

North Yorkshire County Council

North Yorkshire Health and Wellbeing Board

Minutes of the remote meeting held on Friday, 19th July, 2024 commencing at 10.30 am.

Board Members	Constituent Organisation
Councillor Michael Harrison (Chair)	Executive Member for Health and Adult Services
Councillor Janet Sanderson	Executive Member, Children and Families
Councillor Simon Myers	Executive Member for Culture, Arts and Housing
Christian Turner	Deputy Director Deputy Director Business Change and Planning, Humber and North Yorkshire ICB
David Kerr	Service Manager, Community Mental Health, Tees, Esk and Wear Valleys NHS Foundation Trust
Sally Tyrer	Chair of North Yorkshire Branch, YORLMC
Nancy O'Neill, MBE	Chief Operating Officer, Bradford District and Craven Health and Care Partnership – part of West Yorkshire Integrated Care System
John Pattinson	Operations Director, Independent Care Group
Ashley Green	Chief Executive Officer, Healthwatch, North Yorkshire
Nic Harne	Director of Community Development, NYC
Richard Webb	Corporate Director of Health and Adult Services, North Yorkshire Council

In attendance:-
Christian Brennan; Saskia Calton; and Victoria Turner

Copies of all documents considered are in the Minute Book

1 Welcome by the Chair

The Chair welcomed everybody to the meeting.

2 Apologies for Absence

Apologies were received from:-

- Jonathan Dyson
- Mike Padgham (subbed by John Pattison)
- Stuart Coulter
- Louise Wallace
- Zoe Campbell (subbed by David Kerr)

3 Minutes of the Meeting held on 22/05/24

Resolved –

That the Minutes of the meeting held on 22nd May 2024 be approved.

4 Declarations of Interest

There were no declarations of interest.

5 Public Participation

There were no public questions.

6 West Yorkshire Place Update

Richard Webb updated the Board, as summarised below:-

- That there were ongoing issues with financial planning and key NHS milestones.
- West Yorkshire ICB had considered the effects arising from the new government manifesto commitments and the Kings Speech.
- A meeting between Bradford and Craven and Lord Markham regarding Erdale Hospital rebuilding programme had been deferred to a later date. Local Members were speaking to the NHS about the emergent consequences.
- Lancashire and South Cumbria were in ongoing discussions regarding the Place Board arrangements, of which North Yorkshire Council (NYC) had been involved in.

Richard also complimented Nancy O'Neill for her more than 40 years of service in the NHS, but would now be leaving the organisation. The Board agreed that a letter of gratitude would be sent to Nancy on behalf of the Board.

Nancy O'Neill, who had joined the meeting later, presented her update as summarised below:-

- That in addition to changes brought by the new government, they would be looking forward to the Autumn spending review and its implications.
- The junior doctor industrial action had not caused any adverse effects to the safety of patients but had impacted routine appointments.
- There was a review of the West Yorkshire infrastructure strategy which included proposals on many projects such as Skipton Hospital, Erdale Hospital, and Settle.

7 Humber and North Yorkshire Place Update

Christian Turner presented his update to the Board, as summarised below:-

- Out of 11.2 million GP appointments across the integrated care system (ICS), 2.8 million were within North Yorkshire, a 9% increase from the previous year.

- Long waits had started to come down.
- There were improvements in users of urgent and emergency care being seen within four hours however this was still below the national target of 76%.
- Stephen Eames had convened an emergency care summit in June. Chief Executives, Place Directors, and key leads from across the ICS met to discuss how to improve performance and avoid more users being transferred to emergency care. The plan that emerged from the summit was being developed, to be ready for Winter.
- There was a backlog in cancer treatments which was now coming down. In North Yorkshire over 1200 people had completed their cancer path, a total of 7 fewer than the previous year.
- There was significant investment coming into health inequalities which in North Yorkshire was being managed by Locality Care Partnerships. The model that had been deployed had been effective in understanding issues at the local level.
- Within North Yorkshire 2000 people with disabilities had their annual mental health check last year, an improvement on the previous year.
- In community services there had been a growth of virtual wards which had become an important part of the overall system as they have enabled people to leave hospital sooner than they otherwise would have.

The Chair asked for information regarding dentistry and the issues around deprived areas losing access due to the transfer of contracts. Christian advised that it was an issue across the ICS but there was work being done to find ways to become more flexible with the funding that was available and contracts in place. Sally Tyrer, Chair of the Primary Care Collaborative for North Yorkshire and York, added that the partners involved had shown an understanding of the issues. The ICS had shown innovative ideas in dealing with the issues, such as tackling health inequalities through offering 'golden hellos' to dentists.

Ashley Green added that it was positive the new government would look at dental contracts, and was optimistic towards the impact new training hubs could have across the ICS. In addition, he mentioned that the four biggest queries from the public were regarding dentistry, mental health, GP access, and waiting times.

Richard Webb provided his update, as summarised below:-

1. The Change in government

- The big issues were housing, house building, growth, and further devolution to mayoral authorities.
- That there may be a royal commission on social care.
- Anti-smoking legislation had been revived.
- The Adult Social Care Work Force Strategy had been published.

2. System Issues

- Colleagues in the Harrogate and District Foundation Trust had renewed the integrated service for another year which would now focus more on intermediate care, as well as front door and back door prevention of admission to long-term beds.
- There was a meeting between the ICB and the Council which looked at mental health.

3. Operational / Public Health and Social Care

- There were issues regarding substance misuse whereby many areas were not meeting their treatment targets.
- There was a Cabinet Office visit which looked at developing new practices.
- Social Care had seen a hike in activity of hospital discharges, leading to more home care packages.
- There were improvements in some priority waiting lists.
- A decision from the North Yorkshire Council Executive had been made to close the Ashton and Malton Care Home as the current state of the premise did not warrant continued investment into maintenance. They were committed to an extra care scheme in the area and had looked at the potential to replace and refurbish remaining key care homes.

8 North Yorkshire Health Protection Assurance Group Annual report 2023/4

Vic Turner, Public Health Consultant, presented her report to the Board. As background she said the report was representative of the North Yorkshire Health Protection Group (HPAG) and provided strategic oversight on Health Protection across the whole the system. The report was intended to tighten up some of the assurance processes and plan for the next series.

In her presentation she highlighted:-

Update on 23/24 Priorities

- The Implementation of the School Immunisation Service had move across to Vaccinations UK.
- Health Protection had benefitted from LGR merger of Environmental Health and Public Health into one organisation.
- A Military Health Liaison Group had its first meeting. Further, that a link to the group would be developed as military health was a key issue at the moment.

Screening and Immunisations

- There were good links between the public health UKHS ICB.
- Work was ongoing with awareness campaigns.
- Health Inequalities was being considered, especially in Scarborough.

Infection Prevention and Control

- They were reviewing the specification around the IPC.
- A new service was expected to be in place from the 1st January, 2025 and feature a new specification.

Sexual Health

- Its provision continued to be provided by York Sexual Health
- The Health Protection Assurance Board had been linked up with the relevant Board on sexual health.
- Sexual Health data was now reported through HPAG.

Environment

- Seasonal health was a key issue due to a changing climate.
- The Cold Weather Plan was replaced by the Adverse Weather Plan.
- A North Yorkshire website was set up to include messaging from all partners of seasonal health.
- ICB money had been used to appoint to post a seasonal health role.
- Collaboration between environmental health and public health was easier due to the merger into one organisation.

Emergency Preparedness, Resilience, and Response

- The Local Resilience Forum (LRF) for York and North Yorkshire had a three year cycle in reviewing its risks and plans, and had featured health in the previous year.
- The two health related risks of particular interest were around pandemics and emerging infectious diseases. A new strategic plan had been developed for the LRF around the two highlighted risks, and would sit above the operational plans held at the council level.
- They held an exercise in February which had gone well.
- The findings of the Covid Inquiry would factor into the new model of the LRF such as messaging around preparing for the wrong pandemic. This involved taking a more holistic approach to pandemics due to similarities in deploying testing, vaccinations, contact tracing etc. There should also be particular interest in routes of transmission.

Incidents and outbreaks.

- There had been two major incidents in the past 12 months.
- The first was a mass bird die off on the coasts of Scarborough and Filey and had posed challenges as it was on a public beach in a non-controlled area and did not receive a response from DEFRA. Despite this the service managed the incident.
- The second was the influenza A(H1N2)v incident, which was the first case identified in Europe. This was reported to the World Health Organisation (WHO) which caused some international attention to be turned on Yorkshire. Though the response was national-led, the service fought to be heavily involved, which showed there was more scope to use local authority capabilities.
- The service had also been providing advice to various organisations regarding measles and tuberculosis, which had seen rates rise nationally.

Priorities for 2024/25

- The IPC/TB contract/service specification review should be completed this year.
- They would further develop intelligence sharing between partners but there were challenges as they various organisation used different systems.
- To complete the NY infectious Diseases operational plan and Gastrointestinal Infection plan, that sit under the LRF.
- To sign off the Avian Influenza protocol.
- To focus on Health inequalities regarding screening and immunisations.
- Continue the NY military liaison group.
- To work on the Air Quality strategy and NY Air Quality Action Plan.

- Further the health agenda around key risks such as TB and migrant health.
- Continue the Joint seasonal health communications plan.

The Chair sought clarity on if the military health liaison group went beyond current servicemen. Vic responded that it tended to engage with military defence health teams who were focused on current servicemen however that infectious diseases, for instance, applied to the local community and family members of servicemen. Suicide prevention would in contrast look broader such as the Gurkha needs assessment.

John Pattinson commented on the changed perception towards covid-19 and that he held concerns towards the rise in cases and new variants. He believed there was a general lack of concern around the serious impact of covid-19 and its implications for vulnerable people. He asked whether there should be new campaigning to remind people of the dangers of covid-19. Further, he wondered what learning or key lessons could be learnt for independent social care around CDIF or LMRC.

Vic responded that she did not have much information around social care as the IPC does not share the RCA's. This was something that she wanted to develop so that there was oversight in future. Regarding covid-19, she spoke of a large summer wave which had not appeared in the data as the data is now restricted and unavailable. In terms of the seriousness of covid-19, she was still concerned and continued to do work on indoor air quality and was soon to start a new indoor air quality monitoring pilot. This would hopefully produce the evidence needed to push indoor air quality in care homes. There was also a change in risk appetite towards flu where there were unhelpful comparisons to covid-19. Therefore, this was one reason behind the new seasonal health post which could look at the messaging on this topic. Finally, she emphasised that in addition to the acute infection point, long covid presented increased risk towards cardiovascular health, diseases, and diabetes.

Richard Webb was pleased that such valuable work was receiving attention. He thought it was important that health protection was recognised and received development due to all the reasons mentioned in the presentation. He commented that immunisation and screening was a challenge given the various views around vaccines and asked if there were particular issues in terms of welcoming people from abroad who had a different experience of routine screening and vaccinations. Vic confirmed that there was a comprehensive immigrant health guide on the intranet which breaks down the requirements per country and what should be offered on arrival to the UK. She expanded on an issue around tuberculosis cases being linked to people coming from abroad. Therefore, the team had reinstated screening since Christmas and consequently recorded more cases. Regarding attitudes to vaccinations, she reported that the take up from staff in care homes was poor, at 11-12%. Although a national issue, they continued to work on ways to increase vaccination uptake in staff.

Janet Sanderson, portfolio holder for Children and Families echoed concerns around immunisation, particularly towards children. She said that immunisations for looked after children had improved for the third consecutive year but that the number who were up to date was 74%, 20% lower than that of the non-looked after children. She also made the point that the individual who refuses the vaccine is not always the one impacted and provided a personal anecdote of its dangers and effects on others.

Vic agreed and pointed towards home educated children as another group to target. The school immunisation service had done work in this area so that those not in an educational setting could access vaccinations. Vaccinations UK had aimed to increase uptake through using Gillick competence as a means to allow under 16's to consent to their own treatment, as well as contacting parents on the day of vaccination to gain consent if not yet given.

Building off this, Sally added that she had had conversations with parents who were vaccine

hesitant and warned of an emerging theme of vaccine fatigue. Further, she shared that there was a new programme for respiratory RSV virus coming in November which would target people aged over 75, and pregnant women. A public health communications campaign would be held to raise awareness of RSV as the public was not familiar with the risks.

The Chair asked if long-covid was still an issue and whether cases of covid were as serious as they were early in the pandemic. Sally responded that people were still suffering from long covid but possibly at a lower rate due to the reduction in cases. She added that covid was still a serious disease, and there were misconceptions that future recurrent infections would be milder. Ashley asked where the public could receive vaccinations due to uncertainty on who provided them.

Nancy responded that the Spring Covid-19 Vaccination Campaign had concluded which found that there were fewer people eligible for the free vaccine. There were also issues around vaccine storage in hospitals, especially at Erdale Hospital. Regarding access to vaccines she stated they were currently searching for partners who would deliver the vaccines, but that around 75% of the delivery of across Bradford and Craven would be done through community pharmacists.

NOTED.

9 Better Care Fund update 2024/25 and 2023/24 Outturn monitoring return

Saskia Calton, Head of Finance for Public Health, Partnerships and Projects presented her report to the board.

As background, she said the Better Care Fund (BCF) report pulled together budgets from the NHS and Local Government to deliver the integration of health and social care. The fund was brought together under the BCF framework but was allocated to individual partners and contained within each of the organisation's budget allocations, as shown in appendix 1. This was represented by 84 schemes in 24/25 and had a total budget of £83.5 million. She summarised aspects from the report regarding the Better Care Fund update 24/25 and 23/24 Outturn monitoring return.

The Chair thanked Saskia for her report. He shared that health and adult services, and local authority colleagues had continued to express their frustration that so much of their funding came from so many different strands of better care funding.

Richard Webb said it was a complex picture with many organisations. The fund was twice the amount it was compared to when it started and delivered front line improvements to services.

Resolved –

That the Better Care Fund Planning Update Submission for 2024/2025; and The Quarterly Outturn return for the final quarter of 2023/2024 be approved.

10 Any Other Items

There was no other business.

11 Date of Next Meeting - 18 September 2024

12 Rolling Work Programme

The Chair introduced the report and invited Members to make additions to the Work Programme.

NOTED.