

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

- To:** Councillors Runciman (Chair), Craghill, Cuthbertson, Looker.
- Dr Nigel Wells (Vice Chair) – Chair, NHS Vale of York Clinical Commissioning Group
- Dr Emma Broughton – Chair of the York Health and Care Collaborative & a PCN Clinical Director
- Sharon Sholtz – Director of Public Health, City of York Council
- 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 Morrith – Chief Executive, York Teaching Hospitals NHS Foundation Trust
- Stephanie Porter – Director for Primary Care, NHS Vale of York Clinical Commissioning Group
- Mike Padgham – Chair, Independent Care Group

Date: Wednesday, 15 September 2021

Time: 4.30 pm

Venue: Remote Meeting

A G E N D A

In the event that the Health and Wellbeing Board are required to make decisions, physical attendance meetings will be arranged.

1. Declarations of Interest

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

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

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

2. Minutes (Pages 1 - 12)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on Wednesday 21 July 2021.

3. Public Participation

At this point in the meeting members of the public who have registered to speak can do so. Members of the public may speak on agenda items or on matters within the remit of the committee. Please note that our registration deadlines have changed to 2 working days before the meeting, in order to facilitate the management of public participation at remote meetings. The deadline for registering at this meeting is at **5.00pm on Monday 13 September 2021.**

To register to speak please visit <http://www.york.gov.uk/AttendCouncilMeetings> to fill out an online registration form. If you have any questions about the registration form or the meeting please contact the Democracy Officer for the meeting whose details can be found at the foot of the agenda.

Webcasting of Remote Public Meetings

Please note that, subject to available resources, this remote public meeting will be webcast including any registered public speakers who have given their permission.

The remote public meeting can be viewed live and on demand at www.york.gov.uk/webcasts. During coronavirus, we've made some changes to how we're running council meetings. See our coronavirus updates (www.york.gov.uk/COVIDDemocracy) for more information on meetings and decisions.

4. The Future Direction of York Early Years Partnership's Collaboration with Nesta (Pages 13 - 44)

York's early years partnership, the Early Years Improvement Board, is entering into a 3 – 5 year innovation collaboration with Nesta, led by City of York Council. The aim of this partnership is to work across the early years system to find ways in which to address the inequalities that exist in our communities and start from the earliest years of children's lives.

In order to maximise this opportunity this paper is asking the Health and Wellbeing Board - who hold collective responsibility for improving outcomes in the early years - to consider how they can best support the partnership with a particular focus on governance arrangements in relation to the Early Years Improvement Board.

5. Healthwatch York Report: Dentistry (Pages 45 - 72)

This report is for information, sharing a report from Healthwatch York about the availability of NHS Dentistry in our city.

6. Current Situation re: Covid-19 and Covid Recovery

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. Understanding Long COVID and the Impact of Long Covid on York's Residents and on Health Inequalities (Pages 73 - 78)

The Chair of the York Health and Care Collaborative and the Consultant in Public Health, NHS Vale of York Clinical Commissioning Group will give a presentation on the effects of Long Covid on York residents and health inequalities.

8. Update from the York Health and Care Alliance (Pages 79 - 90)

The Board will consider a report which provides an update on the progress of the York Health and Care Alliance, including minutes of recent Alliance meetings for Board members to note.

9. Urgent Business

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

Democracy Officer:

Joseph Kennally

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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 własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

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

 (01904) 551550

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

- Registering to speak
- Written Representations
- Business of the meeting
- Any special arrangements
- Copies of reports

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City of York Council

Committee Minutes

Meeting

Health and Wellbeing Board

Date

21 July 2021

Present

Councillors Runciman (Chair), Craghill,
Cuthbertson and LookerDr 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,Shaun Jones, Deputy Locality Director, NHS
England and Improvement,David Kerr, Service Development Manager
North Yorkshire,Stephanie Porter, Director of Primary Care,
NHS Vale of York Clinical Commissioning
Group,

Alison Semmence, Chair, York CVS

Sian Balsom, Manager, Healthwatch York

Sharon Stoltz, Director of Public Health, City
of York

Apologies

Mike Padgham, Chair, Independent Care
GroupLisa Winward, Chief Constable, North
Yorkshire PoliceNaomi Lonergan, – Director of Operations,
North Yorkshire & York – Tees, Esk & Wear
Valleys NHS Foundation TrustAmanda Hatton, Corporate Director of
People, City of York Council

Simon Morritt, Chief Executive, York
Teaching Hospital NHS Foundation

43. 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.

44. Minutes

There was a suggestion for one amendment to Minute 40, which now reads 'in response to questions from board members, it was noted: that the covid-19 pandemic had caused a large increase in operation waiting times, and that *work around preventing or minimising* deconditioning would therefore be vital in optimising patients' health during that period.'

Additionally under Minute 40, there was a query as to whether the older people's survey should be revisited or repeated.

This was discussed at the June meeting of the ageing well partnership and the following response was given:

The Ageing Well Partnership considered the option to carry out a follow up to the Older People Survey. It was agreed that this would not be appropriate as all the actions from the survey have been aligned with the Age Friendly York project action plan and any follow up survey questions are included within the Age Friendly York project surveys. To carry out an Older People survey in addition would be a duplication.

At their May meeting the HWBB also expressed concern over the timeline for the last domain of the Age Friendly City project and it has been confirmed that flexibility has been built into the timeline.

Finally, since the last meeting of the HWBB the chair of the Ageing Well Partnership has changed and going forward it will be chaired by Joe Micheli, Head of Communities from City of York Council.

Resolved: That the minutes of the meeting held on Wednesday 5 May 2021 be approved with the addition of the above amendment and signed by the Chair at a later date.

45. Public Participation

It was reported that there were no registrations to speak under the Council's Public Participation Scheme.

46. Impact of Covid-19 on Health Inequalities

The Board considered a report which provided a summary of the information it received at an April 2021 workshop on the impact of Covid-19 on health inequalities. The Board was asked to identify the actions and/or work streams that they would like to see taken forward. The Consultant in Public Health – NHS Vale of York Clinical Commissioning Group was in attendance to present the report.

Key issues raised in the presentation of the report included:

- That deprivation levels are useful in highlighting health inequalities, for example over the past decade the gap in life expectancy between the richest and poorest groups in society have widened and life expectancy increases have largely stalled in 2011/12. The 'inequality cliff edge' was discussed, wherein the most disadvantaged in society have a significantly lower life expectancy than those in the next higher percentile.
- Issues reported since the onset of the Covid-19 pandemic included an increase in perinatal mental health conditions; carers who are working with fewer breaks and increased isolation; increased poverty around technology, with some without the means to pay for broadband or smartphones; the increased risk of exposure of those with multiple complex needs to Covid-19; limited social contact amongst the elderly leading to increased loneliness and an increase in poor mental health amongst the Traveller community.
- That there were three layers/causes to health inequalities as identified by the Department for Health and Public Health England: attributable risks, causes and causes of causes.

- Feedback from the workshop, which highlighted both York's greatest challenges and assets, as well as how to protect the next generation, with the first 1,001 days of a child's life, from conception to around two years old, being one of the most critical for long term health.
- The Marmot Framework was especially emphasised as a means of producing a fairer and healthier society.

Key points arising from discussion of the report included:

- That the exemplar city around the Marmot Framework was Coventry, who have adopted it as a city-wide framework in all areas, not just in health and wellbeing. It was suggested that some collaboration between York's and Coventry's Health and Wellbeing Boards in future could be looked into.
- The importance of the first 1,001 days of a child's life in improving long term health was emphasised by multiple Board Members, with a need for increased discussion of maternity services and more work around pre-conception care also highlighted. Furthermore, it was noted that a whole-family approach was needed on this issue.
- That a key failure in York's health services had laid in co-production: that was not enough engagement with local residents around their needs. The Manager of Healthwatch York put herself forward as a sponsor of work to improve and develop new ways of co-production in the city as part of a partnership between Healthwatch York and York and Scarborough Hospital to create a Voice and Lived Experience Collaborative.
- In response to queries around availability of and changes to access in the primary care sector, it was noted that the move to a more clinical approach since the pandemic began had many advantages, and that despite staff shortages and the effects of the pandemic, there were now more contact points in the primary care sector for patients than before the pandemic, however it was acknowledged that the demand for primary care services had increased faster than supply.
- It was reported that Healthwatch York was preparing a report on health inequalities which would be conducted in a sensitive manner, recognising both patient and professional issues.
- The importance of the effect of climate change on health inequalities at present and into the future was noted.

- That a 20-year plan on health inequality was needed which addressed the previous mentioned attributable risks, causes and causes of causes in turn.
- Multiple Board Members noted that the pandemic and the impending restructure/reform of health services presented an opportunity for the Health and Wellbeing Board to reposition itself within the city as a system leader driving the economic, climate change and other strategies of York.

The Executive Member for Children, Young People and Education spoke on the YorOK Board, which was last due to meet on Tuesday 17 March 2020 before meetings were suspended due to the Covid-19 pandemic and lockdowns. The Executive Member gave notice that it had been provisionally agreed to stand down the YorOK Board and replace it with a new board/partnership with broadly similar membership and objectives, but a more direct reporting line to the Health and Wellbeing Board

Resolved:

- (i) That the workstreams that the Health and Wellbeing Board would like to see progressed are:
 - The repositioning of the Board as a strategic leader across all areas of work in York.
 - The creation of a 20-year strategy to combat health inequalities.
 - Ensuring that all children get the best possible start in life, especially around the first 1,001 days from conception and pre-conception.
 - Work around co-production.
- (ii) That the Chair, Vice-Chair and Director for Public Health will discuss how best to progress these workstreams.

Reason: To ensure that work happens to reduce health inequalities within the city.

47. Update from the York Health and Care Alliance

The Board considered a report which provided an update on the progress of the York Health and Care Alliance, including minutes of Alliance meetings for Board members to note. The

Consultant in Public Health – NHS Vale of York Clinical Commissioning Group was in attendance to present the report.

Key points raised during the presentation of the report included:

- That a summary of some of the incoming NHS reforms were included in the report, such as details of the Health and Care Bill which was progressing through Parliament and the Integrated Care System Design Framework.
- That the NHS Vale of York Clinical Commissioning Group was to be abolished in April 2022, and that the York Health and Care Alliance was formed to determine how NHS place functions will operate within the Humber Coast and Vale Integrated Care System.
- That the ambition of the Alliance was that York should retain local control of decision making around healthcare and how best to make a local integrated care system.
- That since the Alliance was a sub-group of the Health and Wellbeing Board, its minutes would be brought to meeting for member's approval.

The Chair thanked the Consultant in Public Health for presenting the report.

Resolved:

- (i) That the update on the NHS reforms and the work of the York Health and Care Alliance be noted.
- (ii) That the minutes of the York Health and Care Alliance be noted and received.

Reason: To keep the Board up to date on the work of the York Health and Care Alliance.

48. Covid-19 Update

The Director of Public Health gave a presentation on the current situation in relation to Covid-19 including recovery plans. This item was in presentation format to ensure that the most up to date information could be presented to the Health and Wellbeing Board.

Key points raised during the presentation included:

- That York was currently in the fourth wave of the Covid-19 pandemic.

- That cases had been increasing recently, but the rate of that increase was slowing. York had the third lowest 7 day rate per 100,000 people in Yorkshire and Humber regions local authorities.
- That there were Covid-19 cases amongst all age groups, however the low incidence of cases amongst older sections of the population was evidence of the success of the vaccination programme. Younger sections of the population had a higher rate of Covid-19 infections, which could be attributed to the fact that they had only recently become eligible for the vaccine.
- That the most recent figures for hospital admissions due to Covid-19 in York were 17 in hospital and 1 in the Intensive Treatment Unit. Current levels were much lower than previous waves, but were beginning to rise.
- That there had been no recent deaths from Covid-19 in York, and that the total excess deaths since the beginning of 2020 were 106.
- That there were 8 care homes in York currently with a staff member or resident who had tested positive for Covid-19. The last outbreak of 2 or more cases was on 2 July, with control measures in York being largely effective.
- That in the 7 day period up until 19 July, there were 177 school-age children who had tested positive in York across 39 schools.
- That younger age groups were catching up in vaccination rate since eligibility had been expanded, but remained lower. Disparity in vaccination rates between wards in York could largely be explained by the percentage of the ward that was of a younger age and was therefore not long eligible for vaccination.
- That the Delta variant was the dominant variant of concern.
- That York was in Stage 4, and all legal restrictions had been lifted. The importance of the continued encouragement of, hand-washing, social distancing and the wearing of facemasks was emphasised.

In response to questions from Board Members, it was noted:

- That contact tracing was going well, and that it was encouraged that people in York get themselves regularly tested. However, concern was expressed at recent government changes to local authorities' involvement in contact tracing, who now received notification of a positive case 4 hours later and could no longer follow up on

contacts of positive cases. The Director of Public Health stated that she was in communications with the City of York Council Outbreak Management Advisory Board to see if they were supportive of a letter being drafted and sent to the Secretary of State for Health asking for the reinstatement of the previous policy.

- That on the 16 August, the government was to change legal advice around self-isolation to those 'pinged' by the NHS app. The government had recognised the issues 'pinging' had been causing, especially in areas such as primary care. It was reported that the City of York Council was working with North Yorkshire County Council to create a joint template to be issued to primary care services to assist with the implementation of these changes, and that the City of York Council was also working with care homes along similar lines.

The Chair thanked the Director of Public Health for presenting the report and Board Members for their questions.

49. Healthwatch York Annual Report

The Board considered a report which provided information and shared details about the activities of Healthwatch York in 2020/21, and gave details of plans for work throughout 2021/22. The Manager, Healthwatch York was in attendance to present the report.

Key points arising from the presentation of the report included:

- That the report reflected on the past 17 months of pandemic, and thanked many key partners. Healthwatch York had improved its working relationship with a wide range of partners during the pandemic.
- That the evaluation of the work of Healthwatch York was less comprehensive than previously, due to work pressures around staff being involved with pandemic response, but the evaluation included examples of how Healthwatch York has supported people and provided suggestions on how they might improve.
- The summary workplan included a survey for people with dementia and for people living with/caring for someone with dementia, with an additional 1 page feedback form asking for any information Healthwatch York doesn't know

about dementia. These were to feed into the City of York Dementia Strategy.

- That as part of work on dentistry, Healthwatch York had engaged with local practices and had found a severe lack of capacity. The next stage was to ask the public about their experience. It was noted that Healthwatch England had flagged this as a national issue. The Director of Public Health gave notice that this issue was to be discussed at the January meeting of the Health and Adult Social Care Policy and Scrutiny Committee, and that she would keep the Health and Wellbeing Board up to date on their discussions.

The Chair thanked the Manager, Healthwatch York for her report and for the work of the organisation over the past year.

Resolved:

- (i) That Healthwatch York's Annual Report and workplan be received and noted.

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

50. Better Care Fund Update

The Board considered a report which provided an update on:

- the national reporting process for the 2020-21 BCF Plan
- 2020-21 Performance report
- progress of the Better Care Fund Review
- recommendation on Intermediate Care
- the planning arrangements for 2021-22
- recommendation to review the BCF Performance and Delivery
- Group Terms of Reference

The Director of Public Health was in attendance to present the report.

Key points arising during the presentation of the report included:

- That Board was asked to note the report and the progress made on the BCF, as well as to approve the financial plan.
- That there was no current Intermediate Care Strategy for York, and it was suggested by the Director of Public

Health that the Board delegates the development of this strategy to the York Health and Care Alliance and York Health and Care Collaborative.

- That the new Assistant Director for Commissioning and Prevention should take up reviewing the terms of reference of the Performance and Delivery Group of the BCF once in post.

The Chair thanked the Director of Public Health for presenting the report, and specifically expressed the gratitude of the Board towards the report author, Pippa Corner, who was previously Assistant Director, Joint Commissioning, City of York Council/NHS Vale of York Clinical Commissioning Group, but has now left the Council.

Resolved:

- (i) That the York Better Care Fund update for information, including formal submission of the 2020-21 End of Year Report to NHSEI be received.

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

- (ii) That the financial plan for 2021-22 be approved.

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

- (iii) That the development of a new, multi-agency Intermediate Care Strategy for York be supported.

Reason: York does not currently have a strategy in place to cover the range of services described as intermediate care.

- (iv) That further reports on the progress and outcomes from the Care Rooms Project will be received by the Board.

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

- (v) That a review of the Terms of Reference for the Performance and Delivery Group to reflect changes in the local and national arrangements and to prepare for future requirements be investigated.

Reason: The Terms of Reference have not been updated since 2018.

51. Report of the Chair of the York Health and Care Collaborative

The Board considered a report on the work of the York Health and Care Collaborative. The Chair of the York Health and Care Collaborative was in attendance to present the report.

Key points arising from the presentation of the report included:

- That prevention is a large part of the York Health and Care Collaborative's agenda, with work around holding providers accountable for example around tobacco consumption. It was also noted that a pilot for work on low level drinking problems would begin in late October/early November, and it was hoped that the sponsor of that work, Changing Lives, would be able to attend the next Health and Wellbeing Board meeting with an active update.
- That mental health was a priority of the Collaborative, and that the work of the Northern Quarter, a community asset based approach to mental health was successfully adapting across the whole city. Additionally, it was noted that more Integrated Care System funding for the impact of Covid-19 on mental health had been made available.
- That a bespoke workshop on end of life care was being set up, as well as a community response team to aid in ageing well, with a two hour response time.
- Furthermore, child welfare and learning disabilities were key priorities for the Collaborative.

The Chair thanked the Chair of the York Health and Care Collaborative, and emphasised the work of the Covid Support Hub, which had supported 4,000 people – the importance of raising awareness of the issues around Long Covid was highlighted and the Chair asked for a report to be brought to a future HWBB meeting focused on helping the HWBB to better understand Long Covid and the impact that it has on residents and on health inequalities.

Resolved:

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

- (ii) That a report be brought to a future HWBB meeting focused on helping the HWBB to better understand Long Covid and the impact that it has on residents and on health inequalities

Reason: There is a shared objective of improving the health and wellbeing of the population. The York Health and Care Collaborative is 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.

Cllr C Runicman, Chair

[The meeting started at 4:30pm and finished at 6:23pm].



York Health and Wellbeing Board

Health and Wellbeing Board

15th September
2021

Report of the Social Mobility Project Manager, Head of Public Health (Healthy Child Service) and Head of Early Years and Childcare of City of York Council

The future direction of York early years partnership's collaboration with Nesta.

Summary

1. York's early years partnership, the Early Years Improvement Board, is entering into a 3 – 5 year innovation collaboration with Nesta, led by City of York Council. The aim of this partnership is to work across the early years system to find ways in which to address the inequalities that exist in our communities and start from the earliest years of children's lives.

In order to maximise this opportunity this paper is asking the Health and Wellbeing Board - who hold collective responsibility for improving outcomes in the early years - to consider how they can best support the partnership with a particular focus on governance arrangements in relation to the Early Years Improvement Board.

Background

2. Whilst the headline outcomes around 'school readiness' (age 5) in York are good and consistently better than national averages the inequalities that exist are stark and the 'gap' between children who come from disadvantaged backgrounds and their peers is consistently larger than national averages. In 2017 it was the largest gap for any Local Authority in the country. This data can be seen in Annexe 1 'Good Level of Development – end of Early Years Foundation Stage'.

In November 2020, the Local Government Association (LGA) conducted a 'peer review' of York's early years services. The report

from this review can be found in Background Paper 1 but the headline recommendation is:

Ensure the Health and Wellbeing Board (HWB) priorities are seen to drive the vision for Early Years (EY) in collaboration with partners: the HWB strategy has “First 1001 Days” as a top priority within the Starting and Growing Well theme. Partners need to be fully engaged in designing and delivering the EY strategy and services to achieve this aim. The Early Years Improvement Board (EYIB) should develop more robust terms of reference so that it provides the vehicle for partners to become more involved and held to account for their actions. Outcomes on actions undertaken should be regularly taken to the HWB so that EY is seen to be an intrinsic element of the council’s delivery and ‘the best start in life’ is fully owned as a strategic, corporate objective (LGA, 2020)

In December 2020, York’s Early Years Improvement Board entered into a competitive process alongside 31 other Local Authorities to partner with Nesta (a social innovation organisation – website [here](#)) The opportunity was to work with Nesta over a 3 – 5 year period on an innovation partnership, focused on improving outcomes for children from disadvantaged backgrounds in the first five years of their lives. Three Local Authorities (York, Leeds and Stockport) were successful in moving through to the final phase of a trial partnership in which we have been engaged for the last four months. Agreement has now been reached that all three Local Authorities will continue into a full innovation partnership over the next 3 – 5 years.

More information about the innovation partnership can be found [here](#) but in summary:

Through this programme, Nesta seeks to build long-term innovation partnerships with local areas. This means bringing together a local area’s deep knowledge and new ideas – about their services, families, children and delivery contexts – with Nesta’s capabilities and experience of service innovation and improvement. The partnerships will form around the shared mission of supporting the most disadvantaged children to reach school with a good level of social, emotional and cognitive development. (Nesta, 2020)

Why Nesta are working in the early years:

Supporting children from disadvantaged backgrounds and giving them the fairest chance in life will be one of Nesta’s three major innovation

missions for the next five years. The circumstances of our childhood set us on a path that affects the rest of our lives. Children born into disadvantage are far more likely to experience poorer health, lower earnings, and lower levels of happiness than their peers.

Nesta's vision is for every child to have the fairest possible start in life so they can thrive and realise their potential. By improving the quality of a person's childhood we can radically improve their future. We believe that we need innovation to do this. (Nesta, 2020)

Nesta has four specific areas of innovation expertise that they bring to our innovation partnership:

- Data science: analysing large amounts of data to derive insights you may not be able to spot in other ways.
- Behavioural science: the study of human behaviour to develop and test theories that explain why individuals behave the way that they do.
- Human centred design and tech: designing services so that they are easy to access and give service users a positive experience as well as improving their outcomes.
- Experimental research: a type of research to test approach A in comparison with approach B to discover which gets the best results.

During the last four months of 'trial partnership', our work has focused on understanding barriers to families accessing services for two year olds with a specific focus on the two year health review delivered by the Healthy Child Service and a secondary focus on uptake of two year old funded education places. During the course of this work we have:

- Engaged with families – via interviews and a text messaging survey - to better understand barriers and facilitators to accessing services
- Used data in new ways to better understand our communities and the needs they have
- Used both of the above to work with professionals to design a more responsive and targeted service

- Developed systems for ongoing use of real time data (both quantitative and qualitative) to allow service delivery to be more community responsive in the future
- Started the delivery of a small scale pilot to test out the new ways of working. This is showing signs of promise.

Through better access to and use of data (both quantitative and qualitative) we are gaining a better understanding of barriers to accessing services to improve uptake of the two year old offer which is a key element of improving outcomes for two year olds. Further detail about what we have achieved during the trial partnership can be found in Annexe 2.

We have demonstrated that the additional skill and expertise brought by the Nesta team can be of significant value to the local area and support us to understand our local communities much better and to target resources more effectively.

Main/Key Issues to be Considered

3. It is well supported by evidence that improving outcomes for our youngest children has whole of life benefits for many outcomes including physical and mental health, wellbeing, employment prospects and more. The partnership with Nesta represents a significant opportunity to focus time, effort and resource on improving outcomes for the youngest and most disadvantaged in our city and to deliver the recommendations from the Local Government Association peer review (referenced above and Background Paper 1)

In order to maximise this opportunity we ask that the Health and Wellbeing Board consider how they can lend their significant and collective senior sponsorship and steer to the programme of work over the next 3 – 5 years. Whilst we make some proposals below we also welcome additional thoughts on how the Health and Wellbeing Board might support this work.

Consultation

4. The decision to apply to work with Nesta has been led by the Early Years Improvement Board who represent the diverse early years sectors across the city. Support for the opportunity has been

significant and this has been reflected in the ways people have convened rapidly to contribute to the work of the last four months.

City of York Council's executive member for Children, Young People and Education and the executive member for Health and Social Care, the Director of Children's Services and the Director of Public Health have all offered senior sponsorship to the partnership so far.

Options

5. In order for us to maximise the opportunity of partnership with Nesta we ask for:
 1. Clarification and strengthening of governance of early years partnership arrangements. The Local Government Association peer review recommended regular reporting from the Early Years Improvement Board to the Health and Wellbeing Board to ensure accountability around early years improvements. This could happen at least twice a year to maintain momentum required.
 2. Clarity of Early Years outcomes that sit underneath the strategic ambitions of the Health and Wellbeing Board Strategy 2017 - 2022 around 'starting and growing well'. The plan explicitly references the importance of improved outcomes in the early years and reducing inequalities with a top priority of the 'first 1001 days' (conception to 2). There is strong evidence of the importance of speech, language and communication outcomes in the early years and their impact on whole of life chances. We know that there are significant disparities across the city in relation to these outcomes. Significant work has already taken place in York across the early years sector to work towards closing this gap and this is showing signs of promise. Of particular note is the 'Early Talk for York' programme which is now showing noteworthy improvements in children's outcomes and in the process of being scaled up further. Given all of this we would ask that the Health and Wellbeing Board consider speech language and communication outcomes to be a clear strategic priority within the starting and growing well strand.
 3. Early Years becoming a shared priority and 'everyone's business' across each of the Health and Wellbeing Board partners; given the strength of evidence that outcomes in the

early years have on whole of life outcomes. For example, the peer review recommended for *'Early Years to be an intrinsic part of the council's delivery and 'the best start in life' is fully owned as a strategic, corporate objective.'*

4. The commissioning of an early years specific Joint Strategic Needs Assessment (JSNA), enhanced with a live data dashboard, to be used by the Early Years Improvement Board to better understand need at community level and from which to inform integrated working amongst services working within the early years.

Analysis

6. **Options 1 and 2:** As the board that represents the diverse early years sector, the Early Years Improvement Board are well placed to lead the development of more specific improvement priorities to deliver on the ambitions of the Health and Wellbeing Board's 'Starting and growing well' ambitions within the early years and have led the work on around speech, language and communication outcomes so far; including the Early Talk for York programme. They are also well placed to identify where the Nesta partnership work is best directed to deliver on these. Stronger and more frequent reporting lines between the Early Years Improvement Board and the Health and Wellbeing Board would help support accountability and governance around this work and make sure that this was focused on delivering against strategic objectives set by Health and Wellbeing Board partners. We would recommend that the Health and Wellbeing Board has early years improvement on its agenda at least twice a year.

Option 3: Probably the most challenging to achieve. With just one in four people across the country recognising the specific importance of the first five years of children's lives (The Royal Foundation, 2020), despite the strength of evidence about the impact these years have. This is made more challenging by the fact that responsibility for improving outcomes in the 'early years' spans multiple organisations locally and nationally as well as different government departments. To achieve this would require significant, strong leadership with very clear messaging and would be best achieved locally via the Health and Wellbeing Board partners committing to this within their own organisational structures. Regular and strong reporting and governance as suggested in Option 1 would support partners at the Health and Wellbeing Board keep early years 'front and centre' and

also help identify aspects that are particularly pertinent to each partner's area of work.

Option 4: It has become clear through the work we have done so far that individual organisations and services already collect and hold significant data in relation to early years aged children that, if pulled together, would help us better understand community need and design responsive service delivery alongside communities. In the last four months with Nesta we have already built the beginnings of an interactive 'live' data dashboard that is giving us insight into community need that we have previously not had, allowing us to respond to the needs of our communities. Working with data science specialists at Nesta gives us an opportunity to develop systems and capacity locally to make better use of the data we have in a timely fashion. Commissioning an early years specific JSNA will allow us to understand our early years place now and enhancing this with a live data dashboard gives us opportunities for the planning of responsive and timely targeted services to improve outcomes.

Strategic/Operational Plans

7. The proposals outlined in this paper are specifically related to and supportive of the delivery of the current strategic plans of the Health and Wellbeing Board, City of York Council, Vale of York Clinical Commissioning Group and York Hospital Trust all of which have ambitions around the best start in life for children, and several of which have ambitions around greater integration between services and co-production of services with communities.

The work proposed also supports the ambitions of the new Integrated Care System (ICS) arrangements '*to improve the health and wellbeing of our people and address inequalities in our communities*' with the potential to contribute specifically to the 'Start well' aspect of the ICS's vision.

Implications

8.

- **Financial**

The financial implications of this partnership with Nesta are a £66,000/year budget from Nesta to be spent on the development of project work. No financial commitment from the local area is expected. Innovation work will be designed to function within the resources available.

- **Human Resources (HR)**

There is an expectation that the project will be led from a local area perspective by a dedicated project manager for 0.5 of the week. The plan is for this role to be fulfilled by a role currently seconded to and funded by City of York Council. All other work would be built into partners' existing capacity as aims are to develop solutions that are sustainable. Additional capacity from Nesta's core Innovation Team including dedicated capacity from Nesta's Deputy Director, Mission Manager, Senior Analyst/Analyst, Data Scientist, Lead Designer/Designer and Behavioural Insights Specialist will equate to £75,000 of resources each year. There will be access to a wider team of innovation expertise from across Nesta which is an additional contribution. A Peer Learning Network will be set up to exchange knowledge, enable peer challenge and for scaling opportunities.

- **Equalities**

The partnership work is underpinned by a strong, clear drive around Equality, Diversity and Inclusion and features as core consideration of the project aims and objectives.

- **Legal**

Other than a Memorandum of Understanding signed at Director level within City of York Council, there are no legal implications for this partnership work and non for consideration within this paper's requests.

- **Crime and Disorder**

There are no crime and disorder implications.

- **Information Technology (IT)**

Collaboration from respective Business Intelligence departments will be required in order to progress a JSNA and data dashboard.

- **Property**

There are no property implications.

- **Other** (*State here any other known implications not listed above*)

Risk Management

9. This is an opportunity to partner with an organisation with international reputation and for York to lead the way in improving outcomes in the early years. There will be interest in the process and development of the work and Nesta are keen that findings are used to share key learning to apply in other local areas. The recommendations made are designed to mitigate any reputational risk by ensuring the foundations for success are laid at strategic level.

Recommendations

10. The authors recommend that the Health and Wellbeing Board agree to adopt all four options presented in this paper. The recommendations are low risk with potential for significant gain on outcomes for children and their families. To not do so presents risks to the potential impact of the opportunity.

Recommendation 3 requires the greatest amount of time energy and effort from the board to achieve but if early years improvements were a regular item on the Board's agenda, this could be developed over time.

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Wards Affected:

All

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Background Papers:

Background Paper 1 – Local Government Association: City of York Council Early Years (Speech, Language and Communication) Remote Peer Review

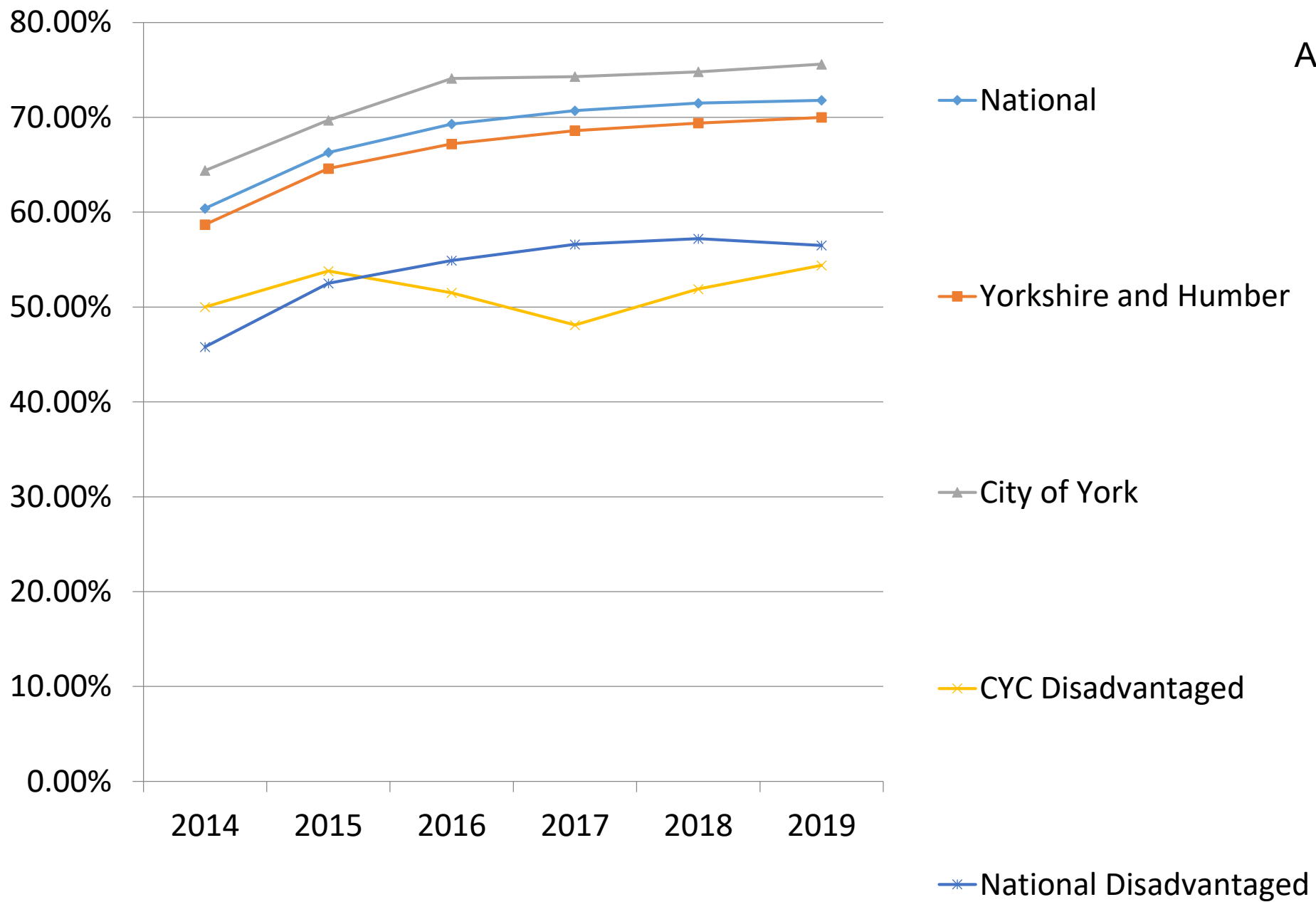
Annexes

Annexe 1 - 'Good Level of Development – end of Early Years Foundation Stage'

Annexe 2 – York-Nesta discovery project summary report

Glossary

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Annexe 1 - Good Level of Development – end of Early Years Foundation Stage

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Annex 2 – York-Nesta discovery project summary report

During the last four months of ‘trial partnership’, our work has focused on understanding barriers to families accessing services for two year olds with a specific focus on the two year health review delivered by the Healthy Child Service and a secondary focus on uptake of two year old funded education places. During the course of this work we have:

1. Engaged with families – via interviews and a text messaging survey - to better understand barriers and facilitators to accessing services

Our approach

We conducted in-depth semi-structured interviews with 8 parents, to better understand their experiences and perceptions of early education and of the 2 year Health Review, and to understand more about the barriers and enablers to accessing services. This qualitative research was complemented by interviews with 5 frontline professionals working in the York early years system, to hear their perspectives on barriers facing families.

We then conducted a survey via a text messaging platform to find out more about parents’ perceptions of services and what key messages appealed to them. We recruited participants for this survey via multiple channels (including online forums and through practitioners working in targeted services), and successfully engaged 46 respondents for the survey.

Key findings

- **Common barriers facing parents in accessing services:**
 - Lack of confidence, especially among new parents
 - Feelings of anxiety or guilt (childcare)
 - Fear of being judged (both health review & childcare)
 - Lack of awareness of available services & the benefits of services
 - Logistical barriers

- **Major influences on parents' views and decisions about whether or not to take up services:**
 - Social networks: family and friends, and through social media.
 - Relationship with health visitors: positive, trusting relationships with a health visitor often encouraged parents to take up services (health review, childcare, and other support), but a negative experience with a health visitor often meant parents were less likely to engage in future.
- **What parents value from the health review and childcare, and messaging which they found helpful and encouraging:**
 - **Childcare:**
 - Educational, social and emotional development for their children. The opportunity for their child to play, be imaginative, have fun, and make friends
 - Parents emphasised the benefits for their children more than benefits to themselves - eg. enabling them to go back to work.
 - Few expressed concerns about putting their children in childcare besides cost.
 - **Health review**
 - Reassurance & practical advice from a professional on key developmental milestones & concerns
 - Key issues they wanted advice from their health visitor on included potty training, weaning and speech development
 - These learnings could be applied to communications around these services to try and improve uptake.

Moving forward, we are keen to continue to engage with and understand the needs of communities in York, and to systematically gather and monitor feedback from parents on their experiences and views of services. We also intend to focus on more targeted engagement of families in communities or areas associated with low take-up, to learn about the particular barriers they face in greater depth.

2. Used data in new ways to better understand our communities and the needs they have

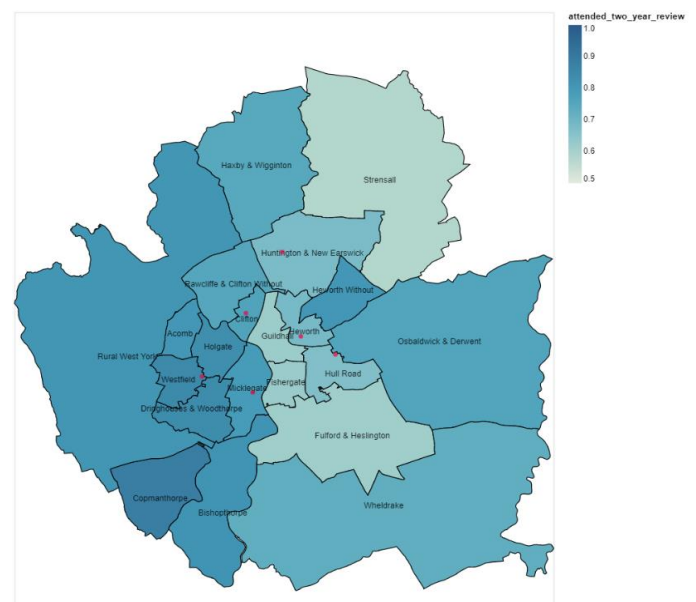
Our approach

We conducted quantitative analysis of Health Review data to understand patterns of take-up across York. Data categories included whether the child was brought or not to their Health Review, ward & Children's Centre area, and demographic information (gender, ethnicity, religion, single or two-parent household, number of siblings). Analysis was conducted to identify any associations between these categories and attendance of the Health Review. We also analysed data on take-up of the 2 year old childcare offer, although this was much less granular than the Health Review data, only showing percentage take-up by Children's Centre Area.

Key findings ([click here](#) to visit interactive plots)

Geographic area: The most striking difference in terms of take-up rates of the Health Review in York was by geographic area. Where a child is born in York seems to be a key indicator of how likely they are to receive the Health Review. The highest non-attendance rates were found to be in the city centre, as well as some key wards in the North & East Children's Centre areas (Fishergate and Guildhall, and Strensall and Fulford & Heslington).

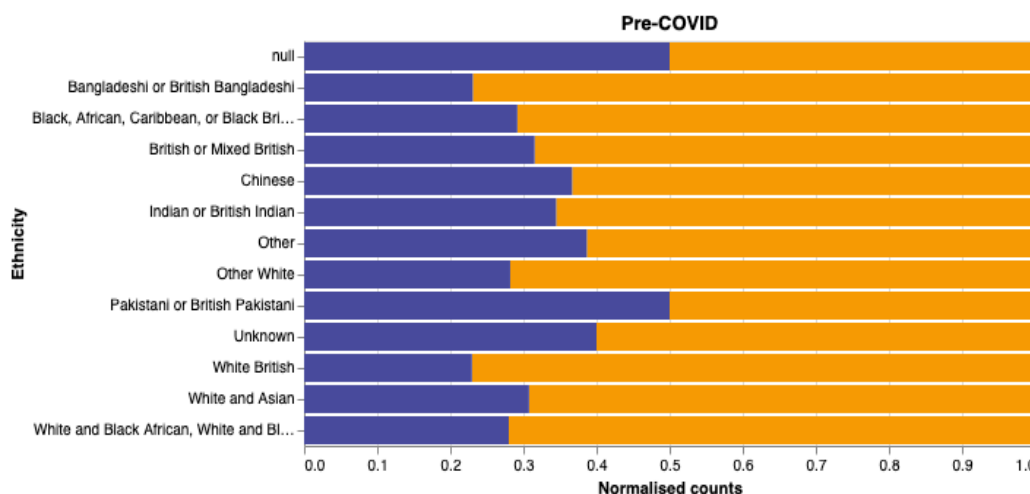
We also looked at ward-level deprivation levels and child health outcomes. While some of the lowest take-up areas also had higher levels of deprivation, there did not seem to be a clear pattern, so further work is needed to understand these trends. We also wanted to compare this geographical picture of the Health Review take-up with the 2 year old childcare offer data - however,



more granular childcare data is required to determine if there is correlation between take-up of these two services.

Ethnicity: Demographic categories such as gender, number of siblings, and single or two-parent household did not seem to be associated with differences in take-up rates. However, ethnicity seems potentially associated with rates of attendance. From the data we analysed, white British children in York have a higher attendance rate of the Health Review than all other ethnicities. However, a caveat to this is that the actual numbers of children in the dataset from non-white British ethnicities were comparatively very small, so more work needs to be done to explore the significance of this finding.

Heat map showing take-up rates of the 2 year Health Review (for the 2 years before Covid). Darker colours represent higher take-up & lighter colours represent lower take-up.



Graph showing comparative proportions of take-up rates between different ethnicity groups - the non-attendance rate is in purple and attendance rate is in orange.

3. Used both of the above to work with professionals to design a more responsive and targeted service

Using these insights from our qualitative research with parents and our quantitative data work, we worked with professionals from across York to design a service delivery model for the 2 year Health Review which aims to overcome some of the barriers to take-up and to be more engaging, responsive and targeted. We shared findings and discussed potential solutions at a workshop with a range of early years professionals and

practitioners, and worked closely with the Healthy Child Service team over a number of dedicated sessions to design the service changes.

These changes to delivery include:

- Changing the default for the 2-year-old health check appointment to an 'opt-out' rather than an 'opt-in' model
 - Opt-out models have a strong basis in behavioural science - they increase simplicity, remove hassle and create a friction cost in cancelling the appointment.
- Updating the language of the appointment invitation letter to reflect what we learned parents value from the service
 - We used insights from our qualitative research to consider how to communicate with parents about the Health Review in order to encourage uptake. We incorporated messaging about the benefits of the Health Review based on what parents had told us they found valuable and helpful.
- Phone calls before follow-up home visits to families where the child is not brought, to talk to parents and save health visitor time
- Using data and evidence to screen children not brought to their appointment for risk of poorer outcomes, to target resource and focus efforts. These risk factors include:
 - **Ward** - families living in wards with the highest levels of deprivation and the poorest child health outcomes (see [York Ward Profiles](#))
 - **Ethnicity** - those identified from a non-white British background. This is because our data analysis showed that all other ethnicities have lower take-up rates than white British children in York; and also because nationally, children from non-white British backgrounds have poorer outcomes on a range of health indicators
 - **Non-take** up of 1 year review
 - **Eligibility** for 2 year old childcare offer.

The rationale behind this approach is that there will be benefits for:

- For children & families:
 - Hopefully a positive impact on take-up rates by switching the default to make it simpler to attend the appointment

- Ensure targeted support is provided for children at risk of poor outcomes
- For Healthy Child Service staff and practitioners:
 - Save time and administrative burden
 - Focus resource on highest need

To achieve:

- Better identification of children at risk of poorer outcomes
- Opportunity for early intervention through proactive, evidence-based and personalised approach

4. Developed systems for ongoing use of real time data (both quantitative and qualitative) to allow service delivery to be more community responsive in the future

Alongside redesigning the service delivery model, we built a data dashboard into which real-time, granular quantitative and qualitative data on the 2 Year Health Review can be fed. This dashboard aims to improve understanding of York's communities, and allow service improvements and targeted interventions to be more responsive and community-led, by enabling York services to:

- Monitor need by showing take-up across areas and demographic groups over time
- Update risk factors
- Target resource
- Systematically aggregate and monitor feedback from families about their service experience

The data dashboard is designed to be accessible and easy to use. Data is presented in various ways including:

- Bar charts
- Heat maps to show geographical variation
- Word clouds to show common themes in families' feedback

And can be broken down by different categories of interest such as:

- Geographic scale (ward/Children's Centre Area/LSOA)
- Time period
- Ethnicity
- Gender

Next steps for this work are to:

- Build capacity to enable York staff use the dashboard in their day-to-day work
 - This may include supporting York's Business Intelligence Unit to build their own data dashboard using York's software systems
- Integrate other databases into the dashboard, such as take-up of the 2 year childcare offer, to get a more holistic and nuanced view of need in communities across York.

5. Started the delivery of a small-scale pilot to test out the new ways of working. This is showing signs of promise.

In collaboration with the North Children's Centre Area Healthy Child Service team, we launched a small-scale pilot to test out these changes in service delivery of the 2 Year Health Review (as outlined in Sections 3 and 4 above).

The June cohort of children invited to their 2 Year Health Review in the North CC Area received the adapted service model: their letter invited them to an opt-out set appointment time, and the language of the letter communicated the benefits of the Health Review. Children who were not brought for their set appointment time were followed up with a phone call - if the family had simply forgotten then the appointment was rebooked; if the HCS team still could not reach the family, the child was screened for risk of poor outcomes (as per criteria in Section 3 above). If the child was flagged as being at risk of poor outcomes, then a follow-up home visit was arranged. Feedback from families on their service experience was collected and fed into the data dashboard, along with data on which children were and were not brought to their appointment.

Results from this pilot were promising:

- While no claims to causation can be made from this small-scale pilot, giving families a default appointment time looks like it may accelerate the *pace* of take-up. 68% of children in the June cohort in the North CC Area had already already been seen for their Review within a month, compared with 42% of children in the West and 18% in the East - the majority of appointments in these two areas, where the service was being delivered as usual, were

booked for a couple of months in the future (with no guarantee that the child will be brought to these appointments). There are real benefits to seeing children for their Review earlier as it allows more time to identify needs and put additional support in place.

- The 'screening' process seems to be valuable. There were only 4 children in the North cohort not brought to their default appointment and whom the health visiting team could not reach to rebook a new appointment. These children were screened for risk of poor outcomes and all were flagged under the criteria outlined in Section 3, so were then followed up with a home visit. Having this process in place potentially means more rapid identification of and follow-up with vulnerable children.
- The feedback from families about their service experience was excellent.

Aside from signs of promise for increasing families' uptake and engagement with the service, the pilot was also an opportunity to try out a new way of working with a service delivery team: co-designing an evidence-based intervention to tackle an issue, testing out the intervention, and iterating to make improvements based on learning from the operational experience. We held two sessions with the North CC Area HCS team to work together to design the process, and following the pilot we conducted interviews with 3 individual members of the team and held a reflection session with the whole team, to hear views on how the pilot went, and discuss which procedural aspects should be refined for the next iteration in order to improve consistency and ensure sustainability.

The success of the pilot was due to the excellent engagement from the HCS team (including health visitors, managers, and business support), who offered valuable feedback, and were enthusiastic and willing to try out new ways of working. The input from the team has been both operational (smoothing over some of the early bumps in the process) and strategic (making sure that these changes feed into being able to offer families better and appropriate support by increasing take up).

We are continuing the pilot in the North CC area and providing ongoing support for refining and continued delivery, to enable us to

gather further results and embed the process before considering scaling up to other CC areas. Plans for future action discussed with the HCS team include:

- Using SMS reminders before appointments to minimise the number of families who forget their Health Review slot
- Continuing to refine communication to engage families - for example, including some of the positive feedback from families who have had the Health Review in the invitation letters
- Using the data dashboard to understand in greater depth where there are low levels of engagement,
- Adopting a more targeted and responsive approach based on increased understanding of need in different areas and communities
- Linking up with other services to provide more holistic support for families which are harder to reach and improve children's outcomes.

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City of York Council Early Years (Speech, Language and Communication) Remote Peer Support Panel

Date from 26th October – 6th November 2020

Feedback Report

1. Executive Summary

The peer support panel (PSP) was conducted at a time of significant leadership change in York. During the PSP, Councillor Cuthbertson stood down (due to ill health) as the lead member for children's services and education to be replaced by Councillor Orrell – the fifth executive member in four years. A short time before the PSP the Director of Children's Services assumed the role of interim corporate director for people – the council is currently undertaking a full review of its corporate leadership structures.

The peer team is impressed by the enthusiasm and passion for early years (EY) that is evident in all those who participated. People spoke with energy and showed a knowledge of their service and the children they support.

There was and remains a positive mobilisation to address the COVID crisis. Providers also recognise the practical support they have received, including deliveries of Personal Protective Equipment (PPE) and swift resolutions to funding enquiries. Some staff and providers gave examples of tracking known vulnerable children to ensure that their needs continue to be met, whilst other staff and providers said that they were unsure about knowing who all the vulnerable children were. The different levels of vulnerability need to be agreed and made widely known at a partnership level.

The peer team is impressed with the Early Talk for York (ETfY) project, which is driven by outcomes and has a systematic approach. The project is linked with the NSPCC's Look Say Sing Play initiative, which together provide an integrated 0-5 year assessment platform and support for speech, language and development. There is a clear project management approach that is building evidence of impact and has secured funding from the school's forum as well as funding from the CCG for a jointly funded speech and language therapist (SALT) – providing an example of the creative use of funding already in the system.

There is a plethora of short-term projects and plans that are being taken forward, which are driven by a focus on obtaining relatively small amounts of grant funding. There is no clear evidence that all the projects and plans link to delivering the overall strategic ambitions for EY and there is a danger that they are not sustained and that any impact maybe lost.

It is clear to the peer team that commissioning is underdeveloped in EY and in children's services as a whole. This view is recognised by the EY leadership. There are pockets of commissioning in Adults and in Public Health that could provide a template for a commissioning structure in EY.

The CCG covers the Vale of York, which includes the City of York. This means that commissioning in health is undertaken for a wider set of circumstances than exist in York and the specific needs of the children living there are not necessarily addressed.

There is an early help focus that covers young people from 0-19 years. The needs of children in their first years of life - 0-2 years – is not highlighted sufficiently and needs heightened visibility.

2. Key recommendations

There are a range of suggestions and observations within the main section of the report that will inform some 'quick wins' and practical actions, in addition to the conversations

conducted remotely, many of which provided ideas and examples of practice from other organisations. The following are the peer team's key recommendations to the Council:

- **Ensure the Health and Wellbeing Board (HWB) priorities are seen to drive the vision for EY in collaboration with partners:** the HWB strategy has “First 1001 Days” as a top priority within the Starting and Growing Well theme. Partners need to be fully engaged in designing and delivering the EY strategy and services to achieve this aim. The Early Years Improvement Board (EYIB) should develop more robust terms of reference so that it provides the vehicle for partners to become more involved and held to account for their actions. Outcomes on actions undertaken should be regularly taken to the HWB so that EY is seen to be an intrinsic element of the council's delivery and ‘the best start in life’ is fully owned as a strategic, corporate objective
- **Develop a roadmap of services - involving parents - using commonly understood terms and language that goes beyond professionals:** parents say that they are unaware of what community services are available for their child and when these can be expected to be delivered. A clear roadmap (an example cited was the one produced by Hull) setting out in easily understandable language and presented graphically would enable straight forward signposting of services, including progression with age. Parents, and professionals from all partners, should be involved in the design of the roadmap and in setting down the terms and language to be used in describing each step and subsequent communications
- **Ensure all projects and funding applications are clearly aligned to achieving sustainable outcomes identified in the EY strategy:** ETfY provides a clear example of a project that is aligned to the EY strategic goals and is designed to focus on outcomes – this is not the case with other projects that appear to be driven by short-term available funding. The EYIB should use the jointly agreed EY strategy to ensure that all projects and delivery plans focus on achieving the best outcomes for children and that these are consistently monitored
- **Ensure a consistent approach to the development of knowledge, skills and understanding to improve outcomes for EY:** there is an inconsistent understanding of how a child's early years impacts on their role in society and their need for services as they progress through life. A culture of continuous learning, driven from the EYIB and influencing the HWB, should be developed to support parents, elected members and professionals that encourages leadership and management, coproduction and a broad base of contribution to delivering strategic aims
- **Develop a robust and effective joint commissioning culture and arrangements for EY to ensure outcomes and impact are delivered:** currently there is no commissioning infrastructure for EY. Existing arrangements in Adults and in parts of Public Health could be used as a basis for commissioning arrangements in EY. The LGA and regional networks can also provide further guidance and support.

3. Summary of the remote peer support panel approach

Independent external evaluation and feedback from the sector has endorsed peer challenge as an approach that promotes sector-led improvement. All local authorities

and their partners are constantly striving to improve outcomes for children and an external and independent view can help to accelerate or consolidate progress.

Remote peer support panels were developed to continue the delivery of sector-led improvement approaches during the COVID19 pandemic when face to face, onsite work has not been possible.

The peer support panel was sourced specifically to address the five primary areas of focus highlighted by City of York Council. The team consisted of senior colleagues with significant experience of leading and managing early years services within local government, health and education, supported by an experienced LGA manager.

The peer panel

The peers who delivered the remote peer support panel were:

- **Frances Cunning**, Lead peer, LGA associate
- **Carol Kimberley**, Education peer, Head of Early Years, Cornwall Council
- **Wendy Thorogood**, Health peer, nurse consultant
- **Lucy Lewin**, Early Years peer, independent nursery provider and consultant
- **Jonathan Trubshaw**, LGA manager

This report provides a summary of the peer team's findings. It builds on the feedback presentation provided by the peer team on 6th November 2020. By its nature, the remote peer support panel is a snapshot in time. We appreciate that some of the feedback may be about things you are already addressing and progressing.

4. Scope and Focus

The Council identified five primary areas of focus that were agreed at the beginning of the scoping process and through the self-assessment using the Early Years, Speech, Language and Communication Maturity Matrix:

What is the effectiveness of the work we have set up to address closing the gap with a focus on SLCN? What are our barriers? Is our planned next phase an appropriately robust response to COVID?:

1. **STRATEGY (Plan)** - Developing a Vision, Strategy and Plan/communication of the strategy/promotion of 'Talk'
2. **COMMISSIONING (Plan)** - Effective use of resources as a partnership
3. **PARTNERSHIP (Lead)** - Maximising opportunities for connection across services and the community
4. **SERVICES & INTERVENTIONS (Deliver)** - Use of evidence informed practice and to inform decision making
5. **OUTCOMES (Evaluate)** - A focus on outcomes rather than just action.

5. Main Findings

The peer team is impressed by the enthusiastic and positive staff who are clearly passionate about their children. It is also clear that key leaders having a strong commitment to EY. This provides York with a significant base from which to build.

There is strong personal commitment to EY from elected members, although there have been a number of changes in lead member for EY in the recent years. There is also an awareness and recognition from the EY leadership of the need for an evidenced based approach for future work, which needs to focus on demonstrating improving outcomes for all children, including those most at risk of some form of disadvantage. There is also a strong will and awareness to use the recent SEND inspection outcomes to drive improvement and lever change.

ETfY is a significant project for EY in York. There is a strong and methodical approach to project management that is building in an outcome focus. Good use has been made of existing funding obtained through the schools' forum and the CCG joint funding the SALT post. The project is being developed in a limited number of settings and gaining evidence of its effectiveness before being rolled out further across the city. There is an integration with the NSPCC's Look Say Sing Play initiative, which together provide an integrated 0-5 year assessment platform and support for speech, language and development. Some providers are concerned that the investment in subscriptions and staff time to train and implement the whole ETfY approach may inhibit full take-up.

Providers feel that there is strength in the decision making of the early years' entitlement finance team. Requests are responded to swiftly and this is welcomed, especially during the uncertainty brought about by the COVID crisis. This is not always the case with other EY managers where providers perceive that no one person holds responsibility to ensure that changes are made, or decisions taken in a timely manner.

In the peer team's view, EY has a plethora of projects and strategies, not all of which have clear outcomes identified. There are a number of short-term projects including the Baby Room project which provides support to 0-2 year olds and the Haxby Road school project – 2 is Too Late – to improve Good Level of Development (GLD), which have been created to make use of pots of funding that managers have secured. However, practitioners state that projects based on short-term funding are not sustained over time. The EY strategy is still in development and about to go to partners for consultation. The EY strategy will need to bring together all existing plans so that the connections between them are clear – both to staff inside the council and those in partner organisations.

The EYIB is described as being in its "infancy". Partners will need to develop mature relationships so that they can robustly hold one another to account and ensure the EY strategy aims are delivered. People described working in York as being "*friendly*" with providers saying that there is a need for the partnership to "*move beyond being best friends*" and ensure policy is delivered. The geographical size of York has enabled strong personal relationships to be built but there could be more robust challenge supported by systems and processes to drive sustainability and objectivity. The governance arrangements with the HWB need to be strengthened so that the EY message around the first 1001 days is fully heard and partners know that their work is acknowledged and scrutinised. Clear lines of accountability between Boards should be maintained through to the frontline, so that staff know where their work and the outcomes of their actions fit strategically.

Parents told the peer team that they are not clear on which services were on offer to them and when these could be accessed. The language used to describe a service is not always clear, with Portage being given as an example of a term that does not explain what is on offer. Another example is that the 2 year check letter that is sent to parents is not tailored to recognise their child's needs, leading to some parents

disregarding the letter. Currently 20% of children are not attending their 2 year checks. There needs to be cognisance of the parent's own literacy level and not assume that all parents can read and understand written information. Professionals should work with parents to produce a roadmap of services – providing a graphical representation of the child's journey and setting out in language that is descriptive and clearly understandable what is on offer. Parents clearly have ideas of what would be useful to them – one suggesting an example from Hull – and should be more fully engaged in the production process from conception to dissemination.

The parents of children who require specialist support speak highly of the service they receive. For some parents, the information they receive on services available to them comes only from the Portage worker. However, some parents perceive their parenting and understanding of their child's condition to be criticised by the Portage worker.

The EY leadership recognise that there is no effective commissioning infrastructure for EY. This is positive awareness and recognises the difference with procurement and the need to commission for outcomes. There are examples of commissioning practice in Adults and in Public Health that are useful to consider, especially when considering commissioning across the new – all age – directorate. However, the Joint Strategic Needs Assessment (JSNA) is not systematically used to inform commissioning decisions, and this should be included in any development of the EY commissioning infrastructure. Work is on-going with health to consider a more place based approach, which will be important for York city as the CCG has a wider geographical focus covering the Vale of York. There are examples of increasing coproduction with health, including; as a result of the statement of action - a joint commissioning strategy that is being developed with the CCG regarding SEND. Another example is BEEHIVE – jointly funded and monitored community short breaks for children and young people. There are also positive working arrangements with the link health worker, which is enabling them to work with families of children with complex health conditions from birth to transition and longer if needed. Some of these projects have been accelerated as a result of closer working to address the issues of the COVID crisis.

There is a focus on using the GLD results as an indicator of improvement. GLD scores for York are strong with ongoing work undertaken to improve them as the gap was recently highlighted nationally as being worst in country. However, less use is made of outcomes from health mandated checks and local knowledge – both of which could be used to illustrate outcome attainment and inform commissioning decisions – particularly for 0-2 years and pre-school aged children as GLD only applies to those leaving Reception year.

Although Shared Foundation Partnerships (SFP) have been in existence for about 20 years they continue to be seen as a model for improving transitions into schools. SFPs have community level support and have potential to influence the EY strategy and build on existing multi-agency contributions. SFPs need to develop further to specifically share information and good practice concerning EY. Practitioners from early years settings and schools welcome the chance to meet regularly with each other and with local authority colleagues. Health visitors (HV) and members of the local area teams express a willingness to join these local networks in order to share local knowledge.

The response to COVID is seen as being strong with a number of positive consequences, including bringing people closer together virtually – staff have more time to connect with each other, share information and work together differently. Resources have been mobilised to focus on the most vulnerable in the community including staff

from local area teams delivering food parcels. Providers also recognise the practical support that they have been given - including sacks full of PPE - helping them to remain open, supporting their children and families.

There are potential gaps in the early identification of need. Some staff report that parents avoided the 2 year check because they thought their child already had an identified need and they did not want an additional health check. The join up between midwives and HV is inconsistent, with some reporting a reliance on personal relationships and paper based files as computer systems do not link up. Both report that they have a good working relationship but also recognise that “*there is a way to go*” in joining up their services. Providers report that they conduct the 2 year check with the parent in their setting but that HV are not present and that they receive little information from HV. HV state that their agenda goes beyond EY and that priorities are driven by the HWB strategy. To support the effective integration of HV, strategies need to be aligned and use a common language that is easily understood by parents.

The perception of some providers is that there is an us-and-them culture, with schools taking precedence over the Private Voluntary and Independent (PVI) settings. The reliance on GLD data to demonstrate impact could support this view. There is also a danger that EY is not be seen as the main concern in a 0-19 year focused directorate, with funding being prioritised to schools. The separation of a school effectiveness team working with the maintained sector and the early years team working with the PVI sector reinforces this perception – although there is some close working between them.

The peer team is impressed with the work of libraries to provide BookStart books to all families. There is also strong work to support adult literacy as a way of ensuring that children have the widest possible foundation to help their reading. There is evidence of parents’ involvement in supporting each other, an example of this is the parent developed package to support Down’s Syndrome children. Providers value and appreciate the communication tool kit that has been developed for use in EY settings as a resource for practitioners to support children’s speech and language development.

There is a systematic approach to improving outcomes for children in care (CIC). The virtual head teacher has streamlined the process for reviewing personal educational plans (PEP) for each child termly. Children are tracked and monitored in partnership with schools and there are clear aspirations to deliver through the PEP.

There is data to show improving trends in the take-up of the 2 year offer. Where data is available this can be broken down by age, provision and child need – this is particularly the case for older children.

The peer team heard evidence that data - both hard and soft – is not systematically used to target interventions or to monitor progress and impact. Some settings report difficulties in gathering data during the COVID crisis and this might lead to a lack of clarity as to how EY identify vulnerable children, including those who are not attending settings.

6. Next Steps

We hope that the above findings are considered and true reflection of the discussions we had with you, your staff, your partners and families in York. I am sure that you and your colleagues will now want to consider how you can incorporate the team’s findings

into your ongoing planning. Relevant details are included below should you wish to access further support either via the LGA or your own regional networks.

For further improvement support you can contact the LGA's Principal Advisor, Mark Edgell: Email mark.edgell@local.gov.uk Telephone 07747 636910 or the LGA's Children's Improvement Adviser, Ann Baxter: Email baxter.ann@icloud.com Telephone 07577 495153.

Once again, thank you for participating in this review and please pass on our gratitude to everyone involved, particularly Carolyn Ford, Amy White and Emma Brookes for their preparation work for the challenge.



Health and Wellbeing Board
Report of the Manager, Healthwatch York

15 September 2021

Healthwatch York Report NHS Dentistry: A Service in Decay?

Summary

1. This report is for information, sharing a report from Healthwatch York about the availability of NHS Dentistry in our city.

Background

2. Healthwatch York provides information and advice about health and care services, and signposts people to support. In carrying out this work during the pandemic, we have observed a rise in the number of people seeking an NHS dentist, and being unable to access treatment.
3. We felt it was important to fully understand what was available in York, to support our signposting function, and have shared this report to encourage further discussion of these challenges.

Main/Key Issues to be considered

4. Our survey found there were no dentists currently accepting adult NHS patients. One dentist would take children on as NHS patients if the parents signed up to a private dental plan.
5. Only one dentist in York confirmed they were prioritising their NHS patients.
6. Our previous work looking at dentistry showed things were very challenging. However, it is clear the position has worsened.

Consultation

7. This first report consulted local dental practices. There will be a follow up report later this financial year looking at people's experiences relating to dentistry.

Options

8. There are no formal recommendations within this report. These will be developed once our work for the second report is completed. Health and Wellbeing Board are asked to note the report, and the 4 areas for action we have identified on pages 14-15 of our report. Namely:
 - a. Rapid and radical reform of the way dentistry is commissioned and provided
 - b. Tackling the twin crises of access and affordability, with particular emphasis on addressing health inequalities
 - c. Improving the clarity of information about NHS dentistry
 - d. Consideration of the role of dentistry to support people's overall health, harnessing opportunities such as the integration of health and care through Integrated Care Systems arrangements, to link oral health to other key issues such as weight management, smoking cessation, cancer awareness and detection, and mental wellbeing.

Strategic/Operational Plans

9. The workplan for 2021/22 has been developed to support Healthwatch York continue to explore issues affecting people when accessing or trying to access health and care services in York, and to connect to key initiatives driving change forward. Problems with accessing NHS dentistry remain one of the key challenges people talk to us about.
10. All partners have identified the need to understand the barriers to accessing care and removing them as essential to the transformation of local health and care through the work of the ICS at place.
11. Health and Adult Social Care Policy and Scrutiny Committee are looking at NHS Dentistry, and we have agreed to present this report (and the second one if completed in time) at their meeting currently planned for 24 January.

Implications

12. There are no specialist implications from this report.

- **Financial**

There are no financial implications in this report.

- **Human Resources (HR)**

There are no HR implications in this report.

- **Equalities**

There are no equalities implications in this report.

- **Legal**

There are no legal implications in this report.

- **Crime and Disorder**

There are no crime and disorder implications in this report.

- **Information Technology (IT)**

There are no IT implications in this report.

- **Property**

There are no property implications in this report.

- **Other**

There are no other implications in this report.

Risk Management

13. There are no risks associated with this report.

Recommendations

14. The Health and Wellbeing Board are asked to:
 - i. Receive Healthwatch York's report, NHS Dentistry: A Service in Decay

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

Contact Details

Author:

Chief Officer Responsible for the report:

Siân Balsom
Manager
Healthwatch York
01904 621133

**Report
Approved**

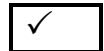


Date 07.09.2021



Wards Affected: All

All



For further information please contact the author of the report

Background Papers:

Healthwatch York Evaluation 2020/21

<https://www.healthwatchyork.co.uk/wp-content/uploads/2021/07/HWY-Evaluation-2021-Final.pdf>

Annexes

Annex A – NHS Dentistry: A Service in Decay

<https://www.healthwatchyork.co.uk/wp-content/uploads/2021/07/NHS-Dentistry-A-Service-in-Decay-July-2021-2.pdf>



NHS Dentistry – a Service in Decay? July 2021



Acknowledgments

Thank you to our research volunteers - Trish, Hazel, Gareth, Emma and to the dental practice staff for taking the time to answer our questions during their very busy days.

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Background

In 2018 Healthwatch York published 'Filled to Capacity: NHS Dentistry in York - a Report Based on Local People's Experience', which found that it was difficult to access NHS dentistry in the city. At that time 46% of people that responded to our survey reported that they couldn't find an NHS dentist that was taking patients and 45% of people who had been looking for an NHS dentist said they had been trying for over 2 years.

<https://www.healthwatchyork.co.uk/wp-content/uploads/2014/06/Healthwatch-York-Access-to-NHS-Dentistry-Report-2018.pdf>

Healthwatch England continues to hear concerns about dentistry which were highlighted at the end of 2020 in the 'Dentistry and the Impact of COVID-19 Report'.

<https://www.healthwatch.co.uk/news/2020-12-09/dentistry-and-impact-covid-19>

The report shows a 452% rise in calls and complaints over the summer (July to September 2020). In a follow-up review, Healthwatch England looked at 1,129 people's experiences of accessing dental care received between October and December 2020 and found that access to dentistry was difficult for more than 7 in 10 people (72%), with some people actively seeking dental treatment being told they would have to wait anywhere between a few months to, in one case, two years for an appointment.

Healthwatch England's research continues to show many people continue to struggle to access NHS dental treatment. Feedback on NHS dental care between January and March 2021 found that 80% of people found it difficult to access timely care.

"People have felt pressured to go private, as dentists have said they couldn't provide NHS treatment but could if people were willing to pay private fees. This was especially difficult for those on low incomes, those who lost their jobs during the pandemic, and people who faced having to afford private care for their whole family."

- Dentistry Insight Briefing Report 24 May 2021

Healthwatch England previously called for more emphasis to be placed on solving structural issues within NHS dental services and warned dental care is facing an immediate crisis;

“Our findings show that access to dental care is currently neither equal nor inclusive, leading to traumatic experiences for many people. This provides yet more evidence that the COVID-19 pandemic has exacerbated the human impact of years of structural issues in NHS dentistry and is now pushing it to crisis point. We are hugely concerned that this will have detrimental effects to the nation’s health for years to come. Although we have to grapple with the pandemic, all efforts should be made to treat those in need of urgent care and provide more accurate and up-to-date information to help people find and access NHS dental care. In the longer term, the Department of Health and Social Care must prioritise the importance of oral health and commit to improving access to dentistry for everyone who needs it.”

- **Sir Robert Francis QC, Chair of Healthwatch England**

In line with the national data, Healthwatch York has seen an increase in enquiries from people struggling to access NHS dental care and we decided that we needed accurate, up-to-date local information on dental provision across the city.

Yorkshire and Humberside Region

Following a recent enquiry from a man willing to travel to access dentistry, we asked the 14 other local Healthwatch across Yorkshire and Humber if they are aware of any dentists in their patch taking on NHS patients. 13 responded that they did not know of any dentist taking on patients, and were experiencing similar problems themselves. 1 responded confirming they knew of one on their patch that could provide details of a dentist who was seeing people for dental issues requiring more than a routine appointment. So to the best of our knowledge at this time there are no dentists accepting NHS patients across Yorkshire and Humber for routine care.

The Current Picture in York

Healthwatch York has received an increase in the number of complaints and queries about dentistry across the city. Some randomised patient experiences from our 'issues log' 2020/21 follow;

"Caller feeling desperate having phoned all the dentists she could find listed for York, and every single one that answered told her they are not taking new NHS patients. One practice told her she would not be able to get seen by an NHS dentist anywhere in York for 5 years."

"Person called having just received a letter from their dental practice to say it's going fully private & they have been de-registered. Has been phoning all the dentists in York and cannot find anywhere taking on new NHS patients. Has four children. Concerned about how to get them into the habit of getting their teeth checked regularly when they no longer have a dentist, and cannot find one."

"Caller has received a letter saying they have been de-registered by their York dental practice. Is in their 80's and has severe mobility problems. Has been ringing round dentists today but cannot find one taking on new NHS patients."

"At the beginning of this month, we were informed that our dentist was ceasing NHS treatment from 1st June 2021. We went online and could only find one dentist in York which is taking NHS patients and so have registered with them using their online form. But we have just been put on a waiting list and don't know when we might be accepted. There doesn't seem to be any central system to help people to find a new NHS dentist now, as there was before."

"I've been unable to find any dentist within 20 miles that are currently accepting new NHS patients (foregoing those that offer a 2 year+ waiting list). What would you recommend I do, as my dental health is in poor shape?"

"My daughter is 10 years old and we cannot find a dentist that takes new NHS patients in York. I have searched everywhere and called about 20 different clinics."

“We are astounded to find that we no longer have an NHS dentist, indeed apparently we were never with an NHS dentist, of which is quite different to what we were led to believe, and we are certainly not the only ones.”

“We now are unable to find a NHS dentist, we have been told all lists are closed, the lists open (only 2 dental practices) have a very long waiting list, if you want to see a dentist through the NHS you will not see one for 3 years if you are able to be on a list. We cannot even get on a list, we have been told we have to go private, we have lost trust in the dental NHS system, and urgent reform is required.”



Our Findings

We contacted 39 dental practices (Appendix 1) across the city (all the practices listed by us on our website) and conducted a semi-structured interview (Appendix 2) by telephone in May and June 2021.

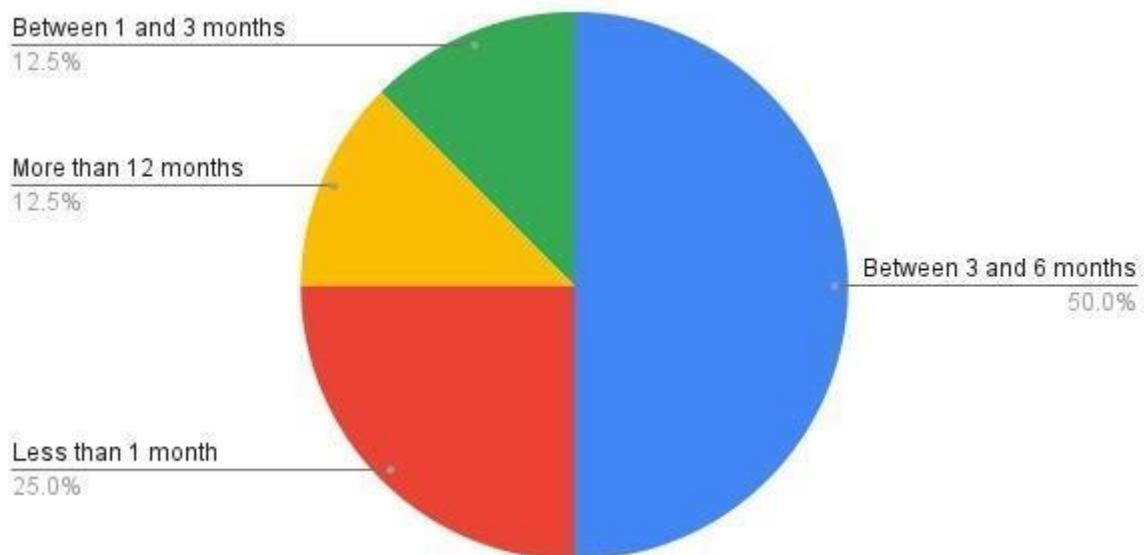
Is the Practice currently accepting new NHS patients?

We found that no practice in York was currently accepting new NHS adult patients. One practice was able to offer NHS treatment to the children of patients enrolled on their private care plan.

One practice reported that they were the only orthodontic NHS practice in York for children and that they currently had a two year waiting list for treatment.

What is the current approximate waiting time for existing NHS patients to have routine dental treatment?

Of 39 practices in York, 8 reported that they were currently treating existing NHS patients for routine dental treatment. Waiting times varied from 'less than one month' to 'more than 12 months', with most practices (50%) having a waiting time of between 3 and 6 months.



What has been the impact of Covid-19 on the ability of the Practice to provide NHS funded services?

Each of the 8 NHS treatment practices in York has been seriously impacted by the Covid-19 pandemic, for some practices the impact has been acute and they were still struggling at the time of our survey:

“...there is no NHS treatment available at the moment due to back-log of patients.”

“...the effect of Covid and dentists leave and retire. So there is a big backlog.”

“We have a very large back-log to catch up on...”

“We have reduced capacity to see patients...”

“No new patients being taken on and no routine appointments...”

“Massive disruption continues and delta variant brings further uncertainty and delay. It will be September before NHS routine appointments start again.”

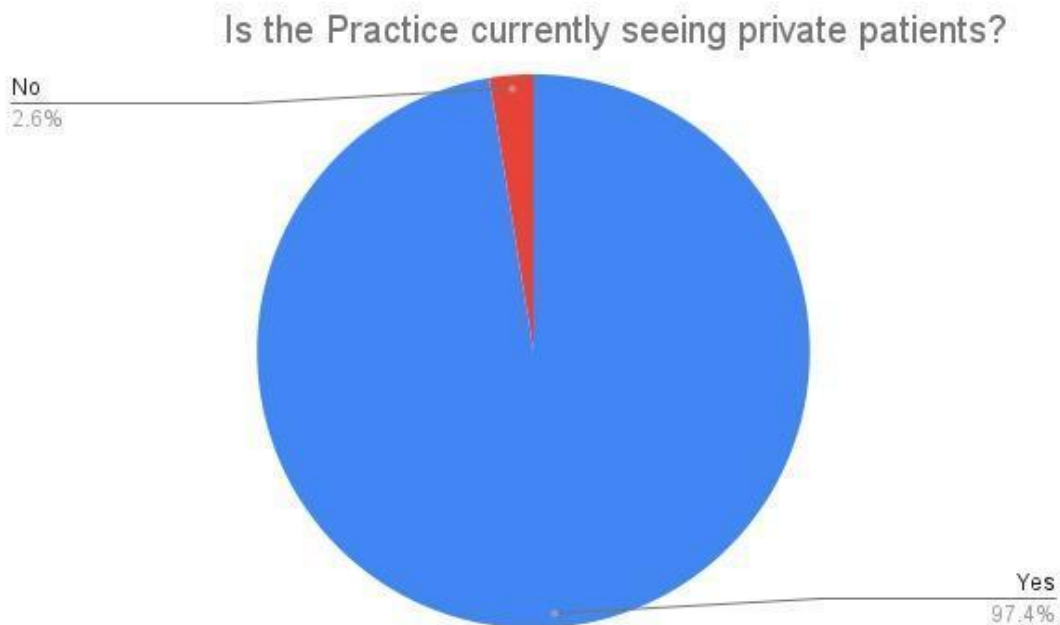
“We do hope to be offering NHS treatment in September due to the hiring of a new dentist.”

Is the Practice currently seeing private patients?

Only one practice of 39 reported that they were not currently seeing private patients and this was due to the increased demand for NHS services and the wish to prioritise NHS patients. This practice reported:

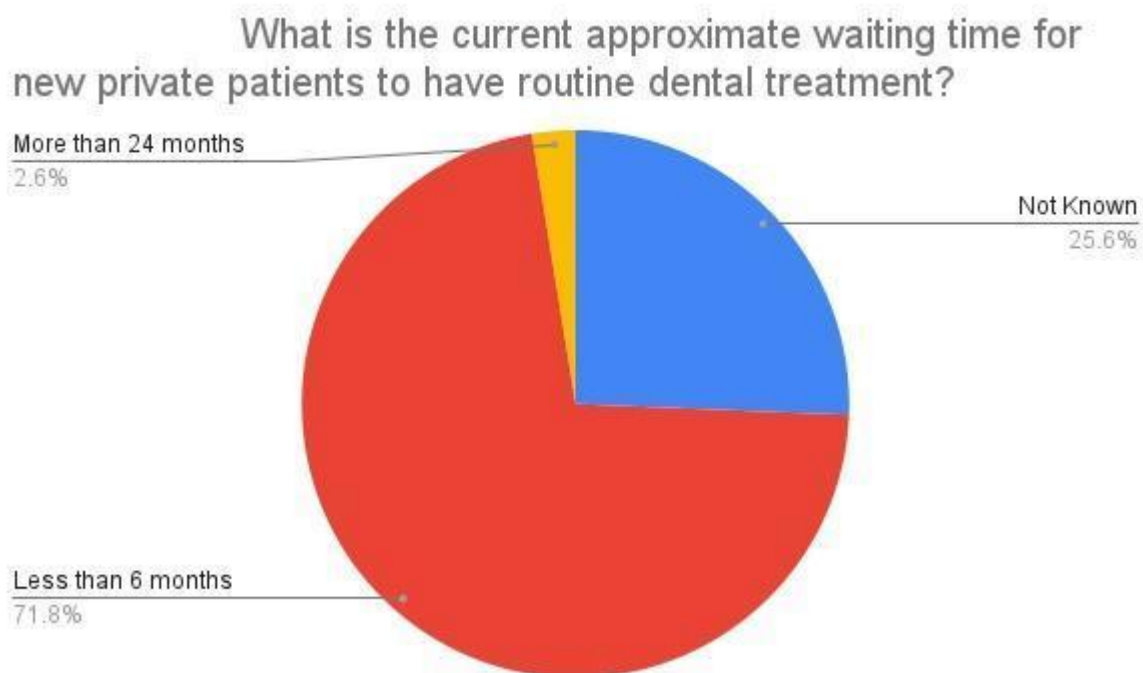
“The majority of our patients are NHS patients and have been prioritised. I have been a Dental Nurse for 35 years and I think the old payment system was better, UDA's have been a huge problem.”

- See Appendix 3 for an explanation of Units of Dental Activity (UDA)



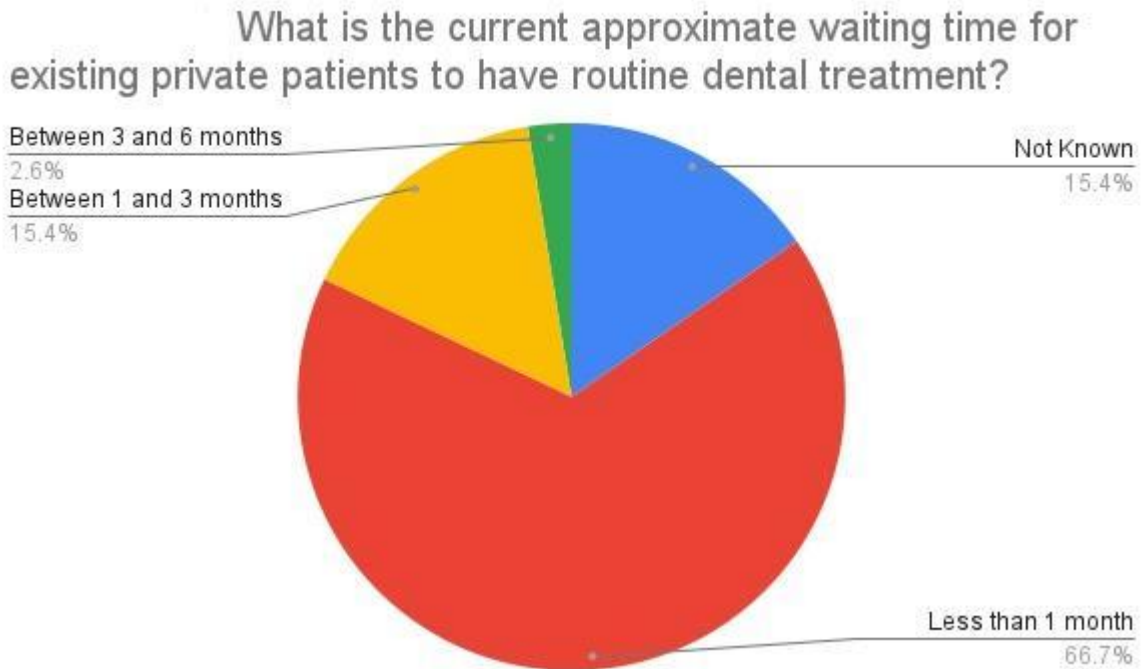
What is the current approximate waiting time for new private patients to have routine dental treatment?

The majority (72%) of practices treating private patients reported that the waiting time for new patients was 'less than six months'. This ranged from a week, or a few weeks for some, through to 3 to 6 months for others.



What is the current approximate waiting time for existing private patients to have routine dental treatment?

The majority of practices treating private patients reported that the waiting time for existing patients was 'less than one month' (66%) with many reporting that patients could be seen in a couple of weeks. Treatment was often scheduled on a bi-annual basis and some flexibility for rebooking remains in the system.



What has been the impact of Covid-19 on the ability of the Practice to provide services for private patients?

Some private practices reported a low level of impact from Covid-19;

“Fully open 5 days per week now.”

“...hasn't impacted, been open since June <2020>.”

“Not really affecting us now, we're private and we got air purifiers, not quite back to normal, but not affecting our patients too much.”

“Just getting back to normal and catching up with everything, lots of new patients recently.”

“Working hard logistically, full and busy.”

“The NHS is not treating people, so we're taking a lot more people. Still taking new patients for fillings etc. since June <2020>...we're very busy.”

“We haven't changed throughout the pandemic, so no real change to what we do. Extending appointments is normal now, we have no backlog.”

“No effect, we're very busy and have been open all the way through.”

“Not too bad - managed to get on top of the first lock down, routine stuff is back to normal with triage. Social distancing and new criteria all affect the amount we can see in the day, we can't see non-registered patients, we're getting lots of unregistered people calling with toothache, but they can't help them.”

A few practices reported a greater impact;

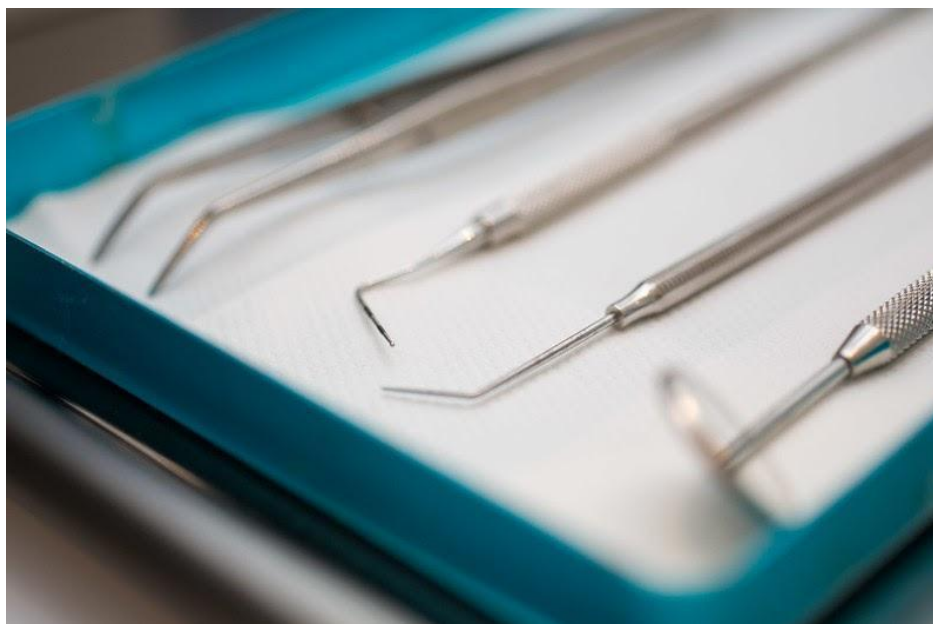
“Longer appointment times and enhanced sterilisation in line with government regulations.”

“We can't see as many due to fallow time, full diaries at the moment.”

“We can't treat as many patients as before due to a loss of surgery time, less flexibility with fewer appointments.”

“It has cost more due to longer appointments; lower volumes and new equipment. Patients' experience hasn't changed other than government regulations on social distancing.”

“More time for every patient. Impact, more time for each patient, it varies according to the patient, but there is a reduction overall.”



What needs to happen...

We believe that action in four areas needs to be taken to address the issues that people have shared with Healthwatch.

- Rapid and radical reform of the way dentistry is commissioned and provided - recognising that the current arrangements do not meet the needs of many people who cannot access NHS dental care in a timely way and acknowledge issues faced by the dental profession.
- Reform commissioning to tackle the twin crises of access and affordability - ensuring that people are not excluded from NHS dental services because of lack of provision locally or difficulty in meeting charges. Currently, there are significant inequalities that must be removed. New arrangements should be based on maximising access to NHS dental services, with particular emphasis on reducing inequalities.
- Improve the clarity of the information about NHS dentistry - improving information, including online, so that people have a clear picture of where and how they can access services, and the charges they will need to pay.

- Use dental practices to support people's general health - harnessing opportunities, such as the development of Integrated Care Systems (ICS), to link oral health to other key issues such as weight management and smoking cessation.

Appendix 1.

Dental practices interviewed:

Acomb Dental and Implant Clinic

Acorn Dental Practice

Ainsty Dental & Implant Clinic

Aldwark Dental Practice

Alpha Dental Studio

Andrea Ubhi

Bishopthorpe Dental Centre

Blossom Dental Care and Implant Studio

Bupa Dental Care

Bupa Dental Care York

Castlegate Dental Centre

Clifton Dental Practice

Clifton Moor Dental Practice

Clock House Dental

Copmanthorpe Dental Centre

Crystal Clear Dental

Fresh Smiles Rawcliffe

Gilkeson Dental Surgery

Holbrook Dental

Hopkins & Poyner

Huntington Dental Surgery

James Pegg Dentistry

Lilac House Specialist Dental Practice

Manor House Dental Practice

Nunnery Lane Dental Practice
Orthodontic Excellence
Orthokind
Poppleton Dental Practice
PURE Dental York - Dunnington
PURE Dental York - Strensall
St Saviourgate Dental Practice
The Beeches Dental Practice
The Mount Dental Practice
Wigginton Dental Practice
Windmill Orthodontics
Woodthorpe Dental Centre
Wortley House Dental Practice
York Dental Practice
York Orthodontics

Appendix 2.

Dental Practice Research Questionnaire

1. Dental Practice Name

2. Address

3. Telephone Number

4. Email Address

5. Website

6. How can patients contact the Practice? (please tick all that apply)

Phone answered by a receptionist

Phone answered by a machine

By email

Via a contact form on a website

Other

7. Is the Practice currently accepting new NHS patients? (please tick all that apply - if 'No' go to Q.12)

Yes - adults

Yes - children

Yes - pregnant women

No

7. What is the approximate waiting time for new NHS patients to have routine dental treatment?

Less than 6 months

Between 6 and 12 months

Between 12 and 18 months

Between 18 months and 24 months

More than 24 months
Not known

8. If the Practice has a waiting list - can NHS patients on this list be seen for urgent dental treatment?

Yes
No
No waiting list

9. What is the current approximate waiting time for existing NHS patients to have routine dental treatment?

Less than 1 month
Between 1 and 3 months
Between 3 and 6 months
Between 6 and 12 months
More than 12 months
Not Known

10. Are some types of NHS treatment or appointments currently restricted?

11. What has been the impact of Covid-19 on the ability of the Practice to provide NHS funded services?

12. Is the Practice currently seeing private patients?

13. What is the current approximate waiting time for new private patients to have routine dental treatment?

Less than 6 months
Between 6 and 12 months
Between 12 and 18 months
Between 18 months and 24 months
More than 24 months
Not known

14. What is the current approximate waiting time for existing private patients to have routine dental treatment?

Less than 1 month

Between 1 and 3 months

Between 3 and 6 months

Between 6 and 12 months

More than 12 months

Not Known

15. What has been the impact of Covid-19 on the ability of the Practice to provide services for private patients?

16. Confirm the practice details on Healthwatch York information

<<https://www.healthwatchyork.co.uk/services/?filter=dentists>>

All checked and correct

Ooops, they need updating!

Appendix 3. What are Units of Dental Activity (UDA's)?

NHS England is responsible for funding NHS dental activity. It currently commissions high street NHS dentists to provide a set number of Units of Dental Activity (UDAs) each year. UDAs represent what needs to be done during a visit to the dentist. For example, an examination may be one UDA, a filling may be 3 UDAs, and dentures may be 12 UDAs. NHS England has 14 Local Offices that commission NHS dental activity. They decide how many UDAs they will commission for their area. The Yorkshire and Humber Local Office covers the York area. The value of a UDA is agreed locally and differing courses of treatment are 'worth' differing numbers of UDAs. These are linked to the three 'Bands' of patient charge for NHS dental treatment. For example, if a patient has an NHS filling they will pay £53.90 for a Band 2 treatment, which earns the dentist three UDAs. In the current contract there are no financial incentives for dentists to keep patients disease-free. Instead, all payment is for treating active disease.

(Extract from 'Filled to Capacity: NHS Dentistry in York March 2018 - A Report Based on Local People's Experience, Healthwatch York.)

Under the previous NHS contract dentists were paid for every item of treatment they provided: examination, filling, crown or denture. Under the new system they are paid per course of treatment, irrespective of how many items are provided within it.

Contact us:

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This Report

This report is available to download from the Healthwatch York website:

www.healthwatchyork.co.uk Paper copies are available from the Healthwatch York office. If you would like this report in any other format, please contact the Healthwatch York office.

York CVS

Healthwatch York is a York CVS project. York CVS is a social action organisation; supporting and championing York's voluntary, community and social enterprise (VCSE) sector to make positive change, challenge issues and grow new ideas for the future in order to strengthen communities.

The logo for York CVS, featuring the text "proud to be part of" in a small teal font above the word "yorkcvs" in a larger, stylized teal font.

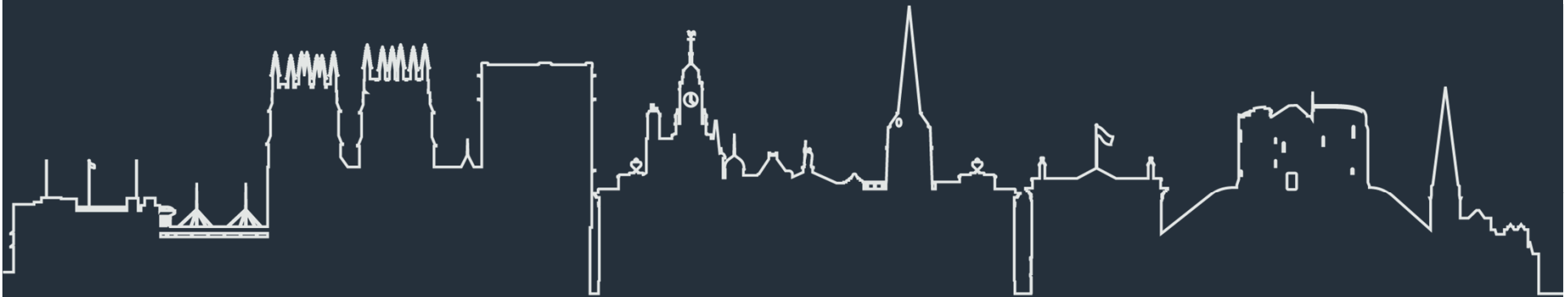
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CITY OF
YORK
COUNCIL

Long COVID – overview, prevalence, services

HWB September 2021



Overview

- Long term condition developing after COVID infection with some similar clinical features to other post-viral syndromes / autoimmune disorders but with a vast array of symptoms and emerging evidence base on diagnosis / treatment
- Definitions:
 - Acute COVID: symptoms of 1-4 weeks duration
 - Ongoing symptomatic COVID: symptoms from 4 to 12 weeks.
 - Post-COVID-19 syndrome: symptoms beyond 12 weeks



What we do know:

- affects a significant proportion of the population (c. 10% have symptom persistence 4+ weeks, 1-2% 12+ weeks)
- Past positive test or symptoms not necessary for diagnosis
- Vaccination attenuates the risk (c. 50% reduction)
- Paediatric Long Covid rates likely to be lower (1 in 20)

What we don't know:

- Risk factors / relation to acuteness of original infection
- Effective diagnostic tests (in development)
- Full range of effective treatments



Prevalence

- 970,000 living with Long Covid in the UK up to the end of August 2021(ONS)
- Would equate to c. 3000 people in City of York
- Long term symptoms reported in UK ranked by most to least common →
- An expected demand of 260 patients per week by late September/early October across Long Covid clinics in Humber Coast and Vale area, based on current rates

Weakness/tiredness
Shortness of breath
Muscle ache
Difficulty concentrating
Loss of smell
Trouble sleeping
Headache
Worry/anxiety
Memory loss/confusion
Loss of taste
Low mood/not enjoying anything
Vertigo/dizziness
Cough
Palpitations
Chest pain
Loss of appetite
Sore throat
Abdominal pain
Nausea/vomiting
Diarrhoea
Fever



Services and Patient Pathway

- There are three long covid MDT assessment services in operation across NY&Y subsystem at YSTHFT, HDFT and the Friarage Hospital.
- Patients are assessed by their GP and any red flags/other possible diagnosis ruled out ahead of referral. As part of the referral documentation, patients are asked to complete the COVID-19 Yorkshire Rehabilitation Scale (C19-YRS). This is a validated screening tool recommended for use by NHSE
- Treatment options include: Consultant led care for complex cases, OT, Physiotherapy, IAPT, Chronic Fatigue, Sleep Support Services, Speech and Language Therapy, Weight loss/Exercise Programme, Smoking Cessation, Patient Groups, Social Prescribing, your covid recovery etc.
- Acute providers are working with community, primary, local authority and voluntary care providers to develop integrated treatment pathways for patients.



Primary Care DES

- The DES intends to support practices to access professional education, provide consistent coding of patients, planning of practice clinical pathways to assess and support patients and consideration of measures to reduce the risk of inequity of access to support.
- All practices across North Yorkshire and York have opted to deliver the Long COVID DES.

Paediatric MDT Assessment Service

- Each ICS is required to have one paediatric assessment service. HCV have received funding to support the set up of this service which will be delivered by HUTH.





Health and Wellbeing BoardSeptember 15th
2021

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

York Health and Care Alliance Update**Summary**

1. This report is to provide an update on the progress of the York Health and Care Alliance, including minutes of recent Alliance meetings for Board members to note.

Background

2. The York Health and Care Alliance was established in April 2021 as our city's response to the changes and reorganisation of the NHS proposed in the government's white paper 'Integration and Innovation'.
3. The Alliance Board was established as a sub-group of the Health and Wellbeing Board through consultation with the Health and Wellbeing Board and through Full Council in April 2021. Papers relating to the establishment the Alliance board, including a description of its purpose and its terms of reference, can be found in Council Executive papers from their meeting on 18th March 2021.
4. As part of this arrangement, an update on the Alliance Board and minutes of meetings held since April are presented to the Health and Wellbeing Board in this paper.

Main/Key Issues to be Considered

Update on NHS reforms

5. When the Health and Wellbeing Board last met, an update was given on the NHS reforms which covered:
 - The Health and Social Care Bill, which is still passing through parliament at the time of this report writing
 - The ICS Design Framework, a policy documents from NHS England laying out details of the governance and design of new Integrated Care Systems
6. Since this point, two key documents have been released:
 - A model ICB constitution, setting out how one part of the ICS (the ICS NHS Body or ICB, which will run the NHS from day-to-day) is to be governed
 - The HR framework governing the transition from CCGs to an ICB and associated functions.

Alliance Board meetings

7. The York Health and Social Care Alliance has met monthly since April 2021, with the membership, aims and purpose and terms of reference presented to the council Executive in March.
8. One of the key aspects of the Alliance's work since the last update has been to work through a 'maturity matrix' which all six 'places' within Humber Coast and Vale have been completing, in order to establish a baseline for how health and systems are working together locally, and where focus should lie to further improve and integrate services. Partners are asked to agree how far work has progressed on a scale from 'emerging' through 'developing', 'maturing' and 'thriving', covering the following areas:
 1. Vision
 2. Health and Care Needs Assessment
 3. Clinically and Professionally Led
 4. Community/Neighbourhood /Citizen Informed
 5. Place Based Plans
 6. Review and Evaluation

7. Enabler – Data
8. Enabler - Organisational Development
9. Enabler – Digital
10. Enabler – Workforce
11. Common Narrative
12. Culture
13. Trust
14. Leadership
15. CCG Transition
16. Governance – Purpose and outcomes
17. Financial Risk
18. Quality

Consultation

9. The work of the Alliance involves key partners from each health and care provider organisation in the city and all of them have been heavily involved in its work. A number of engagement events have been held to share the plans and details on NHS reforms with partners in the city, and more will be possible when the detailed structures have been agreed.

Options

10. The HWBB will receive further reports on the progress of the NHS reforms and the York Health and Care Alliance.

Strategic/Operational Plans

11. The Joint Health and Wellbeing Strategy is the overarching strategic vision for York, and the work of the York Health and Care Alliance supports the delivery of the desired outcomes.

Implications

- **Financial** – There are no financial implications as yet from this report. Any future decisions about finances take by the Alliance will be made through the governance of each partner organisation at this stage, while the Alliance is a partnership rather than a formally constituted body.

- **Human Resources (HR)** – There are no human resources implications as a result of this paper, but significant HR implications of the NHS reforms in general should be noted.
- **Equalities** – the Alliance aligns with the Health and Wellbeing Strategy in aiming to tackle and improve health inequalities
- **Legal** - There are no legal resources implications as a result of this paper, but significant legal and contractual implications of the NHS reforms in general as noted above
- **Crime and Disorder** - none
- **Information Technology (IT)** –none
- **Property** - none
- **Other** – none.

Risk Management

12. Governance processes are in place between the partners to manage the strategic risks of these reforms

Recommendations

13. The Health and Wellbeing Board are asked to:
 - Note the update on the NHS reforms and work of the York Health and Care Alliance
 - Note and receive the minutes of the York Health and Care Alliance

Contact Details

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**Chief Officer Responsible for the
report:**

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

Report
Approved



Date 07.09.2021

All



Wards Affected: *List wards affected or tick box to indicate all [most reports presented to the Health and Wellbeing Board will affect all wards in the city – however there may be times that only a specific area is affected and this should be made clear]*

For further information please contact the author of the report

Background Papers:

Health and Social Care Bill – available [here](#)

ICS design framework – available [here](#)

ICS Implementation Framework – available [here](#)

Annexes

Annex 1 – York Health and Care Alliance Minutes (June 2021)

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York Health and Care Alliance Board

Minutes of the meeting of the York Health and Care Alliance Board held on 28 June 2021 conducted via Microsoft Teams

Present

Simon Morritt (Chair)	Chief Executive, York and Scarborough Hospital NHS Foundation Trust
Dr Emma Broughton	Joint Chair of York Health and Care Collaborative
Gail Brown	Chair, York School and Academies Board
Dr Rebecca Field	Joint Chair of York Health and Care Collaborative
Professor Mike Holmes	Chair, Nimbuscare York
Emma Johnson	Chief Executive, St Leonards Hospice
Phil Mettam	Accountable Officer, Vale of York CCG
Alison Semmence	Chief Executive, York CVS
Sharon Stoltz	Director of Public Health, City of York Council

In Attendance

Abby Combes	Head of Legal and Governance, Vale of York CCG
Professor Stephen Eames	Independent Chair and Lead for the Humber Coast & Vale Health and Care
David Hambleton	DH Leadership Alliance, NECS Associate
Naomi Lonergan (part)	Director of Operations North Yorkshire and York, TEWV
Rob McGough	Partner, Hill Dickinson LLP
Michael Melvin	Director of Safeguarding, City of York Council
Peter Roderick	Consultant in Public Health, City of York Council/VOY CCG
Cllr Carol Runciman	Chair, Health and Wellbeing Board, City of York Council
Jo Baxter	Executive Assistant, Vale of York CCG

AGENDA

The agenda was discussed in the following order.

1. Welcome and apologies for absence

Simon, as deputy chair welcomed everyone to the meeting and noted the apologies from Cllr Aspden, Amanda Hatton and Brent Kilmurray who would be represented at the meeting by Cllr Runciman, Michael Melvin and Naomi Lonergan.

The minutes of the meeting on 24 May 2021 were approved by the Board.

As part of matters arising from the minutes, Mike raised concerns around the lack of progress on the Urgent Care review against an unprecedented rise on activity levels and an expectation of the review being completed for March 2022.

Phil acknowledged the current pressures on the system and advised that CCG colleagues would be undertaking a stocktake over the coming weeks by bringing providers together and encouraging them to work together on a new model of care. This would be in a facilitatory role and a change from the previous CCG contractual role.

Simon too acknowledged the issue raised; work was taking place on the Urgent Care Pathway but there were still statutory duties for the CCG and not the provider to be considered and a conversation was needed to establish options, including the North Yorkshire aspect.

Phil and Simon agreed to take this forward.

The Board:

- Noted the concerns raised on the Urgent Care review and asked Phil and Simon to take this forward and provide an update at the next meeting.

2. Integrated Care System (ICS) Ambitions for Place

The chair welcomed Professor Stephen Eames to the meeting.

Stephen opened by referring to the recent discussion document which set out the proposed operating arrangements for the ICS; he encouraged ongoing dialogue and engagement with all partners over the coming months as the operating model was further crystallised and further national guidance was received.

He advised that the Partnership was being built on six Places with York Place being one of the most progressed places; the intention was to phase in these arrangements in shadow form from November 2021 recognising that 2021/22 would be a transitional year with legislative change from April 2022 and there would be a considerable amount of development at place, provider collaborative, strategic partnership, and at a whole Partnership level during 2022/23. A process would be implemented to review the readiness of each Place through completion of a self-assessment against the Place Development Framework.

In reinforcing the subsidiary principles of 80/20, Stephen highlighted it was down to the Alliance Board to determine and build on how the York Place should operate and for the ICS to support and sign off.

The Chair welcomed the update from Stephen to help with the understanding of the complex picture and opened up for comments.

Sharon referred to the positive work of the Population Health and Health Inequalities Board and it was recognised that consideration would need to be given on how the limited Public Health resource was deployed across the ICS.

Mike sought clarity regarding the legal status of the Alliance and being held to account. In response, Stephen advised there was no clear and specific guidelines regarding the legal

framework for Place and it would be how the ICS delegated to Place. Further thought would be needed from the Alliance to determine what legalities and principles were placed around the partnership. In respect of financial budgets, Stephen acknowledged the complexities and advised that a suite of guidance was awaited.

SE left the meeting

The Board:

- Welcomed the update

3. Emerging Scope of Enabling Functions

Phil began by referring back to the update from Stephen advising that the intention was to review the self-assessment Place Development Framework over the coming months. Today, for awareness he would be sharing the emerging scope of enabling functions which, if agreed by the Board, David and the soon to be established Alliance Leadership Team, would take responsibility to move forward. A desire to have an understanding of the people capacity and capability by the end of summer was highlighted alongside the four places within the Humber who were already further advanced with this work through existing relationships.

The slides displayed examples of how functional responsibilities could be managed in Place for Quality, Finance and Communications and Engagement. Work was already taking place around the suggested infrastructure needed for Quality and a paper would be brought back to the Board in July.

The Board discussed Phil's presentation and clarity was sought around co-production; how could the Board feed into this and move away from just information sharing so far. Additionally, how would relationships with Local Care Partnerships and Places work? Phil acknowledged both points made; compatibility outside of York was absolutely the case and would be key. David would elaborate on the co-production query under the Alliance Leadership Team item.

In closing the item, the Chair recognised the wish for clarity in many areas, but this was still the design stage in the transition to ICS whilst national guidance was awaited and the Board should continue to push on and influence where it could.

NL left the meeting

The Board:

- Noted the work underway and welcomed future updates

4. Alliance Leadership Team (ALT) update

An initial meeting had been held with a small group of nominated representatives from the Board to consider the role and membership of the ALT. David reflected on the meeting where there had been enthusiasm for the challenge of establishing an ALT to deliver

something different for the City of York and recognition of the duality that was required when both leading a culture & behaviour change as well as overseeing the delivery of priorities.

He advised that an early task for the ALT would be to identify the functions required at Place level, utilising the work of the Humber as a starting point.

A further planning meeting was being held to finalise the ALT membership with the aim of the first meeting to take place by the end of July; David welcomed any further thoughts on the membership and was keen for wide-ranging perspectives from organisations.

As discussion ensued, the Board considered the benefits from a suggested development day, for both the Board and ALT.

The Board:

- Noted the establishment of the ALT and requested an update at the next meeting
- Agreed to consider a "Time Out" development day

5. Update on Diabetes and Engagement

Alison and Peter recapped on the April meeting where the Board had committed to an approach with engagement at the centre, where the voice of the patient, resident or service user would be heard and valued through a principle of 'co-production'. Whilst still early days, the paper being presented provided an update on activities in this area.

Peter referred back to the earlier discussion around the awaited clarity on the ICS transition. It was important to push on now and use the opportunity to focus on the specific priorities already agreed by the Board. As Diabetes / Healthy Weight had been agreed as one of the areas of first focus for the Board an in-depth piece of work had commenced, and the paper summarised the planned work in this respect.

The Board welcomed the planned work around Diabetes; the additional benefits that could be realised from co-production with clinicians, social care and the voluntary sector was emphasised, and Mike and Alison would pursue this outside of the meeting.

In addition, the importance of starting with children was highlighted by Gail; Sharon noted the work already in place through Public Health teams and schools and how this could be further developed.

If agreed, it was proposed that the early diabetes work could be utilised as a 'test case' and lessons learned on the appropriate engagement methods needed to feed into the strategic work of the Board. The Alliance would also need to continue to reflect on what was agreed at the Alliance meeting in April around its overall future approach.

The Board:

- Supported the approach
- Noted that Mike and Alison would provide an update at the next meeting on the progress with co-production

6. Population Health Hub update

Peter gave a brief overview on the progress of the Population Health Hub and provided an early update on the Diabetes work as the most tangible project so far.

The Board:

- Received an update on the early work of the Population Health Hub

7. Proposal to support the further development of a Place based partnership in the City of York

David and Rob left the meeting for this item.

In presenting the item, Phil alluded to the April meeting where a continuation of the external support provided to develop the York place-based model so far through Hill Dickinson and NECS had been discussed and supported.

Following the initial work to develop the model and the approach with the CCG and local provider partnerships, the proposal being presented would now focus on the implementation and development of the City of York Place with the intention of preparing this for operation as a place based partnership operating under the new legal framework from April 2022. The expectation from the ICS was that local partners in York would cover the costs of further development work.

The Board discussed the proposal and acknowledged the progress made through the external support; the cost, however, was a concern and the Board were keen to utilise existing internal knowledge and expertise across the system to help alleviate this.

Additionally, the board suggested that the ICS considered future Hill Dickinson support from a value for money perspective including input into the York Alliance.

The Board:

- Acknowledged the progress so far facilitated by Hill Dickinson but proposed to replace this with expertise from within the health and care system and limit Hill Dickinson input to facilitating cultural development and any specific support required.

8. Section 75 Agreements

Rob presented the paper which provided guidance and suggested next steps on the further development of the Alliance using Section 75 agreements as part of the operating model for City of York.

He referred to the number of Section 75 agreements already in operation in York between the City of York Council and Vale of York CCG. The paper recommended an initial review

of these and consideration of a consolidated approach for 2021/22 including wider services/budgets to reflect the ambition of the CCG and Council within the Alliance Board, and to provide a basis for the place working within the ICS.

Within the Board, there were varying degrees of knowledge relating to Section 75 agreements and it was suggested that the Legal teams within the system could help with the understanding of this via a separate training session. The Board also requested sight of existing Section 75 agreements to help further with this.

The Board:

- Noted the recommendations relating to Section 75 agreements and requested that the Legal teams within the system pursued these on behalf of the Board
- Requested Section 75 training for Board members

9. Conflicts of Interest Policy

Abby presented the proposed Conflicts of Interest policy which had been produced to support the work of the Alliance Board and supporting Delivery Groups established under the Concord.

In presenting, Abby explained the policy would remain as work in progress until the Alliance became a decision making Board when the policy would become more material.

The Board:

- Approved the Conflicts of Interest Policy with further work required to manage any potential commercial conflicts as they arose.

10. Any Other Business

A request was made for meeting papers to be circulated in a timely manner to allow sufficient preparatory work ahead of the meetings.

11. Confirmation of next steps and summing up

The Chair closed the meeting and noted the next meeting date was Friday 30 July.