

Meeting	Health and Wellbeing Board
Date	15 September 2021
Present	Councillors Runciman (Chair), Craghill, Cuthbertson, Looker. Dr Nigel Wells (Vice Chair) – Chair, NHS Vale of York Clinical Commissioning Group Dr Emma Broughton – Chair of the York Health and Care Collaborative & a PCN Clinical Director Sharon Sholtz – Director of Public Health, City of York Council Amanda Hatton – Corporate Director of People, City of York Council Lisa Winward – Chief Constable, North Yorkshire Police Alison Semmence – Chief Executive, York CVS Sian Balsom – Manager, Healthwatch York Shaun Jones – Deputy Locality Director, NHS England and Improvement Naomi Lonergan – Director of Operations, North Yorkshire & York – Tees, Esk & Wear Valleys NHS Foundation Trust Stephanie Porter – Director for Primary Care, NHS Vale of York Clinical Commissioning Group Lucy Brown, Director of Communications, York Teaching Hospitals NHS Foundation Trust (Substitute)

Apologies

Mike Padgham – Chair, Independent Care Group

Simon Morritt – Chief Executive, York Teaching Hospitals NHS Foundation Trust

52. 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.

53. Minutes

The Chair gave several updates:

- The 20 year strategy for health inequalities was still in progress under the Director for Public Health, and could be an addition to the Joint Health and Wellbeing Strategy, although this had not been decided.
- There was a move to establish a new children's partnership focused around the Health and Wellbeing Board's aspirations. This was being worked on by the Health and Wellbeing Partnerships Coordinator and the Executive Member for Children, Young People and Education.
- A meeting on co-production and listening was held between the Health and Wellbeing Partnerships Coordinator and the Manager, Healthwatch York, which will feed into the York Health and Care Alliance and Integrated Care System with the involvement of the Project Manager & Lead for Patient Equality & Diversity at York and Scarborough Teaching Hospitals NHS Foundation Trust.
- A report on the Better Care Fund was to come to the Health and Wellbeing Board in November.

Resolved: That the minutes of the last meeting of the Health and Wellbeing Board held on 21 July 2021 be approved and signed by the Chair.

54. Public Participation

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

55. The Future Direction of York Early Years Partnership's Collaboration with Nesta

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

In order to maximise this opportunity the Board received a paper which asked them to consider how they can best support the partnership with a particular focus on governance arrangements in relation to the Early Years Improvement Board. The Head of Education Support Services and the Social Mobility Project Manager were in attendance to present the report and respond to questions.

Key points raised during the presentation of the report included:

- Headline outcomes in York for early years aged children (those aged 0-5) were broadly positive, however the inequality gap between children was large in the first years of their lives.
- Lifelong consequences of poor outcomes in early years were well documented, e.g. the Good Level of Development gap between disadvantaged and non-disadvantaged children in York was the largest in the country in 2017, and had remained persistently large. It was thought likely that the Covid-19 pandemic would exacerbate this.
- Nesta were an innovation organisation set up by a National Lottery endowment, with a focus on improving outcomes for early years children from disadvantaged backgrounds. Nesta provided significant additional capacity and some funding to the partnership.
- A trial partnership with Nesta had been undertaken over 4 months to test compatibility and deliver a small project together.

- There were 4 options listed in the report which officers recommended the Board accept in order to maximise the effectiveness of the partnership opportunity. These were:
 - i. Strengthening governance of early years partnership arrangements.
 - ii. Clarifying the early years outcomes that sit underneath the strategic ambitions of the Health and Wellbeing Board strategy around starting and growing well.
 - iii. Championing the importance of early years as a shared priority for all.
 - iv. Commissioning an early years specific Joint Strategic Needs Assessment (JSNA).

- The first option was recommended by the Early Years Peer Review, which was carried out in October 2020. The proposal was for a clear line of accountability from the Early Years Improvement Board to the Health and Wellbeing Board, with the suggestion that the reports would be received at least twice yearly.
- The second option on outcomes referred to the period after the expiration of the current Health and Wellbeing Board strategy in 2022. Nutrition, immunisation, maternal mental health and speech and language were suggested as key priorities relating to early years for the next stage of the strategy.
- As a priority for the Health and Wellbeing Board, the third option was about how to translate the championing of the importance of early year's into partner's organisational priorities. It was also about challenging the perception that early years was only the responsibility of education or health services and encouraging a broad view of early child development and the wider determinants which affect it.
- The fourth option was to collate data from various early years partners in order to encourage development of integrated working, identify what the Local Partnership's priorities ought to be and to understand the impact of their work. Finally there was to be a shift from reporting on service delivery to specifically on outcomes.

Key points raised by Board members included:

- Officers had gained a great amount of insight on how best to help people to access the support they need for early years from the workshops undertaken.

- The way of working outlined in the report was transferrable to other areas, e.g. barriers to access to the Healthy Start scheme, childhood immunisation and screening programmes.
- There was scope to include NHS partners, including primary care, as having a key role in this issue.
- The JSNA process had been delayed by the Covid-19 pandemic, but the Population Hub had re-started work on it, with the work programme and timescale due to come to the Health and Wellbeing Board in future meetings.
- Links between the Early Years Improvement Board, the Health and Wellbeing Board and the new children's partnership needed to be developed further, since the new partnership's agenda, membership etc. had not yet been finalised.
- The project addressed a need for an organised system of family learning where parents are given help in learning how to transmit language, information and concepts to their children, especially to help those children at a lower Good Level of Development. However, it was unlikely that there would be recognisable results in 3-5 years.
- There were large issues of affordability of childcare nationally and in York, and there needed to be more work to investigate what the main barriers to accessing child care were, and how this could be addressed.
- Parents of young children (particularly mothers) were more likely to experience mental ill-health due to living conditions throughout the Covid-19 pandemic.
- The alignment of children's welfare with the JSNA was one of the key priorities of the York Healthcare Collaborative this year. It was important to improve the channels of communication to prevent duplication of work in this field.
- The biggest challenge G.P.s had been facing during the lockdowns had been the impact on maternal and children's mental health, with a large increase in behavioural problems reported in primary care.
- Affordability was particularly difficult as it had been exacerbated by Covid-19 with providers of childcare struggling to remain viable. Providers had been reliant on statutory funding for places for 2, 3 and 4 year-olds and they had not been able to charge for additional services/consumables. Providers also faced an issue in that wages were rising fast in other sectors, making it

more difficult to recruit and retain staff without raising wages and passing on the cost to parents.

- There was a free, fully funded early education entitlement for eligible 2 year-olds, of which uptake was around 90% in York, compared to 65% nationally. The work with Nesta provided an opportunity to discuss the positive of the scheme with those parents who had not enrolled their children.

Resolved:

- i. That the Health and Wellbeing Board agree to adopt all four options presented.

Reason: The recommendations are low risk with potential for significant gain on outcomes for children and their families. To not do so presents risks to the potential impact of the opportunity.

56. Healthwatch York Report: Dentistry

The Board considered a report for information from Healthwatch York about the availability of NHS Dentistry in the city. The Manager, Healthwatch York was in attendance to present the report and respond to questions.

Key points raised during the presentation of the report included:

- People seeking NHS Dentistry services are the most common calls Healthwatch York received.
- Healthwatch York undertook a 2 month consultation with local dentists, from which they determined that it was not possible for people to find an NHS dentist in the city.
- It was believed that the creation of integrated care systems provided an opportunity for creating a strong voice of healthcare professionals to lobby for change of dental contract commissioning at national level.
- Oral health should be linked to other key issues through the integrated care systems, such as weight management, smoking cessation, cancer awareness/detection, mental wellbeing and self-confidence.
- The four areas for action detailed in the report:
 - a. Rapid and radical reform of the way dentistry is commissioned and provided.

- b. Tackling the twin crises of access and affordability, with particular emphasis on addressing health inequalities
- c. Improving the clarity of information about NHS dentistry
- d. Consideration of the role of dentistry to support people's overall health, harnessing opportunities such as the integration of health and care through Integrated Care Systems arrangements, to link oral health to other key issues such as weight management, smoking cessation, cancer awareness and detection, and mental wellbeing.

Key points raised by Board members included:

- That it was especially worrying that children were unable to access dentistry.
- Dentistry has been a priority of City of York Council for a number of years, for example the creation of an Oral Health Improvement Group to work on an Oral Health Improvement Strategy which was led by Public Health and chaired by a local dentist. This work was put on hold as a result of the pandemic but was being relaunched.
- City of York Council's Health and Adult Social Care Policy and Scrutiny Committee had been examining dental care as an area of concern for some years, and had decided to look at the issue in more detail at the January 2022 meeting, with the dental commissioner for NHS England and Chair of the Oral Health Improvement Group were to be invited to these discussions.
- Despite attempts to improve dentistry service in the city, it was acknowledged that the issue could not be resolved locally. Lobbying the Chief Dental Officer, Government and MPs was one way of raising awareness of the issue.
- Between March and June 2020, the NHS dental service was only for urgent cases, with phased re-opening of the service thereafter; it was reported that the service was operating at 60% capacity in September 2021.
- The ability for dentistry to meet local needs was hampered by the fact that it was commissioned by national contract.
- Health inequalities, especially for those with mental health issues and learning disabilities were being exacerbated by the lack of NHS dental services.
- A consequence of the absence of dentistry was that patients would present themselves to GPs or A&E with dental problems, who should not be treating dental issues,

but have been forced to prescribe medication for them. This also added to the pressure to general health services. Exact figures of A&E attendance for dental issues were to be brought to a future meeting.

- It was also noted that a large proportion of calls to 111 were related to dentistry issues.
- Many dentists are unhappy with the way dentistry is commissioned, it was suggested that the Board should lobby for an oral health protection service delivered by dentists, instead of the current commissioning by units of dental activity.
- There was a Healthwatch England convened meeting with representatives from Healthwatches around the country and NHS England. Many of the issues York faced were experienced throughout the country. It was reported there was an appetite for a national campaign to reform dentistry.
- It was suggested that lobbying could be conducted through the Local Government Association, that a letter should be written to the Secretary of State for Health and Social Care and the Chief Dental Officer.

Resolved:

- i. That Healthwatch York's report, NHS Dentistry: A Service in Decay be received and noted.
- ii. That the Director of Public Health write to the Chief Dental Officer and/or the Secretary of State to express the Health and Wellbeing Board's concerns
- iii. That the Director of Public Health contact the Local Government Association to see if their HWBB support function could be used to lobby on behalf of HWBBs across the country in relation to access to dental services

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

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

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

Public Health was in attendance to present and respond questions.

Key points raised during the presentation included:

- York had the lowest rate of Covid-19 cases in the Yorkshire and Humber region for the period 5/9/21 to 11/9/21, and was also below the national average rate.
- However, there were consistently more than 400 new cases of Covid per week in the city, a rate which previously would have caused the imposition of a lockdown.
- It was important not to become complacent around Covid, as even though fewer people would be hospitalised, isolation was still legally mandated to isolate, having knock-on effects throughout society such as work absences and relatives having to care for those infected. A significant proportion would also develop Long Covid.
- The highest proportion of cases were in the 10-14 and 15-19 age groups, which was consistent across the whole of the UK. This was likely due to vaccinations only recently been available to 16-17 year olds and the rollout had not yet been extended to 12-15 year olds.
- There were also cases across all age groups, with relatively high rates amongst the 45-49 age group.
- As of 15/9/21 there were 40 people in York hospitals with Covid-19 and as of 10/9/21 4 people in the intensive care unit. There had been a steady increase in hospital admissions in previous months, and they were expected to increase further into winter.
- There were some deaths due to Covid, but far fewer than at earlier stages of the pandemic, which was attributable to the effects of the vaccination programme.
- As of 26/8/21, there were 6 care homes with a confirmed Covid-19 infection of at least 1 staff member or resident. 1 care home had experienced an outbreak of 2 or more cases on 8/9/21.
- In the 7 days up to 13.9.21 there were 127 children of primary or secondary school age that had tested positive across 26 schools. These cases were expected to increase as a result of these outbreaks.
- 63% of 16-17 year olds had received their first vaccination, and 7% had received their second. These figures were expected to rapidly increase.

- Since contract tracing services were taken over by local authorities, cases completed in York had consistently been above 90%.

Comments from Board members included:

- Enhanced booster doses of the vaccination, as well as co-administration with the winter flu jab were taking place.
- A total of c.150,000 individuals had received their first vaccination, which was around 82.4%, with second doses at 76%. The target was 90% which had been achieved for several age brackets.
- The ward with the lowest vaccine take-up was Hull Road, at 63% for first doses.
- Pop-up clinic locations were being made more flexible to address accessibility issues. Information leaflet drops were also ongoing to those who had not yet taken up the vaccine.
- There were high vaccination figures for students returning to York, as well as first years.
- Nimbus Care and partners were running on-site vaccination centres for Fresher's Week at the universities.
- The booster vaccines were to be delivered through pharmacies and general practitioners, as well as Askham Bar through Nimbus Care.
- There was an issue of people who had received their first dose in Home Nations other than England, as well as abroad, who then were unable to prove their vaccination when seeking a second. There was to be a formal response to these issues from the NHS Vale of York CCG.

Resolved:

- i. That the contents of the update be noted.

Reason: To allow the Board to remain updated on the current situation relating to Covid-19 and Covid recovery.

58. Understanding Long COVID and the Impact of Long Covid on York's Residents and on Health Inequalities

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

Key points raised in the presentation included:

- Long Covid had a vast array of symptoms, and affected about 10% of the population who had been infected with Covid-19.
- Vaccination reduced the risk of developing Long Covid by about 50%, and paediatric cases were likely to be lower, at around 1 in 20 cases.
- Risk factors/the relation to the acuteness of original infection and the full range of effective treatments were not known. Effective diagnostic tests had not been created but were in development.
- There were 970,000 people living with Long Covid in the UK in August 2021, which equated to around 3,000 in the City of York.
- There were three Long Covid multidisciplinary assessment services in operation across North Yorkshire and York.
- Patients were assessed by GPs and referred, with a local screening tool being developed.
- Treatment options for Long Covid included consultant led care for complex cases, occupational therapy, physiotherapy and optimising health through leading a healthy lifestyle.
- Humber, Coast and Vale's one paediatric Long Covid assessment service was based in Hull University Teaching Hospitals, reflecting the expertise there and the low prevalence of such cases.

Comments from Board Members included:

- There was a collaboration between Nimbus and York Centre for Voluntary Service to support patients with Covid, and part of their work had been to raise awareness of Long Covid symptoms and the nature of the illness.
- Increased vaccine take-up would greatly reduce the effects of Long Covid, on patients as well as family, friends and healthcare services.
- Funding for Long Covid services was only in place until March 2022 and would need to be extended to ensure that the condition can be properly understood and would be a critical factor in determining how long vaccination booster programmes would go on for.
- It was important to maintain the emphasis on wearing masks and washing hands as a means of reducing the spread of Covid.

Resolved:

- i. That the contents of the update be noted.

Reason: To enable to Health and Wellbeing Board to understand the impact of Long Covid.

[Dr Broughton left the meeting at 5:48]

59. Update from the York Health and Care Alliance

The Board considered a report which provided an update on the progress of the York Health and Care Alliance, including minutes of recent Alliance meetings for Board members to note. The Joint Consultant in Public Health, NHS Vale of York CCG and City of York Council was in attendance to present the report and respond to questions.

Key points raised in the presentation of the report included:

- That the paper was similar to the one presented to the July meeting of the Board.
- There was an evolving transition in the Alliance as the Integrated Care System in Humber Coast and Vale is established in April 2022 and Clinical Commissioning Groups are disestablished.
- An integrated care board constitution had been developed, with accompanying policy documents. A Human Resources framework for transitioning staff had also been released.
- Thriving Places, a policy around place-based partnerships such as the York Health and Care Alliance, should operate was developed. There were a range of options and a certain amount of local flexibility for how place-based partnerships should operate.
- The Maturity Matrix allowed healthcare professionals to determine where the service was doing well or otherwise on integrated care, health inequalities, clinical/professional leadership and citizen engagement.

The Chair stated that this was a developing area and requested that this item be considered at each meeting of the Health and Wellbeing Board until the transition was complete.

Resolved:

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

Reason: To allow the Health and Wellbeing Board to remain informed about the York Health and Care Alliance and NHS reforms.

Cllr C Runciman, Chair

[The meeting started at 4.30 pm and finished at 6.16 pm].

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