



York Health and Care Partnership Executive Committee

Thursday 8 August 2024, 10:00 - 12:30
Severus Meeting Room; First Floor, West Offices
Chair: Ian Floyd

Present		
Ian Floyd (Chair) (IF)	Chief Operating Officer	City of York Council (CYC)
Sian Balsom (SB)	Manager	Healthwatch, York
Mark Bradley (MB)	Place Finance Director, North Yorkshire and York	Humber and North Yorkshire Integrated Care Board (H&NY ICB)
Professor Karen Bryan (KB)	Vice Chancellor	York St John University
Zoe Campbell (ZC) – part, on Teams	Managing Director North Yorkshire and York	Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)
Sarah Coltman- Lovell (SCL)	York Place Director	(H&NY ICB)
Dr Rebecca Field (BF) – part, on Teams	Joint Chair of York Health and Care Collaborative	York Medical Group
Professor Mike Holmes (MH) – on Teams	Chair	Nimbuscare
Emma Johnson (EJ)	Chief Executive	St. Leonards Hospice
Caroline Johnson (CJ) – part, on Teams on behalf of Michelle Carrington	Place Deputy Nurse Director	York Place, H&NY ICB
Martin Kelly (MK)	Corporate Director of Children and Education	CYC
Peter Roderick (PR)	Director of Public Health	CYC
Alison Semmence (AS)	Chief Executive	York Centre for Voluntary Services (CVS)
Cllr Lucy Steels-Walshaw (LSW)	Executive Member for Health, Wellbeing and Adult Social Care	CYC
Sara Storey (SS)	Director Adult Social Care and Integration	CYC
In Attendance		
Sarah Barrow (SBa)	Deputy Chief Finance Officer	York and Scarborough Teaching Hospitals NHS Foundation Trust (YSTFT)
Michele Saidman (MS)	Executive Business Support Officer	York Place, H&NY ICB
Tracy Wallis (TW)	Health and Wellbeing Partnerships Co-ordinator	CYC

Gary Young (GY) – on Teams	Deputy Director Provider Development	York Place, H&NY ICB
Apologies		
Gail Brown (GB)	Chief Executive	Ebor Academy Trust
Michelle Carrington (MC)	Place Director for Quality and Nursing, North Yorkshire and York	H&NY ICB
Brian Cranna (BC)	Director of Operations and Transformation, North Yorkshire and York	TEWV
Cllr Claire Douglas (CD)	Leader of City of York Council	CYC
Dr Helena Ebbs (HE)	Clinical Place Director, North Yorkshire and York	H&NY ICB
Claire Hansen (CH)	Chief Operating Officer	YSTFT
Melanie Liley (ML)	Chief Allied Health Professional	YSTFT
Simon Morritt (SM)	Chief Executive	YSTFT

1. Welcome, apologies for absence and minutes

The Chair welcomed everyone to the meeting. Apologies were as noted above.

There were no declarations of interest in the business of the meeting.

The minutes of the meeting held on 11 July 2024 were approved.

Matters arising

Item for information - Bereavement Alliance report: EJ advised that all available information across the system was now on the Live Well York website <https://www.livewellyork.co.uk/>.

2. Future Service Model and Estates / Infrastructure

SCL presented the report which was the culmination of previous discussions and a start in the development of a narrative on partnership working to inform the population of the aspirations of York Place. It included three appendices: (i) Humber and North Yorkshire Health and Care Partnership Design for the Future – a Blueprint Proposition, July 2024; (ii) Shaping our future for a health generating City, York Health and Care Partnership; and (iii) a presentation Shaping our future for a health generating City, York Health and Care Partnership – Next Steps for York's future model for health, care, prevention and related estate infrastructure.

SCL noted the Humber and North Yorkshire Blueprint Proposition could serve as a macro pan-region vision to a locally owned Future Service Model for place-based primary, community and social care supporting people over their life course. Along with emphasis on the context of the significant pressures on all services in terms of demand, workforce pressures and estates issues, there was also a need to clearly articulate the Future Service Model to inform development of business cases and maximise opportunities.

SCL explained the socialisation process of the documents with key professional stakeholders to gain feedback to support co-production of firm proposals that will deliver the design for the future. This would be followed by engagement with communities and the population from the perspective of building their understanding of the need for change.

Members' views were sought on a number of aspects of the Humber and North Yorkshire Design for the Future Blueprint Proposition, including:

Does everyone recognise the Case for Change?
Are there other factors that need to be considered?
How does local work support the proposition?

Detailed discussion included:

- Confirmation that members recognised the Case for Change.
- Noting that the speed of population increase, and therefore exponential impact from an ageing population, is greater in York than in other places.
- Emphasise the role of the voluntary and community sector particularly from the perspective of prevention and sustainable investment to enable the sector to deliver as equal partners.
- Emphasise the need for funding to transfer to enable specialised services to move to a more social / community model, e.g. mental health. Concern about management of capacity and demand, citing the Mental Health Hub as a local example, where unmet need could increase demand. Opportunity to reduce system costs by addressing needs earlier.
- Tension relating to costs associated with medical breakthrough treatments and technology developments, and trade offs in the context of finite resources, for example what to stop and what to double run for a time.
- Tension relating to what is desirable and what is effective.
- People's voices should be sought and clearly articulated.
- The context of being honest about the severity of the financial and workforce challenge. Are we being bold and brave enough? The proposition must equal the challenges we face and must be shared.
- Recognition of the ICB's phased approach to integrating health services and then with local government services, but highlighting the readiness locally to take the work forward together in partnership.
- Desire for joint roles across health and social care to jointly plan and deliver services to populations
- Concerns around workforce noting fewer people nationally are choosing health and social care careers and as a City York is expensive and not always a viable choice for those who do choose a career or course in a health related field.
- An additional principle to be requested in relation to seamless transfer between local based and specialist services to avoid creating a divide, given the potential for specialist workforce to be smaller in future due to the workforce challenges we see.
- Minimise bureaucracy and be more agile to assist in making change.

- Work taking place to enable delegation e.g. infrastructure for areas of collective budget management including joint posts. Emphasise that delegation is of responsibility and accountability as well as monies.
- As York health services (acute, mental health and community) services are not only for residents of York other areas/communities would need to be part of the engagement and consideration.
In terms of how services might need to be organised in future to facilitate integrated primary, community and social care services: Acknowledge that integrated organisational forms are an evolving continuum with stages and middle ground; for example joint working groups where local providers come together to deliver services / contracts in a collaborative, multi-agency way. Recognising the staff distress and distraction as a result of organisational change, and focus instead on enabling harmonisation and resolving barriers. Emphasis on relationships as key in any reorganisation.
- The need for a model that is agile enabling services to continue to evolve.

Members discussed the extent to which the York Place emerging future model supports the Humber and North Yorkshire blueprint proposition, for primary, community and social care. Regarding estate, think boldly about peripatetic care rather than buildings and recognising that many primary care buildings are not fit for purpose. There is a recognition of 'green shoots' of integrated work that are making a difference, and the challenge is how to accelerate doing more together with limited resources and such significant service, finance and workforce pressures.

Members were asked to forward any further comments to GY who was arranging three workshops in September as the next stage of socialisation following members' support for the local Future Service Model of health, care and prevention to be used as a starting point to guide York proposal/options for place-based primary, community and social care. GY would also attend meetings by invitation as appropriate.

York Health and Care Partnership Executive Committee:

- i) Discussed views / perspectives to feedback collectively, to support the Humber and North Yorkshire Design for the Future.
- ii) Considered how our local Future Service Model supports the Humber and North Yorkshire proposition for place-based primary, community and social care.
- iii) Discussed and approved the local Future Service Model of health, care and prevention being used as a starting point to guide York proposal/options for place-based primary, community and social care with a number of agreed amendments.
- iv) Adopted the York Future Service Model Report as a partnership contributors draft, to guide medium-long term priorities, resourcing, and 'place-shaping' of services, technology and estate, noting the need to add Pocklington. For example, use in capital business cases and bids to trial new neighbourhood health centres as part of national policy intentions.

- v) Further consideration was required in respect of mobilising leadership, estates and planning resource especially in community health and General Practice, including a recommendation to form a One Public Estate group to work out how to utilise all public estate to benefit our population and support the future service model.

3. Partnership Awards Applications and Publications

SCL referred to the report that described the timescale and categories for the 2024 HSJ Partnership Awards and asked members to forward any nominations to Hannah Taylor.

SCL noted she had contributed to the NHS Confederation Report *Understanding Place and Integrated Neighbourhood Teams*, expected to be published in October 2024, which she would share with members. This would highlight the Frailty Crisis Response Hub and the Health Mela event held in 2023 as examples of place-based integration and the benefits of maximising the potential of place-based partnerships.

4. Update on NHS financial position: Humber and North Yorkshire ICB and Urgent and Emergency Care

In presenting the financial update MB noted that, due to the recent General Election and associated pre-election requirements, month 3 (June) information was not yet in the public domain.

The Humber and North Yorkshire financial position at the start of the year was a £50m deficit plan. This comprised an accumulation of provider positions across the system with the exception of TEWV and South Tees Hospitals which are part of North East and North Cumbria Integrated Care System (ICS). The Humber and North Yorkshire ICS month 3 position was a total deficit of £47.8m against the planned year to date £40.5m deficit. If the monthly run rate was extrapolated up then there would be c£190m deficit at the end of the year, but assumes no efficiencies were delivered which will not be the case.

MB highlighted the challenge of the current position but advised indicative month 4 information was for recovery to the year to date plan, also noting plans were being developed to deliver the position as the year progresses. Elective recovery being incentivised is one way the position is expected to improve. The total efficiency requirement for 2023/24 was c£235m, of which c£62m related to the ICB and c£172m to providers; efficiencies currently being developed were c50% recurrent and c50% non recurrent.

MB described risk in the system in relation to the provider efficiencies. Currently c33% had been developed and was being implemented, c4% had been developed but not yet implemented, c17% was in progress, c31% of opportunities were identified and c13% was unidentified.

MB additionally explained:

- As a system between £60m and £70m worth of elective recovery was expected from which providers would gain between 15% and 20% margin benefit.
- Savings would be achieved as a result of activity being delivered through the new Community Diagnostic Centres.
- The ICB had implemented a voluntary redundancy scheme for staff within the ICB to reduce its headcount.

Detailed discussion ensued including:

- Concerns emphasised by MK and SS, who also noted similar concerns expressed by Directors of Social Services more widely, in relation to continuing healthcare efficiencies bringing a risk of cost shifting between health and social care and vice versa through social care efficiencies.
- Emphasis on the need to work in partnership to reduce overall spend including to manage continuing healthcare and social care costs.
- The perspective of investment in prevention to enable individuals to manage their need and avoid escalation.
- An ethical challenge for patient care as a consequence of pressures on providers and the system.
- Impact on the voluntary sector which is regarded as part of the solution.
- The need for consideration of consequences on other parts of the system if funding arrangements were changed.
- Noting that elective recovery funding only applies to physical health.
- Integration and delegation to Place as an opportunity to address longstanding challenges in the local system and as an enabler for change through collaborative working.
- Emphasis on the need for any investment opportunities to be maximised through brave and radical decision making.

SCL additionally highlighted the severity of YSTFT's current financial position emphasising that partnership working through strategic, well considered decision making was required to address the challenge, also noting the need to ensure other parts of the system were not impacted by the actions.

SBa clarified that YSTFT had an efficiency target of c£53m of which c£38m was subject to delivery at the current time. Work taking place with partners aimed to avoid cost being moved around in the system.

5. Any Other Business

Meeting with Secretary of State: SS reported that she and PR had met with the Secretary of State for Health and Social Care whose key messages had been that he is listening, emphasis on working together and parity for social care.

Next Meeting: Thursday 19 September 2024