

Meeting	Health and Wellbeing Board
Date	25 July 2023
Present	<p>Councillors Coles (Chair), Runciman, Webb Siân Balsom – Manager, Healthwatch York Dr Emma Broughton – Joint Chair of York Health & Care Collaborative Zoe Campbell – Managing Director, Tees, Esk and Wear Valleys NHS Foundation Trust Michelle Carrington – Director of Quality and Nursing, North Yorkshire and York (Substitute for Sarah Coltman-Lovell) Simon Morritt – Chief Executive, York & Scarborough Teaching Hospitals NHS Foundation Trust Michael Melvin – Director of Adults Safeguarding (Substitute for Jamaila Hussain) John Pattinson – Chief Executive, Independent Care Group (Substitute for Mike Padgham) Peter Roderick – Consultant in Public Health, City of York Council/NHS Humber & North Yorkshire Health and Care Partnership (Substitute for Sharon Stoltz) Alison Semmence – Chief Executive, York CVS Maxine Squire – Assistant Director, Education & Skills (Substitute for Martin Kelly) Lisa Winward – Chief Constable, North Yorkshire Police</p>
In attendance	Tracy Wallis – Health and Wellbeing Partnerships Coordinator, City of York Council
Apologies	Councillor Ayre Jamaila Hussain – Corporate Director of Adult Social Care and Integration Martin Kelly – Corporate Director of

Children's and Education Services
Sharon Stoltz – Director of Public Health for
City of York
Sarah Coltman-Lovell – Place Director, NHS
Humber & North Yorkshire Health and Care
Partnership
Mike Padgham – Chair, Independent Care
Group
Shaun Jones – Humber and North Yorkshire
Locality Interim Director, NHS England and
Improvement

144. Declarations of Interest (4:36pm)

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.

145. Minutes (4:36pm)

Resolved: That the minutes of the last meeting of the Health and Wellbeing Board held on 15 March 2023 be approved as an accurate record.

146. Public Participation (4:37pm)

It was reported that there had been 3 registrations to speak under the Council's Public Participation Scheme.

[Assistant Director, Education & Skills arrived at 4:38pm]

Flick Williams spoke about mental health and Covid-19, asking members to consider Covid-19 as an ongoing issue, and not something in the past. She highlighted that public health was a shared public responsibility, and not just for individuals to care for themselves. She also mentioned how attitudes to Covid-19 precautions had dropped and that people should still be concerned at taking precautions for Covid.

Cat Ownes spoke on agenda item 6 – Healthwatch York Report: Breaking Point, A Recent History of Mental Health Crisis Care in

York. Cat raised concerns with the absence of Autism and ADHD in the Joint Health and Wellbeing Strategy and stated that the Autism Strategy had been out-of-date since 2021. She highlighted that the report shows how difficult it was for people to access support. She also discussed misdiagnosis and how some people were diagnosed with mental health illness when they should receive support.

Hazel Kerrison also spoke on agenda item 6. Hazel stated there was a misunderstanding between mental health and neurodivergence, and there was a stigma around personality disorders. Many people received incorrect diagnoses and therefore received inadequate support that was not fitting with their situation. She explained people with personality disorders often face prejudice and discrimination when these disorders show on their records. She also discussed the lack of services available in York specifically targeted towards Autistic and ADHD individuals, and stated those that are available were hard to find.

147. Report of the York Health and Care Partnership (4:48pm)

The Director of Nursing and Quality presented a report which provided an update to the Board regarding the work of the York Health and Care Partnership (YHCP). It was indicated that YHCP was transferring pathways of care and reducing inequalities, and it was discussed how the Council were on top of upcoming issues. She also told the board that the YHCP was the first in the Integrated Care Board (ICB) to have a population health hub.

In response to questions from members, the Director of Nursing and Quality confirmed that mental health was a priority for the YHCP, and that services were being improved all the time. She noted that a new A&E department which was opening at York hospital would provide more resources for those in crisis needing help with their mental health.

The Consultant in Public Health, City of York Council highlighted how health melas were being used to engage the public in mental health and public health discussions and help residents access health resources such as blood pressure monitoring. He

noted that These were typically used more in communities where health inequalities were known to exist.

It was recorded that a School Attendance Reintegration worker would be appointed within the Learning Support Hub to work with the attendance team to understand trends on absence, and to work on helping get long-term absent children back into education.

Resolved:

- i. That the Joint Forward Plan be received and that the Board provided feedback on its approach that can support the ongoing development of the planning process for future iterations.
- ii. That the contents of the report and the progress made be noted.

Reason: To keep the Health and Wellbeing Board up to date with the work of the York Health and Care Partnership.

148. Discussion Paper: Review/Reset of York's Health and Wellbeing Board (5:04pm)

The Consultant in Public Health presented a report setting out the statutory functions of the Board as well as its status within the new NHS arrangements. It was stated that the changes involved in this report has been trialled at various other Health and Wellbeing Boards. The report shows that health inequalities predominantly come from education, home, and lifestyle conditions such as health and salary conditions for families, highlighting that the focus should not just be surrounding the NHS, but also other factors of Health and Wellbeing.

The Board discussed how agenda items and Board meetings should be organised and discussed The Consultant in Public Health's suggestion of dividing the time into thirds for agenda management to give the Board an effective focus and not let time be wasted.

The Assistant Director, Education & Skills raised the issue of special educational needs and disability (SEND) within the Board and stated that reports are rarely formally presented to the HWBB from the Local Area Send Partnership. It was discussed that the Board should hold conversations with the YHCP to decide what issues and topics were brought to the Board, so that the overlap was limited, and workloads were not duplicated.

Questions were asked regarding the action tracker, and how issues that have been raised can be followed up to ensure progress was being made. The possibility of a Task & Finish Group being formed to investigate and follow up on actions, and report back to the Board was raised. The Consultant in Public Health noted that the Health and Wellbeing Strategy Action Plan was in place and was one of the documents that held the Board accountable. He noted that when Healthwatch brought a report with recommendations for partners, they would follow up on actions via email. It was suggested that the Terms of Reference (ToRs) could be updated to publicly assure that partners respond to recommendations.

It was then agreed that the ToRs would be looked at with the comments made by board members considered and brought back to the Board at the next meeting.

Resolved:

- i. That the themes highlighted within the report were discussed with specific reference to the summary set out in paragraph 39 of this report.
- ii. That any changes to the Board's Terms of Reference be brought back to the September meeting of the HWBB for approval before being referred to Full Council for approval.
- iii. For the Monitoring Officer to ensure that the Council's Constitution be updated to incorporate any revisions to the Terms of Reference once they have been agreed by the HWBB and Full Council.

Reason: In order to ensure that the Health and Wellbeing Board continues to undertake its statutory functions appropriately and

effectively and continues to strengthen local partnership arrangements.

[The meeting paused at 5:36pm and reconvened at 5:42pm.]

149. Healthwatch York Report: Breaking Point, A Recent History of Mental Health Crisis Care in York (5:42pm)

The Healthwatch York Manager presented a report which detailed the local experiences of residents in seeking support for a mental health crisis in the city. She also listed the organisations Healthwatch York regularly worked with, including the York Multiple Complex Needs Network.

In response to questions from the Board, the Managing Director (North Yorkshire, York and Selby) for Tees, Esk and Wear Valleys NHS Foundation Trust explained that:

- The Crisis phonenumber had recently been updated to replace the previous multiple phone numbers into one number which can then divert people to the relevant team. This had increased the number of calls received and had also increased the pickup rate of calls to 60%.
- Calls which were not answered but received a call back are not counted in these statistics.
- Due to capacity people often had to call multiple times to get through. As face-face meetings were the priority due to resource issues.
- COVID-19 had increased the number of calls received by the crisis line. Many organisations which were not deemed as crisis organisations have since turned into crisis organisations to assist with demand.
- More people were being sent to A&E for mental health help than before and early-intervention could reduce the strain upon both the Crisis Line and A&E.

The Chief Constable indicated how the Police often received crisis calls that should be dealt with via the crisis line, however when calls were received relating to risk to life, the Police were the right first point of contact. The Chief Constable highlighted a 'Right Care Right Person' approach.

It was suggested by the Consultant in Public Health and agreed by the board that this report will be revisited along with the revised ToRs.

Resolved:

- i. That the Healthwatch York's report, *Breaking Point: A recent history of mental health crisis care*, be received.
- ii. That the Board Confirm how they wished to be informed on progress against the recommendations within the report.

Reason: To keep up to date with the work of Healthwatch York, be aware of what members of the public are telling us and identify the best route for the development of partnership improvement plans.

150. Healthwatch York Report: Health and the Cost of Living in York (6:14pm)

A report was presented by the Healthwatch York Manager which analysed the results of the second Healthwatch York survey exploring the health impacts of the rising cost of living. It was outlined that the number of people using food banks had increased and more residents were struggling to eat healthily. She also highlighted that residents were not heating their homes due to increased energy costs.

Board members then echoed these the prevalence of these issues and then:

Resolved:

- i. That the Healthwatch York's report, *Health and the Cost of Living in York*, be received.
- ii. That the Board requested responses to the recommendations from the bodies named within the report.

Reason: To keep up to date with the work of Healthwatch York, be aware of what members of the public are telling us and respond to the issues raised.

**151. For Information Only - Healthwatch York Annual Report
(6:29pm)**

Resolved:

- i. That the Healthwatch York's Annual Report be received.

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

Councillor Coles, Chair

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