
Meeting	Health and Wellbeing Board
Date	19 January 2022
Present	<p>Councillors Runciman (Chair), Cuthbertson and Looker</p> <p>Dr Nigel Wells (Vice Chair) – Chair, NHS Vale of York Clinical Commissioning Group</p> <p>Dr Emma Broughton – Chair of the York Health and Care Collaborative & a PCN Clinical Director</p> <p>Lisa Winward – Chief Constable, North Yorkshire Police</p> <p>Siân Balsom – Manager, Healthwatch York</p> <p>Naomi Lonergan – Director of Operations, North Yorkshire & York – Tees, Esk & Wear Valleys NHS Foundation Trust</p> <p>Simon Morritt – Chief Executive, York Teaching Hospitals NHS Foundation Trust</p> <p>Stephanie Porter – Director for Primary Care, NHS Vale of York Clinical Commissioning Group</p> <p>Michael Melvin – Director of Safeguarding</p> <p>Anne Coyle – Interim Director of Children’s Services</p> <p>Peter Roderick - Joint Consultant in Public Health (Substitute for Sharon Stoltz, Director of Public Health)</p> <p>David Harbourne - Chair of York CVS (Substitute for Alison Semmence - Chief Executive of York CVS)</p>

Apologies

Councillor Craghill,

Shaun Jones - Deputy Locality Director, NHS England and Improvement,

Mike Padgham - Chair, Independent Care Group,

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

Alison Semmence - Chief Executive, York CVS

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

71. 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.

72. Minutes

Resolved: That the minutes of the last meeting of the Health and Wellbeing Board held on 17 November 2021 be approved.

73. Public Participation

It was reported that there were no registered speakers under the Council's Public Participation Scheme.

74. Annual Summary: JSNA

Board members considered a report which provided them with an update on the Joint Strategic Needs Assessment (JSNA), including work undertaken in the last year, the refreshed JSNA working group and planned work for the coming year. The

Consultant in Public Health and the Public Health Specialist Practitioner Advanced were in attendance to present the report and respond to questions.

Key points raised during the presentation of the report included:

- That the JSNA working group now sat as part of the newly formed Population Health Hub (PHH) steering group.
- Population Health Management improved population health by data driven planning and delivery of care to achieve maximum impact, then stratifying and segmenting the data to identify local at risk population groups.
- Population Health Management in York was split into Enabling, Analysing and Doing sections, as outlined in the presentation.
- The JSNA was an integral part of the PHH as an important component of future service planning, commissioning and improvement.
- The request form for topic specific needs assessments had been simplified and could be found on the JSNA website.
- Topic specific needs assessment outputs of the JSNA in 2021 included on bereavement, as requested by the Mental Health Partnership and a Phase I assessment on Special Educational Needs and Disability (SEND), with a focus on those aged 0-16.
- Planned outputs for 2022 included a Pharmaceutical Needs Assessment, a topic specific needs assessment on Early Years and the SEND Phase II, which was to focus on those aged 17-25.
- A regular, quarterly newsletter was planned with a targeted audience of interested professionals and members of the public.
- A 'sounding board' was planned, where JSNA updates would be discussed and presented to members of the public.
- It was proposed that progress on the Population Health Hub and JSNA outputs be reported annually to the Health and Wellbeing Board.

Comments and questions from board members included:

- It was requested that updates to the JSNA be shared more widely, especially with those involved in primary care. It was important that the Population Health Hub fed into the Provider Collaborative to try and 'join things up'.

- The Early Years Improvement Board did not have a clear timetable for the collection and analysis of its contribution on the JSNA, however it was to be completed before the annual report to the Health and Wellbeing Board in September 2022.
- North Yorkshire Police dealt with issues identified in a reactive way, but were keen to support prevention and early intervention work through the Population Health Hub.
- Board members suggested that Healthwatch York should be invited to 'sense check' the JSNA in terms of readability and accessibility.

Resolved:

- i. That the contents of the report be noted with comments from the board on how the JSNA and work of the Population Health Hub can shape the next York Health and Wellbeing Strategy.
- ii. That comments of board members on the mechanism for keeping the board informed about JSNA progress be noted.
- iii. That comments of board members on the use of the JSNA within their own organisations, and how this use could be increased be noted.

Reason: To keep Board members updated on JSNA progress.

75. Renewal of the Joint Health and Wellbeing Strategy 2017-2022

Board members considered a report which set out a proposal to renew the Health and Wellbeing Board's Joint Health and Wellbeing Strategy 2017-2022. The Joint Consultant in Public Health and the Health and Wellbeing Partnerships Co-ordinator were in attendance to present the report and respond to questions.

Key points raised during the presentation of the report included:

- That there had been great changes since the last Health and Wellbeing Board strategy was approved, including the creation of new Integrated Care Systems (ICS).
- The new strategy needed to be taken into consideration by the ICS when it builds its own strategy.

- The strategy was due to be completed in the first half of 2022, with a view to bringing a draft strategy to the HWBB's meeting in July 2022.
- A 10 year strategic framework for York was also being written, which the Health and Wellbeing Strategy needed to align to.
- There was ongoing work with York residents to engage them in co-producing health services.
- Members were asked to provide comments to shape the creation of the strategy. A draft version would be presented to members in the summer for further comment, before going to a public consultation and being published in late 2022.

Questions/comments from board members included:

- A workshop for members to give ideas and contribute to the crafting of the strategy was to be organised.
- York had significant problems of inequality, which the strategy should seek to address. It was suggested that other organisations such as the Financial Inclusion Steering Group could provide information and participate in this process.
- A focus on the causes of poverty was needed, rather than only alleviating the symptoms of poverty. York CVS was creating a Poverty Truth Commission to bring together those with lived experience of poverty and those in positions to make local decisions to help to address issues of poverty. It was suggested that this commission could link effectively with the development of a new Joint Health and Wellbeing Strategy.
- Loneliness and social exclusion were significant issues in York. Social prescribing had been a success in combating this, but it was felt that more needed to be done. It was emphasised that although loneliness was often spoken about in the context of elderly people, anyone at any stage in life could experience it. The connection between loneliness and mental/physical ill-health was also discussed.
- It was noted that data had shown that some of the greatest sections of the population reporting feelings of loneliness were young people.
- Once approved, the strategy was to be reviewed annually by the Health and Wellbeing Board along with progress made against delivery

Resolved:

- i. That the proposal to renew the Join Health and Wellbeing Strategy be approved.

Reason: To ensure that the Health and Wellbeing Board fulfils its statutory duty to produce a Joint Health and Wellbeing Strategy.

76. Establishment of a Children's and Young People's Health and Wellbeing Programme Board

Board members received a report asking it to approve the establishment of a Children's and Young People's Health and Wellbeing Programme Board as a sub-committee of the Health and Wellbeing Board. The Assistant Director - Consultant in Public Health and the Interim Director of Children's Services were in attendance to present the report and respond to questions.

Key points raised during the presentation of the report included:

- The Children's and Young People's Health and Wellbeing Programme Board would be the successor to the YorOK Board, which had a role in delivering priorities of the Health and Wellbeing Strategy, although it had not met since 2019.
- The purpose of the new programme board was to take forward local strategic priorities and to link into new structures of the Integrated Care System.
- There had been a number of conversations and meetings with local stakeholders around setting up the programme board, as well as a workshop. The result was the draft terms of reference attached to the report.
- The main objectives of the new board were to have oversight of delivery of improvements to maternity, children's and young people's health and care in York and over transformation programmes; to set the strategic direction to improve health and wellbeing outcomes for children and young people in York; to influence the wider things that impact on health and wellbeing such as housing and poverty.
- The principles by which the board was to work included reducing duplication of work, reducing inequalities and taking an asset based approach.

- The suggested membership of the board was also included in the draft terms of reference.

Comments/questions from members included:

- It was suggested that the Terms of Reference include mention of the Starting Well and Growing Well themes from the current Joint Health and Wellbeing Strategy and that Director of Operations, North Yorkshire & York – Tees, Esk & Wear Valleys NHS Foundation Trust be included on the new board.
- Concerns were raised that the only councillors who were members of the proposed board were to be executive members, and that opposition councillors would have no representation unlike the former YorOK Board.
- The manager of Healthwatch requested that her organisation be allowed to send a representative to the new programme board, due to concerns around representation of volunteer groups.
- It was suggested that colleges in York be involved in the new board due to their role in supporting Child and Adolescent Mental Health Services and their links with universities in continuing to support the mental health of young people.
- The first report from the new programme board to the HWBB was expected in September 2022 and thereafter on an annual basis.

Resolved:

- i. That the establishment of a Children and Young People's Health and Wellbeing Programme Board as a sub-committee of the Health and Wellbeing Board be approved.
- ii. That the suggestions made by HWBB members in terms of membership of the programme board be further explored
- iii. That the Terms of Reference for the new programme board be approved subject to annual review.

Reason: To support the health and wellbeing of young people in York.

77. Preventing Harm and Supporting Recovery for those using Drugs and Alcohol in York

This report provided Board members with information on the impact of drug and alcohol use in York and work being done to prevent harm to and support recovery for users. Members are asked to provide comments and feedback and consider signing the North Yorkshire and York 'Dual Diagnosis Pledge'. The Joint Consultant in Public Health was in attendance to present the report and respond to questions.

Key points raised during the presentation of the report included:

- That although York was relatively affluent and had overall good health outcomes, this was not the case when looking at consumption of alcohol.
- Issues around the availability of alcohol, levels of harm of self-reported levels of alcohol consumption (especially during lockdowns), GP referrals and hospital admissions had been explored.
- Health conditions known to be attributable to overconsumption of alcohol included several types of cancer, cardio-vascular disease, dementia, diabetes and poor mental health.
- In York, hospital admissions for both directly and indirectly alcohol caused health conditions were higher than other areas, with multiple deaths each year.
- There was a cohort of people in York with varying levels of addiction, and it was noted that the numbers of people receiving treatment for addiction was likely vastly lower than those using addictive substances.
- The number of people dependent on heroin and crack cocaine, which were the largest two cohorts of drug users both in York and nationally was rising.
- Use of novel psychoactive substances was increasing, especially among children and young people.
- Drug related deaths in the UK had risen year on year for over a decade. The number in York was usually around the low 10s each year.
- School services report that the use of drugs by children and young people was increasing and that parental alcohol and drug abuse was also increasing.
- A new national 10 year drug strategy had been announced by the government, which mentioned alcohol, but focused on substance use.

- The national strategy's aims were breaking drug supply chains, delivering a world class treatment and recovery system and achieving a generational shift in demand for drugs.
- Funding attached to the strategy would increase spending around drugs and alcohol treatment and recovery in York by around 40%, which would place funding at similar levels to the early 2010s. This would enable the thresholds for treatment of individuals for misuse to lower.
- Evidence showed that people who have both addiction and mental health issues (dual diagnosis), often have very poor outcomes and regularly do not receive the highest quality, joined-up service. There were often barriers to getting the right mental health treatment for a patient with addictions and vice-versa.
- A Dual Diagnosis Pledge had been written by all treatment and prevention services in the area with the involvement of primary care and others in York and North Yorkshire was attached at Annex A of the report. This sought to engender a number of cultural changes to do with these services, including not asking whether the patient's mental health issues or addiction manifested first, improved communication and training on addiction and mental health issues.

Comments/questions from members included:

- It was important not to let the criminal implications of drug abuse overshadow the importance and impact of alcohol misuse.
- A local community approach to the wider determinants of substance misuse was needed, considering accommodation, employment opportunities etc.
- Excessive alcohol use remains much more socially acceptable than similar levels of substance use.
- People were often asked to choose between their mental health or their addiction problems, which made more work on dual diagnosis important.
- It was important to embed concerns about drugs, alcohol and dual diagnosis into the new Joint Health and Wellbeing Strategy.
- Limitations of the Trieste model of mental health care were discussed which did not acknowledge dual diagnosis or the potential for neuro-divergent people to self-medicate with drugs and alcohol to 'normalise' their behaviour.

- Ring-fencing of funding for drug and alcohol abuse was needed because users were amongst the least likely to advocate for their health needs, since very often people who turn to drugs come from difficult and disadvantaged backgrounds.
- There were calls for separate drug and alcohol strategies, because of the differing social attitudes towards them.
- More consideration for the role of drugs and alcohol in the exploitation of children was requested. Child exploitation involving drugs and alcohol was at a higher rate in York than the national average.

Resolved:

- i. That the trends and needs around drugs and alcohol in the City of York be noted with members' comments.
- ii. That the new ten year national drugs and alcohol strategy and its implications for partners in York be noted with members' comments.
- iii. That the proposals to work more closely in partnership with North Yorkshire area, including towards a combined North Yorkshire and York Drugs and Alcohol Strategy be noted with members' comments.
- iv. That the Chair sign the Dual Diagnosis Pledge on behalf of the City of York Health and Wellbeing Board.
- v. That the Chair will write to HM Government indicating the Board's support for 50p per unit as a minimum for alcohol pricing.

Reason: To support the work done on alcohol and drug use in York

78. Verbal Update: Current Situation re: Covid 19

The Assistant Director – 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:

- The case rate in York had been dropping rapidly, and were lower than the England and regional averages, with the lowest case rate in the Yorkshire and Humber Region.

- There had been an increase in the number of cases in younger sections of the population, especially those aged 5-9.
- The number of people admitted to hospital and the Intensive Treatment Unit with Covid-19 was considerably lower than the winter 2020/21 peak.
- There had been 172 excess deaths in York since the start of 2020. Overall the number of deaths were around normal per-pandemic levels.
- There were 13 care homes in York with confirmed cases of Covid-19 and 515 school-aged children who had tested positive in the 7 days leading up to 17/01/2022.
- The vaccination programme had continued, with the greatest focus on those recently eligible for their first or second doses, especially those aged 12-15 or younger.
- Overall, vaccine take-up was lower in younger age groups and more economically deprived wards of the city. Work was underway to reach those who had not been vaccinated, for example targeted pop-up clinics were being held in areas of low take-up.

Comments from the Chief Executive, York Teaching Hospitals NHS Foundation Trust on the situation in York Hospitals included:

- That admissions to the hospital had plateaued in recent weeks, but he was anticipating admissions to begin reducing as the number of infections lowered.
- The largest challenge was staffing, with absence rates among hospital workers sometimes going above 10%. There were some absences were decreasing, but it remained high.

In response to questions and comments from Board members, it was noted:

- Data was available for the number of patients admitted to hospital who caught Covid-19 during the course of their treatment there. It was confirmed that all patients were tested on admissions and subsequently at regular intervals, however some infections were inevitable due to the highly transmissible nature of the Omicron variant.
- It was suggested that members of the Public Health team speak to colleagues in Nimbus Care and the Clinical Commissioning Group to explore briefing ward councillors on levels of vaccine take up and intelligence around the reasons people may not be choosing to be vaccinated.

- There were challenges around transport to vaccination sites for some residents, especially in the city centre where car ownership is relatively low. Pop-up vaccination centres helped with this, it was felt more could be done to encourage people to attend pop-up clinics and spread awareness of them.
- Any residents having difficulties booking their booster vaccines, especially those with compromised immune system who have already had three primary injections, should present themselves to their GP who will be able to provide proof that they require another vaccination.

Resolved:

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

Reason: To keep Board members up to date on the Covid-19 pandemic.

Cllr C Runciman, Chair

[The meeting started at 4.30 pm and finished at 6.30 pm].