

Meeting	Health and Wellbeing Board
Date	25 September 2024
Present	<p>Councillors Steels-Walshaw (Chair), Runciman and Webb</p> <p>Siân Balsom – Manager, Healthwatch York</p> <p>Dr Emma Broughton – Joint Chair of York Health & Care Collaborative</p> <p>Sarah Coltman-Lovell – NHS Place Director for the York Locality - Humber & North Yorkshire Health and Care Partnership</p> <p>Martin Kelly – Corporate Director of Children’s and Education, City of York Council</p> <p>Alison Semmence – Chief Executive, York CVS</p> <p>Brian Cranna - Director of Operations and Transformation, Tees, Esk and Wear Valleys NHS Foundation Trust (Substitute for Zoe Campbell)</p> <p>Jodie Farquharson - Head of Public Health, Healthy Child Service (Substitute for Peter Roderick)</p> <p>Fiona Willey - Chief Superintendent, North Yorkshire Police (Substitute for Tim Forber)</p>
Apologies	<p>Zoe Campbell – Managing Director, Yorkshire, York & Selby - Tees, Esk & Wear Valleys NHS Foundation Trust</p> <p>Tim Forber – Chief Constable, North Yorkshire Police</p> <p>Councillor Mason</p> <p>Simon Morrill – Chief Executive, York & Scarborough Teaching Hospitals NHS Foundation Trust</p> <p>Mike Padgham – Chair, Independent Care Group</p> <p>Peter Roderick – Director of Public Health, City of York Council</p> <p>Sara Storey – Corporate Director of Adults and Integration, City of York Council</p>

10. Declarations of Interest (4:35pm)

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.

11. Minutes (4:34pm)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on Wednesday 24 July 2024.

12. Public Participation (4:35pm)

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

Lali Hewitson spoke personally about her experiences taking care of a 19-year-old with mental health difficulties, who had experienced psychosis since the age of eight. Ms Hewitson discussed her difficulties securing a CAMHS referral, and her concern that service providers, including health and social care practitioners had not taken their situation or her concerns seriously.

13. Children and Young People's Health (4:39pm)

The York Place Director introduced the item, including a PowerPoint presentation on Children and Young People's Health in York, incorporating a one-page summary of the Integrated Care System (ICS) Strategy outlining the aims and outcome priorities, with representation from all sectors.

She also introduced the strategy of Core20PLUS5, which is an approach designed to drive targeted action in healthcare inequalities improvement; it was explained that "Core 20" referred to the 20% most deprived members of the population as identified by the Index of Multiple Deprivation, and the "Plus 5" referred to 5 population groups selected by the ICS, who

were experiencing poorer than average health access, experience or outcomes.

Representatives from the Integrated Care Board, who had co-authored the report, then further discussed elements of the presentation in detail and responded to questions from the board.

The Programme Lead for Children and Young People's Mental Health, further elaborated on the Core20PLUS5 and presented a video entitled "Nothing About Us Without Us" discussing young people's top four priorities for mental health:

1. Young people led awareness-raising and training on the signs and symptoms of mental health problems, and issues impacting young people's mental health, including LGBTQ+, racism, etc.
2. Easier access to services.
3. Young people leading on work and courses about children and young people's mental health, to ensure their voices are heard, their lived experience is valued, and they are not "shrugged off" by professionals.
4. Listen to young people more.

She stated that young people's involvement with the development of the mental health strategy had been productive and successful.

The Senior Commissioning Manager Children and Young People discussed the offer for emotional and mental wellbeing using the "I thrive" model which was generally self-directed, with support and advice from specialist services such as York Mind, Beat (the National Eating Disorder Service) as well as Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV), Child and Adolescent Mental Health Services (CAMHS), Improving Access to Psychological Therapies (IAPT), Wellbeing in Mind and the School Wellbeing Service (SWS). She explained that this model moved from signposting, through increasing levels of assistance and involvement.

She summarised how these services are employed, working with schools and social care, to facilitate good mental health for

children and young people in York and discussed funding and challenges.

The Senior Quality Lead for Children and Young People at York Place discussed physical health and services focusing on the five vulnerable groups identified by Core20PLUS5; she advised the board:

- That a post was being set up with funding from York Place, to enable children with asthma to live a normal life.
- That continuous monitoring and support was being offered to children with Diabetes across the ICB.
- That integrated bowel and bladder workshops in partnership with the Healthy Child Service were being established.
- That significant work had been undertaken with therapies teams at York hospital to reduce long wait times for children with sensory/processing difficulties.

The board thanked the presenters for their report, noting the quality and comprehensiveness of the presentation.

Board members expressed some concern that the presentation itself had not been incorporated into the pack.

The board asked for further information regarding the transition from Childrens Social Care to Adults Social Care concerning support for mental health, and whether the ICB had looked to other authorities Integrated Care Strategies for guidance regarding good practice?

The Programme Lead for Children and Young People's Mental Health responded that a working group across the six Places within the ICB was focusing on a consistent approach to mental health, aware that people may live in one area and work/school in another, and a move away from an age-led approach towards a needs-led approach. She said that having young people stay within a particular service until a need is met rather than a specific birthday, or having a key worker to guide them can be useful in avoiding a "cliff edge" at 18 years.

Regarding the board's question concerning best practices, she answered that she liaised regularly with her counterparts in

West Yorkshire and South Yorkshire, and she was quite keen to take guidance from other authorities, but also the Humber and North Yorkshire ICB's work on Trauma Informed care was leading the way nationally.

She went on to discuss the need to adapt for new or emerging issues such as Avoidant/Restrictive Food Intake Disorder (ARFID), which she distinguished from traditional eating disorders on the basis of the response required. Senior Commissioning Manager Children and Young People added that the shortage of specialised staff is also an issue across the ICB, particularly when dealing with specialist areas such as ARFID.

Board members raised the example of the East Cambridge model, which utilised social prescribing to lessen the burden on specialists – and asked whether the ICB might be able to do more in the community utilising this model?

The Programme Lead for Children and Young People's Mental Health answered that this highlighted the importance of the list of priorities for each place to best deliver change in each area. The Director of Operations and Transformation, TEWV NHS Foundation Trust added that work was being done in Adult Services regarding the Community Hub concerning the range of early interventions prior to reaching specialist Services and this absolutely needed to be part of the children's work too going forward.

The Programme Lead for Children and Young People's Mental Health added that whereas the ICB were very good at escalating/"stepping up" young people to CAHMS they also needed to work towards a more graduated drop down.

The board discussed family members of children, especially those with specific concerns such as neurodiversity or gender identity, and how they could find someone within the system who was equipped to help them holistically; it was hoped that patients with ongoing health concerns as part of their identity could have these taken into consideration alongside transitory health issues and not have to choose which issue they would like to have dealt with in isolation.

The board also expressed concern at the confrontational nature of parents seeking the best assistance for their child, and the

fact it was often presented as a “fight” where healthcare inequalities could be greater dependant on a child’s particular condition, dependent on how well their carer was able to advocate for them and dependent on which area they lived. They suggested that better communication was required from healthcare professionals to patients and their families, for example regarding waiting lists.

The Programme Lead for Children and Young People's Mental Health responded that this was very much where the feedback and recommendations from young people had led, with over 80% of respondents had made very modest recommendations concerning communication, such as young people not buying stamps. The Senior Commissioning Manager Children and Young People added that the School Wellbeing Service and Wellbeing in Mind are in all/most schools in York respectively and have overwhelmingly positive feedback but unless it is on their phones, many young people do not express this feedback via forms. For this reason a feedback app was being developed (with digital poverty in mind).

Board members suggested that the public speaker and the upcoming Healthwatch report exemplified that information and advice was not always successfully being conveyed to people – it was suggested that greater proactive contact with patients/families before or during the transition between Childrens Social Care and Adults Social Care could be beneficial.

The Senior Commissioning Manager Children and Young People agreed with this point, commending the Healthwatch report and proclaimed Healthwatch to be one of the key guides she would recommend for mental health. The Programme Lead for Children and Young People's Mental Health added that Centre for Voluntary Services are also very useful, and that she had been doing normalising work with York Mind regarding how podcasts and positive social media (included self-generated material) could further be used to pre-empt young people first hearing about things from a doctor.

The board further enquired whether the funding for York Mind would be continuing, given it was cited as a key service, and whether it may be subject to potential future cuts since the flow of money comes from council.

The Programme Lead for Children and Young People's Mental Health answered that the forward plan would look at where spending was best prioritised within the ICB on different areas. The Executive Member for Children, Young People and Education responded that York Mind was funded by the Local Authority and the executive would reassess contract when it was due for renewal.

The Programme Lead for Children and Young People's Mental Health stated that the forward plan needed to be systems-based and it had to be about all services united; be they national, regional or local, because actually these were all interlinked at the point of delivery, and ultimately young people just want to know there is help there that could benefit them.

Board members agreed that mental health was a complex issue and all partners would need to be involved, encouraging the voluntary sector to seek national funding in addition to that received from the council.

The Corporate Director of Children and Education noted a York led bid had secured £500,000 for care leavers that will come into the system to trial a new approach which is having a clinical psychologist and six Advanced Clinical Practitioner Apprentices across the authority. He encouraged partners to look toward innovative models that possibly do not currently exist.

The Chief Executive, York CVS stated that there should be a management of expectations towards seeking funds outside York – places like the National Trust are closing their doors and there is fierce competition for funding from places like the National Lottery.

Resolved: That the board noted the report.

Reason: The report detailed the current provision and plans to deliver against priorities and the gaps that need to be addressed to improve outcomes for children and young people.

14. Report of the York Health and Care Partnership (5:56pm)

The York Place Director presented the report.

She discussed the success of the 30 Clarence Street Hub, the Conversation Café Forum and the announcement of the £2.4 million next phase of the Mental Health Hub, which had previously been embargoed due to the general election, and the pre-election period, which prevented central and local government from announcing any new initiatives. She discussed the Connecting our City Event, development of YHCP and the future work required to take the partnership forward including digital strategy and integration of teams.

She noted that Lord Darzi's report on the state of the National Health Service in England highlighted some important issues, including an emerging need for seven new hospital wards in York for people aged 75 or over at a time when the hospital is closing wards due to staffing shortages, and there is simply no room to build new wards on the current hospital site.

The York Place Director stated that another key issue was that specialist staff were retiring across sectors, and many people were going out of area which a regional model would be a more effective solution for. The early intervention model would alleviate this to some degree, but major reform was needed. Humber and North Yorkshire ICB discussed this in August, a month ahead of the Darzi report and as such had begun to formulate three areas of focus:

1. Local Integrated Primary, Community and Social Care (including social based and de-medicalised mental health and neurodiversity services) – The ICB want people to be able to access primary, community, mental health, long-term conditions management, outpatients, social care and end of life care in a joined-up way that is local to their place.
2. Mental Health Learning Disability and Autism – The ICB want people to be able to receive the specialist health and mental health services that they require least often when they need it, which may mean they are provided at scale and could be from a single location.
3. Acute and Specialist services and care – The ICB want people to be able to receive best quality planned treatment in a timely way, this may require people to travel to receive access to health expertise in specific

centres of excellence that maximise productivity and improve people's outcomes.

The board asked about accessibility of GP surgeries and pharmacies, both with regard to current housing stock, and in view of the number of new housing developments planned, it was hoped that these new houses would also have access to services as a consideration of the planning process.

The York Place Director said that it was difficult to produce integrated care centres for all communities in a short space of time, but that this was a challenge that the partnership recognised and would look at as a long-term issue. She stated that future planning would most definitely consider access to care services, if necessary, via regular public transport.

The Chief Executive, York CVS stated that this report recognised the challenge of statutory partners referring people to the voluntary sector because they didn't meet threshold, and the necessary investment required for those referrals. Consequently £250,000 had been invested in seven organisations over a period of two years.

The board welcomed this as a positive step, noting that that the voluntary service had hitherto been providing core offer but not being properly compensated for it.

The board asked about the accessibility to all of the Mental Health hub – which was a 24:7 service offer but was not in the centre of York; it would probably not be appropriate for someone experiencing mental health crisis to travel via multiple buses to seek assistance.

Director of Operations and Transformation, Tees, Esk and Wear Valleys NHS Foundation Trust responded that this would be a pilot in one particular neighbourhood, in order to demonstrate its effectiveness for the two-year period, and if successful it would be rolled out citywide, making the service more readily accessible to all. This service will serve as additionality and would not remove existing crisis services; these would remain in place, operating alongside the targeted hub, currently in this one neighbourhood.

Joint Chair of York Health & Care Collaborative pointed out that primary care estates were currently fragmented, and while co-

location was essential there was not a single estate currently fit for purpose. She encouraged partners to collectively get behind this vision, which would require investment, citing the example of Acomb where there were six GP services in under a mile which could all be collocated.

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.

15. Healthwatch York Report - Exploring Access to GP Services in York - Interim Report September 2024 (6:27pm)

The Manager of Healthwatch York presented the report, which summarised the results of a survey exploring people's experiences of accessing GP services within the city of York.

She stated that the intention had been to encourage open, honest conversations about access to primary care and thanked respondents to the survey which formed the basis of the report.

She emphasised that when visiting their GP, respondents overwhelmingly indicated they wanted a consistent point of contact who knew them and who they trusted. Patients with chronic conditions wished to have their doctor understand their condition, but not to attribute or link all health concerns to this condition.

She noted that this report and the other items on the agenda illustrated that capacity and demand were not currently in step with one another, but opportunities had been presented in this report, the urgent care report and the pharmacy report, which could be explored collectively by partners to develop a strategy for how the ideas might take shape.

She cited examples such as integrated Care Community hubs, changing roles for pharmacies and independent prescribing, better access to voluntary and community services to alleviate Health and Care Services and early intervention and prevention.

She noted that formal recommendations for the board had not been made in this report, but next steps had been proposed and

the board's views and suggestions on these would be welcomed.

The board commended the report.

Since this report was titled an "interim report" the board asked when the final report was due.

The Healthwatch Manager responded that what had been published reflected the full results of the surveys undertaken by Healthwatch, but it was titled an "interim" report at publication because further work on these results had not then been completed by Healthwatch, who sought to explore solutions. She added that they had since undertaken follow up meetings with those in primary care to explore how they might bring people and clinicians together and work on systemic improvements.

The board stressed the importance of people still coming forward for care, and not presenting late or avoiding doing so for fear of overburdening their GP as was suggested by quotes from respondents in the report. Despite the disproportionate pressure on GPs, who see 90% of all contacts, triage in this area has been a key innovation to ensure that those most in need are seen first and patients should contact their GP to allow for this rather than stay silent.

The board expressed concern about situations arising where a specialist/consultant advises that they will send something through to a patient's GP, followed by a break in the flow of the service and a potential breakdown in communication at the patient's end, resulting in confusion as to whether or not the GP has actually received this information. Residents have reported believing they had a prescription ready, only to find out this was not the case weeks later.

The Joint Chair of York Health and Care Collaborative responded to this, quoting the NHS Constitution on responsibility for prescribing between primary and secondary care, stating that secondary care practitioners, if they feel a drug needs to be issued with urgency, can issue it immediately. A GP constitutionally has 28 days to receive a letter from secondary care, read it, action it and put it on a patient's notes.

It is therefore reasonable to expect a GP to take up to 28 days to have your prescription prepared and ready. It was conceded that current pressures on the NHS have meant that these targets are not always met, and expectation management for patients was vital.

The Chief Superintendent, North Yorkshire Police agreed that expectation needed to be realistic, and from a police perspective additional services had been launched with no additional staffing resource.

The Manager of Healthwatch York agreed that there was frustration on both sides (patients and GPs) emphasising the pressing need to refocus resources on where they can make the most impact. She stated that more patients were being seen by primary care than before the pandemic; while some of these were seen online, face to face appointments had nearly returned to pre-covid levels and there were more online and more telephone than before.

She stated that it was vital to have a really good conversation about how to make GP services as good as they can be for our population, acknowledging that current demand cannot be met and prioritising a way forward that people respect and understand.

She concluded with three key questions to take away from the report:

1. How can capacity be increased?
2. How can other areas of the system be utilised more effectively to make sure that that GP support is there for the people who need it?
3. How can communication be improved between primary and secondary care so we don't have GPs, members of the public and people working in hospitals chasing each other for things as raised by board members?

Resolved: That the Board noted Healthwatch York's Report – Exploring Access to GP Services in York – Interim Report September 2024, and commented on the updates provided within the report and its associated annexes.

Reason: To keep up to date with the work of Healthwatch York and monitor progress regarding recommendations.

Cllr L Steels-Walshaw, Chair

[The meeting started at 4.34 pm and finished at 6.46 pm].

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