



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

To:

Councillors Runciman (Chair), Craghill, Orrell, Perrett.	
Dr Nigel Wells (Vice Chair)	Chair, NHS Vale of York Clinical Commissioning Group (CCG)
Dr Emma Broughton	Chair of the York Health and Care Collaborative & a PCN Clinical Director
Sharon Stoltz	Director of Public Health, City of York
Amanda Hatton	Corporate Director, of People, City of York Council
Lisa Winward	Chief Constable, North Yorkshire Police
Alison Semmence	Chief Executive, York CVS
Sian 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 Hospital NHS Foundation Trust
Stephanie Porter	Director for Primary Care, NHS Vale of York Clinical Commissioning Group
Mike Padgham	Chair, Independent Care Group

Date: Wednesday, 5 May 2021

Time: 4.30pm

Venue: Remote Meeting

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 - 10)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on Wednesday 10 March 2021.

3. Public Participation

It is at this point in the meeting that members of the public who have registered their wish to speak can do so. The deadline for registering is at **5.00pm on Friday 30 April 2021**.

To register please contact the Democracy Officer for the meeting, on the details at the foot of this agenda.

Filming, Recording or Webcasting Meetings

Please note that, subject to available resources, this meeting will be filmed and webcast, or recorded, including any registered public speakers who have given their permission. This broadcast can be viewed at <http://www.york.gov.uk/webcasts>.

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The Council's protocol on Webcasting, Filming & Recording of Meetings ensures that these practices are carried out in a manner both respectful to the conduct of the meeting and all those present. It can be viewed at:
http://www.york.gov.uk/download/downloads/id/11406/protocol_f_or_webcasting_filming_and_recording_of_council_meetings_20160809.pdf

4. York Mental Health Summit (Pages 11 - 24)

This report presents the Health and Wellbeing Board with information about the recent York Mental Health Summit and how the outputs from the summit are being progressed.

5. Ageing Well Partnership: Progress Report (Pages 25 - 48)

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 March 2020.

6. Covid-19 Update

The Director of 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.

7. Better Care Fund Update

(Pages 49 - 76)

This report is to provide an update on:

- the national reporting process for the 2020-21 BCF Plan,
- progress of the Better Care Fund Review,
- the national small grants scheme, and
- the planning arrangements for 2021-22.

8. Urgent Business

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

Democracy Officer:

Joseph Kennally

Telephone No – 01904 551573

Email – joseph.kennally@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 (Polish)
własnym języku.

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

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

 (01904) 551550

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City of York Council

Committee Minutes

Meeting	Health and Wellbeing Board
Date	10 March 2021
Present	<p>Councillors Runciman (Chair), Craghill, Orrell and Perrett</p> <p>Dr Nigel Wells (Vice Chair), Chair NHS Vale of York Clinical Commissioning Group (CCG)</p> <p>Dr Emma Broughton, Chair of the York Health and Care Collaborative & a PCN Clinical Director</p> <p>Sharon Stoltz, Director of Public Health, City of York</p> <p>Maxine Squire, Assistant Director of Education and Skills, City of York Council, as substitute for Amanda Hatton, Corporate Director of People, City of York Council</p> <p>Pippa Corner, Assistant Director of Joint Commissioning, City of York Council, as substitute for Amanda Hatton, Corporate Director of People, City of York Council</p> <p>Phil Cain, Assistant Chief Constable, North Yorkshire Police, as substitute for Lisa Winward, Chief Constable, North Yorkshire Police</p> <p>Alison Semmence, Chief Executive, York CVS</p> <p>Sian Balsom, Manager, Healthwatch York</p> <p>Shaun Jones, Deputy Locality Director, NHS England and Improvement</p> <p>Naomi Lonergan, Director of Operations, North Yorkshire & York - Tees, Esk & Wear Valleys NHS Foundation Trust</p>

Simon Morritt, Chief Executive, York
Teaching Hospital NHS Foundation Trust

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

Beverley Proctor, Chief Executive,
Independent Care Group as substitute for
Mike Padgham Chair, Independent Care
Group

In Attendance: Councillor Cuthbertson

Apologies:

Amanda Hatton, Corporate Director of People, City of York Council

Lisa Winward, Chief Constable, North Yorkshire Police

Mike Padgham, Chair, Independent Care Group

29. 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 at this point, but whilst discussing Agenda Item 5, Covid-19 Update, Cllr Perrett declared a non-prejudicial interest in that her husband was a teacher.

30. Minutes

Resolved: That the minutes of the Health and Wellbeing Board held on 6 January 2021 be approved and then signed by the Chair at a later date.

31. Public Participation

It was reported that there had been one registration to speak at the meeting under the Council's Public Participation Scheme.

Dr Crane raised a number of concerns regarding the recent decision by York Hospital Trust to allow Vocare (a wholly private, for-profit organisation) to extend its influence and role in

the management of patients presenting with urgent care needs to York Hospital's A&E department. He explained why front line staff working in the area of minor injuries were opposed to this plan and why allowing Vocare further influence over urgent care in York, would not be in the interests of the patients of York. He stated that the specification for an Urgent Treatment Centre could be met without recourse to the private sector and that staff would be very happy to help develop such a centre with NHS partners in York.

The Chair thanked the speaker for his comments and she suggested that this matter could be referred to Health and Adult Social Care Policy and Scrutiny Committee for consideration.

32. Covid-19 Update

The Director of Public Health provided an update on the latest data regarding Covid-19 in York.

The key points arising from the update, included:

- The rate of positive cases for York was currently at 45.6 per 100,000, which was below the national and regional average.
- The over 60's positive case rate had dramatically reduced and was currently at 24.3 per 100,000, which was the lowest rate in Yorkshire and the Humber.
- Nine electoral wards in York were currently above the national average and three electoral wards had no positive cases. Strensall currently had the highest rate of infection, just over 168 per 100,000.
- The percentage of positive cases currently being picked up through the PCR testing had lowered to 2.1% and the lateral flow test positive rates were at 0.2%.
- Two care homes currently had outbreaks and currently 34 children of primary and secondary school age had tested positive.
- The current death rate in York due to Covid was 174 per 100,000, which was lower than the national average.

The Director highlighted the roadmap set by the Government and she noted the four conditions the Government would be considering for lockdown easing:

- 1) Vaccine programme continued to go to plan;
- 2) Evidence showed vaccines were reducing deaths and numbers requiring hospital treatments;

- 3) Infection rates did not risk surge in hospital admissions;
- 4) New variants did not change the risk of lifting restrictions.

Board Members noted that the Outbreak Management Plan would be refreshed and officers would be focusing on the wider economic recovery.

The Chair then invited Board Members to provide a Covid update within their service areas. They highlighted the strong partnership working that had taken place throughout the pandemic and appreciations were expressed to all primary care and public health colleagues, care homes, volunteers, schools, and York CVS.

The Board noted that:

- The vaccination programme was going extremely well in York and that the second dose would soon be offered to care homes.
- Covid admissions to York hospital had slowly started to reduce and that the sector would continue to work together to support the recovery programme and the long term impacts of the pandemic.
- 95% of children were now back in school.
- There had been a surge in Mental Health referrals, particularly with children's eating disorders.
- Staff across the whole sector had worked extremely hard throughout the pandemic and support to them would be a priority throughout recovery.

The Manager of Healthwatch York highlighted some concerns she had regarding residents with learning difficulties accessing the vaccine and it was agreed that she would liaise with some Board Members following the meeting.

In answer to some questions raised, it was confirmed that schools had very thorough risk assessments in place and that the majority of mental health services had continued to manage a four week waiting time.

The Chair thanked Board Members for their updates and she noted that vaccinating and testing in care homes had been successful and that staff remained focussed on increasing the vaccine uptake whilst remaining vigilant, careful and cautious through the easing of restrictions. She also confirmed that visiting in care homes had started this week.

Resolved:

- (i) That the update be noted.
- (ii) That a recovery update be presented at a future Health and Wellbeing Board meeting.

Reason: To ensure the Board were aware of the current situation in York relating to the Covid-19 pandemic.

33. Plans for the future of the Health and Care System in York

The Board received a presentation that gave them an update on the plans being prepared by a number of health and social care partners in York (including the council, NHS commissioners and providers and voluntary sector organisations) for the future of the health and care system in York, including consideration of closer working and increased integration.

The Vale of York Clinical Commissioning Groups Accountable Officer and Consultant in Public Health were in attendance to provide an update. They highlighted the work partners had undertaken locally to prepare the system in York and to respond to forthcoming government legislation set out in the February 2021 white paper 'Integration and Innovation: working together to improve health and social care for all'.

Board Members noted that:

- 42 Integrated care systems (ICSs) were to be established on a statutory footing in England through both an 'NHS ICS board' (this would also include representatives from local authorities) and an ICS health and care partnership.
- ICSs would take on the statutory and allocative duties of Clinical Commissioning Groups (CCGs) in April 2022, and from that point the Vale of York CCG would cease to exist.
- A duty to collaborate would be created to promote collaboration across the healthcare, public health and social care system.
- Locally, it had been agreed that York would be designated a 'place' within Humber Coast and Vale area and be invited to send a representative to the ICS board.
- To build on the foundation of greater collaboration and integration coming out of Covid, and in response to the white paper, the proposal was to establish a York Health and Care Alliance.

- Governance arrangements for the Alliance during its 2021/22 shadow year would be proposed to the board at its first meeting in April.
- For this year, neither the Alliance nor the Alliance Board would be a legal body itself, and would not be able to make decisions in their own right.
- During the shadow year, decision-making and accountability would remain the purview of each organisation involved, and any decisions affecting the council would be taken back through existing governance routes as appropriate.
- It would be recommended that the Alliance was adopted as a subgroup of the Health and Wellbeing Board, subject to approval at Full Council.
- The Alliance Board Chair would be the Leader of the Council, with the Director of Public Health and one other senior City of York Council officer also attending
- The Alliance would be reviewed over its shadow 12 months, including its relationship with the Health and Wellbeing Board, with further reports to be presented to the Council.

Members noted the aims of the Alliance Board and the Chair then invited Board Members to raise any questions relating to their service areas. It was noted that the Alliance would include representatives from:

- Vale of York CCG
- York Teaching Hospitals NHS Trust
- Tees Esk and Wear Valleys NHS Trust
- Nimbuscare (Primary Care services provider in York)
- City of York Council
- Community & Voluntary Services
- St Leonard's Hospice
- York Schools and Academies Board
- Representatives of Primary Care Networks.

In answer to questions and concerns raised regarding the potential privatisation of York hospital's A&E minor injuries unit to Vocare, the Chief Executive of York Teaching Hospital Trust explained the background to Vocare and the services they provided. He noted that the Hospital Trust were working with Vocare to ensure there was an integrated offer to members of the public and that national specification stated that minor injury and minor illness services in A&E should be working more

closely together. He stated that there were no plans to commission further services to the private sector.

The Chair thanked officers for their update.

Resolved:

- (i) That the update be noted.
- (ii) That the Alliance be adopted as a subgroup of the Health and Wellbeing Board, subject to approval at Full Council.
- (ii) That the Health and Adult Social Care Policy and Scrutiny Committee be asked to consider a report on the transfer of the minor injuries unit to Vocare at their next meeting.

Reason: To keep the Board updated on the future of the health and care system in York.

34. Report of the Chair of The York Health and Care Collaborative

The Board considered a report that updated them on the York Health and Care Collaborative.

The Chair of the York Health and Care Collaborative (YHCC) gave an update and confirmed that the YHCC was a multi-agency group that brought together a range of organisations involved in health and care in the city. She highlighted the progress in each of the YHCC priority work streams:

- Prevention
- Ageing Well/Frailty
- Multi-morbidity
- Mental Health
- Covid-19 Preparedness and Resilience

In answer to questions, the Chair of YHCC provided an update on the substance misuse service, stating that they were focussing on a small Primary Care Alcohol Intervention Service across the city, and would report back to the Board on its development.

The Chair thanked the Chair of the York Health and Care Collaborative for her update.

Resolved:

- (i) That the report be noted.
- (ii) That an update on the Primary Care Alcohol Intervention Service be received at a future Health and Wellbeing Board meeting.

Reason: There was a shared objective of improving the health and wellbeing of the population. The York Health and Care Collaborative was unique in bringing together; providers and commissioners of health and social care services (from the NHS and City of York Council), colleagues from City of York Public Health together with the voluntary sector as a means of working on joint priorities to achieve this objective. The York Health and Care Collaborative agreed to provide regular updates on its work and progress.

35. Better Care Fund Update

The Board considered a report that provided an update on the progress of the Better Care Fund (BCF) Review and planning for 2021/22.

The Assistance Director of Joint Commissioning provided an update on the financial allocations for the BCF 2021/22 and confirmed the Council and the NHS Vale of York Clinical Commissioning Group (CCG) would be reviewing the York BCF in four phases, to ensure the right outcomes were achieved and the best value from the pooled investment. She noted the key issues to be considered, and officers hoped future guidance would be introduced earlier and include multi-year funding.

The Assistant Director highlighted the scope and dimensions of the review and the progress made so far, as highlighted within the report. The Board noted that the evidence gathering and evaluation process would enable a series of goals to be set to add value over the coming years to reduce health inequalities and maximise opportunities for collaboration.

The Chair of the CCG noted that the first cluster of schemes had recognised the value of integrated flexible approaches between organisations, teams and local people and in answer to questions, the Assistant Director confirmed that the annual report to this Committee would include an evaluation of the schemes the BCF had supported.

The Chair thanked officers for their report and she was very appreciative of the work undertaken.

Resolved:

- (i) That the York Better Care Fund update be noted.

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

- (ii) That the progress of the review of the financial allocations for BCF 2021-22, to ensure maximum impact on outcomes for the system, be noted.

Reason: It was important for the sustainability and stability of the whole system that the funding commitment was reviewed regularly to be assured of value for money and impact on outcomes. The Chair and Vice Chair, had approved this approach, supported by the council Corporate Director of People and the CCG Accountable Officer.

- (iii) That further reports on the progress and outcomes from the BCF review be received at future Health and Wellbeing Board (HWBB) meetings.

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

Cllr Runciman, Chair

[The meeting started at 4.30 pm and finished at 6.27 pm].

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York Health and Care Alliance Board**Health and Wellbeing Board****5 May 2021**

Report of the independent Chair of the Health and Wellbeing Board's Mental Health Partnership and the Accountable Officer; NHS Vale of York Clinical Commissioning Group

York Mental Health Summit

1. This report presents the Health and Wellbeing Board with information about the recent York mental health summit and how the outputs from the summit are being progressed.
2. Improving and supporting the emotional and mental wellbeing of York residents is a key priority for the Health and Wellbeing Board as set out in both the joint health and wellbeing strategy and the all age mental health strategy. To demonstrate one strand of work that has recently take place to address this the board are asked to receive this report.
3. The board are asked to note the report and ensure that adequate resources are made available within their individual organisations to progress these within the timescales identified within the action plan at **Annex A** to this report.
4. The independent Chair of the Health and Wellbeing Board's Mental Health Partnership and/or the Accountable Officer; NHS Vale of York Clinical Commissioning Group will be in attendance to present the report.

Background

5. Significant progress has been made in terms of the treatment and prevention of coronavirus but there is also a need to see an equally robust response in terms of the mental health of York residents of all ages. There have been detailed academic predications that the impact on the most vulnerable will be significant and services across the city are expecting to see large increases in demand for



both children's and adult mental health services. This is unprecedented and extraordinary and there is a need to act now to address what we should be doing differently.

6. The response to the pandemic has shown that there is a real willingness in the city to work together and plans are in place for considerable changes across community mental health services with some good innovation in specific areas. However, there is a need to do more in a coordinated manner across the public, private and voluntary sectors with leaders pledging to respond and encourage innovation. Neglecting to respond effectively to the mental health situation in the city will leave a future generation with significant challenges.
7. In light of this, the Accountable Officer at NHS Vale of York Clinical Commissioning Group and the Independent Chair of the York Health and Wellbeing Board's Mental Health Partnership agreed to hold a mental summit for senior leaders in York. The summit was a call to action to address the predicted surge in mental health need and the increased pressure on services across the city
8. This took place on 26th March 2021 and was well attended by senior representatives from key organisations across the city. Representatives were in attendance from NHS Vale of York Clinical Commissioning Group; City of York Council; Tees, Esk and Wear Valleys NHS Foundation Trust; York Teaching Hospital NHS Foundation Trust; North Yorkshire Police; Public Health England; York CVS; York MIND; York University, Humber, Coast and Vale and primary care. Also in attendance were the two York MPs.

Setting the scene

9. The summit started with a number of presentations which set the scene for ensuing discussions and an action planning session. To help inform their discussions attendees at the summit heard from;
 - A representative of Public Health England (Yorkshire and Humber region) who spoke about the impact of the pandemic on people's mental health from a public health perspective;



- A representative from Tees, Esk and Wear Valleys NHS Foundation Trust in relation to the predictions for a post lockdown increase in demand for mental health services across system partners;
 - The Police, Fire and Crime Commissioner for North Yorkshire who spoke about complexity of dealing with mental ill health in the criminal justice system; particularly in relation to young people;
 - A representative from Tees, Esk and Wear Valleys NHS Foundation Trust in relation to the ongoing community mental health services transformation programme
 - A representative from the York Mental Health Partnership in relation to the Northern Quarter Project and the vision for 'connecting out city' and developing a community approach to mental health
 - The Programme Coordinator for the York Multiple Complex Needs Network who spoke about the ongoing work the network is doing
 - The Chief Executive at York CVS who spoke about loneliness, which is one of the common issues that CVS hear about on a daily basis; the challenges the VCS faces and what we can do differently together to meet the challenges of the whole system.
10. Following this attendees at the summit split into three separate groups to discuss what might need to happen across three distinct time spans:
- Group 1 – What can we do this summer (6 months) short term
 - Group 2 – What need to happens in the next 18 months (medium term)
 - Group 3 – What needs to happen by 3 years (longer term)



11. A number of priorities and actions were identified as a result of the group discussions and these have been formulated into a draft action plan which is at **Annex A** to this report.
12. A small group of leaders have since met and have been tasked with driving this forward at pace to ensure that we are in a position to effectively manage the surge in the need for mental health services in the city.

Consultation

13. There was no formal consultation undertaken prior to holding the mental health summit. The summit was held in response to the predicted surge in the need for mental health services. There may be a need to consult and engage on individual actions as work progresses but this will be managed by the individual action leads.

Options

14. There are no specific options for the Health and Wellbeing Board but they are asked to:
 - Note the report
 - Ensure that adequate resources are made available within their individual organisations to progress the actions within the timescales identified in the action plan at **Annex A** to this report.

Implications

15. Mental illness and poor mental health is common, mental health problems are persistent and costly and a leading cause of sickness absence. The Cost to the UK economy is up to £100 billion per year and has wide ranging impacts on life chances. There is a significant treatment gap where 75% of those with a mental health need receive no treatment at all. People with severe mental health issues are subject to a premature mortality gap. In addition Suicide is one of the leading causes of death for people between the ages of 10 and 34.



Impact of Covid – 19:

16. Almost 20% of the population will need either new or additional mental health support as a direct consequence of the crisis. More than 1 in 10 of those with support needs will be aged under 18 and about two-thirds of people who will need support already have existing mental health needs.
17. The population groups that appear to be disproportionately affected include (for adults):
 - young adults and women
 - adults with pre-existing mental health conditions
 - adults who were not in employment before or since the lockdown
 - with low household income or socioeconomic position
 - with long term physical health problems
 - living in urban areas
 - living with children
 - who have had coronavirus related symptoms
18. The proportion of children experiencing a probable mental disorder has increased over the past three years, from one in nine in 2017 to one in six in July 2020
 - Children and young people with a pre-existing mental health condition
 - Children and young people in low-income families
 - Children with Special Educational Needs and Disabilities
 - Young carers
 - Children and young people Not in Education, Employment or Training
 - Young females
 - Students



What did TEWV find in May 2020?

- An expected increase in prevalence of mental illness / reduced mental wellbeing
- An additional 10% of CYP population having mental health issues each year for 5 years, 4.6% of adult population (18-64) and 4.3% of older people (65+)
- For TEWV secondary care services the potential impact was a 60% increase in CAMHS referrals, 40% for Adults and 20% for older people

What is happening now?

- The MH Surge is happening, mainly impacting on:
 - Primary care
 - Voluntary sector
 - Eating disorder services (CYP and Adults)
 - Crisis / inpatients (especially people not previously on caseloads)
- The Volume increase is less than forecast (for now) but complexity / acuity of referrals has increased so secondary care clinical staff under a lot of pressure

New research and Intelligence from TEWV and partners

- Revised (reduced) unemployment expectations
- Now expect secondary care share of the surge to be lower than in the pre-C19 world due to investment in VCS, Long Covid clinics, NHS Resilience Hubs etc.
- We have not finished our reforecasts but we expect the forecast increase to be lower than in May.
- Adult increases possibly around 20% of pre C19 demand, not 40%. CAMHS and older people not completed yet.
- We still expect the impact to go on for another 4 years.

York Health and Care Alliance Board



Recommendations

19. The Health and Wellbeing Board are asked to
- i. Note the report
 - ii. Ensure that adequate resources are made available within their individual organisations to progress the actions within the timescales identified in the action plan at **Annex A** to this report.

Reason: To give the Health and Wellbeing Board oversight of the outputs from the recent mental health summit

Contact Details

Author:

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Chief Officer Responsible for the report:

Phil Mettam
Accountable Officer, NHS Vale of York
Clinical Commissioning Group

Tim Madgwick
Independent Chair of the York Health
and Wellbeing Board's Mental Health
Partnership

**Report
Approved**



Date 22.04.2021

Specialist Implications Officer(s): None

All

Wards Affected:

Background Papers: None

Annexes

Annex A: Draft action plan

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Next Steps/Key Actions Identified from the York Mental Health Summit

Held on 26th March 2021

Key Actions Identified

	Action	Lead(s)	Time frame
1	To ensure all schools have in place a recovery curriculum which addresses good emotional and mental health and meets an agreed standard framework possible Minding Minds	Naomi Lonergan (TEWV) Amanda Hatton (CYC) Maxine Squire (CYC) Sophie Wales (CYC) Susan De Val (CCG)	Within 4 weeks
2	Work with an identified group of complex children who currently don't meet statutory thresholds to ensure their needs are met.	Amanda Hatton Brent Kilmurray	4 weeks
3	Explore the possibility of putting place longer contracts for VCSE services for existing provision • Ideally contracts should be for at least 3 years plus more proportionate reporting, monitoring and commissioning in line with the amount of monies involved	Denise Nightingale CCG Debbie Mitchel CYC	8 weeks

	Action	Lead(s)	Time frame
4	The acute trust to consider emotional and Mental Health as part of the improving physical health work	Caroline Johnson Acute Trust	8 weeks
5	The suicide prevention safer city programme to be asked to consider the additional support marginalised communities require in relation to suicide prevention	Naomi Lonergan (TEWV) (Andy Chapman /Anita Dobson) (CYC)	Within 3 months
6	Commission the JSNA Working Group to undertake a needs assessment into bereavement services, to identify needs and any gaps in service provision and make recommendation as to what needs to be in place	Peter Roderick (CYC/CC G)	Within 3 months

	Action	Lead(s)	Time frame
7	Role out Northern Quarter Project across the whole City of York	NQP Project manager Tim Madgwick/Naomi Lonergan	Within 6 months
8	Working with top 3 local private employers to ensure they can support staff with good emotional and Mental Health •Aviva, Future Cleaning Services and Network Rail; followed by Tesco	Ian Floyd (CYC) Simon Brereton (CYC) James Farrar (York LEP)	6 months
9	Working with Large business i.e supermarkets across HCV to ensure they can support staff and communities with good emotional health and Mental Health. Link in with any National work.	Michelle Moran (HCV) Simon Brereton (CYC) James Farrar (York LEP)	6 months

	Action	Lead(s)	Timeframe
10	Develop Mental Health services with out thresholds for all services	Brent Kilmurray (TEWV)	6 months
11	Building emotionally resilient communities taking account of <ul style="list-style-type: none"> • long term prevention and using a public mental health approach • the loneliness issue along with Time to Change and Making Every Contact Count (MECC) 	Sharon Stoltz (CYC) Alison Semmence (York CVS)	6 months
12	Develop an integrated offer action plan and progress via the Health Care Alliance	Phil Mettam (CCG)	12 months

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Health and Wellbeing Board

5 May 2021

Report of the Co-Chairs of the Health and Wellbeing Board's Ageing Well Partnership

Ageing Well Partnership: Progress Report

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 March 2020.
2. The board are asked to note the report and ratify the amended Terms of Reference for the partnership as well as indicating their continued support for the partnership's direction of travel.
3. Nick Sinclair from the public health team who is co-chair of the partnership will be in attendance at 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.

Co-Chair's Update

7. After a short lull in both partnership meetings and the progression of our priorities due to the immediate need to respond to the Covid-19 pandemic, the Ageing Well Partnership began to meet again in October 2020. It has been meeting once every two months since then. There has been a change of chairship for the partnership with the previous chair taking a step back to focus on leading the work in response to the pandemic. The partnership is currently co-chaired by a representative from NHS Vale of York Clinical Commissioning Group and a representative from York's Public Health Team, which has the benefit of being a more joined up approach.

8. The partnership is concentrating on two areas of work at the moment as follows:

Age Friendly York Project

9. Currently 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. The domains are not all being progressed at the same time but at various stages with a view to applying for World Health Organisation (WHO) Age Friendly City Status in December 2022. Baseline assessments against each of the domains along with a citizen led action plan must form part of our submission.

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. **Annex A** provides a summary of the domains, the work that has taken place since October 2020 and the evolving action plan.

Developing a Dementia Strategy for York

12. The partnership have renewed their focus on the development of a dementia strategy for the city and progress against this is contained within **Annex B** to this report.

13. As a partnership we are aware that this piece of work needs to be progressed at pace and we have now added this as a standing agenda item for consideration at every meeting.
14. The Mental Health Partnership have also added this as a standing item to all of their meeting agendas 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

15. 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.
16. Reports and presentations have been received on a variety of topics including an end of life strategy; a rapid health needs assessment (impact of Covid-19- on older people) and falls prevention.
17. The partnership has also considered digital inclusion for older people; particularly in light of societal changes during the pandemic which have led to a higher need for access to the internet to undertake everyday tasks such as banking and shopping.
18. York Explore are leading on a digital inclusion project for all ages and the chair of the Digital Inclusion Partnership has attended the Ageing Well Partnership to update on this work. The Ageing Well Partnership are assured that this work is progressing well and will continue to receive occasional updates and suggest further areas of exploration. A representative from York Explore has also been invited to join the Ageing Well Partnership to provide a channel for information sharing.
19. The partnership has continued to build links with the York Health and Care Collaborative (YHCC) and have considered the way that they interact with them. Having a representative from NHS Vale of York Clinical Commissioning Group as co-chair has provided a solid connection, as they have a close working relationship with both the partnership and the YHCC. There are opportunities to co-ordinate the work of the partnership and the YHCC, particularly in relation to supporting people to age well and in the prevention and

reversal of mild frailty, as well as in falls prevention. These will be further explored during 2021/22.

20. As part of this deconditioning has been identified as an area where more work is required. As many have struggled to access activities in their local communities due to the pandemic this has had an impact on frailty and more people have become deconditioned as they have become less mobile.
21. A campaign around deconditioning to initially focus on supporting those most at risk of developing frailty is being developed through a joint working group. This links very clearly to work that the YHCC is doing around frailty within the city. The key messages around this campaign will be developed to raise awareness about the impacts of inactivity on physical conditioning; to promote resources available and to encourage physical activity in those most at risk of deconditioning. This work is informed by recent evidence on the impact of covid-19 restrictions, needs assessments, and research.
22. The partnership have identified this as something they would like to focus on and it is suggested that this becomes their third priority. Further consideration will need to be given as to what the next steps/actions need to be to drive this piece of work forward.
23. The partnership will also be giving consideration to the aim of how best to communicate their work using existing communication channels within representative organisations.
24. Finally the partnership have raised the renewal of the joint health and wellbeing strategy as something they would like to know more about as they are very keen to take an active role in this.

Terms of Reference

25. Since restarting partnership meetings in October 2020 meetings have been held via Zoom. Attendance has been good and work has progressed but it felt timely to lightly refresh the Terms of Reference in particular to better reflect the Age Friendly York work and changes to the partnership's membership and chairship. The amended Terms of Reference are at **Annex C**.

Consultation

26. Consultation with a wide audience took place when developing the joint health and wellbeing strategy. The Age Friendly York work is

citizen led and there has been extensive consultation and engagement, with more planned, for the development of the dementia strategy.

Options

27. There are no specific options for the Health and Wellbeing Board but they are asked to
- i) Ratify the refreshed Terms of Reference at Annex C
 - ii) 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 deconditioning.

Implications

28. 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

29. The Health and Wellbeing Board are asked to
- i) Ratify the refreshed Terms of Reference at Annex C.
 - ii) 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 deconditioning.

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:

Tracy Wallis on behalf of
the co-chairs of the Ageing
Well Partnership
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**Chief Officer Responsible for the
report:**

Sharon Stoltz
Director of Public Health

**Report
Approved**

Date 22.04.2021

Specialist Implications Officer(s): None

All

Wards Affected:

For further information please contact the author of the report

Background Papers: None

Annexes:

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

Annex B: Development of a dementia strategy for the city

Annex C: Refreshed Terms of Reference

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

Since October 2020 Age Friendly York has:

- Oct 20 - Re-established an Age Friendly York Citizen Group (AFYCG), which has met monthly via Zoom since October 2020.
- Oct 20 – introduced progress on a page to provide a clear You Said / We Did approach and improve accountability.
- Oct 20 – piloted a chatty bench initiative in partnership with My Sight, Healthwatch York, Local Area Co-ordinators and Health Champions.
- Jan 21 – supported work in partnership to contact all community activity organisers in the city to ensure there was support in addressing any barriers in re-opening once government guidance permitted it. Ensured there was a continued drive to recognise the need to co-ordinate community transport and volunteer drivers.
- Jan 21 – worked with Goodgym York to run every street of York to plot park benches, identifying if they are age friendly and if there was need of repairs. Created an Age Friendly and requested key on the council mapping system.
- Jan 21 – provided a supporting letter to the iTravel team to apply for a grant to enhance e-bicycle opportunities in York
- Feb 21 - Provided an AFYCG [blog](#) for the United Nations International Decade of Healthy Ageing. This represented the first Centre for Ageing Better national citizen group blog.
- Feb 21 – Created a joint Accessible Green Spaces survey to enable the potential to raise requests for improvements through the Parks and Leisure Team. This was done as an all age initiative by joining up with Children’s Services and York Disability Rights Forum
- Mar 21 – created a joint bus stop improvement survey with the citizen groups York Bus Forum and York Desirability Rights Forum in response to citizens’ requests for improvements.
- Mar 21 – created a direct link with an AFYCG member joining the new York Walk citizen group to ensure there was an Age Friendly voice.
- Mar 21 – created a draft Your (Leisure) Time Baseline Assessment
- Mar 21 – raised publicity to groups and individuals to [encourage reporting pavement repairs to reduce trip hazards](#).

- Mar 21 – raised the awareness of scams by requesting publicity through Public Health that went to every household through Your City newsletter and an AF citizen sharing their [personal story](#).
- Completed 4 action points that were approved by the AFYCG and signed off by the Ageing Well Partnership. Submitted 5 further progress reports with a defined way forward while progressing a further additional 14 action points.

Age Friendly York

Evolving Action Plan

Updated 4th April 2021 (by Carl Wain)

Content

1. Getting out and about
2. Your time
3. Your information
4. Your Home
5. Your Service
6. Cross-cutting

Key

Signed off	Age Friendly Citizen Group and Ageing Well Partnership have agreed no current outstanding Age Friendly York action
In progress	Progress report submitted but further action required by Age Friendly York
Progressing	Action is progressing but no progress report submitted
Pending	Action not yet started

Domain 1: Getting out and about		
	Action	Status
1	Improved access to bus information	Signed off
2	Find methods to reduce trips and falls in the exterior environment due to quality of pavements	In progress
3	Find methods to increase options for people to get to community activities and other locations where public transport does not suffice	Progressing

4	Audio visual information on buses	Signed off
5	Additional media to improve people's confidence and experience of getting out and about	Progressing
6	Respond to feedback on electronic timetables at bus stops	Pending
7	Create an Age Friendly approach for provision of benches	In progress
8	Shared spaces and being considerate of different needs	In progress
9	Bus stop improvements	In progress
10	Support improved reliability of buses through reduction of general traffic into the city centre	Pending
11	Support reduced congestion and pollution through reduction of general traffic into the city centre, including supporting increased awareness of alternative environmental transport like e-bicycles	In progress
12	Explore where proposed improved bus routes can be supported	Pending
13	Increase awareness of functionality of puffin crossings	Pending
14	Pass on feedback regarding requests for a central bus station	Signed off
15	Age friendly considerations of CIVIC Trust transport survey	Signed off
16	Improved access to seating and toilets in the city centre	Progressing
17	Ensure that there is a citizen voice to improvement in access to green spaces	In progress
18	For Age Friendly Citizen Group to continue to contribute to improving city centre footstreet area ensuring there is an Age Friendly voice	Progressing

Domain 2: Your Time		
	Action	Status
1	Creating deliberate talking points	Progressing
2	Ensure all adults outdoor sports equipment is mapped	Progressing
3	There are cultural opportunities for older people that find it difficult to assess what is available in York	Progressing
4	Increase in volunteer offers identified	Progressing
5	Place based approaches to Your Time in the Northern Quarter to align with regeneration of the Groves	Pending
6	Explore the possibility of an inclusive kite mark for community activities on Live Well York	Pending
7	Increase positive social solutions for people that are particularly sighted by increasing the quantity of large print and/or braille menus available at cafes and restaurants	Pending
8	Good quality information on planning for retirement	Pending
9	Ensure there is a pro-active approach to addressing challenges with increased social isolation as a result of the impacts of COVID-19	Progressing

Domain 3: Your Information		
	Action	Status
1	Increase awareness of community activities	Progressing
2	Explore potential for digital noticeboards in community venues	Pending
3	Find approaches to change the message to: Frailty is not inevitable, frailty is reversible	Pending

4	Ensure there is good quality information about green spaces that has age friendly considerations	Progressing
5	Raise awareness of scams	Progressing

Domain 4: Your Home		
	Action	Status
1	Explore where the Age Friendly agenda can increase telecare provision and options	Pending
2	Look at where the Age Friendly agenda can enhance monitoring devices	Pending
3	Look at intergenerational options being incorporated into the Ordinance Lane development	Progressing

Domain 5: Your Services		
	Action	Status
No actions set		

Domain 6: Cross cutting		
	Action	Status
1	Ensure there is a positive profile of older people	Pending

Age Friendly York Summary of Project Plan**Updated 8th April 2021****Getting Out and About**[Approved 16 Dec 19](#)**Your Time**

COVID ready community activity questionnaire (completed)	Feb/Mar 21
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Age Friendly York Citizen Group

You're Time (leisure) Baseline Assessment 21(completed)	6 April
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You're Time (leisure) Action Plan	6 April 21 (completed)
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Ageing Well Partnership

You're Time (leisure) Baseline Assessment	10 June 21
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You're Time (leisure) Action Plan	10 June 21
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Age Friendly York Citizen Group

You're Time (employment) Baseline Assessment	1 July 21
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You're Time (employment) Action Plan	1 July 21
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Ageing Well Partnership

You're Time (employment) Baseline Assessment	12 Aug 21
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You're Time (employment) Action Plan	12 Aug 21
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Domain 3:	Sep 21 Dec 21
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Domain 4:	Jan 22-Apr 22
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Domain 5:	May 22 – Aug 22
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Sep 22:	Combined 5 Domain Action Plan consultation with progress and cross cutting themes
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Oct 22:	Final Cross Domain Action Plan approval
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Nov 22: H&W presentation with proposal to request WHO status

Dec 22: If appropriate and agreed apply for WHO status.

Annex B - Developing a dementia strategy for York

1. Introduction

The development of a dementia strategy is a priority of the York Health and Wellbeing Board. A key theme of the York mental health strategy is to ensure that York is both a mental health and dementia friendly city including a priority to develop a joint strategy for improving dementia diagnosis and support services. Both the Health and Wellbeing Board's Mental Health Partnership and their Ageing Well Partnership are sighted on this work with the Ageing Well Partnership taking the lead.

2. Purpose of a strategy

It is suggested that the purpose and scope of the dementia strategy is to provide a strategic quality framework within which local services can deliver quality improvements to dementia services and address health inequalities, as well as a guide to services for those affected by dementia and their families.

3. What has happened to date?

- Reports to Ageing Well Partnership in February and April 2021
- Proposed timescale for a strategy to be developed by September 2021 and concerns about any further delay have been acknowledged
- Multi agency group established to drive essential work still to be done between health and social care, the voluntary and independent sectors and people with dementia and their carers
- Commitment that action is needed before the ink is dry on the strategy to bring about change in dementia care and support
- Draft priorities agreed
- Delivery plan developed
- Task and Finish Groups established and actions underway
- Plans for engagement and consultation from 1 May 2021

4. Draft priorities

York Dementia Action Alliance Priorities	Identified Gaps
<ul style="list-style-type: none"> ➤ Establish a post -diagnostic pathway of support ➤ Improve early identification and accurate diagnosis ➤ Have a positive campaign about living with dementia ➤ Better collaboration between services ➤ Development of carer support 	<ul style="list-style-type: none"> ➤ Prevention ➤ Young/early onset dementia – is a priority implicit throughout all themes of the strategy ➤ Care should not be seen as the ‘end game’ and a key priority is for people with dementia to be supported to live well at home and for care in local communities ➤ Residential care ➤ Domiciliary care ➤ Better collaboration is implicit throughout and an outcome of the strategy

5. Proposed Priorities

Themes	Priority Area
<ul style="list-style-type: none"> ➤ Preventing Well: Risk of dementia is minimised ➤ Diagnosing Well: Timely, accurate diagnosis, care plan and review within first year ➤ Supporting Well: Safe high-quality health and social care for people with dementia and carers ➤ Living Well: To live normally in safe and accepting communities ➤ Dying Well: To die with dignity in the place of your choosing ➤ Training Well: Staff training in dementia/personalised care 	<ul style="list-style-type: none"> ➤ Prevention: Public Health promotion ➤ Improve early identification and accurate diagnosis ➤ Establish a post diagnostic pathway of support ➤ Have a positive campaign about living with dementia ➤ Carer’s support

6. Some key information about dementia

- There are thought to be 3013 people with dementia in York
- Of these only 1519 have received a formal diagnosis; a rate of 50.5% (NHS Digital February 2021)
- Of the 3013 people it is estimated that two thirds will be living in the community, whilst a third will be living in care

7. Why is being diagnosed important?

- Because patients and their carers want it
- It gives choice and a say in future care
- The cost of dementia in the UK is rising and people without a formal diagnosis are more likely to present in crisis
- If there is no formal diagnosis health and social care staff will not be aware that a person has dementia, and it will not appear in their care plans

8. Ongoing work in Task and finish groups

- Referrals from primary care to Dementia Forward pre-referral and at point of referral to provide wrap-around support through diagnostic journey
- Specialist dementia nurse commissioned to work with primary care and identify and support people at high risk
- Dementia coordinators commissioned to support case finding, early identification and support in primary care
- Identifying and addressing bottlenecks in referral to diagnosis pathway
- Piloting a multi-disciplinary team approach for diagnosis and treatment in primary care where appropriate, with consultant support
- Engagement and promotion planned for Dementia Action Week 17 May

9. Next Steps

- Stakeholder and public engagement on the draft priorities from May 2021
- Planned discussions with CYC communication and engagement team on drafting of strategy

10. High level draft timetable

Activity	Timescale	Outcome
Engagement on priority areas	February 2020 January 2021 February 2021	Priorities determined as basis for action planning and wider consultation
Development of draft strategy template developed using best practice	Jan 2021	Strategy draft template developed
Meeting with Dementia Collaborative to consult on template and shaping of the strategy	17 February 2021	Strategy template agreed
First meeting of multi-agency strategy group	25 February 2021	Strategy template agreed Priorities agreed Terms of Reference, including Chair
Stakeholder and public engagement	From 1 May 2021	
Analysis from engagement sessions	August 2021	
Equality Impact Assessment	August 2021	
Final strategy drafted and approvals	September 2021	
Strategy Implementation Group and work streams established	September 2021	
Evaluation of Strategy implementation, and further review dates	April 2022	

Annex C: City of York Health and Wellbeing Board**Terms of Reference for the Ageing Well Partnership
May 2021****A. Vision and purpose of the Ageing Well Partnership**

1. The overarching strategic vision for health and wellbeing in York is set out in the joint health and wellbeing strategy 2017-2022
2. The joint health and wellbeing strategy has four priorities one of which is ageing well.
3. The Ageing Well Partnership will translate the strategic vision for ageing well within the joint health and wellbeing strategy into action; bringing partners together to focus on its delivery.
4. The partnership will work to build a shared approach to delivering against the priorities for ageing well in the strategy.
5. The partnership will lead on the project for York to become an Age Friendly City.

B. The role of the Ageing Well Partnership

6. The Ageing Well Partnership is accountable to the York Health and Wellbeing Board for delivering against the priorities in the joint health and wellbeing strategy 2017-2022 and in the Health and Wellbeing Board's accompanying supplementary document
7. To ensure that partners work together in relation to older people on behalf of the whole health and social care system; acknowledging that some organisations work across multiple boundaries
8. To develop and implement an action plan to deliver against the priorities set out in the ageing well theme of the joint health and wellbeing strategy 2017-2022.
9. To drive improvement in the area of healthy ageing.
10. To lead on a project for York to become an Age Friendly City.
11. To oversee the delivery of the recommendations arising from the York Older People's Survey 2017 *[these are being taken forward as part of the Age Friendly City Project]*
12. To provide assurance to the Health and Wellbeing Board that the priorities identified in the ageing well theme of the strategy are being delivered

13. To provide an annual update on its activities for the Health and Wellbeing Board
14. To lead on and report back on any other work in the area of older people that the Health and Wellbeing Board requests
15. To feed into any refresh and/or renewal of the ageing well theme of the joint health and wellbeing strategy 2017-2022 as directed by the Health and Wellbeing Board

C. Membership

16. Partnership members will be required to represent their organisation with sufficient seniority and influence to take forward the vision and agenda of the partnership

Membership will consist of:

	Organisation	Position
1	Public Health Lead for Ageing Well	Co-Chair
2	NHS Vale of York Clinical Commissioning Group	Co-chair Position to be confirmed
3	City of York Council	Head of Service (Operations) & Dementia Lead
4	City of York Council	Commissioning Manager
5	York Centre for Voluntary Service	Chief Executive
6	York Older People's Assembly	Representative Nominated by YOPA
7	Healthwatch York	Deputy Manager
8	Tees, Esk and Wear Valleys NHS Foundation Trust	Position TBC
9	York Teaching Hospital NHS Foundation Trust	Position TBC
10	Age UK York	Representative
11	York Explore	Representative
12	Carer	Representative
13	Independent Care Group	Chief Executive
14	Primary Care	Primary Care Representative
15	North Yorkshire Sports Partnership	Chief Executive
16	North Yorkshire Fire and Rescue Service	Representative (as and when required)

17. Membership of the partnership will be reviewed periodically and can be amended at any stage with the agreement of existing members. Partner organisations may substitute for their named representative with the prior agreement of the Chair. Members of the partnership are asked to commit to attending the partnership meeting and will be expected to organise a deputy to attend if they are unavailable to attend themselves.
18. With the agreement of the partnership membership can be flexible to ensure that experts can be appointed to lead on specific projects
19. All partnership members will have equal status.
20. Partnership members will be expected to individually lead on specific work streams to ensure delivery of the ageing well theme of the health and wellbeing strategy
21. Partnership members are expected to disseminate information; updates and progress reports from the partnership meetings within their own organisations

D. Co-chairs

22. The partnership will be co-chaired by a representative from City of York's Public Health Team and a representative from NHS Vale of York Clinical Commissioning Group
23. The Co-chairs are responsible for determining the forward plan and agenda items (with assistance from the lead officer), ensuring the efficient running of the meeting, maintaining focus and facilitating and enabling participation of all those present and ensuring that confidential items are handled accordingly.

E. Leaving the partnership

24. A person shall cease to be a member of the partnership if s/he resigns or the relevant partner agency notifies the Chair of the removal or change of representative.

F. Lead Officer

25. A Lead Officer will be identified who will assist the Co-chairs in determining the forward plan, prioritising, scheduling and coordinating agenda items. They are responsible for ensuring that appropriate reports, presentations and

attendees are available for items tabled and act as a contact point for enquiries.

G. Interests of members

26. Partnership members must declare any personal or organisational interest in connection with the work of the partnership. Where there is a potential conflict of interest for individual members, this should be openly and explicitly declared. At the Chair's discretion the partnership member may be excluded from the discussion and / or decision making related to that particular agenda item.

H. Meetings

27. The partnership will normally meet on a two-monthly basis i.e. 6 meetings per annum. The partnership will be quorate when at least five members, including at least one representative from City of York Council or Vale of York Clinical Commissioning Group, and from two other partners, are present. If the meeting is not quorate it may proceed at the discretion of the Chair but may not take any decisions that would require a vote.

I. What the partnership doesn't do

28. The Partnership is not directly responsible for managing and running services but it does consider the quality and impact of service delivery across partner organisations. It does not have direct responsibility for budgets or have a budget of its own.

J. Involving people in the work of the partnership

29. The partnership expects that the views and involvement of local people will influence its work and its sub groups at all stages.
30. Reports to the partnership will be required to describe the way local people have been engaged in their preparation, and the partnership will adopt the co-production principles accepted by the Health and Wellbeing Board in 2017.
31. Specifically in terms of the Age Friendly City Project, the WHO checklist is the tool that the Partnership will use to ensure that there is a co-produced approach to identifying and delivering against action points and developing baseline assessments. The action plan for the project will be

developed through citizen feedback and will be scrutinised by the Age Friendly Citizen Group which is formally recognised by the partnership as the place where this should happen.

K. Accountability and reporting

32. The Ageing Well Partnership reports to the Health and Wellbeing Board
33. The partnership may establish 'task and finish' groups and/or working groups which focus on specific elements of the ageing well agenda. These groups are accountable to the partnership and will report to it at least twice a year

L. Culture and values: how the Partnership exercises its responsibilities and functions

34. The partnership will take into account the following behaviours and values in exercising its functions. Members will:
 - Have a commitment to a co-produced approach
 - Participate on the basis of mutual trust and openness, respecting and maintaining confidentiality as appropriate;
 - Work collaboratively, ensuring clear lines of accountability and communication;
 - Share expertise and intelligence and use this synergy to provide creative solutions to complex issues;
 - Take account of any particular challenges, policies and guidance faced by individual partners;
 - Have regard to the policies and guidance which apply to each of the individual partners;
 - Adhere to and develop their work based on the vision and priorities within the Joint Health and Wellbeing Strategy
 - Where decisions of the partnership require ratification by other bodies the relevant partnership member shall seek such ratification in advance of any meeting of the partnership or promptly following the partnership's recommendations;

These terms of reference will be reviewed annually.

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Health and Wellbeing Board

5 May 2021

Report of the Assistant Director – Joint Commissioning,
City of York Council and Vale of York Clinical Commissioning Group

Better Care Fund Update

Summary

1. This report is to provide an update on:
 - the national reporting process for the 2020-21 BCF Plan,
 - progress of the Better Care Fund Review,
 - the national small grants scheme, and
 - the planning arrangements for 2021-22.

Background

2. The background information on the BCF has been previously reported to the Health and Wellbeing Board (HWBB), with quarterly updates now the normal routine, most recently in March 2021.
3. The government has not published a Policy Framework and Planning Requirements for 2020-21, and HWBBs were not required to submit a plan for the year. The traditional processes have been interrupted by the pandemic. The York plan has largely followed the pattern of previous years, and we have referred to it as a 'roll forward' of the schemes.

Main/Key Issues to be Considered

National reporting process for the 2020-21 BCF Plan

4. The Better Care Team (NHSE&I) has issued an End of Year template to report on the BCF expenditure in 2020-21. The template is due to be submitted by 24th May 2021, and is currently being prepared by the CCG and council finance teams. This submission must be signed off by the HWBB.

5. The HWBB must also confirm that York is compliant with the four national conditions (as is the case). The national conditions for the BCF in 2020-21 are that:
 - Plans covering all mandatory funding contributions have been agreed by HWB areas and minimum contributions are pooled in a section 75 agreement (an agreement made under section 75 of the NHS Act 2006).
 - The contribution to social care from the CCG via the BCF is agreed and meets or exceeds the minimum expectation.
 - Spend on CCG commissioned out of hospital services meets or exceeds the minimum ringfence.
 - CCGs and local authorities confirm compliance with the above conditions to their Health and Wellbeing Boards.
6. As this falls between meetings, it is recommended that the Chair be delegated to sign off the submission on behalf of the HWBB.

Progress of the Better Care Fund Review

7. As 2021-22 will be the third, successive, single year plan, the council and CCG agreed to review the York BCF to ensure we are achieving the right outcomes and the best value from the pooled investment. The HWBB supported the establishment of a small review team and the proposed approach to ensuring that the BCF is delivering the greatest impact possible.
8. Schemes in York have been given an interim commitment of continuation until at least 30th June 2021. The intention is to complete the review in four phases, which are set out below, and the review team is on track to fulfil this.
 - i. Priority Preventative Schemes dependent on fixed term posts (complete)
 - ii. Priority Preventative Schemes with possible impact on fixed term posts (complete)
 - iii. Remaining schemes in which BCF allocation underpins the cost of ongoing service, but not necessarily linked to specific posts at risk (April 2021 – on track at the time of writing)

- iv. Use the annual evaluation days to consider whole system shifts possible by using the totality of the fund more strategically as an outcome from the scheme by scheme reviews. We will take account of interdependencies, integration, and opportunities to make a bigger impact through integration, collaboration and transformation. (May 2021 – evaluation sessions have been scheduled)
9. The previous report (March 2021) included headline findings from the first nine schemes to be reviewed. **Annex 1** takes the form of a presentation providing an overview of the findings to date. These include overarching messages which are applicable to the whole programme so far, and a summary of tailored actions for commissioners and scheme providers.
10. Detailed findings and further questions are being discussed with individual schemes as the work progresses, and will inform the agenda of the Better Care Fund Performance and Delivery Group as we begin to plan for longer term investments from 2022 onwards.
11. It remains our expectation that the government will establish a standalone BCF, and enable multi-year agreements to be reached. This will have positive advantages in York, in particular to reduce our reliance on fixed term contracts and enable expansion of core preventative services, such as the long-standing commitment to extend Local Area Co-ordination to more areas of the city.

The National Small Grants Scheme 2020-21

12. York was successful in its bid for an award from the National Small Grants Scheme in March 2020, securing the maximum allocation of £15,000 to pilot an innovative model of short term care in partnership with North Yorkshire BCF and Care Rooms Ltd. The pilot is for six months initially. The successful bid (mirrored by North Yorkshire) is attached at **Annex 2**.
13. We are currently in the process of establishing a reference group as a support network for the provider of the pilot, and will report on our learning to the HWBB later in the year.

The Planning Arrangements for 2021-22

14. The NHS 2021/22 priorities and operational planning guidance was published on 25 March 2021, along with the guidance on finance

and contracting arrangements for H1 2021/22 (H1 refers to the first half of the financial year). It includes the following reference to BCF:

The government has confirmed that the Better Care Fund (BCF) will continue in 2021/22 and that the CCG minimum contribution will grow (in line with the planned Long Term Plan settlement) by 5.3% to £4.26bn. As part of the H1 arrangements, CCGs' envelopes include funding for growth to enable CCGs to meet their 2021/22 BCF commitments. Details of the national conditions and processes for the BCF will be set out in due course in the BCF policy and planning guidance.

15. The guidance has not been published at the time of writing, therefore the HWBB will be notified of it through a future report.

Consultation

16. The BCF Plan 2020-21 was developed in a collaborative process with partners, and is co-produced with the scheme providers. This approach will be continued for 2021-22. The BCF Performance and Delivery Group discusses the progress of the review at each meeting, and sessions are co-produced. The council corporate management team has received reports on this work in February, March and April 2021.

Options

17. The HWBB will receive further reports on the progress of the review and the publication of the national planning requirements when this occurs.

Analysis

18. n/a

Strategic/Operational Plans

19. The Joint Health and Wellbeing Strategy is the overarching strategic vision for York; this plan supports the delivery of the desired outcomes.
20. The York BCF Plan 2017-19 provided the foundation for the BCF Plan 2019-20 and 2020-21. It has evolved each year in line with refreshed intelligence and national directives.

21. This work is congruent with the Council Plan and the NHS Long Term Plan. The NHS White Paper further promotes the policy objectives of BCF. The link is included below under background papers, and also the link to the NHS planning guidance referred to in paragraph 14 above.
22. BCF schemes have been central to the COVID-19 pandemic response, including the implementation of the Hospital Discharge Policy.

Implications

- **Financial** – There are no new financial implications as yet from this report. Any future decisions about investment or disinvestment would be consulted upon with partners and would have legal governance and assurance through the section 75 agreement used to establish the BCF pooled budget.
- **Human Resources (HR)** – many of the schemes funded through BCF are supported by staff on fixed term contracts. The prevalence of short-term funding and fixed term employment contracts are a significant risk to the stability and continuity of our system. The review has prioritised the schemes which are most affected. CYC staff contracts have now been extended where required.
- **Equalities** - none
- **Legal** - none
- **Crime and Disorder** - none
- **Information Technology (IT)** – information technology and digital integration forms part of the system wide improvement plan, relevant representatives from statutory agencies attend the project board, and there are plans to engage non-statutory services and the patients, customers and families in our developments. The national and regional work on this agenda guides our local work.
- **Property** - none
- **Other** – none.

Risk Management

23. Governance processes are in place between the partners to manage the strategic risks of the BCF as part of our whole system working.

Recommendations

24. The Health and Wellbeing Board are asked to:

- i. Receive the York Better Care Fund update for information.

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

- ii. Delegate authority to the Chair to sign off the End of Year Expenditure template prior to submission

Reason: The submission date of 24 May falls between meetings of the board. This convention has been adopted routinely for previous submissions to NHSE.

- iii. Note the progress of the review of the financial allocations for BCF 2021-22 to ensure maximum impact on outcomes for the system.

Reason: It is important for the sustainability and stability of the whole system that the funding commitment is reviewed regularly to be assured of value for money and impact on outcomes. The Chair and Vice Chair, have approved this approach, supported by the council Corporate Director of People and the CCG Accountable Officer.

- iv. Receive further reports on the progress and outcomes from the BCF review at future meetings.

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

Contact Details

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Amanda Hatton
Corporate Director - People
City of York Council

Phil Mettam
Accountable Officer
NHS Vale of York CCG

Report
Approved

Date 23.04.2021

Report
Approved

Date 23.04.2021

All

Wards Affected:

For further information please contact the author of the report

Background Papers:

Marmot Review – available at:

[Build Back Fairer: The COVID-19 Marmot Review](#)

NHS White Paper – available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/960548/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-web-version.pdf

NHS 2021/22 priorities and operational planning guidance

[NHS England » 2021/22 priorities and operational planning guidance](#)

NHS Guidance on finance and contracting arrangements for H1 2021/22

[Report template - NHSI website \(england.nhs.uk\)](#)

Annexes:

Annex 1 – Overview presentation on the BCF Review

Annex 2 – York bid to national small grant scheme

Glossary

A&E – Accident and Emergency

BCF – Better Care Fund

BI – Be Independent

CCG – Clinical Commissioning Group

CYC – City of York Council

DHSC - Department of Health and Social Care

DToC – Delayed Transfers of Care

ED - Emergency Department

GP – General Practitioner

HR – Human Resources

HSG – Human Support Group

HWBB – Health and Wellbeing Board

IT – Information Technology

KPI – Key Performance Indicator

LAC – Local Area Co-ordinator / Local Area Co-ordination

MDT – Multi-Disciplinary Team

NHS - National Health Service

NHSE&I - NHS England & Improvement

RATS - Rapid Assessment and Therapy Service

SDEC - Same Day Emergency Care

VOYCCG – Vale of York Clinical Commissioning Group

YTH – York Teaching Hospital



ANNEX 1



Vale of York
Clinical Commissioning Group

York BCF Review 2020 -2021 and beyond

Pippa Corner,

Assistant Director, Joint Commissioning,

Vale of York CCG, City of York Council

April 2021



Vision



Vale of York
Clinical Commissioning Group

Integration: Collaboration,
Innovation, Prevention and
Communication

Better Care Fund (BCF)

- Person centred integrated care
- Health, social care, housing and other public services working seamlessly to provide better care
- Prevent ill health (where possible) and the need for care, and avoid unnecessary hospital admissions

Right care

Right place

Right time



York BCF



Vale of York
Clinical Commissioning Group

- BCF valuing £19.233m in 2020/21
- Second consecutive 'roll over' year due to absence of timely national policy and planning requirements
- Agreement at HWBB for a full review of commitments to provide assurance on the use of the fund (all schemes extended to 30/6/21)
- Set direction and create foundation for the longer term planning expected from 2022



Progress so far



Vale of York
Clinical Commissioning Group

- Phases 1 and 2 complete, with initial feedback to HWBB and CYC CMT
- Phase 3 will be completed by the end of April
- Full range of findings will be reported to HWBB in May, headlines are captured later in this presentation
- May - annual evaluation sessions scheduled
- June - longer term strategic recommendations

Headlines 1

Overarching messages:

- Schemes have demonstrated their value to the system, especially through inter-connectedness / collaboration
- Value for Money, social value / impact, social return on investment, individual outcomes and prevention / population health improvement all count as currencies
- Developing this baseline picture is a necessary step before going on to make longer term commitments
- We can do more to measure activity against costs, using the performance framework as the mechanism

Headlines 2

Commissioning actions:

- Clarify business processes and improve communications
- Simplify the allocations where BCF has bolted on additional activity over time – e.g. YICT & Priory Outreach; Hospice @ Home & End of Life.
- Simplify the arrangements where CCG, Council and BCF funding streams have become entangled – e.g. Age UK Home from Hospital; CRT and various therapy posts, step up and step down.
- Support schemes to target resources efficiently
- Improve awareness, openness and transparency on BCF

Headlines 3

Actions for schemes:

- Respond to specific recommendations from the reviews
- Capture more information on utilisation / activity and outcomes, develop and populate the performance framework, ensure case stories are collected and told
- Seek to target resources to greatest need and address health inequalities, in line with prevention objectives
- Continue to expand collaboration and innovation as the means of achieving integration – think system
- Help shape system strategies informed by real world work and partnerships

Integration

We have integrated our services and system by building relationships, working together and joining up support around individuals and communities, without spending effort on organisational boundaries and restructures.

Our BCF schemes are ‘intertwined’ and interdependent, working together in the spirit of co-operation



Next Steps



- Complete the reviews of remaining schemes
- Bring together the whole picture as a system
- Prioritise our resources and help shape the longer term BCF plan, expanding prevention and addressing fixed term contracts
- Work on a York strategic approach to our intermediate tier intermediate care services
- Support the development of BCF as a key Prevention / PHM asset for the Alliance / Place



Thank You

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Small Grants for Local Systems – Criteria and application process

Summary

This document sets out the criteria and application process for local systems¹ to access small grants they can use to support implementation and/or accelerated progress in relation to effective prevention and/or discharge to assess. Small grant applications are invited from local system leads who are involved in shaping and delivering activities relating to their Better Care Fund plan.

Overview

In August 2020, the Government published the Hospital Discharge Service: Policy and Operating Model. This policy, while building on earlier guidance released at the start of the COVID pandemic, marks a significant departure from previous guidance, including that around delayed discharges. The policy embeds the Home First ethos and Discharge to Assess approach and includes provision of additional funding to support implementation of recovery support following hospital discharge. The policy sits within broader ambitions to support people to live at home independently for longer, a key ambition of the BCF.

This small grants programme is intended to support local systems to implement initiatives in relation to prevention and/or discharge, in line with national policy.

Programme scope and criteria

A grant up to £15,000 is available to support implementation of projects in relation to prevention or Home First discharge to assess model. Where required, this may include gaining access to external expertise and capacity, and accessing this can be supported by the LGA if required.

Successful applications will be expected to demonstrate how the small grant will help to improve outcomes and system performance, e.g. linked to key metrics, a person-centred experience and/or demonstrating value for money.

¹ 'System' in this context refers to single local authority / CCG footprint. Grant funding can be used for projects spanning more than one 'system' if appropriate

Examples of the types of projects that the grant could cover include:

- Actions to increase the proportion of discharges on pathways 0 and 1, embedding Home First, or reducing delay after a person is assessed as ready to be discharged
- Expanding community services to support Home First, for example home-based reablement
- Initiatives including pilots aimed at improving outcomes and experience for one or more of the following:
 - o Those with mental health needs
 - o Those experiencing the aftereffects of COVID-19 who require sometimes complex multidisciplinary ongoing home care
 - o Working age adults
- Initiatives linked to early intervention that directly support prevention outcomes including avoiding or delaying unplanned admission to hospital or long-term care
- Improving data collection and reporting, and developing shared understanding of pathways, including those linked to early intervention and prevention
- Meeting workforce training and transformation needs
- Supporting roll-out of short-term crisis support to help an individual go home and so prevent a care home admission, or as step-up care to prevent an emergency admission
- Accelerating development of integrated discharge hubs and multi-disciplinary working
- Reducing mental health assessment of individuals delayed or with long lengths of stay

Funding and Support offer

Successful systems will have access to:

- A. Funding of £10,000 to £15,000 to enable systems to demonstrate measurable progress with implementation. Please note that initial payment of small grant funds can be made only to councils, for use on a local system-wide basis.
- B. Where local systems feel they would benefit from external support, the support for each system will be agreed by BCFT, the LGA support team and the local system before implementation begins, and could draw on the following:

- BCFT /LGA support including peer advice, critical friend and challenge support, and project oversight; this will include joint work with ECIST as appropriate
- Peer-to-peer support and learning (across selected systems)

Application criteria and process

Applications will be selected on the strength of their ask and anticipated impact by a panel of BCF national partner representatives.

Applications must meet the following criteria:

- The application must be supported by all local system partners
- Use of the small grant must result in measurable progress in performance and policy implementation
- The system must agree to support the collation and sharing of learning
- The system must agree to oversight and input by the LGA on behalf of the BCFT
- Should the cost of the proposed project exceed £15,000, the application must specify the alternative funding source(s) that will augment the small grant
- Small grant funding cannot be used to cover or contribute towards capital expenses
- Where delivery is not feasible by end of March 2021, for those systems requiring greater flexibility the project must be completed within 6 months from grant award

Applicants should complete the application form below.

Applicants are encouraged to discuss their application with their Better Care Manager.

Completed application forms must be submitted by email to england.bettercarefundteam@nhs.net and copying in the Better Care Manager, no later than **5pm on Friday 12th February 2021**.

BCFT Small Grant Programme – application form

Small grant applications are invited from local system leads who are involved in shaping and delivering activities relating to their Better Care Fund plan.

System name	York
Name of organisations involved	Care Rooms Ltd, CYC, VOYCCG, YTHFT, (NYCC) (cc2i)
Do all these organisations support the application?	Yes
Contact details (for progressing application)	pippa.corner@york.gov.uk
Local authority to receive grant on behalf of system	City of York Council

1. Please outline the objectives of the proposed project(s); How the objectives align with your local BCF plan and outline why is it needed? *(Please outline in no more than 300 words)*

We wish to partner with Care Rooms Ltd and NYCC to establish a pilot of the Care Rooms model for York and North Yorkshire, as initially proposed by the innovation partner CC2i, prior to the emergence of the pandemic. (CC2i have postponed their engagement in further extending the pilots as many interested councils were obliged to reprioritise in 2020).

The pilot requires an upfront investment of £15k from each local authority in order to establish the service in a new area. York has been unable to resource this sum due to significant financial pressures in 2020-21, which are expected to continue in 2021-22. We have explored the model in some detail with Care Rooms, developed the contract documentation and approvals needed, and agreed in principle that this programme would work well in the city of York, and for NYCC it is expected to be suitable in the Selby District.

The overview of the model is attached with this proposal.

It uses local, screened 'Hosts' with spare rooms, to provide a range of 1:1 safeguarded personal and Nursing care services for step up, step down and respite, discharge to assess and home IV nursing services for accelerated discharge.

Suitable for a range of patients:

- Post day surgery patients (particularly those who live alone) & addressing patient backlogs and Pathway 1 of D2A
- Patients at risk of falls & medically fit people who may be waiting for house modifications
- Self-funding patients waiting for residential care
- Admission Avoidance

CQC accreditation has been achieved (enabling CareRooms to support IV services in host rooms)

2. What difference will the project make, and how will this be evidenced? *(Please outline in no more than 300 words)*

We are committed to providing alternatives to short term placements into long term care settings. York and NYCC as a system are opposed to making permanent placements from a hospital bed, which has been validated and affirmed by the COVID-19 Hospital Discharge Policy. We have developed a range of alternatives, and significantly increased our investment in a range of domiciliary services, technology and asset based community development to enable people to return and to remain at home. However, there are some people who do need care and support temporarily away from their own home. This model recreates a homely environment with a skilled, registered and trained care giver, backed up by technology. It also operates in local communities, supporting the cared for person to rebuild their network and to become part of the solution to their self-care needs as they recover.

- Giving patients the best chance of supported recovery
- Mental health benefits plus reduction in isolation & loneliness
- D2A Home First alignment & Step Up benefits
- Identification of early UTI and & minor infection signs
- Nutrition, hydration & exercise monitoring - plus physiotherapy where necessary
- Ongoing support once back at home - community integration, monitoring and more

Our response to COVID-19 and the HDP has resulted in an increase in people entering care for the first time, after a sustained period where the system trend has been downwards. We believe this model offers

an opportunity to halt this increase by offering a better alternative for the right people. As NHS services enter the recovery period, and elective admissions resume, many patients will need a short period of rehabilitation, convalescence, and confidence building.

We will monitor activity, delivery milestones, quality, outcomes for individuals, LoS, DTOC etc. The pilot will be captured in our whole system overview of capacity and discharge pathways through the command centre.

3. How much funding is required, and (in outline) how will it be allocated?

£30,000 fixed contribution per partner (we have agreed this can be shared between NYCC and CYC 15k each) which delivers

- Six month project
- Subject matter expertise to help shape the development of the required dashboards
- £13,500 worth of CareRooms credit for each co-funding partner, which is equal to 100 nights of step up/step down, respite, reablement care or discharge to assess care (alternatively for those rooms where IV services are provided, this will cover up to 38 nights of care)

4. If the costs of the proposed project exceed £15,000, please specify the alternative funding source(s) that will augment the small grant

The cost of establishing the pilot for the council is £15k to participate, and this will deliver 100 nights of step up or step down care, to enable proof of concept to be tested. If the council wishes to continue as a partner the costs would be on a spot purchased basis.

People can also choose to book in as self-funders for respite.

5. What is the timeframe for delivery?

Immediate mobilisation as all the due diligence has been carried out, and the model has been shared with system partners as an innovative and creative option within our overall Home First ethos.

Care Rooms have already started to network in our areas and begun the soft market testing to recruit interested carer hosts. The technology platform and equipment is already available.

6. What will happen when the project ends?

If the project has been a successful element within our D2A and prevention pathways we will continue to pay for short term care

provided by the hosts. Expansion of the scheme may follow, but initially we have agreed a baseline of 5 care rooms in each area, (10 in total across York and North Yorkshire).

Do you agree to sharing learning from the project?

Yes

Please confirm that you have discussed this bid with your Better Care Manager

Yes – Jenny Sleight

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