

Meeting	Health and Wellbeing Board
Date	17 November 2021
Present	Councillors Runciman (Chair), 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 Stoltz – Director of Public Health, City of York  Anne Coyle - Interim Director of Children's Services  Michael Melvin - Director of Safeguarding  Alison Semmence – Chief Executive, York CVS  Shaun Jones – Deputy Locality Director, NHS England and Improvement  Naomi Lonergan – Director of Operations, North Yorkshire & York – Tees, Esk & Wear Valleys NHS Foundation Trust  Simon Morritt – Chief Executive, York Teaching Hospitals NHS Foundation Trust  Phil Cain, Deputy Chief Constable, North Yorkshire Police (Substitute for Lisa Winward)  Janet Wright, Chair, Healthwatch York (Substitute for Siân Balsom)

Apologies

Councillor Craghill,

Mike Padgham - Chair, Independent Care Group,

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

Sian Bâlsom - Manager, Healthwatch York

Lisa Winward, Chief Constable, North Yorkshire Police

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## **60. 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.

## **61. Minutes**

Resolved: That the minutes of the meeting held on the 15 September 2021 be approved and signed by the Chair at a later date.

## **62. Public Participation**

It was reported that there were no registered speakers under the Council's Public Participation Scheme.

## **63. Development of a Dementia Strategy: Progress Report**

This report presented the Health and Wellbeing Board with an update on the development of a dementia strategy for York. The Commissioner, Adult Mental Health, NHS Vale of York Clinical Commissioning Group and the Lay Member for Patient and Public Involvement, NHS Vale of York Clinical Commissioning

Group were in attendance to present the report and respond to questions.

Key points raised during the presentation of the report included:

- There was a delay in the timescales of the completion of the strategy, which had been originally scheduled to be completed in late autumn.
- The Dementia Action Alliance, had been reformed into the Dementia Collaborative as the voice and influence of the dementia strategy to aid in ensuring that it was co-produced with those with lived experience of dementia.
- Funding had been secured to carry out engagement with people suffering from dementia, however the launch was delayed and the survey eventually had to be held online due to the Covid-19 pandemic. Around 700 surveys were sent out, however only 86 responses in total were received, of which the majority were from carers.
- There were now opportunities to meet people face-to-face in dementia cafes for which risk assessments had been set up. This engagement was ongoing and due to finish in December.
- There was considerable work underway with those on the strategy group representing providers of dementia services in York which was detailed in the annex to the report.
- Dementia Forward had been commissioned to offer pre and post diagnosis support, by referral from a GP or self-referral.
- Diagnosis rates were around 55% against the national standard of 66.7%.
- Work was underway for people with early onset dementia, for which support was currently limited for activities and care homes. People with lived experience were invited to contribute to this.

Comments from board members included:

- It was important to provide alternatives to accessing services digitally to prevent sections of the population without access to the internet from being excluded.
- The work of the dementia co-ordinators in primary care had enabled the diagnosis rate to improve greatly.
- The importance of co-production was emphasised by members.

- Health services were struggling to provide for those with severe dementia who required complex care, and it was hoped the strategy would be able to address this.

Resolved:

- i. That the contents of the report be noted.
- ii. That the Health and Wellbeing Board indicate their ongoing support for the direction of travel and revised timescale for completion of the York Dementia Strategy.

Reason: To give the Health and Wellbeing Board oversight of the work in relation to the development of the dementia strategy.

## **64. Health Protection Annual Report**

The Health and Wellbeing Board received a report which provided an update on health protection responsibilities within City of York Council and builds on the report from July 2018. The Nurse Consultant in Public Health was in attendance to present the report and respond to questions.

Key points raised during the presentation of the report included:

- The data in the report represented a snapshot in time, but showed a stable and improving picture in the uptake of preventative measures such as screening and vaccination.
- It was acknowledged that flu was a health protection risk, which could put pressure on all health and social care systems.

Questions and comments from board members included:

- There were concerns about some targets included on late HIV presentation and the number of cases/testing of chlamydia.
  - Late diagnoses were usually due to people coming into the area following a diagnosis elsewhere, which York health services do not learn of until later.
  - There was now less late diagnosis of men who have sex with men due to PrEP, and now those being diagnosed with HIV were increasing from groups less traditionally seen as at a high risk from the virus.

- There was research being undertaken to understand why fewer people were coming forwards for testing across the region.
- The Director of Public Health thanked the whole of the public health team for their work throughout the pandemic, on issues related to Covid and other day to day health protection work which continued during the pandemic.

Resolved:

- i. That the report be received by the Health and Wellbeing Board.

Reason: So the Board can remain updated on health protection responsibilities.

## **65. York Multiple Complex Needs Network: Cultural Values**

This report provided information on the Cultural Values Survey, undertaken by the York Multiple Complex Needs (MCN) Network in August 2020, supported by Barrett Values Centre. This was done as a part of a desire to build relationships and consensus about 'what good support looks like', and to identify what enables 'system stakeholders' to act collectively in order to better support people. The York MCN Programme Coordinator, York MCN Enabling Team, and two members of the York MCN Cultural Values Facilitation Team were in attendance to present the report and respond to questions.

Key points raised during the presentation of the report included:

- The Network formed in early 2018 following discussions about individuals and organisations can better collaborate to support those with multiple complex needs.
- Network activity so far had included understanding what the Network means by MCN, running a systems changes training programme, exploring different commissioning models, better engaging and collaborating with people with lived experience and learning from other areas in the country doing similar work.
- The Cultural Values Survey was a learning process to better understand the culture and health of the systems and services which respond to those experiencing severe and multiple disadvantages in York.
- Results of the survey showed that people saw the pre-Covid culture in the system was that it was change-

averse, control focused and there was a culture of blame. People saw the current culture (as of August 2020) as one with a focus on short-term goals, uncertainty and a lack of resources. People's desired culture focused on learning, adaptation, community and an inclusive culture.

- There were commonalities between the current, pre-Covid and desired cultures and an energy for change demonstrated by the survey.
- The sense-making journey and benefits of undertaking a cultural values process were discussed, which can be found in the presentation.

Comments from board members included:

- A clarification that the network was examining the entire system, rather than specific organisations that work with those with multiple complex needs or the individuals themselves. However, the data collected was useful to look at both of those.

Resolved:

- i. That the contents of the report be noted.
- ii. That Health and Wellbeing Board members consider how this work could be taken forwards within their own organisations, as well as across partnerships.
- iii. That the HWBB would be keen to undertake the cultural values survey process themselves in conjunction with the York Health and Care Alliance

Reason: To support those with multiple complex needs in York.

## **66. Current Situation re: Covid-19 and Covid Recovery**

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

Key points raised in the presentation included:

- Covid case rates in York had fallen slightly, although this was likely due school half-terms and a decline in testing. However, this fall had been reversed and rates were increasing in York, regionally and nationally.

- The case rate stood at 426.5 per 100,000, which represented 900 new cases of Covid in the last 5 days, which was not the highest in Yorkshire and the Humber, but was above both regional and national averages.
- An analysis of this saw a majority of cases in children and younger people, with the 5-9, 10-14 and 40-44 age groups in which cases were concentrated. This that the majority of infections were in school outbreaks and household transmission, which was in line with national trends.
- A steady increase in the number of cases for those over 65 had been observed, which was worrying in light of the high prevalence of pre-existing conditions and likelihood of the need for hospital admittance for that age group. The reason for this was likely vaccine complacency in coming forward in the misunderstanding that being vaccinated makes one totally immune to the virus. Finally, it was possible that immunity in older people was waning since they were the ones who had first received that vaccine, which highlighted the need for Covid booster vaccine.
- Hospitals were similarly busy as they were in December 2020, although there had not been a sudden spike as in previous waves, there had been a slow and steady increase.
- As of 14/11/21, just under 87% of the over-16 population in York had received the first dose, and just over 82% had received their second dose. Vaccines 12-15 year olds were currently being rolled out, with around 41% having received the vaccine.
- 41,000 eligible residents in York had received the booster vaccination.
- A winter campaign, named #YorkTogether, was planned, which was to remind residents and visitors that the pandemic had not abated and to promote the wearing of facemasks, handwashing, symptom-free testing and working from home.

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

- It was important to ensure that flu vaccinations remained available, the uptake of which had been good this year.
- Contact tracing sign-ins for shops, restaurants, etc. had greatly reduced since government legislation requiring it expired. However, under the 'Plan B' arrangements considered by Government, people will be mandated to prove their Covid status, in showing proof of vaccination or

a negative test. This was due to changes in rules in requirements of self-isolation when vaccinated.

- An IT solution was being worked on nationally for NHS Covid apps which did not register a third booster dose, although timescales for this were unknown.

Resolved:

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

Reason: To enable the Health and Wellbeing Board to remain updated on the Covid-19 pandemic.

## **67. Update from the York Health and Care Alliance**

Board members received an update on the York Health and Care Alliance and upcoming NHS reforms. 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 during the presentation of the report included:

- The Alliance had received a draft constitution for the Integrated Care Board along with additional information on the structure of the Humber, Coast and Vale Integrated Care System (ICS).
- The ICS was to be composed of 6 'places', of which one is the City of York. There were to be 4 sector-based provider collaboratives based around mental health, community health, primary care and learning disabilities & autism.
- The Integrated Care Board was to run day-to-day operations, while the Integrated Care Partnership was due to have wider membership and set the strategic direction of the ICS.
- Updates had also been received on recruitment and membership of the Integrated Care Board, including the appointment of a Chair, which was detailed in the report.
- The appointment of a Chief Executive had not yet been announced and other appointments would be more place-based, to replace local Clinical Commissioning Groups.
- The Health and Wellbeing Board was to retain its role as setting the local strategic direction of the whole health system. Thus, the Integrated Care Partnership was to include each Health and Wellbeing Board Chair from the areas it covers and the Integrated Care Board was to be

required to submit plans to local Health and Wellbeing Boards.

- The Alliance had continued to build its capacity and determine its functions and work programme.

Board members commented:

- The Chair and Director of Public Health had sent preliminary comments in response to the report and were preparing a further response due for release on 26 November.
- The Director of Public Health noted the short timescales given for comment on the documents. Therefore, while City of York Council had submitted comments, it had not been able to share these with all partners. It was suggested that both responses were shared with Board members.
- City of York Council felt there was insufficient local authority representation on the proposed ICS Board – this view was shared by all other local authorities in Humber, Coast and Vale. Discussions with the ICS were ongoing and it was possible that there would be changes to the draft constitution. It was suggested that a draft Health and Wellbeing Board response be created and circulated to members for approval.
- The Director of Public Health reminded members of the previous resolution to review the Health and Wellbeing Board's terms of reference, however she suggested that the Board await further information, such as the appointment of a ICS Chief Executive and the completion of the consultation of the constitution, before progressing with the review.
- At present there was due to be one member on the ICS Board to represent all 6 local authorities, discussions with the ICS had not yet resulted in an agreement on how this might be changed. The view of City of York Council was that all 6 authorities ought to be individually represented on the ICS Board. It was noted that the West Yorkshire ICS had adopted this model.
- It had not yet been determined who the representative of City of York Council on the ICS Board might be.
- Concerns were raised about the large and diverse nature of the geographical area the ICS was to cover.

Resolved:

- i. That the update on the NHS reforms and the York Health and Care Alliance be noted.

Reason: To enable the HWBB to remain informed on NHS reforms.

## **68. Healthwatch York Report: What people are telling us: Experiences of York GP Services. A snapshot report**

Board members considered a report from Healthwatch York which looked at what people told them about GP services during the pandemic. The Chair, Healthwatch York presented the report and responded to questions.

Key points raised during the presentation of the report included:

- Healthwatch York received a large number of calls from residents around GP services, since they were often the first health service port of call for residents.
- Healthwatch York had emphasised to residents that GPs had been delivering more care than ever before, especially with regard to vaccination programmes, and that GPs also could get ill or have family problems like anyone else.
- Healthwatch York also heard from key partner organisations: those working with unpaid carers or those experiencing mental ill health and disabled people to understand the key challenges they face. A feeling of digital exclusion was widely reported across many areas of health and social care, as well as reports of organisations feeling an added strain due to increased need for advocating on behalf of residents.
- The recommendations of the report are focused on communication and information – Healthwatch York asked several individuals and organisations to review the report presented, including Nimbus Care and NHS Vale of York CCG, whose comments are included.

Comments from board members included:

- The current stress on the health system was immense, and demand was outstripping capacity, which was worrying to GPs and primary care, especially in difficulties in working on prevention due to a lack of capacity. Long term, the Marmot Principles should be emphasised to

ensure that people have the best start in life in order to prevent health conditions later, however the short term focus had to be getting through oncoming winter and Covid-19 pandemic.

- There was a large amount of public anger towards GPs and primary care, however it was a limited resource and so it was important to ensure it is being used in the most efficient way possible, with the Choose Well Campaign and Continuity of Care Group were emphasised.
- Increased digitisation of general practice had enabled a greater capacity than ever before, suited working age adults very well and increased response times. A single digital system was used by all GPs in York.
- However, it was important not to leave behind those who struggle with digital set-ups and those who need more support such as the elderly.
- There were good recruitment levels in general practice in York, unlike other areas of Yorkshire and the Humber, however large numbers of reception staff were considering leaving in light of the public anger towards primary care.
- Primary care was not going to return to pre-Covid conditions, but Healthwatch York was helping to alleviate the risk of poorer access to services creating inequalities.
- It was suggested that Healthwatch York facilitate a co-production approach for GPs to meet with a representation of individuals who cannot access digital services, in order to prevent the marginalisation of already vulnerable people.

Resolved:

- i. That Healthwatch York's report, 'What people are telling us: Experiences of York GP Services. A snapshot report' be received.
- ii. That organisations represented at the Health and Wellbeing Board respond directly to Healthwatch York within 28 days regarding the recommendations made to their organisation.

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

## **69. Report of the Chair of The York Health and Care Collaborative**

The Health and Wellbeing Board were asked to consider a report on the work of the York Health and Care Collaborative. The Chair of the York Health and Care Collaborative presented the report.

Key points raised during the presentation of the report included:

- The community alcohol pilot was very close to being started and two posts had been recruited. A large group of patients had been identified through primary care who had a problem with alcohol, but not at the level of dependency. These patients are often frequent users of A&E and have a high rate of concomitant mental health issues, and the recruited workers were to be embedded into primary care teams to address this as part of a structured behaviour input.
- A brief update on developments in the Community Mental Health Programme was included in the report, on which integration was improving and contact practitioners were working more with primary care.
- The most marginalised group with the greatest health inequalities both in York and nationally were people with learning disabilities, and the population health management approach to learning disability was to examine all aspects of care for those with learning disabilities such as screening, health outcomes and engagement with long term conditions.
- There was a large focus on end of life care at the last meeting. The hospice in York was under massive pressure and was closed to admissions, which put a large strain on primary and secondary care. Outreach work with patients at home was underway, but the situation remained worrying.

Board members commented that:

- The positive developments around first contact mental health workers in primary care would continue to grow over the next two years. The development of hubs would help to transform community mental health services and improve access.
- Work around alcohol was positive, and it was suggested that the Health and Wellbeing Board receive and update on its outcomes in the future.

- A systems approach around registers for those with learning disabilities could be discussed in future meetings.

Resolved:

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

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

## **70. Better Care Fund Update**

The Board received an update on the Better Care Fund (BCF), including the national BCF reporting process, 2020-21 Performance return for sign off, the planning arrangements for 2022-23 and a review of BCF Performance and Delivery Group Terms of Reference. The Director of Prevention and Commissioning was in attendance to present the report and respond to questions.

Key points raised during the presentation of the report included:

- A BCF Framework was received in September which included changes to expectations of reporting and activity.
- It was not nationally required to report on delayed transfers of care in 2021 or 2022, however officers stated that local delayed transfers of care were monitored.
- Non-elective admissions fell in 2021, but this was primarily due to Covid-19.
- The target of 85% of people staying at home post-90 days following hospital discharge had not been met, with around 79% of those discharged remaining at home.
- Targets for admissions of older people into residential care homes, with admissions reduced in 2021.

- A Better Care Fund Review had been carried out, which had identified the need to develop an intermediate and reablement care end-to-end approach. This had been set up as a rolling yearly programme of review to examine all BCF schemes each year.
- There had been some changes to future planning arrangements, including changes to the method of reporting around non-elective admission which will focus on ambulatory care conditions. Also, on delayed transfers of care there was to be a greater emphasis on the length of stay.
- The terms of reference of the BCF were still being reviewed, and there had been conversations within the BCF Delivery and Performance Group to make some changes to the terms of reference and membership, which was to be presented to the Health and Wellbeing Board in the next quarterly update.

Board members commented that:

- It was important to ensure that local area co-ordinators are accountable to their ward and councillors in order to prevent a democratic deficit. Officers commented that:
  - Local area co-ordinators were run through the BCF which tracked and examined its progress e.g. in reducing numbers of people accessing social care by helping them to live independently. The Communities Recovery Board was also to have oversight of all work that ran through contracted commissions within the community and voluntary sector, including local area co-ordinators.
  - Recent reports from local area co-ordination had shown the system was working well to support those with complex needs to prevent the need for them to access health and social care, which was why an additional 4 local area co-ordinators had been recruited. These reports were to be shared with board members.
  - Local area co-ordinators did not work in isolation, and co-ordinated closely with primary care e.g. for social prescribing.
- Performance information for the BCF had shown an continued year on year improvement on the number of people being supported to remain at home rather than having to access health and social care in a hospital, which was above the regional and national average. A focus on prevention of admission and reablement was to

occur going forward with an expansion of these services with an aim to focus more on prevention.

- It was retrospective to approve a financial plan in November, two thirds of the way through the financial year.
- The BCF was to be rolled forward for another year and there was likely to be little material change between now and next year while the wider context around the place of the BCF in health/social care continues to be resolved.
- All BCF schemes were reviewed in the summer of 2021 by the BCF Performance and Delivery Group, however it was agreed that there was room for improvement going forward, especially in supporting early intervention and prevention of readmission. There was some duplication of work in schemes, which was to be addressed by upcoming work around reablement and intermediate care.
- In the next plan, it was likely there would be a reduced, consolidated number of schemes.
- In hospitals, capacity had been constrained by the Covid-19 pandemic, with around 80 Covid-19 positive patients in hospital across York and Scarborough.
- There had been support from City of York Council to facilitate discharges from Foss Park Hospital, particularly in the working age adult population, though there was a particular challenge in supporting older people e.g. with dementia and challenging needs.

Resolved:

- i. That the York better Care Fund update for information be received.
- ii. That the 2021/2022 BCF return be agreed.
- iii. That authority be delegated for future returns to be signed off by the Director of Prevention and Commissioning appropriate CCG lead in partnership with the Health and Wellbeing Board Chair.

Reason: The Health and Wellbeing Board is the accountable body for the Better Care Fund.

Cllr C Runicman, Chair

[The meeting started at 16:30 and finished at 18:39].

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