Annex A – York Health and Care Alliance Minutes: 28.02.2022

Annex B - York Health and Care Alliance Minutes: 29.03.2022

## List of Abbreviations Used in this Report

ICS – Integrated Care System

CCG – Clinical Commissioning Group

HWBB – Health and Wellbeing Board

ICB – Integrated Care Board

ICP – Integrated Care Partnership



## York Health and Care Alliance Board

### Minutes of the meeting of the York Health and Care Alliance Board held on 28<sup>th</sup> February 2022 conducted via Microsoft Teams

#### Present

Ian Floyd	Chief Operating Officer, City of York Council
Professor Charlie Jeffery	Vice Chancellor and President, University of York
Emma Johnson	Chief Executive St Leonards Hospice
Phil Mettam	Accountable Officer, Vale of York CCG
Simon Morritt (Chair)	Chief Executive, York and Scarborough Teaching Hospital NHS Foundation Trust
Fiona Phillips	Assistant Director of Public Health, City of York Council <i>[as substitute for Sharon Stoltz]</i>
Maddy Ruff	Chief Executive Officer Nimbuscare <i>(as substitute for Professor Mike Holmes)</i>
Alison Semmence	Chief Executive, York CVS

#### In Attendance

Abby Combes	Head of Legal and Governance, Vale of York CCG
Janie Berry	Director of Governance, City of York Council
David Hambleton	DH Leadership Alliance, NECS Associate
Frances Harrison	Head of Legal Services, City of York Council
Jamaila Hussain	Corporate Director of Adults and Integration, City of York Council
Catherine Scott	York MCN Enabling Team
Tracy Wallis	Health and Wellbeing Partnerships Co-ordinator, City of York Council

#### Apologies

Cllr Keith Aspden (Chair)	Leader City of York Council
Gail Brown	York Schools Academies Board
Professor Mike Holmes	Chair, Nimbuscare York
Brent Kilmurray	Chief Executive, Tees, Esk & Wear Valleys NHS Foundation Trust
Peter Roderick	Consultant in Public Health, City of York Council / Vale of York CCG
Sharon Stoltz	Director of Public Health, City of York Council

## AGENDA

The agenda was discussed in the following order.

### 1. Welcome and apologies for absence

The Chair welcomed everyone to the meeting. The board had no interests to declare.

The minutes of the meeting held on 29<sup>th</sup> November 2021 were approved by the board. There were no matters that arose from that last meeting.

### 2. Summary of time-out session held January 2022

Phil Mettam, Accountable Officer for the Vale of York Clinical Commissioning Group (CCG) updated the board on what was progressed at the time-out session held in January 2022. The board was reported to be well positioned to start in shadow form in April. When comparing ourselves to other local authorities who are establishing an alliance board, York continues to be at the vanguard of development. The board discussed setting long term and short term goals that the board could be held accountable for.

The board discussed how important the 'prospectus workshops' would be going forward as they would inform the content of the prospectus and the draft proposal for the board. David Hambleton, Leadership Alliance representative and NECS Associate reported to be working to draft out the approach of the workshops. The board agreed that the workshops should be held in a World Café format to ensure everyone has a chance to contribute. It was suggested that we invite people with lived experience to the workshop to input their perspective around services. The priorities that are generated from the workshop will be distilled down into a workable format to be used in the wider system.

In a paper produced by Peter Roderick, Consultant in Public Health for the City of York Council/Vale of York CCG topic suggestions were suggested that could be discussed on each of the tables at the workshops. The suggested topics included: Healthy ageing, People living with long term conditions, Social isolation and loneliness, Integration of Health and Social Care.

The board discussed inviting a friend or family member to the workshop. The board agreed that the 'bring a friend' idea would ensure input from people outside of the cohorts of service users and deliverers. Understanding what the public wants is an important part of the process that needs to be carried out. The board discussed how they would attract the right people to attend the workshops. Alison Semmence suggested using existing groups like the Poverty Truth Commission but it needs to be ensured that we don't abuse their input.

As we won't have the support of David Hambleton and the CCG from May, colleagues discussed how they would support the development of the prospectus and the Alliance board itself going forward. The board needs the names of nominated individuals who will be participating and supporting the workshops.

### 3. Humber Coast and Vale Operating Model

Phil Mettam stated that from April, the arrangement set out in the paper would commence in shadow form. The Integrated Care Board (ICB) and the Integrated Care Partnership (ICP) are expected to start in April. York can anticipate to have two representatives on the partnership. The paper wasn't for consultation but the board were asked to think about it in the context of York.



The board discussed the future plans for the CCG and how it will be dissolved. The legislative extension has been approved until July. The CCG are currently in the process of determining which staff groups will be transferred and deployed into York, North Yorkshire or the Integrated Care System (ICS). It was reported that all six CCGs have started losing staff as most were unsure of their eligibility of redundancy or suitability for further employment. A regional/national position on this is yet to be received.

#### 4. Developing the Place Based Partnership

Abby Combes and Janie Berry provided an overview of how the place based partnership would be developed. It was explained that a Section 75 agreement between CYC and CCG would be necessary while people move over into the ICS. A joint committee will have to be established to manage the ongoing transfer and governance around Section 75 agreement. The decision making processes of the group will remain with the CCG and CYC until further arrangements were made. Once the ICB has been established, it will allow York to retain all the funding that was allocated and lose none to the wider ICS. It was noted that due to the timings of Full Council, if we miss the deadline for the March meeting, we would have to wait until the June meeting for it to be formally agreed. This would also provide the ICB with a signal of intent for our locality. The board agreed to have a paper around the Section 75 agreement, establishment of a joint committee, wider governance arrangements and inter-board relationships presented at the next meeting.

**Action:** Abby Combes and Janie Berry agreed to present a paper around the above at the next meeting.

#### 5. Role of Provider Collaborative including YHCC

David Hambleton presented the paper contained within the agenda pack. The paper set out the emerging structures in the York Health and Care Alliance including how the Alliance, York Health and Care Collaborative and Alliance Leadership Team might work closely together.

Alison Semmence reported to be working to establish a VCSE provider collaborative to ensure the level of coproduction adopted over the pandemic is continued in York.

It was agreed that a wider discussion around the role of provider Collaboratives should be scheduled for the next meeting; specifically around the role of the Acute Collaborative.

#### 6. Discussion Points

The group briefly discussed a number of areas namely:

- **Future patient discharge model and related funding:** there had been a significant problem around how patients are being discharged from the hospital. Funding to support this is expected to stop from April. It is expected to cause issues with patient flow outside of the system. The board agreed to have a report around the future patient discharge model at the next meeting.

**Action:** Tracy Wallis to add Future Patient Discharge Model paper to the forward plan.

- **CYC senior recruitment:** Ian Floyd agreed to send a note to the Alliance setting out progress made in filling senior roles in the Council

**Action:** Ian Floyd to provide information for circulation

- **TEWV – new operating model, structures and posts:** a written update on this item was contained within the agenda pack for information but was not discussed
- **Cultural Values Process for Alliance and HWBB:** Catherine Scott attended the Alliance meeting and provided a brief update as to progress made. A small working

group had been established and contact was being made with the Barratt Values Centre in terms of who they would nominate to lead this work with local partners. The first phase would be focused around developing and completing the survey (April to June) and the second phase around sense making (from September onwards). Volunteers were also sought to join the working group so that all organisations were represented.

- **Supporting a human rights-based approach to co-production in York after the Covid-19 pandemic:** Alison Semmence presented the paper in the agenda pack and the board agreed that a further discussion focused around co-production should happen at a future Alliance Board meeting.

**7. Confirmation of next steps and summing up**

The board addressed this item earlier in the agenda.

**8. Any Other Business**

The board had no other business to discuss.

The Chair closed the meeting.

**Date of next meeting: Monday 28<sup>th</sup> March 2022 - 13:00pm-15:00pm**



## York Health and Care Alliance Board

### Minutes of the meeting of the York Health and Care Alliance Board held on 28<sup>th</sup> March 2022 conducted via Microsoft Teams

#### Present

Ian Floyd	Chief Operating Officer, City of York Council
Professor Charlie Jeffery	Vice Chancellor and President, University of York
Emma Johnson	Chief Executive St Leonards Hospice
Phil Mettam (Chair)	Accountable Officer, Vale of York CCG
Brent Kilmurray	Chief Executive, Tees, Esk & Wear Valleys NHS Foundation Trust
Alison Semmence	Chief Executive, York CVS
Cllr Carol Runciman	Executive Member of Adult Health and Social Care, City of York Council (as substitute for Cllr. Aspden)
Professor Mike Holmes	Chair, Nimbuscare York
Dr Rebecca Field	Joint Chair of York Health and Care Collaborative
Gail Brown	York Schools Academies Board

#### In Attendance

Abby Combes	Head of Legal and Governance, Vale of York CCG
Janie Berry	Director of Governance, City of York Council
David Hambleton	DH Leadership Alliance, NECS Associate
Frances Harrison	Head of Legal Services, City of York Council
Jamaila Hussain	Corporate Director of Adults and Integration, City of York Council
Peter Roderick	Consultant in Public Health, City of York Council / Vale of York CCG
Tracy Wallis	Health and Wellbeing Partnerships Co-ordinator, City of York Council

#### Apologies

Cllr Keith Aspden (Chair)	Leader City of York Council
Denise Nightingale	Executive Director of Transformation, Complex Care and Mental Health Vale of York CCG
Simon Morrill	Chief Executive, York and Scarborough Teaching Hospital NHS Foundation Trust
Naomi Lonergan	Director of Operations, Tees, Esk & Wear Valleys Foundation Trust
Sharon Stoltz	Director of Public Health, City of York Council

## AGENDA

The agenda was discussed in the following order.

### 1. Welcome and apologies for absence

The Chair welcomed everyone to the meeting. The board had no interests to declare.

The minutes of the meeting held on 28<sup>th</sup> February 2022 were approved by the board.

### Matters Arising

Prospectus Workshops - Phil and Peter updated the team that the invites had gone out on the morning of the 28<sup>th</sup> March for one of the Prospectus Workshops. The workshop would be a 2 hour virtual workshop due to the increase in Covid numbers and would focus on what and why we are doing and to involve as many people as possible.

Place Leads - this will be discussed as part of Item 2 on the Agenda.

### 2. Governance and Place Board Arrangements and Section 75

Jamaila Hussain, Corporate Director of Adults and Integration, City of York Council began by updating the board on the Place Board Arrangements and she had attended an informal Health and Wellbeing Board session at which Sue Symington and Stephen Eames were in attendance. They both felt that York was ready to move forward into taking the next steps. At the last Alliance Board Meeting a discussion was had that the Place Chair Role and the Place Lead Role should be the same person from this, conversations with councillors had taken place and the Council had proposed that CYC's Chief Operating Officer be put forward for this position. She suggested that, as a system, we needed to be timely about agreeing a place chair and lead officer as the ICB would be beginning in shadow form very soon. It would be useful if the Alliance was at a similar stage so that they could be up and running by July when the and we don't want to start from scratch in July when the ICS was due to be formally in place.

Abby Combes, Head of Legal and Governance, Vale of York CCG updated the board on Section 75 informing the board that it is mainly for the Legal teams to deal with in the background. However a decision would need to be made by the board in what to do in terms of Section 75 when we transfer over to the ICB in July. Ideally it is better to agree what we are wanting to do and take advantage while the CCG is still in place as if we wait until July then as an Alliance we would need to convince the ICB that it is a good idea.

Janie Berry, Director of Governance, City of York Council agreed adding that there is a strong need for the governance arrangements to align and as at the council there is a lot more procedural work it would be better to get a plan in place so that the work can start. She noted she was nervous about the board being complacent on Section 75 and that we need to finalise governance arrangements so that it is harder to undo through the transition. In terms of wider governance aspects we could use Section 75 to anchor agreements as a proposed way to move forward.

The Board agreed with the section 75 element of the report noting that more discussion from the statutory providers on some governance would be needed.. Abby informed the board that as this is not a decision making board it would need Section 75 to strengthen it going forward. The board agreed to move forward, however the governance side of things

worried a few members as it needs to be right.

In terms of the Place Lead the board felt a further discussion with as a minimum the Chief Executives of the statutory organisations in the alliance on who would be the best person would need to happen, ideally all arrangements finalised from May 2022. The board agreed that Phil Mettam, Accountable Officer, Vale of York CCG would help to co-ordinate this within the next 4 weeks before the next Alliance Board meeting.

Action:

Phil to co-ordinate a call within the next 4 weeks to discuss a Place lead.

### **3. Future Discharge Arrangements Including Funding**

Jamaila Hussain, Corporate Director of Adults and Integration, City of York Council stated that she would share some slides following this meeting to accompany this work her and Denise Nightingale, Executive Director of Transformation, Complex Care and Mental Health Vale of York CCG had undertaken. She highlighted that discharge to assess ends on the 31<sup>st</sup> March and so the funding stops on April 1<sup>st</sup> she updated the board about how the processes that are going to be put in place from April would be for the next 6 weeks then it would be reviewed again. The aim is to include the least disruption as possible and to make sure that people and patients are going to the right place at the right time.

In order to align with North Yorkshire colleagues, the CCG and Fast track pathways there are likely to be few changes. Services that are continuing are Rapid Care and block beds for care. She also added that there is a financial pressure on local authorities around winter care. For the next 6 weeks Peppermill Court will continue and will be a system partnership then it will be reviewed. Currently it is in demand and full for the next 2 weeks with Care Homes worried about taking new Covid patients; further guidance around Covid will be published on 1<sup>st</sup> April.

The Board supported and noted that the system had helped us achieve better value and relationships. Adding that it would be a difficult few months with no funding with the amount of community transmission Covid currently has and to make sure to support staff and patients through the difficult period. Some board members expressed concerns of pressures on certain areas including Schools and Primary care.

Thanks were given to Jamaila and Denise on their paper and support was given to the approach with a request to review this in 6-8 weeks at another Board meeting if required.

### **4. Delegated Functions and Place Leadership**

Phil Mettam, Accountable Officer, Vale of York CCG provided an overview on delegated functions and place leadership since the last board meeting. Further work to involve and engage colleagues from other sectors had taken place and he presented some slides that summarised the basis of this and support for feedback received.

Two briefing sessions led by the Vale of York CCG Executive team and Peter Roderick had taken place, which had had a good turn out from colleagues from all sectors, these sessions were interactive and feedback from the content of these sessions was appreciated. From

these sessions there are currently no recommendations, but they were an appreciated conversation that helped to build consensus. Some themes that came out of the sessions are concerns about management of risk, financial flows, relationships, systemwide learning opportunities and research and innovation.

Professor Mike Holmes; Chair, Nimbuscare York raised the issue of management of risk through transition phases and how important it was to not let things ‘fall through the gap’.

It was also noted that financial flows had always been tight within the York CCG area, and pre pandemic there has always been a financial deficit. There were also comments on the importance of coproduction in the transition process.

Concerns were raised around staff retention within CCGs as full ICB implementation had slipped to July. Stephen Eames had advised that Place Directors in York and Hull are unlikely to be resolved before the end of April.

Gail Brown, the representative from the York Schools Academies Board updated the Alliance about a government white paper on Schools. As part of this there was a commitment to provide every school with funding for a mental health lead and this would need to be linked into the Alliance’s work.

Professor Charlie Jeffery, Vice Chancellor and President, University of York highlighted an opportunity for the system to work much more closely with Higher and Further Education organisations to capture the contribution that the sector could make in the newly emerging system landscape. The Higher and Further Education sector already played a significant part in the system in terms of workforce development and medical research and its already strong links with primary care.

#### Actions:

- To add an agenda item to the April or May meeting for Professor Jeffery to present on how we can best position the education sector in the emerging landscape
- For Phil Mettam to meet with Professor Holmes in relation to risk management and ensuring things do not ‘fall through the gap’

## **5. Discussion Provider Collaboratives**

David Hambleton, DH Leadership Alliance, NECS Associate, presented the paper contained within the agenda pack. The paper set out the emerging structures in the York Health and Care Alliance including how the Alliance, York Health and Care Collaborative and Alliance Leadership Team might work closely together.

In terms of Provider Leadership for Chapter 1 of the Alliance's Prospectus he highlighted that Chapter 1 would include how the system needed to respond to things like the mental health crisis in younger people, housing rather than governance and recovery from Covid.

Over the coming weeks discussions will be had on how to get a wide range of opinions as to what needed to be included. Over the next 1-3 years providers will be focussing on recovering from covid and the backlog it has created and the aim to try make health in the city of York better and to try and make sure that health inequalities get better and not worse.

He updated that from an initial conversation with some of the Alliance Board members and some other people on the 20<sup>th</sup> January he is working out where to take the outcomes of that

work now. He commented it is important to get the function down and not focus entirely on form and there may be a role on how to get the health and care collaborative involved.

The group feedback was making sure that the Alliance doesn't get lost in a bubble. A comment was made at this stage around how there are areas where it seems that we are not working together. Also raised was the question of how the outcomes of the group feed into place and how we make sure community provider collaboratives are heard.

It was noted that there are ongoing positive conversations in the Humber Coast and Vale ICS and between us we need to make sure that the Alliance is represented and do their bit in the provider collaboratives.

Update on the Acute Provider Collaborative: There is work to be done by providers on what will need to happen in the next 1-3 years for Chapter 1 of the prospectus and at some point, things will need to begin to be written down in order to make sure that things are not acted upon reactively as and when things happen. This would need to be facilitated. There was also a suggestion that End of Life be included. More data is coming in weekly so this can be used to help develop the first chapter.

Role of York Health and Care Collaborative: It was also raised that York Health and Care Collaborative may be the place where the collaboratives get together and discuss the many different elements and how they will affect York.

The group supported the idea the York Health and Care Collaborative would be the right place as sometimes they have lone voices, and it is a healthy partnership in the city.

## **6. Discussion Points/ Information Sharing**

### **a. Ethics**

Abby Combes, Head of Legal and Governance, Vale of York CCG informed the Alliance that the ICS had an Ethics Committee that met regularly. The committee considered some thorny issues as well as having involvement in things such as SEND tribunals and the vaccine programme. There was an offer for the Alliance to take advantage of the ethics committee. The committee can be used as a safety net where it is needed and it is directly linked to the Clinical and Professional Group. There was a query around VCSE representation on the Ethics Committee and Abby Combes agreed to pursue this.

### **b. Core 20+5 Approach (improving population health)**

Peter Roderick, Consultant in Public Health, City of York Council and Vale of York CCG gave an overview of this framework. There would be a more comprehensive update on this at either the April or May meeting of the Alliance.

The NHS recommend this type of framework for inequalities across the system with 3 main categories. The first category being Core 20 being the most deprived 20% of people, the second category the + which is the others people affected/target population and the third category being the 5 which is the 5 key areas where health inequalities are present severe mental illness, maternity, early cancer diagnosis, chronic respiratory disease and hypertension case finding.

## **7. Confirmation of next steps and summing up**

The chair finalised by confirming the next steps would be around the Place Lead/Chair arrangement and he would be in contact with people on this.

He suggested that as we transition to the new arrangements that in May a stock take happens on what we have been involved in so far, what we have liked that we have done previously and what we want to retain and change and why. Making sure to balance NHS, Care and Wider partners and 'mind the gap'. He asked David Hambleton to help with this piece of work.

**8. Any Other Business**

The board had no other business to discuss.

The Chair closed the meeting.

**Date of next meeting: Friday 29<sup>th</sup> April 2022 - 13:00pm-15:00pm**