Notice of a public meeting of
Health and Wellbeing Board

To: Councillors Runciman (Chair), Craghill, Orrell, Perrett.

Dr Nigel Wells (Vice Chair)	Chair, NHS Vale of York Clinical Commissioning Group (CCG)
Dr Emma Broughton	Chair of the York Health and Care Collaborative & a PCN Clinical Director
Sharon Stoltz	Director of Public Health, City of York
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

Simon Morritt	Chief Executive, York Teaching Hospital NHS Foundation Trust
Stephanie Porter	Director for Primary Care, NHS Vale of York Clinical Commissioning Group
Mike Padgham	Chair, Independent Care Group

Date: Wednesday, 10 March 2021

Time: 4.30pm

Venue: Remote Meeting

A G E N D A

1. Declarations of Interest

At this point in the meeting, Board Members are asked to declare:

- any personal interests not included on the Register of Interests
- any prejudicial interests or
- any disclosable pecuniary interests

which they may have in respect of business on this agenda.

2. Minutes (Pages 1 - 12)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on 6 January 2021.

3. Public Participation

At this point in the meeting members of the public who have registered to speak can do so. Members of the public may speak on agenda items or on matters within the remit of the committee.

Please note that our registration deadlines have changed to 2 working days before the meeting, in order to facilitate the management of public participation at remote meetings. The deadline for registering at this meeting is **5:00pm** on **Monday 8 March 2021.**

To register to speak please visit www.york.gov.uk/AttendCouncilMeetings to fill out an online registration form. If you have any questions about the registration form or the meeting, please contact the relevant Democracy Officer, on the details at the foot of the agenda.

Webcasting of Remote Public Meetings

Please note that, subject to available resources, this remote public meeting will be webcast including any registered public speakers who have given their permission. The remote public meeting can be viewed live and on demand at www.york.gov.uk/webcasts.

During coronavirus, we've made some changes to how we're running council meetings. See our coronavirus updates (www.york.gov.uk/COVIDDemocracy) for more information on meetings and decisions.

The Council's protocol on Webcasting, Filming & Recording of Meetings ensures that these practices are carried out in a manner both respectful to the conduct of the meeting and all those present. It can be viewed at: http://www.york.gov.uk/download/downloads/id/11406/protocol_for_webcasting_filming_and_recording_of_council_meetings_20160809.pdf

4. Covid-19 Update

A presentation will be given at the Health and Wellbeing Board meeting which will contain the most up to date information regarding Covid-19 in York.

5. Plans for the future of the Health and Care System in York

A presentation will be given to update Board Members on the plans being prepared by a number of health and social care partners in York (including the council, NHS commissioners and providers and voluntary sector organisations) for the future of the health and care system in York, including consideration of closer working and increased integration.

This will include the work partners have undertaken locally to prepare the system in York to respond to forthcoming government legislation set out in the February 2021 white paper 'Integration and Innovation: working together to improve health and social care for all.

6. Report of the Chair of The York Health and Care Collaborative (Pages 13 - 20)

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

7. Better Care Fund Update (Pages 21 - 37)

This report is to provide an update on the progress of the Better Care Fund Review and planning for 2021-22.

8. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972.

Democracy Officer:

Louise Cook
Telephone No – 01904 551031
Email – louise.cook@york.gov.uk

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting:

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

Contact details are set out above.

This information can be provided in your own language.

我們也用您們的語言提供這個信息 **(Cantonese)**

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। **(Bengali)**

Ta informacja może być dostarczona w twoim własnym języku. **(Polish)**

Bu bilgiyi kendi dilinizde almanız mümkündür. **(Turkish)**

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ **(Urdu)**

☎ **(01904) 551550**

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Agenda Item 2

City of York Council | Committee Minutes

Meeting	Health and Wellbeing Board
Date	6 January 2021
Present	Councillors Runciman (Chair), Craghill, Orrell, Perrett.

Dr Nigel Wells (Vice Chair) Chair, NHS Vale of York Clinical Commissioning Group (CCG)

Sharon Stoltz Director of Public Health, City of York

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

David Kerr Right Care Right Place Programme & Delivery Lead (NYY)
as substitute for Naomi Lonergan Director of Operations, North Yorkshire & York - Tees, Esk & Wear Valleys NHS Foundation Trust

Simon Morritt Chief Executive, York Teaching Hospital NHS Foundation Trust

Beverley Proctor Chief Executive, Independent Care Group
as substitute for Mike Padgham
Chair, Independent Care Group

Apologies:
Dr Emma Broughton, Chair of the York Health and Care Collaborative & a PCN Clinical Director
Shaun Jones, Deputy Locality Director, NHS England and Improvement
Mike Padgham, Chair, Independent Care Group and Naomi Lonergan Director of Operations, North Yorkshire & York - Tees, Esk & Wear Valleys NHS Foundation Trust
Stephanie Porter, Acting Director for Primary Care and Population Health for NHS Vale of York Clinical Commissioning Group

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20. 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.

21. Minutes

Resolved: That the minutes of the Health and Wellbeing Board held on 28 October 2020 be approved and then signed by the Chair at a later date.

22. Public Participation

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

Mr Burkeman, Chair of the York Dementia Collaborative, (formerly YDAA) questioned the progress City of York Council had made in developing a dementia strategy for York. He stated that he would welcome an update on the timelines and questioned when a consultation draft would be produced.

When invited by the Chair to comment, the Independent Chair of the Mental Health Partnership confirmed that work on the dementia strategy was being led by the Ageing Well Partnership and he agreed that it was vitally important the strategy was put out for consultation.

The Director of Public Health stated that the strategy was being developed but had been halted due to the current pandemic and she noted the importance of York being a dementia friendly city.

It was agreed that the revised timescales would be sourced and be included in the minutes.

Following the meeting, contact was made with both NHS and Council staff, where it was confirmed the progress on the development of a dementia strategy for York had been hampered by the current pandemic. There was a commitment across the system to progress the development of the strategy and restart conversations about this. Reports detailing progress would be prepared and presented to both the Ageing Well Partnership and the Mental Health Partnership at their next meetings in February and March respectively.

An update on progress would then be presented to the Health and Wellbeing Board as part of the Ageing Well Partnership's report to them in May 2021.

23. Review of Terms of Reference for York's Health and Wellbeing Board

The Board considered the revised Terms of Reference for York's Health and Wellbeing Board (HWBB) and noted the revisions made which included the insertion of a paragraph under 'membership,' which explained how members were appointed and listed the various posts and organisations.

It was noted that only one elected member opposition representative was currently appointed to the Board and not two as stated in the TOR. Following discussion, the Board were keen to continue to have representation that reflected the current political balance of the Council and they requested the TOR corresponded with the current elected member membership, Executive Member for Health and Adult Social Care, Executive Member for Children, Young People and Education, a Green party representative and a Labour party representative.

Resolved:

(i) That the Terms of Reference be agreed subject to the Chair and Health and Wellbeing Partnerships Co-ordinator updating the elected member membership.

(ii) That the updated Terms of Reference be referred to Full Council for approval.

(iii) That the Councils Constitution be updated to incorporate the revised Terms of Reference.

Reason: In order to ensure that the Health and Wellbeing Board continued to undertake its statutory functions appropriately and effectively.

24. Report of the Independent Chair of the York Health and Wellbeing Board's Mental Health Partnership

The Board received a report that gave an update on the work the Mental Health Partnership had undertaken since last reporting to the Board in September 2019.

The Independent Chair was in attendance to provide the update and he informed the Board of the progress made by the Multiple Complex Needs network, which was also supported by various partner organisations including York CVS.

The Board noted that despite the current pressures on the health and social care system the Northern Quarter Project (NQP) and the bid for Community Mental Health Transformation Funding was still progressing. The Independent Chair expressed his thanks to colleagues and partner organisations who had engaged in and continued to support the work being undertaken.

He recognised that the demand on services would be significantly increased this year across all age groups and major change would be required to ensure that all agencies and partners worked together on all sectors to meet the challenges and pressures moving forward. The Independent Chair expressed his gratitude to all agencies and partners for supporting the city during the pandemic and for ensuring essential services continued.

The Board noted the key changes to the Partnership's Terms of Reference and in answer to their questions it was noted that:

- The Multiple Complex Needs network could be invited to attend a future Health and Wellbeing Board meeting.
- The Terms of Reference could include membership from service users/groups and could include a strengthened primary care representation.
- The Northern Quarter Project would eventually be expanded across the whole city, to enable the service to be spread around users.

The Board thanked the Chair for his update.

Resolved:

(i) That the Terms of Reference be approved.

(ii) That the ongoing work being undertaken on the Northern Quarter Project and the application for Community Mental Health Transformation Funding be supported.

Reason: To give the Health and Wellbeing Board oversight of the work of the Mental Health Partnership and assurance in relation to strategy delivery.

25. Building a Health System in York based on Population Health Need

The Board received a report and presentation that summarised the work being carried out across organisations in York to better understand our population, and to use the data and intelligence to plan and build a health system in York based on population health need.

The Acting Consultant in Public Health was in attendance to provide an update and he shared information on the key aspects of work, together with some key recent insight into the health of the public in York.

The Board noted that the key context work included:

- the impact of Covid-19 on the health and wellbeing of people in York;
- the NHS Long Term Plan;

- the NHS England document 'Integrating Care: Next steps to building strong and effective integrated care systems across England.

The Acting Consultant explained how Population Health Management (PHM) aimed to improve population health by data driven planning and delivery of care to achieve maximum impact. He gave examples of PHM, explaining how it applied to health and social care data and would help better understand the health of York's population.

Discussions took place regarding how this method could translate into targeted services, how the data could be used to understand and support inequalities across the city, particularly within areas of need and how additional Covid related inequalities could be identified and tackled.

The Boards questions were answered and it was noted that sharing local intelligence and data from across the Council and partner organisations would enable this process to progress and help improve the physical and mental health outcomes and wellbeing of people, whilst reducing health inequalities within and across a defined population.

The Board agreed that a separate workshop would be beneficial to focus on the co-production approach and the integrated care documents.

Resolved:

(i) That the approach from partners in York, to base future changes within the health and care system on linked data and intelligence on population health need, be endorsed.

Reason: The Board have a key oversight and leadership role in health and care services in the city and should shape the future development of these services.

(ii) That the 'population health management' approach be noted in particular the areas of need and inequality faced by the York population.

Reason: The Board have a key remit to tackle inequalities, and this was a chance for them to comment on how this work can be optimised to achieve this goal.

26. Update on Covid-19

The Director of Public Health gave an update on the latest data regarding Covid-19 in York up to 3 January 2021.

The key points arising from the presentation included:

- The provisional rate of new Covid cases per 100,000 of population for the period 28.12.20 to 3.1.21 in York was 559.8.
- The latest official "validated" rate of new Covid cases per 100,000 of population for the period 25.12.20 to 31.12.20 was 464.8. The national and regional averages at this date were 546.9 and 264.6 respectively.
- As at 5.1.21 there were 13 care homes in the City of York Council (CYC) area with confirmed Covid-19 infection (at least 1 case of either a staff member or resident).
- The latest 'outbreak' (2+ cases) in a residential care setting in York was reported by Public Health England on 5.1.21 (2 homes)
- In the 7 days up to 3.1.21 there were 104 children of primary and secondary school age who tested positive (across 40 different schools).
- In response to a community outbreak, Bishopthorpe, Woodthorpe and Acomb Park had mobile testing units in place.
- Between 22.10.20 and 25.12.20, 396 'actionable' positive Covid-19 CYC cases had been referred to the local contact tracing service. 390 of the referrals (98.5%) had been actioned and 6 were still 'in progress.
- There have been 39 Covid-19 deaths of CYC residents reported by ONS in the last 11 weeks (Weeks 41 to 51).
- Testing sites were expanded and the University of York would also be opening for lateral flow testing.
- The roll out of the vaccination programme had begun and would be accelerating over the coming weeks as the vaccine becomes more readily available.

The Director confirmed that care home staff were receiving weekly Covid tests and the care home residents were receiving monthly tests. She thanked all of the staff who worked in the care home sector for their incredible support throughout the pandemic and she also thanked York St John University and the University of York for making their sites available for testing.

The Chair then invited Board Members to provide a Covid update within their work areas and the following key points were raised:

- As of 6 January 2021 there were 81 people with Covid in York hospital and the hospital trust were considering ways to expand Covid capacity. The Chief Executive of York Teaching Hospital NHS Foundation Trust hoped the impact of the lockdown would show in the next 7 to 10 days but that they expected the numbers to rise before then. He confirmed that staff and staff of sister partners were starting to receive the vaccine and he welcomed the continued support from schools for key worker children to attend.
- The vaccination programme was being rolled out from two approved sites in York, Haxby Health Centre and Askham Bar and that the longer term plan was to allocate more sites around the city.
- The care home sector continued to work closely with key partners to ensure vaccines were offered to care home staff and residents.
- The definition of a key worker had been widened meaning some schools were at capacity but staff were committed to ensuring places were provided for key worker and vulnerable children. The Director of People commended schools for managing this process and she confirmed there was a real commitment to work collaboratively.
- Children's services remained fully open and children in need were being supported. The Corporate Director of People thanked staff for their continued support throughout the pandemic.
- Referrals into mental health services had started to escalate and staff were working to maximise the capacity of the frontline.
- The social subscribing team and the Covid monitoring hubs had seen a large increase in referrals and York CVS were also working on finding volunteers to support the vaccination process.
- A full Policing service would continue and the latest regulations and key messages would be shared within communities.

In answer to the Boards questions it was noted that best practice across both vaccination sites would be observed to enable residents to receive a more coherent experience.

The Chair then expressed the Boards gratitude to all organisations and partners across the city for their continued partnership working, support and determination to keep the city safe during the pandemic.

Resolved: That the update be noted.

Reason: To ensure the Board were aware of the current situation in York relating to Covid-19.

27. Better Care Fund Update

The Board considered a report that provided a brief update on the arrangements for the Better Care Fund (BCF) 2022-21 and 2021-22.

The Assistant Director of Joint Commissioning gave an update and confirmed the Better Care Fund Plan 2021-21 was developed in a collaborative process with partners and that the government had published a formal statement on 3 December confirming that the BCF would continue into 2021-22 financial year.

The Board noted that the plan would not need to be submitted formally as in previous years but that the financial assumptions for a roll forward into 2021-22 were being reviewed to ensure BCF was delivering the greatest impact on outcomes possible.

The Chair welcomed the continued support through to 2022 and in answer to the Boards questions it was noted that information on the schemes the BCF supported was outlined in the BCF annual report to the Health and Wellbeing Board, which can be accessed here: https://democracy.york.gov.uk/ieListDocuments.aspx?CId=763&MId=12403&Ver=4

Resolved:

(i) That the York Better Care Fund update be noted.

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

(ii) That the responsibility for signing off the Better Care Fund Plan 2020-21 be delegated to the Chair and Vice Chair, supported by the Council Corporate Director of People and the Clinical Commissioning Group (CCG) Accountable Officer.

Reason: The government has now confirmed that the plan will not need to be submitted formally as in previous years. The plan commitments were recorded within the NHSE excel template. This can be obtained from the report author on request but is not in an accessible format for publication. A financial summary was attached at Annex 1 of the report.

(iii) That the intention to review the financial allocations for BCF 2021-22 to ensure maximum impact on outcomes for the system be noted.

Reason: It was important for the sustainability and stability of the whole system that the funding commitment was reviewed regularly to be assured of value for money and impact on outcomes. The Chair and Vice Chair, have approved this approach, supported by the Council Corporate Director of People and the CCG Accountable Officer.

28. Healthwatch York Report - Listening to BAME people about Health and Social Care Services in York

The Board considered a report that highlighted Black, Asian and Minority Ethnic (BAME) people's experiences of health and social care services in York.

The Manager of Healthwatch York confirmed the initial report was completed at a time consultation was challenging due to the pandemic but that these first steps would lead to stronger partnership working to support BAME residents and the barriers they face collectively.

The Chair thanked Healthwatch York for starting this process and she welcomed an update at a future Health and Wellbeing Board meeting. She requested the Board consider how their organisations could help extend this conversation and support this initiative.

Resolved: That the report be noted and any feedback be communicated to the Health and Wellbeing Partnerships Co-ordinator or Healthwatch York.

Reason: To keep the Board up to date regarding the work of Healthwatch York, and the recommendations made to member organisations.

Cllr Runciman, Chair
[The meeting started at 4.00pm and finished at 6.16pm].

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Health and Wellbeing Board 10 March 2021

Report of the Chair of The York Health and Care Collaborative.

Summary

1. The Health and Wellbeing Board is asked to consider a report on the work of the York Health and Care Collaborative which is attached at Annex A.

2. The Collaborative is chaired jointly by Dr Emma Broughton and Dr Rebecca Field, Dr Broughton will present the report at the meeting.

Background

3. The York Health and Care Collaborative is a multi-agency group that brings together a range of organisations involved in health and care in the city. As such it contributes to the delivery of the Joint Health and Wellbeing Strategy and is instrumental in the implementation of the NHS Long Term Plan in York.

4. At its meeting in October, the Health and Wellbeing Board agreed that the York Health and Care Collaberative provide regular reports on its activities; this is the first report.

Consultation

5. York Health and Care Collaberative includes representation from the Voluntary Sector, who have been engaged right from the start and throughout. As a relatively new organisation, we have not held any formal public consultation to date.

Options

6. There are no specific options for the Health and Wellbeing Board to consider.

Strategic/Operational Plans

7. The work of the York Health and Care Collaborative contributes to the implementation of the NHS Long Term Plan (2019) which is a strategic objective for all NHS Organisations

8. York Health and Care Collaborative priorities for 2021/2022 cover, prevention, ageing well/frailty, mental health and children and young people, all of which align with the Joint Health and Wellbeing Strategy.

Implications

9. It is important that the priorities of the Joint Health and Wellbeing Strategy and the objectives of the Long-Term Plan in relation to integration are delivered.

Recommendations

10. The Health and Wellbeing Board are asked to note the report of the Chair of the York Health and Care Collaborative

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 Collaberative agreed to provide regular updates on its work and progress.

Contact Details

Author:

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Chief Officer Responsible for the report:
Dr Emma Broughton
Chair of York Health and Care Collaberative
Report Approved √ **Date** 25 Feb 2021

On behalf of
Dr Emma Broughton
Dr Rebecca Field

Wards Affected: **All** √

For further information please contact the author of the report

Background Papers: None

Annexes
Annex A – Report of the Chair of the York Health and Care Collaborative March 2021

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Annex A

Report of York Health and Care Collaborative; Update March 2021

1. Introduction

This report provides update on the work of the York Health and Care Collaberative (YHCC); briefly outlining the scope of each priority workstream and progress that has been made since the initial report to the Health and Wellbeing Board in October 2020.

2. Progress on Priorities; 2020/2021

As would be expected, the Covid-19 pandemic has influenced our ability to make progress, this was particularly marked over December, January, and February, as organisations and professionals again focused on tackling the impact of Covid-19 as well as dealing with the additional workload associated with the winter months and in implementing the vaccination programme. However, progress has been made in each of the YHCC priority workstreams;

- Prevention
- Ageing Well/Frailty
- Multi-morbidity
- Mental Health
- Covid-19 Preparedness and Resilience.

2.1 Prevention

The responsibility for leading health promotion and prevention activities across the city is with City of York, Public Health directorate, although prevention is the business of all partners represented at YHCC. YHCC provides a forum to share population health intelligence and identify where a collaberative approach can increase the impact and effectives of interventions. Given the potential broad scope of this work the approach has been to identify three main areas of focus (which are then considered by YHCC each month on a rolling basis);

a) **Smoking**; in November YHCC received the City of York Tobacco Control Plan, and identified areas for opportunity for cross-system collaboration, particularly in targeting vulnerable groups by applying the ‘every contact counts’ principle e.g. linking up with existing initiatives such as SMI Heath Checks and improving links between the Health Trainer Service, who offer smoking cessation support and other health and social care staff. The Tobacco Control Alliance continues to oversee this work and will identify specific joint initiatives/actions.

b) **Substance misuse**; drugs and alcohol; in December YHCC considered the population health intelligence on alcohol misuse, where overall York performs poorly on most indicators. It was agreed that the Alcohol Clinical Leads Group membership would be reviewed to ensure that all stakeholders were represented, and to work more closely with primary care. This group has now been reinstated and is focussing on a pilot of a small Primary Care Alcohol intervention service in the city with two members of staff delivering interventions for the ‘middle tier’ of residents whose drinking is harmful and

cannot be managed in primary care, but who do not meet the threshold for alcohol dependency treatment.

c) **Weight management, obesity and diabetes**; this will be a priority for work in 2020/21, linked to the work on multi-morbidity. The Healthy Weight Steering Group continues to meet and deliver work on the wider determinants of healthy weight (through the Healthy Weight Declaration) and weight management pathways, the city's physical activity strategy, and work to tackle excess weight in childhood.

2.2 Ageing Well, Frailty and Multimorbidity

a) Ageing Well and Frailty

A multi-agency, multi-professional group has been established to take this work forward and has met twice. Informed by the initial base-line assessment the following priorities have been identified;

- Improving the use of eFrailty (a population risk stratification tool which identifies groups of people who are likely to be living with varying degrees of frailty) in general practice to improve the identification of patients with frailty.
- Establish a consistent way of assessing frailty by recommending the use of the Clinical Frailty Index (Rockwood) Score[1] and promoting its widespread use.
- Developing a stratification tool that can be used consistently across health and care settings, so that people with frailty and health and care staff are clear about what support and intervention is needed and how this is provided.
- Working with the York Ageing Well Partnership to promote healthy ageing, with an emphasis on addressing and preventing deconditioning (given the impact of the Covid-19 restrictions on this).

Work has started to develop a stratification tool and work is underway with the Ageing Well Partnership to develop a joint approach about what people can do in their home and community to prevent deconditioning, starting with a joint communication initiative.

b) Multi-Morbidity

Work started in December 2020 to develop a population health management approach to addressing the needs of people with multi-morbidity; diabetes has been identified as the priority for this approach in 2021/2022, as it has been shown to be the most common 'first' condition that people in York develop who go on to live with more than one long term condition. The Population Health Management approach is being supported by NHS England/Optum and currently clinical and professionals are in the middle of this 20-week learning programme.

[1] https://www.bgs.org.uk/sites/default/files/content/attachment/2018-07-05/rockwood_cfs.pdf

2.3 Mental Health

The responsibility for leading mental health transformation is with the Mental Health Partnership. YHCC supports two main aspects of this work; the aim to achieve better integration of mental health into the broader provision of community and primary care services, where joint work has recently started and good progress is being made, and in addressing the need to improve the physical health of people with severe mental health illness (SMI), in particular by addressing the need for good uptake of Health Checks for people with SMI. This continues to present challenges, as often patients don't attend for their check. Work on this will therefore continue, aiming to identify new ways of supporting patients e.g. by working more closely with the Voluntary Sector.

2.4 Covid-19 Preparedness and Resilience

The York Covid Resilience and Response Group is a multi-agency group that has been in operation since March 2020, to lead and coordinate the Covid-19 response between community services (both physical and mental health) primary care services and local authority services. The aims of the group are;

a) to ensure that all sectors are briefed on up to date epidemiology so that they are able to plan their response
b) to provide a forum to share information, problem solve and provide mutual support
c) to identify people/patient groups where a coordinated response is needed to provide more effective services, particularly for people/patient groups who are more vulnerable or at greater risk.

Covid Support Hub – SPA (single point of access); The group identified that unless identified as very unwell and referred on, patients with Covid-19 are advised to self-isolate and contact 111 or their GP if they later feel unwell. Concerned that patients may not always recognise how ill they are, especially around day 7 where there is significant risk of rapid decline in health, a pro-active approach to identifying and supporting Covid-19 patients was put in place in wave 1. The service, which is operated by volunteers has now supported over 3,300 people. Patients really appreciate the calls and feel reassured that they are being contacted. A number of patients have then been referred to their GP practice for further support. Some patients have been identified as needing more help with food and medication supplies, most of these patients are then onward referred to routine welfare calls.

The service has further developed since it was established to include; provision of active links to contact tracing, links to the Health Trainer Service (so that people's health is optimised) and more recently supporting people to use pulse oximeters to monitor their condition at home (as part of the national roll out of the national pulse oximetry@home programme). As a result of the implementation of the pulse oximetry@home service a number of patients have been seen by their GP or admitted to hospital for care as their deteriorating clinical condition was identified early.

Annex A

3. Future work and further development of York Health and Care Collaborative in 2021/2022

3.1 Priority Setting

One of the prime objectives of YHCC is to *"understand the health and care needs of the population and address health and care inequalities"* informed by the Joint Strategic Needs Assessment. In 2021/2022 work will continue in each of our priority areas, as reflecting the JSNA priorities of Ageing Well, Living and Working Well and Mental Health. In addition, we will consider the needs of children and young people and how YHCC contributes to "Starting and Growing Well" for inclusion in our work programme for 2021/2022.

YHCCs priorities will also be considered alongside the requirements of the relevant NHS England transformation programme (the Mental Health Transformation Programme, the Community Services and Ageing Well Transformation Programme and the Children and Young People Transformation Programme) as well as the need to consider the ongoing response to Covid-19.

3.2 National and Local Context; YCHH Role in Place based integration

The NHS White paper (published on 11th February) emphasises the case for improved collaboration within the NHS and between the NHS, local government and other partners, with a renewed emphasis on the importance of the local government footprint and the emphasis on "Place" as the focus for meaningful local integration; YHCC will be well placed to make a significant contribution to this as this is wholly consistent with the way that YHCC has worked to date.

Health and Wellbeing Board 10 March 2021

Report of the Assistant Director – Joint Commissioning,
City of York Council and Vale of York Clinical Commissioning Group

Better Care Fund Update

Summary

1. This report is to provide an update on the progress of the Better Care Fund Review and planning for 2021-22.

Background

2. The background information on the BCF has been previously reported to the Health and Wellbeing Board (HWBB), with quarterly updates now the normal routine, most recently in January 2021.
3. The government published a short statement on 3rd December 2020, confirming that the BCF will continue for a further year, and stating that the Policy Framework and Planning Requirements for this will be published early in 2021 (still awaited). The statement advised that planning will take place in February and March for the following financial year.
4. As this will be the third, successive, single year plan, the council and CCG intend to review the York BCF to ensure we are achieving the right outcomes and the best value from the pooled investment. The HWBB supported the establishment of a small review team and the proposed approach to ensuring that the BCF is delivering the greatest impact possible.
5. Schemes in York have been given an interim commitment of continuation until at least 30th June 2021. The intention is to complete the review in four phases, which are set out below. This may not be concluded before the end of the current financial year.

Main/Key Issues to be Considered

6. The Spending Review 2020 confirmed that the iBCF grant will continue in 2021 to 2022 and be maintained at its current level. The Disabled Facilities Grant will also continue and will be worth £573 million nationally in 2021 to 2022.

7. The CCG contribution will again increase by 5.3% in line with the NHS Long Term Plan settlement.

8. As previously highlighted, the use of single year agreements by the Department of Health and Social Care (DHSC) has created an undesirable level of insecurity for service providers funded through BCF, included for individual staff members across our system where posts are subject to fixed term contracts. The experience of receiving the policy and planning requirements mid-way through the year compounds this, and has made it difficult to refresh or significantly revise plans from one year to the next in recent years.

9. The NHS White Paper, *Integration and Innovation: working together to improve health and social care for all,* published on 3rd February 2021, includes the following policy intention:

10. *ICS legislation will complement and reinvigorate place-based structures for integration between the NHS and Social Care, such as Health and Well-Being Boards, the Better Care Fund and pooled budget arrangements. The ICS Health and Care Partnership will be a springboard for bringing together health, local authorities and partners, to address the health, social care, and public health needs at a system level, and to support closer integration and collaborative working between health and social care. We will support this by published guidance that will offer support for how ICS Health and Care Partnerships can be used to align operating practices and culture with the legislative framework to ensure ICSs deliver for the ASC sector.*

    [#5.99, p 54, DHSC, 2021]

11. And:

    A standalone power for the Better Care Fund

    As set out above, legislation will be amending the process for setting the NHS mandate so that it is no longer set on a rolling annual basis. Currently the allocation of the Better Care fund is tied to this annual process. As such, we will be creating a standalone

legislative power to support the Better Care Fund and separate it from the mandate setting process.

This will be a technical change, and will not have any impact on the function, purpose or policy intention for the fund.

[#5.116-5.117, p 58, DHSC, 2021]

12. This confirms the advantage of taking time now to reassess the make-up of the York BCF plan, and to consider any changes in investment or shifts in emphasis, so that we can plan with confidence for the longer term commitments from 2022 onwards.

Scope and dimensions of the review

13. The review is designed to:

- Include all current schemes funded within the BCF, iBCF and associated funding streams in the CCG & Council pooled budget
- Draw on policy requirements, finance and performance reports, and existing evaluations and publications (such as impact reports)
- Take a proportionate approach, linked to the level of investment and the scale of service (i.e. small voluntary sector schemes should not be expected to receive closer scrutiny than large, statutory sector providers, as has often been the case in the past)
- Align existing schemes to known system challenges and priorities – for example the focus on building community capacity, prevention and integration, social return on investment
- Identify areas where we have gaps in services, or opportunities to get better value or greater impact through additional investment
- Identify opportunities for whole system transformation by shifting investment upstream; improve efficiency and effectiveness
- Create longer term view of BCF commitments to overcome the insecurity resulting from single year planning arrangements
- Ensure York's ability to comply with the BCF national conditions

The review is taking place in the context of:

- System wide financial pressures
- Incremental changes to the plan which have been enacted since the 2017-19 planning period, without full review, as a result of

uncertainty in government policy intentions and financial commitments
- Shared system focus on prevention and population health management
- Changes to the health and care economy over recent years, including the requirement to support market development and market shaping
- The impact of the pandemic on services and system finances
- The changing landscape for health and care organisations in York

Progress so far

14. The review team has been established:

- Simon Bell – Executive lead
- Pippa Corner – BCF Performance and Delivery Group chair
- Michael Ash-McMahon – CCG finance lead
- Steve Tait – CYC finance lead
- Peter Roderick – Public Health lead

15. The four phase are:

i. Priority Preventative Schemes dependent on fixed term posts (complete)

ii. Priority Preventative Schemes with possible impact on fixed term posts (in progress)

iii. Remaining schemes in which BCF allocation underpins the cost of ongoing service, but not necessarily linked to specific posts at risk (March / April 2021)

iv. Use the annual evaluation days to consider whole system shifts possible by using the totality of the fund more strategically as an outcome from the scheme by scheme reviews. We will take account of interdependencies, integration, and opportunities to make a bigger impact through integration, collaboration and transformation. (May 2021)

16. The first nine schemes (Phase 1) have been reviewed, based on the agreed evaluation criteria and scoring mechanism, through a series of short meetings. These schemes are appropriately

grouped together as they operate in an integrated, inter-dependent model, in the spirit of the BCF.

17. Wherever possible the review has drawn on information provided by schemes as part of our regular performance framework, and evidence from previous evaluation sessions. Where necessary, limited requests have been made for specific detail. By applying a consistent method across the schemes, we are accumulating a baseline of information, allowing us to compare the wide range of activities supported by the BCF.

18. Our discussions have focused on evaluating how well each scheme is aligned to the policy intentions of the fund, and to consider the different approaches to providing evidence of impact.

19. The review team concluded the schemes score highly on the BCF priorities and objectives. The close partnership working and interdependence of the schemes offers a strength to the system in York, reflecting asset based, placed based approaches.

20. The review team has explored the value of the schemes to the city's prevention and population health agenda; and considered the relative currencies (e.g. improved individual outcomes, social return on investment, deferred or avoided costs to health and social care) which can be measured when evaluating the contribution of services to the city.

21. In reference to the relative cost of delivering the schemes, the team concluded they represent value for money, and represent significant social value to the city and our partnerships. Pinpointing exact comparisons in value for money is more difficult. There is clear evidence that all of these services have supported people to independence who otherwise would have needed formal and expensive packages of health / social care. It is more difficult to assign specific cost avoidance as a cause and effect from prevention services – this is not a new conundrum, and will in the end require an element of professional judgement in decision making, alongside a strong values commitment that prevention and asset-based development is the right thing to do for our citizens.

22. The team has looked at a range of research evidence and independent evaluation which begins to address the challenge of comparing value and cost.

23. The evidence gathering and evaluation process enables a series of goals to be set to add value over the coming year to reduce health inequalities and maximise opportunities for collaboration. For example:

- Increase the number and diversity (protected characteristics) of community health champions, reach out to more individuals from excluded groups to participate in the programme
- Encourage closer working between existing schemes in / out of BCF such as the Health Trainers in public health and the health champions
- Develop the integration of Live Well York with the RSS system in primary care to enable cross reference and referrals to community assets
- Connect up the various commitments to increased therapy across the system to use our shared resources as flexibly and effectively as possible
- Consider extending even further the hours of service for preventative schemes such as RATS, and undertake an audit of avoidable admissions for a short period (one week) to help inform any decisions about this
- Explore the business case for increasing preventative roles such as Self-Support Champions, and join up with similar teams across York
- Develop further resources or approaches to preventative work on alcohol harm, drawing on research evidence and intelligence about admissions to hospital
- Continue to develop our approach to measuring outcomes and value, and to add value by targeting schemes to priority population groups
- Pursue opportunities to align or pool additional budgets with BCF, such as the PCN social prescribing DES, helping to secure system benefits greater than single organisational gains
- Better align adult social care and Continuing Health Care placements and care packages to gain better value for money through joint commissioning and market development, including working together to use asset based community development to underpin independence and resilience, reducing reliance on formal services , and targeting them to assessed higher needs

- Continue to promote BCF as the platform for investment in further integration between the council and health partners, building on the direction of travel for the York Alliance

Next steps

24. The team is following a timetable of meetings during March and April, to conclude the second and third phases of the review. We will confirm contract extensions or changes, as early as possible where relevant, prior to the end of June 2021, when the temporary extensions end.

25. During May and June we will develop our approach to the longer term investment plan, and any opportunities to promote the benefits of integration and collaboration.

26. If required, we will aim to implement changes from September, and to prepare for the new arrangements from April 2022, if the legislation has been passed as described in the White Paper.

Conclusion

27. The review of the first cluster of schemes, which form the bedrock of York's preventative, asset based community development programme, has recognised the value of networked, integrated, flexible approaches between organisations, teams and local people. On balance, the review found the schemes represent good value for money and can demonstrate high impact in terms of the positive outcomes for individuals and communities, including the ability to attract and deploy resources for the city – both external funding and the social action of volunteers to augment the scale of service delivery.

28. The review team has also considered the challenge of comparing the different currencies or definitions of value, and complementary ways of measuring success. The review enables a multi-faceted approach to defining and comparing relative value, which takes account of:

- the impact of financial investment, (ROI)
- social return on investment, (SROI)
- the scope for adding value in future by embedding progress,
- social value (supporting our response to the Public Services (Social Value) Act, 2013),

- individual health outcomes,
- diversion from formal, statutory services
- system transformation,
- delivery of strategic objectives, milestones and goals.

29. Measuring the impact of preventative schemes is always difficult, with the perennial problem of proving something that didn't happen. We use personal testimony to describe the impact in individual lives, and have now accumulated long term reports and libraries of case studies. We also have evidence of the impact in communities of the work to build community capacity, which came through strongly for the city during the first lockdown, meaning that York was well placed to rapidly establish community hubs.

30. Calculating the financial efficiency of preventative services is complicated by the wider context influencing expenditure. Rising demand on services arises from external factors such as COVID-19, year on year demographic growth (younger people with complex needs moving from children's to adults' services and more of our older people living longer with complex needs) and increased costs of care, for example from the increase in the national minimum living wage and market forces.

31. However, financial pressures are not the only motivation for promoting independence and resilience. Preventative, strength based approaches are right for people and communities. Alongside prevention, we need to focus our joint commissioning on addressing market shaping and the unit price of formal care, in tandem with the review of BCF.

32. BCF offers a system opportunity to exert moral and political choice to do what's right within a defined budget – using population health intelligence to address health inequalities in the city – aligned to the direction of travel for integrated commissioning and delivery under the Alliance model.

Consultation

33. The BCF Plan 2020-21 was developed in a collaborative process with partners, and is co-produced with the scheme providers. This approach will be continued for 2021-22. The BCF Performance and Delivery Group discussed and informed the development of the evaluation criteria for the review. Colleagues across the system involved in BCF were invited to comment on the approach

to the review. The council corporate management team received a full report on this work in February 2021, including a discussion on the specific schemes where CYC staff contracts were affected.

Options

34. The HWBB will receive further reports on the progress of the review and the publication of the national planning requirements when this occurs.

Analysis

35. n/a

Strategic/Operational Plans

36. The Joint Health and Wellbeing Strategy is the overarching strategic vision for York; this plan supports the delivery of the desired outcomes.

37. The York BCF Plan 2017-19 provided the foundation for the BCF Plan 2019-20 and 2020-21. It has evolved each year in line with refreshed intelligence and national directives.

38. This work is congruent with the Council Plan and the NHS Long Term Plan. The NHS White Paper further promotes the policy objectives of BCF. The link is included below under background papers.

39. BCF schemes have been central to the COVID-19 pandemic response, including the implementation of the Hospital Discharge Policy.

Implications

- **Financial** – There are no financial implications as yet from this report. Any future decisions about investment or disinvestment would be consulted upon with partners and would have legal governance and assurance through the section 75 agreement used to establish the BCF pooled budget.

- **Human Resources (HR)** – many of the schemes funded through BCF are supported by staff on fixed term contracts. The prevalence of short-term funding and fixed term employment contracts are a significant risk to the stability and

continuity of our system. The review has prioritised the schemes which are most affected. CYC staff contracts have now been extended where required.

- **Equalities** - none
- **Legal** - none
- **Crime and Disorder** - none
- **Information Technology (IT) –** information technology and digital integration forms part of the system wide improvement plan, relevant representatives from statutory agencies attend the project board, and there are plans to engage non-statutory services and the patients, customers and families in our developments. The national and regional work on this agenda guides our local work.
- **Property** - none
- **Other** – none.

Risk Management

40. Governance processes are in place between the partners to manage the strategic risks of the BCF as part of our whole system working.

Recommendations

41. The Health and Wellbeing Board are asked to:

i. Receive the York Better Care Fund update for information.

Reason: The HWBB is the accountable body for the Better Care Fund.

ii. Note the progress of the review of the financial allocations for BCF 2021-22 to ensure maximum impact on outcomes for the system.

Reason: It is important for the sustainability and stability of the whole system that the funding commitment is reviewed regularly to be assured of value for money and impact on outcomes. The Chair and Vice Chair, have approved this

approach, supported by the council Corporate Director of People and the CCG Accountable Officer.

iii. Receive further reports on the progress and outcomes from the BCF review at future meetings.

Reason: The HWBB is the accountable body for the Better Care Fund.

Contact Details

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Report Approved √ **Date** 1.3.21

All X

Wards Affected:

For further information please contact the author of the report

Background Papers:
Marmot Review – available at:
Build Back Fairer: The COVID-19 Marmot Review

NHS White Paper – available at:https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/960548/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-web-version.pdf

Annexes
Annex 1 – BCF Review evaluation criteria

Glossary
A&E – Accident and Emergency
BCF – Better Care Fund
BI – Be Independent
CCG – Clinical Commissioning Group
CYC – City of York Council
DHSC - Department of Health and Social Care
DToC – Delayed Transfers of Care
ED - Emergency Department
GP – General Practitioner
HR – Human Resources
HSG – Human Support Group
HWBB – Health and Wellbeing Board
IT – Information Technology
KPI – Key Performance Indicator
LAC – Local Area Co-ordinator / Local Are Co-ordination
MDT – Multi-Disciplinary Team
NHS - National Health Service
NHSE&I - NHS England & Improvement
RATS - Rapid Assessment and Therapy Service
SDEC - Same Day Emergency Care
VOYCCG – Vale of York Clinical Commissioning Group
YTH – York Teaching Hospital

Annex 1

BCF REVIEW 2021-22 – EVALUATION CRITERIA

scheme

No	Criterion	Score
1a	Which partner / partners deliver this scheme?	N/A
1b	Which partners work with this scheme – how does is connect with partner schemes?	
2	What is the funding requirement April 2021- March 2022?	N/A
3	Is this the full cost or a share of total costs of the scheme, service or project? Level of system risk if BCF is withdrawn: • high score = collapse of scheme • low score = does not present a problem	
4	Would there be a significant impact on BCF objectives if this scheme closed or lost some or all of its income? Can we quantify what is delivered by looking at activity and spend? Can we attach VFM to outcomes?	
5	What is the target group for this scheme / what outcomes does the scheme deliver? Identify opportunity to do more for target groups	
6	How well does this scheme match the HWBB strategy, the BCF high level objectives, national conditions and the policy and planning requirements (when known)?	
7	How well does the scheme match the principles for integrated care and the integration aims of the NHS Long Term Plan?	

8	How well does the scheme address the key prevention goals of the system, in the context of health inequalities identified in the Marmot reviews, the Population Health Management programme and the Health Needs Assessment for York? Place PHM priorities: • Mental Health • Frailty • Children and Young People's wellbeing • Prevention – Alcohol, Smoking, Obesity, Diabetes	
9	What will the funding be used for (specific costs eg salary, training, equipment, buying a service from another provider)?	N/A
10	Is there evidence that the scheme is valued by the system, including people who access support, and evidence of the measurable outcomes achieved? Can we compare ROI / SROI from this value?	

Review scoring mechanism

N/A = question does not generate a score

0 = does not meet criteria

1 = partly meets criteria, or is focused in one aspect of the criteria

2 = is a good match / full match for the criteria

3 = outstanding example of integration: prevention, innovation, collaboration

4 = high impact across the system and BCF due to interdependencies and intersection with other schemes

Reference material

www.longtermplan.nhs.uk

Six principles to achieve integrated care

- collaborative leadership.
- subsidiarity - decision-making as close to communities as possible.
- building on existing, successful local arrangements.
- a person-centred and co-productive approach.
- a preventative, assets-based and population-health management approach.
- achieving best value.

https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjJ-ovS6LLuAhWmQxUIHaQUB-0QFjABegQIBBAC&url=https%3A%2F%2Fwww.local.gov.uk%2Fsix-principles-achieve-integrated-care&usg=AOvVaw0wT9-bEljsh3giKjBkWJIt

SCIE Logic Model

https://www.scie.org.uk/integrated-care/measuring-evaluating/logic-model

text version:

Enablers

Governance and decision-making

- Strong, system-wide governance and systems leadership.
- Joint commissioning of health and social care.
- Empowering users to have choice and control through asset-based approach, shared decision making and co-production.
- Joined-up regulatory approach.

Resources and capacity

- Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors).
- Integrated workforce: joint approach to training and upskilling of workforce.
- Good quality and sustainable provider market that can meet demand.
- Pooled or aligned resources.
- Integrated electronic records and sharing across the system and with service users.

Components

Person-centred care

- Early identification of people who are at higher risk of developing health and care needs and provision of proactive care.
- Emphasis on prevention through supported self-care, and building personal strengths and community assets.
- Holistic, cross-sector approach to care and support (social care, health (and mental health) care, housing, community resources and non-clinical support).
- Care assessment, planning and delivery are personalised and, where appropriate, are supportive of personal budgets and IPC.
- High-quality, responsive carer support.

Coordinated care

- Care coordination: joint needs assessment, joint care planning, joint care management and joint discharge planning.
- Seamless access to community-based health and care services, available when needed (e.g. reablement, specialist services, home care, care homes).
- Joint approach to crisis management: 24/7 single point of access, especially to urgent care, rapid response services, ambulance interface.
- Multi agency and multi-disciplinary teams ensure that people receive coordinated care wherever they are being supported.
- Safe and timely transfers of care across the health and social care system.
- Care teams have ready access to resources, through joint budgets and contracts, to provide packages of integrated care and support.

Outputs to be determined locally

Outcomes

People's experience

- Taken together, my care and support help me live the life I want to the best of my ability
- I have the information, and support to use it, that I need to make decisions and choices about my care and support
- I am as involved in discussions and decisions about my care, support and treatment as I want to be
- When I move between services or care settings, there is a plan in place for what happens next
- I have access to a range of support that helps me to live the life I want and remain a contributing member of my community

- Carers report they feel supported and have a good quality of life

Services

- The integrated care delivery model is available 24/7 for all service users, providing timely access to care in the right place
- The model is proactive in identifying and addressing care needs as well as responsive to urgent needs, with more services provided in primary and community care settings
- Professionals and staff are supported to work collaboratively and to coordinate care through ready access to shared user records, joint care management protocols and agreed integrated care pathways
- Integrated assessment, care and discharge teams report they are readily able to access joint resources to meet the needs of service users
- Transfers of care between care settings are readily managed without delays

System

- Integrated care improves efficiency because, by promoting best value services in the right setting, it eliminates service duplication, reduces delays and improves services user flow
- Effective provision of integrated care helps to manage demand for higher cost hospital care and to control growth in spending
- Integrated care shifts service capacity and resources from higher cost hospital settings to community settings
- The system enables personalisation by supporting personal budgets and Integrated Personal Commissioning, where appropriate

Impact

Improved health and wellbeing

- Improved health of population
- Improved quality of life
- Reduction in health inequalities

Enhanced quality of care

- Improved experience of care
- People feel more empowered
- Care is personal and joined up
- People receive better quality care

Value and sustainability

- Cost-effective service model
- Care is provided in the right place at the right time
- Demand is well managed
- Sustainable fit between needs and resources

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