

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

To: Councillors Coles (Chair), Runciman, Webb and Mason
Siân Balsom – Manager, Healthwatch York
Dr Emma Broughton – Joint Chair of York Health & Care Collaborative
Zoe Campbell – Managing Director, Yorkshire, York & Selby - Tees, Esk & Wear Valleys NHS Foundation Trust
Sarah Coltman-Lovell - York Place Director
Sara Storey – Corporate Director, Adults and Integration
Martin Kelly - Corporate Director of Children’s and Education, City of York Council
Simon Morritt - Chief Executive, York & Scarborough Teaching Hospitals NHS Foundation Trust
Mike Padgham – Chair, Independent Care Group
Alison Semmence - Chief Executive, York CVS
Peter Roderick - Director of Public Health, City of York Council
Tim Forber - Chief Constable, North Yorkshire Police

Date: Wednesday, 8 May 2024

Time: 4.30 pm

Venue: West Offices - Station Rise, York YO1 6GA

AGENDA

1. **Declarations of Interest** (Pages 1 - 2)

At this point in the meeting, Members and co-opted members are asked to declare any disclosable pecuniary interest, or other registerable interest, they might have in respect of business on this agenda, if they have not already done so in advance on the Register of Interests. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

[Please see attached sheet for further guidance for Members].

2. **Minutes** (Pages 3 - 14)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on **Wednesday, 20 March 2024**.

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. The deadline for registering at this meeting is at **5.00pm on Friday 3 May 2024**.

To register to speak please visit 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 Public Meetings

Please note that, subject to available resources, this public meeting will be webcast including any registered public speakers who have given their permission. The public meeting can be viewed on demand at www.york.gov.uk/webcasts.

4. Report of the Chair of the Health and Wellbeing Board (Pages 15 - 20)

This paper is designed to summarise key issues and progress which has happened in between meetings of the Health and Wellbeing Board, giving Board members a concise update on a broad range of relevant topics which would otherwise entail separate papers.

5. Report of the York Health and Care Partnership (Pages 21 - 32)

This report provides an update to the Health and Wellbeing Board regarding the work of the York Health and Care Partnership, progress to date and next steps.

6. Update on Goal 7 of the Joint Health and Wellbeing Strategy 2022-2032: 'Reduce both the suicide rate and the self-harm rate in the city by 20%' (Pages 33 - 44)

This paper provides the Board with an update on the implementation and delivery of one of the ten big goals within the Local Joint Health and Wellbeing Strategy 2022-2032. It also includes information on performance monitoring.

7. Learning From Early Talk for York (Pages 45 - 50)

The Board requested a summary from the Early Talk for York team of the key aspects that have made the approach successful.

Partners were asked 'What can other local initiatives learn from the success of Early Talk for York?' Their responses form the main content of this paper, on the theme of 'genuine partnership working'.

8. Developing a Corporate Parent approach to support the Health and Wellbeing of Care Leavers (Pages 51 - 56)

This report aims to brief members of the Board on issues pertinent to care leavers and why it is important to consider the specific health and wellbeing needs of this group.

The report provides an overview of issues raised by care leavers and an update on some initial scoping work to develop a targeted response, and it aims to secure a collaborative approach in York

to corporate parenting and the Board are asked to support this work.

9. Urgent Business

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

Democratic Services Officer

Ben Jewitt

Telephone – (01904) 553073

Email – benjamin.jewitt@york.gov.uk

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting, Ben Jewitt.

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

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 میا کی جاسکتی ہیں۔ (Urdu)

 (01904) 551550

Declarations of Interest – guidance for Members

- (1) Members must consider their interests, and act according to the following:

Type of Interest	You must
Disclosable Pecuniary Interests	Disclose the interest, not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.
Other Registrable Interests (Directly Related) OR Non-Registrable Interests (Directly Related)	Disclose the interest; speak on the item <u>only if</u> the public are also allowed to speak, but otherwise not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.
Other Registrable Interests (Affects) OR Non-Registrable Interests (Affects)	Disclose the interest; remain in the meeting, participate and vote <u>unless</u> the matter affects the financial interest or well-being: (a) to a greater extent than it affects the financial interest or well-being of a majority of inhabitants of the affected ward; and (b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest. In which case, speak on the item <u>only if</u> the public are also allowed to speak, but otherwise do not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.

- (2) Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.
- (3) Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.

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City of York Council

Committee Minutes

Meeting	Health and Wellbeing Board
Date	20 March 2024
Present	<p>Councillors Coles (Chair), Runciman and Waller (Substitute)</p> <p>Siân Balsom – Manager, Healthwatch York</p> <p>Dr Emma Broughton – Joint Chair of York Health and Care Collaborative</p> <p>Brian Cranna - Director of Operations and Transformation, Tees, Esk and Wear Valleys NHS Foundation Trust (Substitute)</p> <p>Caroline Johnson – Deputy Director of Nursing – York (Substitute)</p> <p>Sara Storey – Corporate Director Adult Social Care and Integration, City of York Council</p> <p>Martin Kelly – Corporate Director of Children’s and Education Services, City of York Council</p> <p>David Harbourne – Chair, York CVS (Substitute)</p> <p>Peter Roderick - Director of Public Health, City of York Council</p>
Apologies	<p>Councillors Webb and Ayre</p> <p>Sarah Coltman-Lovell – York Place Director</p> <p>Zoe Campbell – Managing Director, Yorkshire, York and Selby - Tees, Esk and Wear Valleys NHS Foundation Trust</p> <p>Simon Morritt - Chief Executive, York and Scarborough Teaching Hospitals NHS Foundation Trust</p> <p>Tim Forber - Chief Constable, North Yorkshire Police</p> <p>Alison Semmence – Chief Executive, York CVS</p> <p>Mike Padgham – Chair, Independent Care Group</p>

178. Declarations of Interest (4:38pm)

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.

179. Minutes (4:38pm)

Resolved: That the minutes of the Health and Wellbeing Board meeting on 24 January 2024 be approved as a correct record.

180. Public Participation (4:39pm)

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

Hazel Kerrison spoke about mortality rates in adults with severe mental illness. She advised that during the last four years, there has been an increase in excess deaths nationally for this cohort, but local numbers are far higher (425% vs 344.2%). She noted that the only excess risk factor singled out by studies was smoking, but multiple other risk factors such as side effects of anti-psychotics, socio-economic issues, late diagnosis, irregular health care, non-compliance, discrimination and suicide were not taken into account and should also be considered.

She also expressed concern that if a person with a diagnosed mental illness visited their GP with any physical disorder, the doctor was likely to assume a link to the patient's mental health condition; Ms Kerrison suggested that many patients in this cohort are statistically likely to have mental OR physical comorbidities and complex needs, which are not captured by simply assessing lifestyle choices like smoking.

181. Report of the Chair of the Health and Wellbeing Board (4:43pm)

The Chair presented the report. Referencing Annex B of the report, she queried several points which were unclear and proposed circulation of an amended version of this annex.

The Chair then responded to points raised by Board Members:

- The board raised the issue of pharmacies being difficult to access for elderly residents requiring regular prescriptions; patients living in villages were often obliged to make long journeys and some pharmacies were not wheelchair accessible. It was noted that local GP groups had been working internally to save patients multiple bus journeys, and Amazon-style lockers for delivery of medication had also been discussed.
- Concerning the Dementia Strategy, the board encouraged carers to make themselves known to their GP so that they can work collaboratively, and advised that for people concerned about dementia, they did not need to wait for a diagnosis and help was available from organisations such as Dementia Forward.

Resolved: That the Health and Wellbeing Board noted the report.

Reason: So that the Board were kept up to date on: Board business, local updates, national updates, and actions on recommendations from recent Healthwatch reports.

182. Report of the York Health and Care Partnership (4:52pm)

The Director of Public Health presented the report and the Deputy Director of Nursing – York presented an update on the progress of the Mental Health Hub.

The following points were discussed:

- Regarding speech and language professionals – the board asked about increasing access referrals as there was still a waiting list. The Corporate Director Children's and Education responded that there are two parts of the Early Talk For York scheme, the first is identifying the issue and passing on to specialists, the second is training people within the workforce to respond to it. So the first part was probably increasing waits by identifying more cases. He noted that we were not going to see a number of specialists come to the city who don't exist nationally.

- Regarding winter pressures the Joint Chair of York Health and Care Collaborative expressed concern that funds were usually committed in December and primary care were asked to step up by which time they could not do so quickly enough. It was suggested this be made opt-out rather than opt-in to make more economic use of funds. The Director of Public Health responded to this by noting that an operational group had been set up early by his predecessor last year and public messaging re vaccination did get out there at an earlier point, the problematic part was waiting for NHS England to announce funding. He agreed with primary care's suggestion that discussions with the ICB about the best spending needed to happen earlier in the year.
- Regarding Funding - the Manager of Healthwatch York agreed that currently things were being done locally at risk when it was generally understood that the money would be coming. She proposed writing a wish list of what is required, whether or not the money had come at that point. The Chair of York CVS stated that the same was applicable to the voluntary and community sector. He stated the sector was keen to help with winter pressures but significant operational challenges were presented where money was awarded at such short notice; additionally if a contract has been awarded but the outcome of a review was not received until the contract had ended, voluntary staff have left due to having had to be put on notice of redundancy.
- Regarding Mental Health Hubs – the board advised that they were pleased to see an early intervention and prevention approach discussed in the report as it saved both money and time later. The board said it would appreciate advice on where the Mental Health hubs would be and how people can get to them. The Director of Operations and Transformation, TEWV advised that the Mental Health Hub was on track to relaunch at Clarence Street in April 2024 and –
 - Posts had now been fully recruited to.
 - There was an aim for a sustainable model going forward to establish three hubs across York.
 - Referrals would be diverted from primary care and specialist services.

- Crisis line/crisis team was the appropriate direction to best address the needs of the community.
- There was currently an overall 4-hour response time.
- There was an 0800 number on the new telephone system and a new provider will start on 3 April to screen calls.
- The average wait time was 30 mins and there had been 388 callers in last week, 70% of which were answered before the call was abandoned.

On this last point, the Chair expressed some concern that 30% of calls to the crisis line had still 'hung up' in the past week and therefore those people may end up in Accident and Emergency. She stressed that if there was anything that partners can contribute then please raise this as we wish to address this issue. The Director of Operations and Transformation, TEWV stressed for clarity that 94% calls were answered by a person and it was just the transfer through that the 70% figure comes from, and he can observe from statistics that many of these people call back.

Resolved: That the Board note the report of the YHCP.

Reason: So that the Board were kept up to date on the work of the YHCP, progress to date and next steps.

183. Update on Dentistry (5:24pm)

The Deputy Director for Dental Commissioning, Yorkshire and Humber presented an update on the national dental recovery plan.

The Programme Lead, Dental & Optometry, Humber and North Yorkshire ICB presented an update on the Blossom Family Dental Practice discussed at the previous HWBB meeting.

She was pleased to advise that work had been completed to retain the NHS contract for the City. A staggered return to offering existing patients appointments and taking on new patients, and 84 patient access appointments, 12 urgent access slots had been agreed per week. The Chair welcomed this as a genuinely good outcome for York.

The board noted another piece of good news for York, that the ICB were still on track to open additional provision over from BUPA this Summer. Mydentist was relocating to Stonebow and may be able to accommodate more NHS patients there.

The presenters took queries on the report from the Board on the following:

- The board expressed concern that this funding was non-recurrent and asked whether this would allow for sustainable arrangements with dental practices going forwards, given waiting lists and challenges including staffing would be ongoing.
- The Board expressed concern that a Freedom of Information request had indicated none of the previous £50 million allocated funding was actually spent in York, so would any of this new funding be coming to the city? The Programme Lead, Dental & Optometry, Humber and North Yorkshire ICB indicated that funding was ring fenced, and would be going forward to 2024/25 so they could still commit to spending that. The ICB had also taken a positive approach to managing risk, and this allowed forward planning re: workforce. Also planning ahead for Intermediate and Minor Oral Surgery (IMOS) which they had only gone as far north as Selby with and would like to move into York. She also indicated that they intended to launch a pilot to support people in vulnerable groups.
- The board noted that children, homeless people, those with mental health difficulties and refugee groups had been identified as high-risk groups to be prioritised with pilot schemes, and asked whether other vulnerable groups could also be added to this category such as pregnant women and diabetics, care leavers 18-25?
- The board asked how can we signpost people who no longer have access to dentists? An example was given of cancer patients who can't eat due to dental issues. The Programme Lead, Dental & Optometry, Humber and North Yorkshire ICB advised that signposting could be provided for urgent access sessions, though caution would be needed to manage patient expectation that this was

increased likelihood of being seen and not a guarantee. The board welcomed this, as GPs are currently having to triage or treat these cases without clear resources.

- The board requested metrics be presented after six months – where things started, where they had got to; with the workforce, net gain or loss, extractions in children etc. The Programme Lead, Dental & Optometry, Humber and North Yorkshire ICB agreed that these metrics would be useful – working on a report around what metrics to review regularly and acknowledged that feedback from the Board would be really useful. The board requested these metrics also be triangulated with Primary Care and A&E attendances for dental issues.
- The board queried the experience of children in particular; noting that a substantial part of the school day is lost if patients needed to travel a long distance for dental appointments. The Programme Lead, Dental & Optometry, Humber and North Yorkshire ICB responded that they had several child-only contracts out and were awaiting confirmation with four practices who had expressed interest to accommodate children who have not accessed an NHS dentist for 2 years. The Corporate Director Children's and Education noted that 92% of young people in care for more than 1 year have an up-to-date dental check (up from 79% last year) and wished to congratulate ICB for their work here.
- The board suggested that the Corporate Director of Children's and Education liaise with ICB to determine which children/schools may benefit most from pilot scheme for children.
- The board queried further investment into the Smile for Life programme and the Deputy Director for Dental Commissioning, Yorkshire and Humber said he would look into this.

Resolved: That the Health and Wellbeing Board noted and commented on the contents and implications of the report.

Reason: To provide the Health and Wellbeing Board with an understanding of the current state of dental services within the City of York, an update on the national dental recovery plan

(launched February 2024) and future Humber and North Yorkshire Integrated Care Board plans for dentistry.

184. Update on Goal 6 of the Joint Health and Wellbeing Strategy 2022-2032: 'Reduce health inequalities in specific groups' (5:57pm)

The Director of Public Health presented the update, which included highlighting Section 10 which showed that there were inequalities and exceptional rates of mortality in excluded groups within the strategy, as also evidenced in Ms Kerrison's speech in the Public Participation section.

The Director of Public Health responded to questions from Board Members regarding:

- Multiple categories of disadvantage, which mean a patient may not fit into a single individual category; the Director of Public Health advised that this was evolving, and work had been undertaken on dual diagnosis, particularly drugs/alcohol and mental health. He suggested that trauma tended to be siloed and professionals should become more used to discussing these issues with one another to determine the best place for a patient at any given time. He noted that the housing issue was also a factor here.
- Answering whether there were metrics on which schemes are working and which may need further development, the Director of Public Health indicated that there was a larger, broader paper summarising these metrics and this will be brought back to the Board allowing for deeper analysis of progress and impact on Goal 6 at a future date.
- It was highlighted that the trans community in particular had very lengthy wait times and while the ICS was looking into this, it was not ideal given the vulnerability of that cohort. The Director of Public Health said responsibility for this may lie directly with the Commissioner at a national level, but the issue would be discussed with the ICB.
- Barriers to health access existed for deaf people, who had higher inequalities despite generally healthier lifestyles. The Chair advised that the latter issue would be going

before the Executive imminently and requested the Director of Public Health assess and refine it prior to submission. The Director of Public Health agreed that including those with hearing and visual sensory issues as an equality group in this report would be beneficial going forward.

- Regarding the voluntary sector the Chair noted that the Board needed to ensure treating people with kindness and understanding was enshrined, especially when it came to marginalised groups. The Chair of York CVS noted his involvement as Community Commissioner for the Poverty Truth Commission (PTC), since the PTC had come up in the context of this report. He noted that the PTC would be publishing its report in April, but once they had completed their work, the organisations within the Board would need to commit to contribute to this on a fundamental level.
- It was noted that the Data on Excess Deaths in the Annex A table was dated 2021. The Director of Public Health noted that this was published in March 2023, and he would usually expect an annual refresh of data. Unfortunately, this was a national data set and not within his remit directly.
- Employment rate for people with Learning Difficulties is wider than national average – was there a reason for this?
- It was highlighted that gypsy/traveller community health inequality statistics were also stark; the Director of Public Health noted that a health needs assessment had been published on the Council's website and an action plan was also being brought forward on this. There was a multi-agency group including the York Travellers Trust who were addressing these statistics.

Resolved: That the Health and Wellbeing Board noted and commented on the updates provided within this report and its associated annexes.

Reason: To ensure that the Health and Wellbeing Board fulfilled its statutory duty to deliver on one of the ten big goals within the Joint Local Health and Wellbeing Strategy 2022-2032.

185. Annual Update on the JSNA (6:18pm)

The Public Health Specialist Practitioner Advanced presented a retrospective on the Joint Strategic Needs Assessment (JSNA).

- The Board asked if consideration had been given to linking the End of Life Health Needs Assessment to the Bereavement Alliance; the Public Health Specialist Practitioner agreed that this suggestion was very sensible and the Health and Wellbeing Partnerships Coordinator offered to liaise with her on this matter.

The Public Health Specialist Practitioner Advanced presented an overview of things to come in 2024.

Resolved: That the Health and Wellbeing Board noted and commented on the contents and implications of the report.

Reason: To provide the Health and Wellbeing Board with an update on the JSNA, including work undertaken in the last year by the York Population Health Hub and planned work for the coming year.

186. Healthwatch Report: Community Pharmacy (6:27pm)

The Manager, Healthwatch York presented the report, which looked at the results of a survey exploring people's experiences at community pharmacies, led by Healthwatch York in partnership with Healthwatch North Yorkshire and Community Pharmacy North Yorkshire.

On discussion of the report the following points were raised:

- Querying the bar charts indicating the services currently being accessed, the board asked what else might encourage more people to go to pharmacy; the Manager Healthwatch York agreed that one driver would be a better understanding of the wide range of services that can be offered, blood pressure, advice on many conditions without waiting for a GP appointment and the pharmacy will always signpost if they are unable to help. She strongly urged the public to try the pharmacy in the first instance.
- Regarding unclear communication of irregular pharmacy opening hours over the Christmas period the Manager,

Healthwatch York agreed that this could be communicated better and that a shared resource that all providers signpost to would be useful in future.

Resolved: That the Health and Wellbeing Board received the report.

Reason: To present the results of a survey exploring people's experiences at community pharmacies, led by Healthwatch York in partnership with Healthwatch North Yorkshire and Community Pharmacy North Yorkshire.

Cllr Jo Coles, Chair

[The meeting started at 4.34 pm and finished at 6.33 pm].

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Health and Wellbeing Board

8th May 2024

Report of the Chair of the York Health and Wellbeing Board

Chair's report and updates

Summary

1. This paper is designed to summarise key issues and progress which has happened in between meetings of the Health and Wellbeing Board (HWBB), giving Board members a concise update on a broad range of relevant topics which would otherwise entail separate papers.

Key Updates for the Board

2. An update provided by Tees, Esk and Wear Valleys NHS Foundation Trust focused on **North Yorkshire and York Urgent and Emergency Care** is at **Annex A** to this report and contains information on crisis and home-based treatment teams and mental health and emergency care pathways.
3. The **School Health and Wellbeing Survey** was commissioned by City of York Council Public Health team. This is the second large scale survey on the health and wellbeing of children and young people in the city carried out between 2021 - 2024. The aim of the survey is to inform and support policy and decision making across the local authority, in schools, and among other key stakeholders in the City. The survey was carried out between November 2023 and January 2024 and five-year groups across all publicly funded schools in York were invited to participate: years 4 and 6 in primary schools and years 8, 10 and 12 in secondary/sixth form schools. In total there were 2956 responses from 15 primary schools and 6 secondary/sixth form schools. The results from the survey can be found at: <https://www.healthyyork.org/>
4. **Health Scrutiny** recently considered two public health reports, on [Vaping in York](#) and [Cardiovascular and metabolic](#) disease and the York Healthcheck programme.
5. The **Tobacco and Vapes Bill** is currently going through parliament, a once-in-a-generation chance to end smoking as a possibility for those

born after 2009 – see Smokefree Coalition briefing for more information [SFAC-smokefree-gen-brief-240223.pdf\(d2z8x79ef6cyvd.cloudfront.net\)](https://www.sfac.gov.uk/sites/default/files/2024-02/SFAC-smokefree-gen-brief-240223.pdf(d2z8x79ef6cyvd.cloudfront.net))

6. The **York Climate Commission** was launched in February 2024 and has set up a number of sub-groups including one on Health. This is chaired by the Director of Public Health and met for the first time in April 2024.
7. We are continuing to monitor with our North Yorkshire Council and Police partners the national position and trends on synthetic opioids, which have been linked to at least 100 deaths nationally – we know that at least 7 of these have been in York. The **Drug and Alcohol Partnership** have received a letter from government setting out recent legislation, border intensification, enhanced surveillance and other national action, and have been assessing our Drug and Alcohol Related Death (DARD) Action Plan 202, including the effectiveness of our local Drug Information System (LDIS) protocol for North Yorkshire and York, which is our agreed method to assess and communicate known and/or potential risks from purity/contamination of illicit drug supplies in circulation, new psychoactive substances, also known as NPS or legal highs diverted prescribed medications, drugs recently seized by North Yorkshire Police, and health protection alerts related to substance use. [This link](#) takes professionals to the protocol site and also contains the Drug Alert submission form.
8. To share some good news, Naloxone nasal spray, which can reverse the effects of opioid overdose, has been issued to more than 250 frontline police officers across North Yorkshire and York, with NY Police joining 28 other UK police forces by rolling out Naloxone to Response and Neighbourhoods Policing Team officers in the initial phase. This was picked up by BBC Look North. Other organisations / staff groups may wish to consider being trained in overdose awareness / Naloxone administration through [Naloxone Knights](#).
9. **Pertussis**, also known as Whooping Cough, is a highly infectious disease. Vaccination against Pertussis is part of the primary childhood schedule and following a Pertussis outbreak in 2012 where the highest incidence of disease was among infants under 3 months, the vaccination programme for pregnant women was introduced. Data in March 2024 from UKHSA shows there has been a continued increase in pertussis cases at the start of this year, with 553 confirmed in England in January, compared with 858 cases for the whole of last year (2023) and shows 57 cases of **confirmed and suspected** In York local authority between 01/10/2023 to 25/04/2024. Primary Vaccination uptake in children is around 91%, with the booster dose uptake at around 83%. Uptake for pertussis in pregnancy is around 82.5%. There are plans to work collaboratively with NHSE, Primary Care and

maternity services to look at ways of improving uptake of vaccination in pregnancy. We are also looking to prioritise uptake of the MMR vaccine, with a continuing high number of **measles** cases nationally (no confirmed cases in York so far this year).

10. **Smoking:** The council will be in receipt of an additional £196,000 per year for the next 5 years, via a grant from the Department of Health and Social Care. The grant conditions stipulate that this must be spent on expanding the local authority stop smoking service, while maintaining current stop smoking provision. The proposals are outlined within a paper that is going to the Council Executive on 9th May 2024. Nationally the Tobacco and Vapes Bill is progressing through Parliament. The Bill has now had its second reading and received a majority of votes in support of the Bill. It moves to the committee and report stages next, where amendments are put forwards. Once these are agreed it goes to the third reading, and if supported will progress to the House of Lords. It includes a new law to stop children who turn 15 this year or younger from ever legally being sold cigarettes or other tobacco products, alongside measures to crack down on youth vaping and strengthen enforcement of these new laws. This is in addition to a broader package of measures to tackle youth vaping – including banning the sale and supply of disposable vapes under environmental legislation and the new excise duty on vaping products announced in the Spring Budget.

Author:

Tracy Wallis
Health and Wellbeing
Partnerships Co-ordinator

Responsible for the report:

Cllr Jo Coles
Executive Member for Health, Wellbeing and
Adult Social Care

**Report
Approved**

✓

Date 26.04.2024

Specialist Implications Officers

Not applicable

Wards Affected:

All

For further information please contact the author of the report

Annexes

Annex A: North Yorkshire and York Urgent and Emergency Care Update

North Yorkshire & York Urgent and Emergency Care – Update

Crisis and Home-Based Treatment Teams

These Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) teams provide triage, assessment (where appropriate) and intensive home treatment to prevent admission to a mental health hospital where this is appropriate.

In the last 3 months the Trusts Crisis Response and Home-based treatment teams received 1834 referrals across North Yorkshire and York with an average response to very urgent referrals (seen within 4 hours) of above 95%.

Changes to our 0800 mental health crisis support line

There are national changes on how people experiencing a mental health crisis can access support 24 hours a day, 7 days a week linked to NHS 111. There will be national and local communications as the changes take place.

In preparation for this change and to improve the people's access to support TEWV are now working with Everyturn who provide screening of calls (except for calls relating to young people under 16 which are supported separately).

The Trust have also introduced a new phone system to help manage calls to the service giving greater live information about who is calling the service and how available resources are managed in the best way.

On average the Trust receives 185 calls a day (based on calls since January 2024) to the 0800 number from across North Yorkshire and York.

Mental Health Urgent and Emergency Care Pathway

The crisis concordant meeting across North Yorkshire and York is being developed and has broadened its scope and formed the North Yorkshire & York Mental Health Crisis Improvement and Delivery Group. There is further work ongoing to strengthen the multi-agency approach across York and North Yorkshire including:

Working together, supporting Right Care, Right Person (A multi-agency meeting at operational level looking at how services are working together in the delivery of Right Care, Right Person including reflective practice sessions related to case studies and identifying good practice and learning from these).

TEWV Urgent and Emergency Care Board (This is an internal board working across the whole trust area to develop the trusts urgent and emergency care services, ensure they reflect best practice and support their local delivery at place. There is a stakeholder event planned involving people who use services, partner organisations and trust staff towards the end of May).

Right care Right Person Workshop (North Yorkshire Police are leading a workshop at the end of April with system partners to develop the strategic overview and ownership within the system of Right Care, Right Person and its delivery in line with national guidance).

Multi Agency Mental Health Act Legislation Operational Group (This meeting has been reinstated and led by TEWV first meeting 12 April 2024. The meeting is a forum to monitor the use of the Mental Health Act and partners responsibilities within the Act across North Yorkshire and York. The meeting is also intended to be place of support for agencies in the use of the Mental Health Act and how we can further develop knowledge, skills and working practices across all agencies).

April 2024



Health and Wellbeing Board

8th May 2024

Report of the York Health and Care Partnership

Summary

1. This report provides an update to the Health and Wellbeing Board (HWBB) regarding the work of the York Health and Care Partnership (YHCP), progress to date and next steps.
2. The report is for information and discussion and does not ask the Health and Wellbeing Board to respond to recommendations or make any decisions.

Background

3. Partners across York Place continue to work closely together to commission and deliver integrated services for our population. The YHCP shares the vision of the York Joint Local Health and Wellbeing Strategy that in 2032, York will be healthier, and that health will be fairer.
4. The YHCP has an Executive Committee (shadow) which is the forum through which senior Partnership leaders collaborate to oversee the delivery of the Partnership priorities. The Executive Committee meets monthly, and minutes from the last meeting held in March 2024 are included at **Annex A** to this report.

Update on the work of the YHCP

March 2024 Executive Committee Meeting

5. The focus of the March meeting of the Executive Committee was Assurance, Planning and Joint Commissioning. The following reports and presentations were received and discussed:
6. **York Health and Care Partnership Annual Report and Joint Forward Plan:** the draft 2023/24 Annual Report captures some of the successes and achievements across the different priority areas for the York Health and Care Partnership. In brief it highlights the

purpose of the YHCP; key partnership achievements against the six key priority areas of the YHCP; engagement work to address health inequalities; case studies and intentions for the development of York's health and care partnership arrangements in 2024/25. The YHCP agreed to retain their current six priorities due to the long-term nature of the ambitions within these. These ambitions also support the ambitions and goals contained within York's Joint Local Health and Wellbeing strategy and the Humber and North Yorkshire Integrated Care Strategy.

The final version of the Annual Report and Joint Forward Plan will be included in the HWBB's July agenda.

7. **Place in 2024/25 - Partnership Arrangements:** YHCP members are working together to develop a plan that maximises the potential of place-based partnerships. Places are central to driving our aim to narrow the gap in health inequalities and increasing healthy life expectancy. They are focused on delivering outcomes for our people and communities that span the life course.
8. The strategic intentions for 2024/25 are focused around:
 - Increasing responsibility for services organised locally in York
 - Accelerate delivery of the six priority areas through jointly planning care that is financially better and leads to better outcomes
 - Enabling front-line teams to work to aligned plans and outcomes – especially where teams are working with the same groups of people
 - Working with the other five place health and care partnerships in Humber and North Yorkshire, working as one where we need to influence or tackle issues together
 - Strengthening governance arrangements to build a sense of shared accountability for the resources and outcomes
9. Partnership at Place takes many forms and is broader than governance and integration for health and care. This may involve formal legal and budgetary agreements and also a broader range of activities for the common good of our communities.

10. To support this work, members of City of York Council and NHS Humber and North Yorkshire ICB (York Place) agreed to establish a **Joint Commissioning Forum**. This will be an officer-led group which meets regularly to expand and deepen the collaboration between NHS and local authority commissioners.
11. **Health Inequalities Funding:** YHCP received a report detailing proposals for deploying ICB resources to tackle health inequalities in York totalling £280,663. The projects tackle health inequalities across the life course, recognising the importance of focusing on our children, and target our 'core20plus' groups through the work of the Population Health Hub. .
12. At their March meeting YHCP approved six new projects which will benefit from funding in 24/25:
 - Ways to Wellbeing Small Grants Programme
 - Health Mela
 - GP Outreach at the Women's Centre
 - Wellbeing and Recreational Activities for Asylum Seekers and Newly Settled Refugees
 - Raise York Family Hubs
 - Peasholme Homeless Clinics
13. **Updates on Estates Work and Plans for 2024/2025:** Work is ongoing between the York Health and Care Partnership and partners to describe the future service delivery model for health, care and prevention and how the estates infrastructure might be shaped to enable this.

Work of the York Population Health Hub

14. **Health inequalities in York Core20PLUS5 profile for adults:** The York Population Health Hub (PHH) is a multi-organisation group which brings together colleagues from the local authority, health, public health, and business intelligence to enable, analyse and undertake population health management approaches in York. The PHH has produced the Core20PLUS5 profile for adults living in York to highlight the health inequalities experienced by different groups of people. We hope that this profile is used by

professionals working across the York Health and Care Partnership to drive targeted action in healthcare inequalities improvement.

15. [Core20PLUS5 is an NHS England \(NHSE\)](#) approach to support the reduction of health inequalities at both the National and System level. The approach defines a target population cohort - the 'Core20PLUS' - and identifies '5' focus clinical areas requiring accelerated improvement.
 - **Core20:** This refers to those living in the 20% most deprived small areas (LSOAs), defined by the 2019 Index of Multiple Deprivation. York has 9,345 people (4.61% of the population) who live in LSOAs which are amongst the 20% most deprived in England.
 - **PLUS** groups are identified at local level based on poor access, experience, and/or outcomes who would not be captured in the Core20 alone. PLUS groups are likely to experience inequalities in access, experience and outcomes in one or more of the 5 key clinical areas, however this is not mandatory for a plus group to be included in a Places profile. PLUS groups identified in York:
 - Minoritised Ethnic Communities
 - People experiencing homelessness
 - Drug and alcohol dependence
 - Gypsy, Roma, and Traveller communities
 - Vulnerable migrants
 - Sex workers
 - Students
 - Carers
 - Transgender and non-binary people
 - Veterans

16. **5:** There are five clinical areas of focus which require accelerated improvement. Governance for these five focus areas sits with national programmes; national and regional teams coordinate activity across local systems to achieve national aims. Smoking cessation positively impacts all five clinical areas of focus.

York Mental Health Partnership

17. The York Mental Health Partnership is now aligned with the Integrated Care System's (ICS) Health and Care Directorate and their 'Place' Board. The Partnership hosted a meeting in April, focussed upon planning the key foci for its work. The meeting was informed by ICS developments, as well as input from City of York Council's Director of Public Health, who shared updated statistics on health challenges and health inequalities in the area and region. The Partnership will also seek statistical data from primary care to add into an evidence base that will inform our foci and work going forward. At the YMHP meeting in June, we will present the key themes that arose from the April scoping meeting, with a view to developing a clear work plan for the Partnership. We also will ensure that the Partnership work plan is aligned with key local health, care and wellbeing strategies.
18. The first post-prototype Community Mental Health Hub is about to open at 30 Clarence Street. The Hub will adopt a phased approach to opening its doors and services to enable the Hub team to settle into collaborative working, and to allow a gradual growth in the numbers of people that are able to access support. The Connecting Our City project team are currently scoping locations for more Hubs, with an ambition to open in the city in autumn 2024.

Contact Details

Authors:

Tracy Wallis, Health and Wellbeing Partnerships Co-ordinator, City of York Council

Chief Officer Responsible for the report:

Sarah Coltman-Lovell, NHS Place Director

Report Approved



Date: 29.04.2024

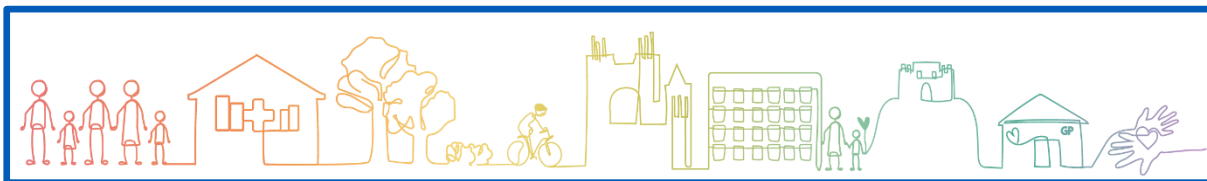
Wards Affected

For further information please contact the author(s) of the report

Annexes

Annex A: YHCP minutes March 2024

Annex A



York Health and Care Partnership

Thursday 21st March 2024, 10:00 - 12:30
Severus Meeting Room; First Floor, West Offices
Chair: Ian Floyd

Present		
Ian Floyd (Chair) (IF)	Chief Operating Officer	City of York Council (CYC)
Rebecca Field (BF)	Joint Chair of York Health and Care Collaborative	York Medical Group
Sarah Coltman- Lovell (SCL)	York Place Director	York Place, H&NY ICB
Cllr Jo Coles (JC)	Executive Member for Health, Wellbeing and Adult Social Care	CYC
Sian Balsom (SB)	Manager	Healthwatch, York
Professor Karen Bryan (KB)	Vice Chancellor	York St John University (representing higher education)
Prof Mike Holmes (MH)	Chair	Nimbuscare
Martin Kelly (MK)	Corporate Director of Children and Young People	CYC
Peter Roderick (PR)	Director of Public Health	CYC
Cllr Claire Douglas (CD)	Leader of City of York Council	CYC
Helena Ebbs (HE)	Place Clinical Director	York Place, H&NY ICB
Sara Storey (SS)	Director Adult Social Care and Integration	CYC
Emma Johnson (EJ)	Chief Executive	St. Leonards Hospice
Melanie Liley (ML) (on behalf of Simon Morritt)	Chief Allied Health Professional	YSTHFT
In Attendance		
Hannah Taylor (HT)	Business Support Administrator	York Place, H&NY ICB
Anna Basilico (TW)	Head of Population Health and Partnerships	York Place, H&NY ICB
Natalie Caphane (NC)	Assistant Director of System Planning and Improvement	York Place, H&NY ICB
Tracy Wallis (TW)	Health and Wellbeing Partnerships Co-ordinator	CYC
Sara Felix (SF)		York Place, H&NY ICB (secondment)
Apologies		
Debbie Mitchell	Chief Finance Officer	CYC
Alison Semmence	Chief Executive	York Centre for Voluntary Services (CVS)

Brian Cranna	Director of Operations and Transformation, NYY&S	TEWV
Zoe Campbell	Managing Director (North Yorkshire, York and Selby)	TEWV
Gail Brown	CEO	York Schools & Academies Board
Simon Morritt	Chief Executive	YSTHFT

Minutes – draft

1. Welcome and apologies for absence.

The Chair welcomed everyone to the meeting.

The minutes of the meeting held on 15.02.2024 were approved.

SS, NC and SF introduced themselves to the board and their roles. The chair shared that some dates of the York Health and Care Partnership meeting may change to accommodate TEWV to be able to attend meetings.

There were no updates on matters arising, there were no declarations of interest.

2. Progress in 2023/24

YHCP Annual Report and Joint Forward Plan refresh

AB shared that it was agreed for an annual report to be created to demonstrate the successes of the Partnership in 23/24, to hold ourselves accountable for what we said we would do, and to outline our plans for 24/25. The report will be amended and brought back to the April YHCP meeting for discussion around publication.

Referring to the Joint Forward Plan section of the document, AB proposed that the intention is to keep the board's six priorities the same in 2024/25 due to the long term nature of the ambitions which also support the delivery of the 10 year Health and Wellbeing Strategy.

1. Strengthen York's integrated community offer
2. Implement an integrated UEC offer for York
3. Further develop Primary/Secondary shared-care models
4. Embed an integrated prevention and early intervention model
5. Develop a partnership based, inclusive model for children, young people, and families
6. Drive social and economic development;

AB also asked if the Partnership felt the strategic intentions supported delivery;

- Signal our intentions for joint commissioning services organised at Place level, taking a phased approach to deepen collaboration, build from experience, and embed learning
- Take steps to accelerate delivery of shared objectives through joint planning and formalising integration arrangements that is financially better and leads to better outcomes

- Enable our front-line teams to work to aligned budgets, plans and outcomes, particularly in services which target broadly the same population groups and outcomes
- Harness the strength of our strong, independent organisations to pool and direct our collective capabilities to deliver for York and represent York in the wider system
- Work with the other five Place health and care partnerships and ICB under the emerging 6+1 framework
- Develop a City Service Offer which helps to overcome the unprecedented challenges we face and demonstrate the premium of Place
- Strengthen our governance arrangements to make it happen, building shared responsibility for delivery and accountability for outcomes, to shift decision-making to place.

Referring to the Annual Report AB informed that as well as referring back to the 2023/24 workplan to highlight what the partnership has achieved, it also references engagement and health inequalities work in York Place, and aims to emphasise highlights what makes York Place unique in terms of the development of our system teams such as the Mental Health Hub and the Frailty Hub in 2023/24. Case studies of positive partnership working were shared on Proactive Social Prescribing, Primary Care Provision for Asylum Seekers and Baby Friendly initiative.

Discussion ensued on:

- What the message from the Annual Report and Joint Forward Plan is and what it means for the community
- Celebrating scheme successes where funding may not be continual
- Inclusion of the impact of the schemes
- Change of wording to the Baby Friendly Initiative to child and maternal nutrition to capture the full programme of work
- Inclusion of the Childrens Home Model into the Children and Young People section

Action

- Feedback on amendments to be made to the Annual Report and Joint Forward Plan to be shared with Anna Basilico via email
- Final Annual report and Joint Forward Plan Refresh to come to the April meeting

3. Place in 2024/25 / Joint Commissioning Arrangements

IF started by informing that the Place Intentions in 2024/25 item has been brought to the partnership following previous discussion on improving integration/services and collective funding. The joint committee model is supported by both the Integrated Care Board (ICB) and Integrated Care Partnership (ICP) with North East Lincolnshire Place already working as a joint committee.

IF handed over to SCL to talk through the ongoing work with the other five Health and Care Partnerships in our ICB and the local developments to form Place Intentions.

Running through the circulated slide pack SCL shared that the 6+1 framework supports Local Authorities, the Integrated Care Board and other Partners in Humber and North Yorkshire to understand how we operate together with the 6 meaning the 6 places across the ICB and the 1 meaning the ICB as a whole, the key aspects of how we work together being in place, across the 6 places and mayoral combined authorities and the strategic framework encapsulating work across three main areas of Excellence, Prevention and Sustainability. SCL proposed the direction of travel for York Health and Care Partnership to operate a Joint Committee, what it would mean for York and asked whether the Partnership were supportive of the approach.

PR shared that the circulated Joint Commissioning Forum document is replicated from other areas and the Forum will be an enabler for change and is in the early days of running. The Forum has three initial areas of focus: Financial Healthcheck, Savings Prioritisation and Wider commissioning review, ensuring that if funding is reduced it is in the areas that will have a lesser affect. Ending, PR shared that the Terms of Reference for the Joint Commissioning Forum are still being worked on.

Discussion ensued on:

- Agreeing not to use 'co- designed' and 'co-produced' unless service users are involved
- Importance of engagement from the partnership while working through individual organisations financial and governance arrangements
- Correct, realistic narrative about services in the context of the challenges we face to help with any public queries
- Starting with some areas that can be changed quickly to use as examples in future
- Importance of inclusion of the voices from patients and workforce

Action

- An update on Place in 2024/25 to come back to the April meeting
- CD keen to look into how this model works in Places that have a deficit
- CD and JC to look at what 'Place' does and look at from a political perspective
- SCL to work with NHS Confed on examples to include and how to take people on the journey including patients and workforce

4. Health Inequalities funding 24/25

AB asked the York Health and Care Partnership to approve the proposals outlined in the report for 24/25 Health Inequalities funding, noting that the York allocation for funding from the ICB is £280,663. SCL and PR are the SROs for this funding which is allocated to each Place in the ICB. Four schemes have already been approved by PR and SCL due to the long term nature of the contracts, leaving £101,516 of funding to be agreed by the Board. AB highlighted the proposed schemes to fund were Peasholme Homeless Clinic, Raise York Family Hubs, Wellbeing and Recreational Activities for Asylum Seekers and newly settled refugees, GP Outreach at the Women's Centre, the Health Mela and the Ways to Wellbeing Small Grants Programme. These schemes cover all ages, physical and mental health and the Core20PLUS5 populations. AB highlighted that a request had been made whether any funding slippage could be considered for Care Leavers in future. Ending AB shared that all schemes would be monitored, and updates will be brought through the Annual or Planning and Assurance reports.

The board agreed to fund the proposals outlined in the paper.

Action

- PR to report back on what happens with the 10% overhead reserve money and the inaccuracy in Annex A of the report.

5. Update on Estates work and plans for 2024/25

SCL shared that SF has been given an 8-week secondment in the York Place team to work with partners to describe our future service delivery model for health, care and prevention, and how estate/infrastructure might be shaped to enable this. SCL thanked partners for making time available to meet with SF and informed the board that two workshops would take place in May 2024 to finalise outputs.

Any Other Business

There was no Other Business

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Health and Wellbeing Board

8th May 2024

Report of the Director of Public Health

Update on Goal 7 of the Joint Health and Wellbeing Strategy 2022-2032: 'Reduce Both the Suicide Rate and the Self-Harm Rate in the City by 20%'

Summary

1. This paper provides the Health and Wellbeing Board (HWBB) with an update on the implementation and delivery of one of the ten big goals within the Local Joint Health and Wellbeing Strategy 2022-2032. It also includes information on performance monitoring.
2. The Board are asked to note the report.

Background

3. At the January 2023 meeting of the Health and Wellbeing Board (HWBB) members of the Board agreed a framework for an action plan and a Population Health Outcomes Monitor for the Joint Health and Wellbeing Strategy 2022-2032. This was followed by agreement at the March 2023 meeting of a populated action plan and a Population Health Outcomes Monitor. Over the last six to eight months updates have been presented on **Goals 1 to 6** of the strategy and their associated actions.
4. Today's report provides an update on **Goal 7** 'Reduce Both the Suicide Rate and the Self-Harm Rate in the City by 20%' and its associated 3 actions along with updates on the agreed key performance indicators associated with the goal. **Annexes A & B** to this report provide a detailed score card and trend data.
5. The agreed actions cover the first 24 months of the strategy's 10-year life span.

Goal 7: Reduce Both the Suicide Rate and the Self-Harm Rate in the City by 20%'

6. Death by suicide is a tragedy which affects many people. Between 2018 and 2020, 70 people died by suicide in York, continuing a trend seen for a number of years of higher rates locally than the regional average. Males are four times more likely to die than females (although rates of attempted suicide may be more equalised between genders), and whilst complex reasons lie behind every death, there is a clear correlation with deprivation. In 2020/21 there were over 400 hospital admissions for self-harm in the city, with half of them in people aged 10-24. Self-harm admission rates in the city show a declining trend over time.

A large amount of human distress lies behind this data, and we want to work together to create the kind of mentally healthy city in which these trends are reversed.

Update on Health and Wellbeing Strategy Actions

7. **Action A16:** undertake a suicide audit and present a report with key findings to the Health and Wellbeing Board and other forums (Year 1)

Progress: York and North Yorkshire coroner granted the public health team access in 2023 to relevant files relating to death by suicide in the time period 2017-2021. An audit has been undertaken of this data, and the findings are being analysed and considered by a range of partners and will be published within year one of the Joint Local Health and Wellbeing Strategy.

8. **Action A17:** Roll out the YES campaign supported by the Humber and North Yorkshire health inequalities fund to screen the Suicide Prevention film in training across the city (Year 1)

Progress: The York Ending Stigma (YES) programme is a lived-experience-led programme which aims to end stigma and mental-health-based discrimination. According to the University of Manchester (CARMS Project, 2020):

'Stigma attached to mental health problems and suicide can affect individuals in many different ways. Some consequences of stigma may be:

- A reduction in self-esteem and self-worth
- Hopelessness and shame
- Social isolation and impaired social networks
- Unemployment and/or discrimination when applying for jobs
- Bullying, harassment and physical violence
- may worsen individuals' mental health problems and increase their risk to suicidal experiences'

The YES programme is led by YES champions, all with their own experience of poor mental health, and one of their projects is the WHY Suicide Prevention film, a powerful documentary which is presented alongside associated training and lived experience testimony. The contract runs until July 2025, this work has a steering group which has been formulating an action plan to guide the work across that time. This funding is specific to the ongoing promotion of the suicide awareness prevention training to accompany the roll out of the film.

9. **Action 18:** Refresh and relaunch the 2018-2023 Suicide Safer Community Strategy (Year 2)

Progress: Governance of the community suicide prevention work is ongoing with the relaunch of the community action group.

In addition, there has been the formulation of a York and North Yorkshire strategic governance group. This is to look across the commonalities and work cohesively with partners who span both local authorities such as the Police and Coroner on issues such as:

- Near real time surveillance of suicides in the area, in order to understand emerging trends and any links between deaths to prompt action
- Physical site work, e.g. preventing river related deaths
- Suicide cluster identification
- Engagement with NHS bodies working on a larger footprint e.g. our mental health Trust Tees Esk and Wear Valleys NHS FT.

In September 2023 the government published the national suicide prevention strategy, which identifies the following 8 areas for action over the next 5 years – partners locally are considering how each of these areas can be supported:

- Improving data and evidence to ensure that effective, evidence-informed and timely interventions continue to be developed and adapted.
 - Tailored, targeted support to priority groups, including those at higher risk, to ensure there is bespoke action and that interventions are effective and accessible for everyone.
 - Addressing common risk factors linked to suicide at a population level to provide early intervention and tailored support.
 - Promoting online safety and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm.
 - Providing effective crisis support across sectors for those who reach crisis point.
 - Reducing access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides.
 - Providing effective bereavement support to those affected by suicide.
 - Making suicide everybody's business so that we can maximise our collective impact and support to prevent suicides.
10. **Population Health Outcomes Monitor**: this is linked to the ten big goals and is designed to provide board members with a holistic view of whether the strategy is making a difference to the health and wellbeing of York's population, using outcome data rather than data on what health and care services are 'doing'. Today's updates at **Annexes A & B** to this report provide information on **Goal 7** of the strategy.

Consultation and Engagement

11. As a high-level document setting out the strategic vision for health and wellbeing in the city, the new Local Joint Health and Wellbeing Strategy capitalised on existing consultation and engagement work undertaken on deeper and more specific projects in the city. Co-

production is a principle that has been endorsed by the HWBB and will form a key part of the delivery, implementation, and evaluation of the strategy.

12. The actions in the action plan have been identified in consultation with HWBB member organisations and those leading on specific workstreams that impact the ten big goals.
13. The performance management framework has been developed by public health experts in conjunction with the Business Intelligence Team within the City of York Council.

Options

14. There are no specific options for the HWBB in relation to this report. HWBB members are asked to note the update and provide comment on the progress made.

Implications

15. It is important that the priorities in relation to the new Local Joint Health and Wellbeing Strategy are delivered. Members need to be assured that appropriate mechanisms are in place for delivery.

Recommendations

16. Health and Wellbeing Board are asked to note and comment on the updates provided within this report and its associated annexes.

Reason: To ensure that the Health and Wellbeing Board fulfils its statutory duty to deliver on their Joint Local Health and Wellbeing Strategy 2022-2032.

Contact Details

Author:

Tracy Wallis
Health and Wellbeing
Partnerships Co-ordinator

Chief Officer Responsible for the report:

Peter Roderick
Director of Public Health

**Report
Approved**



Date 25.04.2024

Specialist Implications Officer(s)

None

Wards Affected:

All

For further information please contact the author of the report

Annexes:

Annex A: HWBB Scorecard (for Goal 7)

Annex B: HWBB Trends (for Goal 7)



Health and Wellbeing 10 Year Strategy (2022-2032) 2022/2023

No of Indicators = 3 | Direction of Travel (DoT) shows the trend of how an indicator is performing against its Polarity over time.

Produced by the Business Intelligence Hub April 2024

			Previous Years							2022/2023		Polarity	DOT	
		Collection Frequency	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	Year	Target			
Goal 07: Reduce the rates of suicide and self-harm	PHOF107	Suicide rate - Female (per 100,000 population)	Annual	5.1	6.8	8.6	7.3	5.6	5.4	6.3	6.4	5.0	Up is Bad	◀▶ Neutral
		Benchmark - National Data	Annual	4.7	4.8	4.6	4.6	4.8	4.9	5.1	5.2	-		
		Benchmark - Regional Data	Annual	4.6	4.6	4.8	4.8	5.9	6.1	6.5	6.1	-		
		Regional Rank (Rank out of 15)	Annual	9	12	13	14	5	4	9	8	-		
	PHOF108	Suicide rate - Male (per 100,000 population)	Annual	23	19.3	18.7	17	18.3	21.7	20.9	19.6	16.7	Up is Bad	▼ Green
		Benchmark - National Data	Annual	15.8	15.4	14.7	14.9	15.6	16	16	15.8	-		
		Benchmark - Regional Data	Annual	17.2	16.5	16.4	16.8	18.4	19.3	19	18.3	-		
		Regional Rank (Rank out of 15)	Annual	15	13	11	6	6	12	11	11	-		
	PHE02	Hospital stays for self harm, per 100,000 population	Annual	254.3	231.8	207.9	189.9	163	172.4	155.1	-	137.9	Up is Bad	◀▶ Neutral
		Benchmark - National Data	Annual	196.5	185.3	185.5	196	192.6	181.2	163.7	-	-		
		Benchmark - Regional Data	Annual	190.3	194.7	194.6	205.8	196.9	172.7	146.6	-	-		
		Regional Rank (Rank out of 15)	Annual	14	11	9	7	3	7	9	-	-		

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Annex B

Business Intelligence Hub

Joint Health and Wellbeing Strategy 2022-2032:

Performance Monitoring for May 2024 Board.

Indicator Trends – Goal 7: Reduce the rates of suicide and self-harm.

Author: CYC Business Intelligence Hub

Date: April 2024

Contents

Goal 7: Reduce both the suicide rate and the self-harm rate in the city by 20%.....	2
Suicide rate - Male (per 100,000 population)	2
Suicide rate - Female (per 100,000 population).....	3
Hospital stays for self harm, per 100,000 population	4

Goal 7: Reduce both the suicide rate and the self-harm rate in the city by 20%

Suicide rate - Male (per 100,000 population)

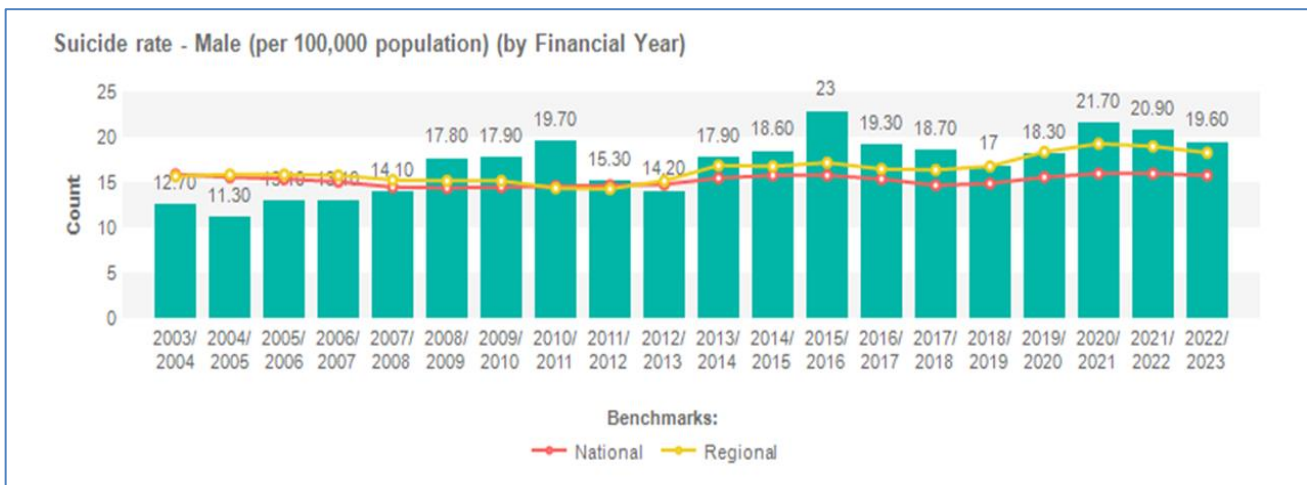
The 'baseline' value for male suicides in York prior to the start of the 2022 Health and Wellbeing Strategy was an age standardised rate of **20.9** deaths per 100,000 of population (10+) for the three year period 2019-2021 (54 deaths).

Achieving the target of a 20% reduction in the rate would require a rate of **16.7** per 100,000 of population (or lower).

The latest rate for York is **19.6** deaths per 100,000 of population (10+) for the three year period 2020-2022 (51 deaths). The rate has therefore fallen since the previous recording period.

The rate in York is above the England average of 15.8 and the regional average of 18.3.

Trend data is available from 2001-03 onwards. The rate in York peaked at **23.0** deaths per 100,000 of population (10+) for the three year period 2013-2015 (59 deaths).



Suicide rate - Female (per 100,000 population)

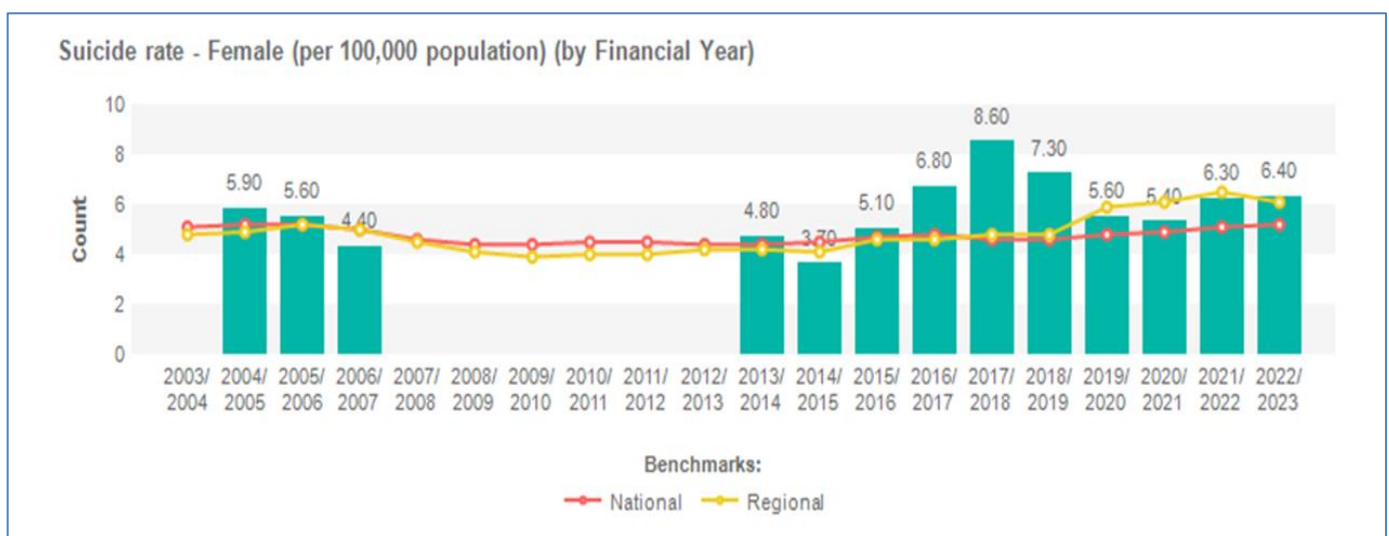
The 'baseline' value for female suicides in York prior to the start of the 2022 Health and Wellbeing Strategy was an age standardised rate of **6.3** deaths per 100,000 of population (10+) for the three year period 2019-2021 (18 deaths).

Achieving the target of a 20% reduction in the rate would require a rate of **5.0** per 100,000 of population (or lower).

The latest rate for York is **6.4** deaths per 100,000 of population (10+) for the three year period 2020-2022 (18 deaths).

The rate in York is above the England average of 5.2 and the regional average of 6.1.

Trend data is available from 2001-03 onwards, however for some periods the number of female suicides in York was low (less than 10 deaths over a three year period) so the rates have not been published. The rate in York peaked at **8.6** deaths per 100,000 of population (10+) for the three year period 2015-2017 (25 deaths).



Hospital stays for self-harm, per 100,000 population

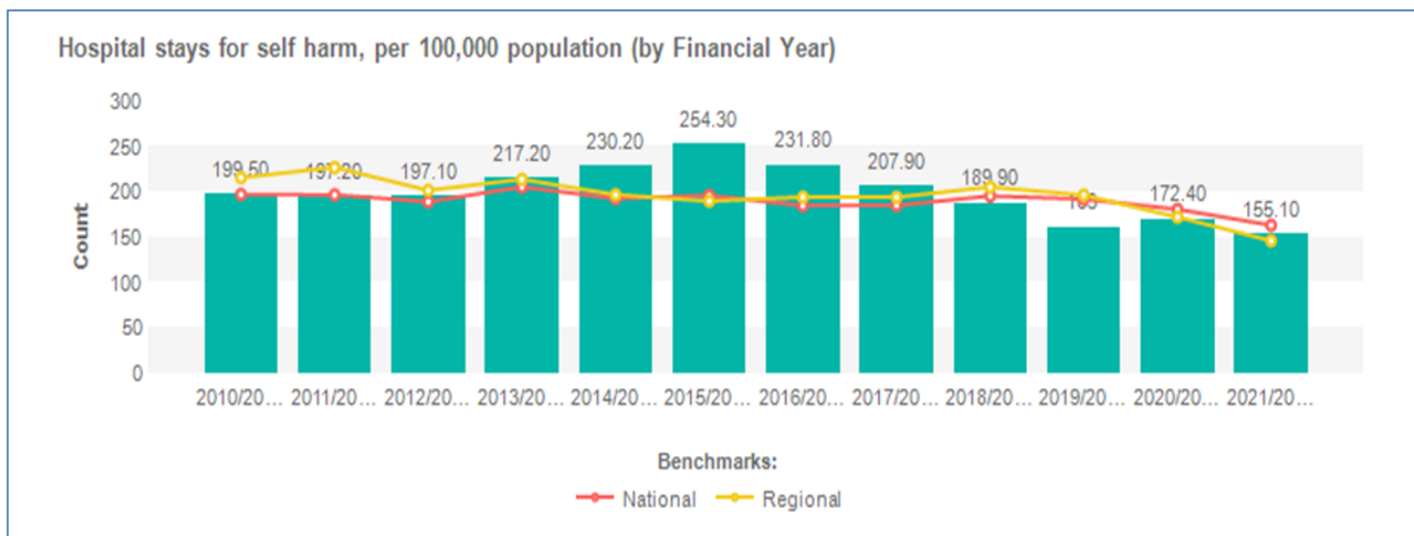
The 'baseline' value for hospital admissions for self-harm in York prior to the start of the 2022 Health and Wellbeing Strategy was an age standardised rate of **172.4** admissions per 100,000 of population for the period April 2020 to March 2021 (400 admissions).

Achieving the target of a 20% reduction in the rate would require a rate of **137.9** per 100,000 of population (or lower).

The latest rate for York is **155.1** admissions per 100,000 of population the period April 2021 to March 2022 (340 admissions). The rate has therefore fallen since the previous recording period.

The rate in York is below the England average of 163.7 and above the regional average of 146.6

Trend data is available from 2010/11 onwards. The rate in York peaked at **254.3** admissions per 100,000 of population for the period April 2015-March 2016 (570 admissions).





Health and Wellbeing Board8th May 2024

Report of the Social Mobility Project Manager, City of York Council

Learning from Early Talk for York**Summary**

1. The Health and Wellbeing Board have requested a summary from the Early Talk for York team of the key aspects that have made the approach successful. In developing this paper, the author has reached out to partners working across the Early Talk for York approach to provide their responses to the question: 'What can other local initiatives learn from the success of Early Talk for York?' These responses form the main content of this paper and this approach is demonstrative of a central theme to the answer: genuine partnership working.

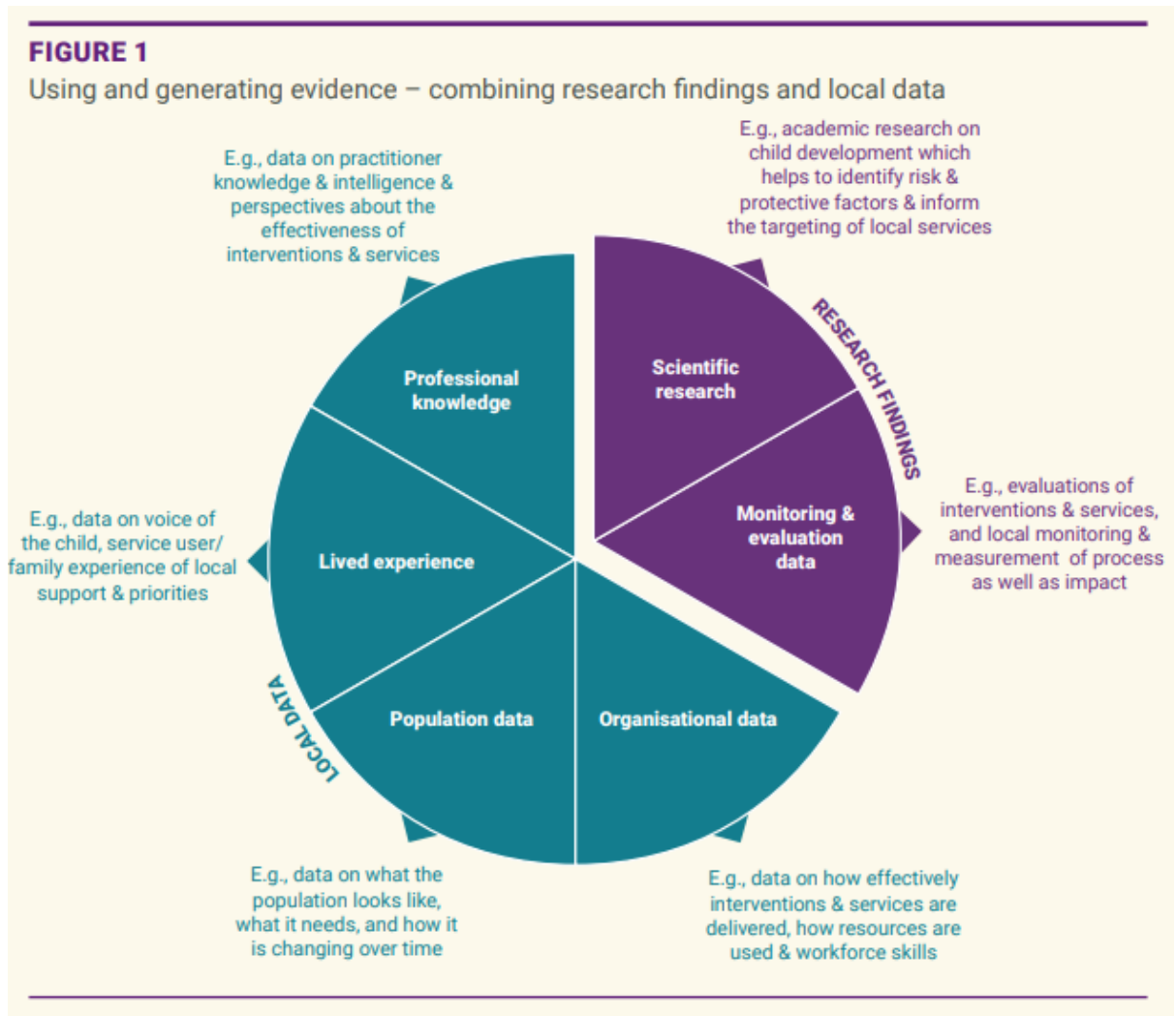
Background

2. Early Talk for York is an evidence-based approach to improving the speech, language and communication outcomes of children aged 0 – 5. Good communication skills at 5 years of age are strongly linked with a range of positive outcomes in later life including: reading and writing skills; employment prospects and mental and physical health and wellbeing. Through its own evaluation Early Talk for York has demonstrated that the approach improves these outcomes for all children but has a particularly significant positive impact on outcomes for children experiencing socio-economic disadvantage in York. York has a long-standing persistent challenge with inequalities that start young and Early Talk for York is a key step in the local area's approach to changing this.

Main/Key Issues to be Considered

3. In their report 'Leading and delivering early childhood services: 10 insights from 20 places across England and Wales', the Early Intervention Foundation share a model that closely aligns with the

evidence-based approach taken through the development of Early Talk for York. The key point being that 'evidence' to develop an effective intervention needs to come from a wide variety of sources as expressed in the diagram below.



Early Intervention Foundation, Feb 2022, Leading and delivering early childhood services 10 insights from 20 places across England and Wales

4. Through consultation with partners the list below (5 – 16) summarises the key learning identified from Early Talk for York that could be applied to other aspects of the local partnership's work:
5. Being clear from the outset and throughout about the outcomes that we were seeking to improve and why with common consensus across multi agency partners that this was worth collaborating on. Developing a shared ownership of this as a priority by consistently

focusing on the messaging. This focus was tight enough to realistically achieve impact through to child level outcomes.

6. Taking time to thoroughly investigate the 'problem'. The process of exploring the current picture of early language development in York and possible solutions took at least 9 months.
7. Developing a possible 'solution' that aligns with existing local strengths and amplifies them – instead of being the next 'new' thing, identifying the practice that was already working well and amplifying it
8. Making high quality, evidence-based implementation as much of a priority as the 'what' of the approach. For example, not relying on up front training alone to deliver changes in practice and outcomes.
9. Starting small with an experimental approach that included co construction across partners with opportunities to change and flex along the way as we learnt more
10. Building relationships across the partnership. The universal and specialist workforces in particular have really valued the connections made and the greater understanding of the interconnectedness of their work and learning as a result.
11. Developing a multi component Theory of Change that tested out where assumptions were being made about the translation of activity through to outcomes. This is not an 'action plan' but an opportunity to scrutinise the detailed theory of intended change.
12. Having clear evaluation schedules that allowed us to understand whether the intervention was having the desired impact and generating data that was useful to help continue to shape the work
13. Clear leadership of the work working in a collegiate way – bringing multi agency partners along together and in ways that worked for them - prioritising relationships within this.
14. Once tested, developing a clear framework with a staged approach and common language, resources and approaches that are accessible for partners to understand and follow.
15. Being flexible and responsive to emerging needs.
16. Viewing the deliberate celebration of success as a core implementation strategy

17. Early Talk for York is not without its problems and challenges but the above non exhaustive list puts it in a good place to be able to collectively respond to these as they arise. In November 2023 Early Talk for York won an award from Children and Young People now which is well deserved recognition for all partners involved in the approach. There is significant interest in Early Talk for York from across the nation and the local partnership should be proud that it is leading by example in this work.
18. There are lots of examples of teams that have changed their practice to in line with the Early Talk for York principles and this gives it greater chance of continued success. However, if Early Talk for York is to be sustained then the local partnership need to consider:
 - a. How it can continue to be a priority at a time of competing pressures
 - b. Ensuring sufficient capacity for continued high quality leadership
19. Early Talk for York is a specific example of how ‘waiting well’ can work in practice. For many children who are on a waiting list to see specialist services, there is often lots that can be happening to support their development effectively whilst they wait. Even when children see a specialist there is still an expectation that much of the support will be offered by others more proximal to the child with oversight of a specialist. Through Early Talk for York we are aware of a growing number of children who have been removed from the waiting list by the referrer because of the accelerated progress they have made through the additional support from others. The recent development of the Request for Helpline from York and Scarborough Teaching Hospital Trust is a specific positive example of greater opportunities for collaboration between the universal and specialist workforce that is fundamental to Early Talk for York.
20. As referenced in paragraph 10, through the development of a more mature relationship between the universal and specialist workforce we have seen a culture change about the role of specialist services and the expectations that others have of them. During the exploratory phase in 2018 it was clear that there was a common view that where children had additional needs that making a referral to specialist services was the main supporting action. In the 6 years since then there has been a significant shift in this view.

However it should be noted that a vital ingredient is that specialists are accessible to the wider workforce to support decision making and provide advice, support and guidance.

Consultation

21. The above has been produced through consultation with a wide range of partners across the Local Authority, NHS and education providers.

Options

22. This paper is not designed to present options for the Health and Wellbeing Board but to respond to the request to provide a chance to reflect on some learning from an effective example of partnership working that has resulted in improving outcomes for children.

Analysis

23. York's Joint Health and Wellbeing Strategy sets out the local area partnerships high level ambitions, including reducing health inequalities in the population, over the next ten years. The Early Talk for York example demonstrates that achieving these ambitions is possible when there is clarity about specific focus areas underneath the headlines of a strategic plan. The purpose of sharing this learning is to help the Health and Wellbeing Board consider the ways in which it is aiming to deliver against this strategy in an evidence-based manner.

Strategic/Operational Plans

24. This paper relates to the York Joint Health and Wellbeing Strategy 2022 – 2032 and City of York Council's 'One City For All' Council Plan 2023 – 2027 by offering an example of how inequalities can be addressed through effective partnership working.

Implications

25.
 - **Financial** *There are no financial implications*
 - **Human Resources (HR)** *There are no HR implications*
 - **Equalities** *There are no Equalities implications*

- **Legal** *There are no legal implications*
- **Crime and Disorder** *There are no crime and disorder implications*
- **Information Technology (IT)** *There are no IT implications*
- **Property** *There are no property implications*
- **Other** *(State here any other known implications not listed above)*

Risk Management

26. This section should be the penultimate one in the report (before Recommendations) and should include an assessment of risks associated with any recommendation to be made below.

Recommendations

27. The Health and Wellbeing Board are asked to consider the learning from this paper and the way in which it might be applied to other aspects of partnership working.

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**Report
Approved**



Date 24.04.2024

Wards Affected:

All



Health and Wellbeing Board8th May 2024

Report of Martin Kelly Corporate Director of Children Services and Education, City of York Council and Michelle Carrington, Place Nurse Director, Humber and North Yorkshire Integrated Care Board.

Developing a Corporate Parent approach to support the Health and Wellbeing of Care Leavers.**Summary**

1. This report aims to brief members of the board on issues which are pertinent to care leavers and why it is important to consider the specific health and wellbeing needs of this group.
2. The report provides an overview of issues raised by care leavers and an update on some initial scoping work to develop a targeted response.
3. Our aim is to secure a collaborative approach in York to corporate parenting and the board are asked to support this work.

Background

4. The multiple inequalities for care leavers across health, education and employment have been well documented over the last decade. The Nuffield Foundation reported in 2018 that care leavers were twice as likely than peers to live in poverty, have poor health and suffer from depressive symptoms.
5. Care leavers experience independent living significantly earlier than their peers, often having to navigate managing bills such as housing and council tax at a very young age. Out of necessity this can lead to compromises which have an immediate or longer-term impact on health outcomes.
6. It is important that we address health inequalities and act as a good parent would to improve accessibility, whilst supporting a softer

transition to the full responsibilities that are associated with adult independent living.

7. In December 2023 the York partnership received a two-day formal visit from the National Implementation Advisor for Care Leavers, Mark Riddell, who met with many key stakeholders including young people. He was asked to provide feedback on inspection readiness and comment on areas of practice where we could improve.
8. The advisor found many strengths and good support for care leavers in the city but felt this work could be strengthened with targeted effort in key areas of risk to young people. These being, Education/Employment, Housing and Health
9. There are plans to develop subgroups of the Corporate Parenting Board in these areas with appropriate political and stakeholder representation, including young people. The Chair of the Health and Wellbeing Board will be invited to the Health Subgroup.
10. The report also identified, led by care leaver feedback, some specific issues that would improve the health and wellbeing of care leavers and address inequalities. These included:
 - Free prescriptions as they cannot afford these.
 - Eyecare and spectacles
 - Access to local dentistry and emergency dental care
 - Access to opportunity for employment within the health system
11. The inequalities and variation in offers across the Integrated Care System (ICS) were highlighted by City of York Council (CYC) and York Place at the newly formed ICB CYP Integrated Start Well Board in January 2024. The Board made a commitment to quickly scope the detail of offers from health and local authorities and to bring back a report at the next meeting, due to take place 29 January 2024. This scoping includes the bullet points in point 10 above but also further offers such as the use of health passports, mental and emotional well-being support, SEND, social prescribing, how the voice of care leavers is captured, and the local authority offer.
12. It was also agreed that the issue would be taken to the ICB System Ethics Group (SEG) to consider if prioritising this group of young people would have ethical dilemmas and how the advice from the SEG would help inform collective agreement on next steps. This

advice will form part of the further debate at the ICB CYP Board. The ethical debate was formed around a specific story of a care leaver in York and their young child and the impact on them from navigating the current system and the lengthy waits for support.

13. In the meantime, CYC and York Place have reached out to various local employers, the largest being York and Scarborough Teaching Hospitals NHS Trust who have agreed to ensure any care leavers with an interest in a health profession will be nurtured and potentially offered employment opportunities as part of their strategic workforce plans in place.

Main/Key Issues to be Considered

14. The board are asked to note this work and consider how it may wish to be updated.

Consultation

15. We have received feedback directly from young people on these issues through participation groups 'Show me I Matter' and 'I still Matter'. In addition to the list above young people also mention access to a Child and Adolescent Mental Health Service (CAMHS) up to the age of 25 as being an important priority. As part of the discussion at the ICB CYP Board it was also agreed to hold a specific session with care leavers, inviting the system to hear their voice and this is planned for later in the year.

Options

16. The Board are not being asked to consider options for a decision.

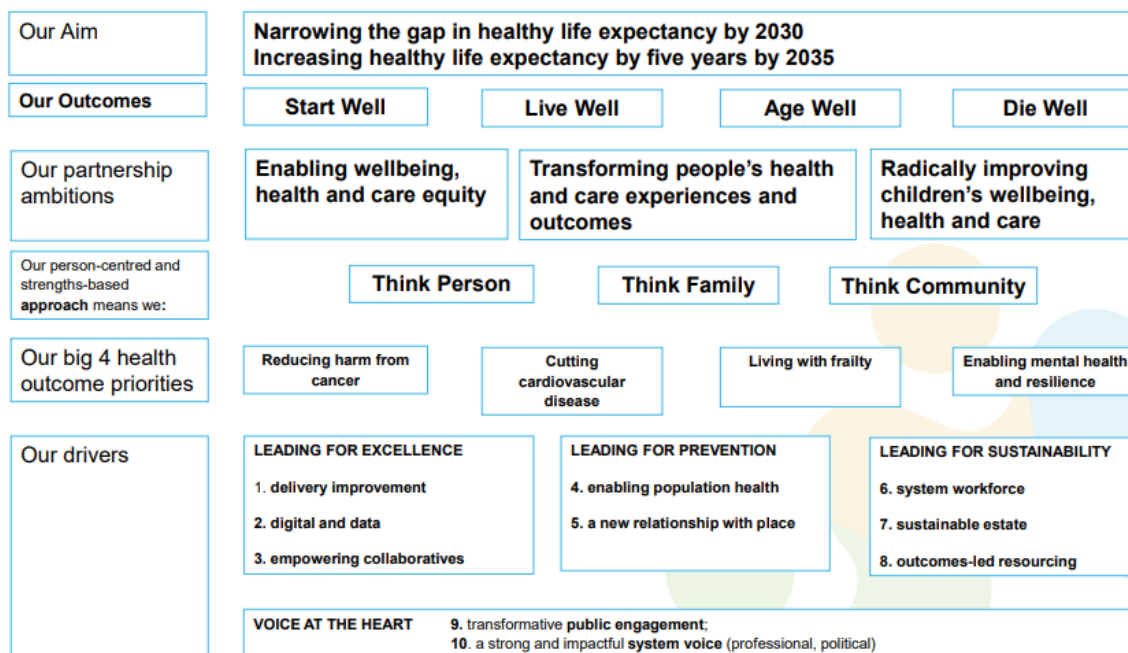
Analysis

17. The Board are not being asked to consider an options appraisal for a decision.

Strategic/Operational Plans

18. Improving support to care leavers by being a better corporate parent is entirely in line with the ICS and the York Joint Local Health and Well-being Strategy (JLHWBS) vision for Start Well, Live Well, Age Well and Die Well. More recently the ICB are in the process of revising their strategic intentions to include radically improving children's well-being, health and care, reducing

inequalities and transformed by engagement. The ICB CYP Board will help define and develop the priorities for our children and young people.



Our Joint Local Health and Wellbeing Strategy talks to the issue of care leavers where we aim for a healthier and fairer city, one which lifts people out of poverty, prevents now to avoid harm later and builds a collaborative health and care system. Of our 10 big goals improving the life chances for care leavers will contribute to reducing inequalities, building social connection and improving mental health.

Implications

- **Financial**

There are no financial implications in this report.

- **Human Resources (HR)**

There are no HR Implications

- **Equalities**

This report aims to highlight the issue of inequality for care leavers and the impact on their long-term outcomes. It also aims to highlight the ethical responsibilities which need to be

considered in developing a differentiated response to address the inequalities identified.

- **Legal**

There is a statutory requirement placed on local authorities with regards to care leavers and statutory responsibilities in areas which impact on care leavers such as for looked after children and safeguarding. Various parliamentary acts bestow responsibilities on us all such as the Children's Act – this can leave partners open to judicial review of any decisions we may make.

- **Crime and Disorder**

There are no crime and disorder implications set out in this report.

- **Information Technology (IT)**

There are no IT implications from this report

- **Property**

There are no Property implications from this report.

- **Other**

There are no other implications which need to be considered.

Risk Management

19. This report addresses the complexity of prioritising one group over another to provide targeted services. These risks and benefits are being considered broadly through the following ethical lens:

- ***Improving benefits and preventing harm:*** The ICB has a duty of care to act as a corporate parent to care leavers to maximise good (beneficence) while minimising harm (non-maleficence)
- ***Mitigating unfair advantage:*** There is a duty to mitigate unfair disadvantage experienced by care leavers, which dovetails with one of the ICB's key principles of promoting equity.
- ***Equal moral concern:*** This requires differential treatment that recognises not everyone faces equal vulnerability from a given threat to health.

Recommendations

20. The Health and Wellbeing Board are asked to consider:

- i. Are there other stakeholders within the Health and Wellbeing Board who can support or contribute to this agenda, particularly the health subgroup of the corporate parenting board?

Reason: To help address the inequalities experienced by care leavers and improve long term outcomes through a strong commitment I the city to corporate parenting.

- i. Does the Health and Wellbeing Board wish to be updated on the progress of this work?

Reason: To provide system leadership with appropriate support and challenge.

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Report Approved **Date** 22/04/2024

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Report Approved **Date** 23/04/2024

Wards Affected:

All

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