
Meeting	Health and Wellbeing Board
Date	5 May 2021
Present	<p>Councillors Runciman (Chair), Craghill, Orrell and Perrett</p> <p>Dr Nigel Wells (Vice Chair), Chair NHS Vale of York Clinical Commissioning Group (CCG)</p> <p>Dr Emma Broughton, Chair of the York Health and Care Collaborative & a PCN Clinical Director,</p> <p>Amanda Hatton, Corporate Director of People, City of York Council,</p> <p>Shaun Jones, Deputy Locality Director, NHS England and Improvement,</p> <p>Naomi Lonergan, Director of Operations, North Yorkshire and York - Tees, Esk and Wear Valleys NHS Foundation Trust,</p> <p>Simon Morrith, Chief Executive, York Teaching Hospital NHS Foundation Trust,</p> <p>Stephanie Porter, Director of Primary Care, NHS Vale of York Clinical Commissioning Group,</p> <p>Lisa Winward, Chief Constable, North Yorkshire Police,</p> <p>David Harbourne, Chair of York CVS (Substitute for Alison Semmence),</p> <p>Janet Wright, Chair of Healthwatch York (Substitute for Sian Balsom),</p> <p>Beverley Proctor, Chief Executive, Independent Care Group (Substitute for Mike Padgham)</p>

Peter Roderick, Consultant in Public Health,
City of York Council/NHS Vale of York
Clinical Commissioning Group (Substitute for
Sharon Sholtz)

Apologies

Alison Semmence, Chief Executive, York
CVS
Sian Balsom, Manager, Healthwatch York
Mike Padgham, Chair, Independent Care
Group
Sharon Stoltz, Director of Public Health, City
of York Council

36. 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.

37. Minutes

Resolved: That the minutes of the meeting held on Wednesday 10 March 2021 be approved as an accurate record and then signed by the Chair at a later date.

The Board received a clarification relating to the discussion of Covid-19 deaths in care homes under Minute 32. This was as follows:

- *'The reported figure for deaths in care homes in York via ONS is 128 to date (slightly higher than the reported figure by homes – there is always a slight discrepancy as ONS counts some non-care home settings), given we have 1524 registered care home beds in the City, this would equate to approx. 8% of total bed capacity so nowhere near the third that was quoted. Also – that is beds and more people would have been through the services than that number during the year so the actual figure of residents would be even lower.'*

Cllr Craghill requested an update regarding Dr Crane's public participation comments on Vocare and York's Emergency Department in the previous meeting detailed in Minute 31. It

was reported that the issue had been discussed at the meeting of the Health and Adult Social Care Policy and Scrutiny Committee on Tuesday 13 April 2021, and that the key points arising from that discussion were that there were no plans to alter the services provided by Vocare and that staff from the York Emergency Department would not become Vocare employees. The need to continue engagement between the primary care community (GPs) and the hospital as well as Vocare on ongoing issues such as making access to healthcare easier to understand for patients.

38. Public Participation

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

39. York Mental Health Summit

The Board received a report which provided it with information about the recent York Mental Health Summit and how outputs from the summit were being progressed. The independent Chair of the Health and Wellbeing Board's Mental Health Partnership and the Accountable Officer at NHS Vale of York Clinical Commissioning Group were in attendance to present the report.

Key points raised in the presentation of the report included:

- That there was considerable demand for mental health services in York which, although not out of step with national trends, highlighted the urgent need for differing sectors to work together in creating a short, medium and long term plan on the issue of mental health.
- That the Board expressed their satisfaction with the response from key partners at the York Mental Health Summit, who made commitments to contribute to the aforementioned short medium and long term plan; the need to link together efforts in the public and private sector was also emphasised.
- The recognition of the pressures on mental health staff and the ongoing issues of recruitment of mental health professionals.

From the perspective of the primary care sector, it was noted that:

- Mental health had gone from being the fifth to the second most common issue that GPs dealt with.
- It was important to link mental health community assets in York such as walking groups and other initiatives to increase social interaction and combat loneliness.

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

- The main mechanism by which progress on the listed actions will be given, was through the Community Mental Health Partnership, which may provide the Board with updates whenever necessary.
- The main pressure points in the 20% of the population who are facing increased need or previously unmet need were in primary care with issues such as eating disorders, but there was pressure across all areas and particular attention was being focused on improving care for those formerly at the 'threshold' of eligibility for mental health services.
- Partners in education were being worked with closely to provide new courses in nursing, social care and mental health and that efforts were being made to increase the capacity of mental health professionals to meet the increasing demand for the next three years, with a course in Nursing at York St John University beginning in September being highlighted.
- The community mental health programme was seeking to reduce gaps between primary and secondary care as well as linking with children's services to provide a more comprehensive service.

The Chair thanked members for the discussion of the report and emphasised the need for local provision for social interaction and combating loneliness as the country begins to leave lockdown.

Resolved:

- (i) That the contents of the report be noted.
- (ii) That members of the Board will ensure that adequate resources are made available within their individual organisations to progress the actions within the timescales identified in the action plan at Annex A to this report.

Reason: To allow the Board to receive the information about the recent York Mental Health Summit and to ensure that the action plan detailed at Annex A can be progressed.

40. Ageing Well Partnership: Progress Report

The Board received a report which presented it with an update on the work of the Ageing Well Partnership undertaken since last reporting to the Board in March 2020. The report was presented by one of the co-chairs of the partnership.

Key points raised in the presentation of the report included:

- That the regular meetings and work of the Ageing Well Partnership had been disrupted by the onset of the Covid-19 pandemic, but that this period had enabled the creation of a Co-Chairship which has allowed for closer collaboration with the NHS Vale of York Clinical Commissioning Group, the York Healthcare Collaborative and the City of York Council.
- That the membership of the Partnership had become broader, with more community/voluntary sector involvement, in line with the Terms of Reference's acknowledgment of the need for engagement.
- That there were currently three priority work streams of the Ageing Well Partnership: the Age Friendly York Project, developing a dementia strategy for York and a focus on deconditioning, particularly as the restrictions due to Covid-19 are lifted.

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.
- That the importance of ensuring that the perception and worth of older people as contributing members of society should not be forgotten, including that public health matters such as campaigns against smoking should not be aimed exclusively towards the young, especially in light of recent evidence linking tobacco smoking to dementia.
- That as part of work on the Partnership's priorities, a research of the Older People's Survey should be considered, and that in response to concerns around

some of the delivery timescales of the Age Friendly Community Project, the Partnership may assess whether they need altering in the future.

- That it was important for the Partnership to work collaboratively with other areas in relation to older people's issues, for example the work of the City of York Council's Older People's Programme in Housing Delivery, especially in areas of intergenerational policy.

The Chair thanked the report author and the Ageing Well Partnership for their work and the progress made since the last update, especially around the issue of dementia.

Resolved:

- (i) That the refreshed Terms of Reference at Annex C be ratified.
- (ii) That the Board indicates its ongoing support for the direction of travel for the Ageing Well Partnership, including the three identified priorities around progressing the Age Friendly York project; developing a dementia strategy and undertaking further work around deconditioning.

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

41. Covid-19 Update

The Board received an update on the latest data regarding Covid-19 in York.

The key points arising from the update included:

- That the most recent provisional data (26/04/21 to 02/05/21) showed a rate of 17 Covid-19 cases per 100,000 in York and the most recent validated data (23/04/21 to 29/04/21) showed a rate of 21.8 per 100,000.
- That York had one of the lowest rates of Covid-19 in the country, and the second lowest in the Yorkshire and Humberside Region.

- That there had been a slight increase in cases in recent weeks, but that such a change was to be expected with the easing of restrictions and that it was small enough that it could be a chance fluctuation. There had been a similar increase in NHS 111 enquiries, which was not cause for concern but was being monitored.
- That 1 in 100 PCR tests in York were positive, which was broadly similar to national and lower than regional trends; 0.1% of lateral flow test results were positive.
- That there had been 395 Covid-19 related deaths since the beginning of the pandemic in York, 168 more deaths than might have been expected otherwise.
- That there were currently no recorded Covid-19 infections in York care homes, and that an outbreak had not been reported since February.
- That the dramatic decrease in infections in the over 60s cohorts was an indication of the vaccine programme's success. 90% of over 70s had received both doses of the vaccine and the last month had seen efforts particularly focused on increasing administrations of second doses.
- That it had been observed in the past that Covid-19 cases were concentrated in deprived areas of York, but at present the cases were spread fairly evenly.

Comments from Board members and discussion of questions included:

- That 4 school-age children in separate schools had recently tested positive, but unlike in previous cases, there was not a need to isolate whole portions of the school population.
- That a vaccine tracing initiative had been set up, to directly contact those who had turned down the vaccine multiple times through multiple mediums in order to understand their reasons for refusing the vaccine and in the hopes of engaging them in a conversation about the vaccine's benefits.
- That the main reasons for those who have not been taking up vaccines were that many were not resident in the UK, that some were currently too ill, and some had chosen not to. Transport hardship funds for those who cannot make it to vaccine centres were being implemented, as well as options for taking the vaccine to the patient when required and possible.
- That demand for vaccines outstripped supply, and that the primary care sector was asking the public to be patient as

greater supply was expected in the future. There was also concern about the attendance of vulnerable groups such as those with learning difficulties and dementia. It was noted that Nimbus Care had put on specialised learning difficulty and autism vaccination sessions more accessible to those groups.

- That from the perspective of the care home and domiciliary care sector, it was important to cater to individualised need around vaccination, for example through an escalation system for individuals in need of the vaccine.
- That there was one Covid-19 positive patient in York hospitals, and that the hospitals thanked primary care for their role in preventing hospitalisation. It was also noted that demand levels for non-Covid work were increasing back to normal levels.

The Chair thanked the update's author and all of the members of the Board for their contributions, as well as expressing the gratitude of the Board to all vaccination volunteers who were making the vaccine rollout possible.

Resolved:

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

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

42. Better Care Fund Update

The Board received a report which provided an update on the national reporting process for the 2020-21 Better Care Fund Plan, the progress of the Better Care Fund Review, the national small grants scheme and the planning arrangements from 2021-22.

Key points arising from the update included:

- An explanation of the 4 key elements to the report: the national reporting process 2020-21, the work to review the

BCF, the successful national small grants scheme bid and planning arrangements for the current financial year.

- That the national small grants scheme bid was successful in acquiring £15,000 of funding for a pilot of an innovative model of care with Care Rooms Ltd which will give support to those leaving hospital. The collaborative network around the pilot was emphasised, which includes representatives of the Independent Care Group.
- That the BCF aims to create a person centred integrated care system where health, social care, housing and other services work together seamlessly to provide better services for York residents.
- That the total value of the BCF in 20/21 was £19.233 million, and that it was entering the second consecutive year of financial rollover due to a lack of national planning and policy requirements.
- That the BCF has completed the first three phases of the review, which has looked at all of its schemes not only to calculate value for money, but the social value and social return on investment, as well as individual outcomes, prevention and population health improvement, which the BCF sees as currencies in their own right.
- That longer term strategic recommendations will be presented to the Health and Wellbeing Board's meeting in July.
- That focus of the BCF was on clarifying business processes and improving communication between commissioners and scheme providers; the Fund seeks to join up arrangements between the City of York Council and the Vale of York Clinical Commissioning Group.
- A discussion of the work of the York Integrated Care Team, which is fully funded by the BCF and is involved in many areas of its competence.

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

- The primary care sector thanked the BCF and particularly the York Integrated Care Team's care plans, which have reduced visiting levels of GPs as well as hospital admissions significantly through its proactive reaching out to members of the community in need.
- The universal reach of the Integrated Care Team, which will provide aid to any member of the community without imposed boundaries was praised.

- Members thanked the BCF for their work in bringing different areas of health and social care and other sectors together, fostering collaboration and innovation while allowing funding to spread across institutions.

The Chair thanked the BCF and the York Integrated Care Team for their work and report, and Board members for their contribution to the discussion.

Resolved:

- (i) That the York Better Care Fund update be received by the Board.

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

- (ii) That authority is delegated to the Chair to sign off on the End of Year Expenditure template prior to submission.

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

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

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

- (iv) That the Board will receive further reports on the progress and outcomes from the BCF review at future meetings.

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

Cllr. C. Runciman, Chair

[The meeting started at 4.30 pm and finished at 6.24 pm].