

Annex C:



York Health and Care Partnership

Thursday 16 May 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	York Place, Humber and North Yorkshire Integrated Care Board (H&NY ICB)
Professor Karen Bryan (KB)	Vice Chancellor	York St John University (representing higher education)
Michelle Carrington (MC) – on Teams	Place Director for Quality and Nursing, North Yorkshire and York	H&NY ICB
Cllr Jo Coles (JC)	Executive Member for Health, Wellbeing and Adult Social Care	CYC
Sarah Coltman- Lovell (SCL)	York Place Director	York Place, H&NY ICB
Cllr Claire Douglas (CD)	Leader of City of York Council	CYC
Dr Helena Ebbs (HE) – on Teams	Clinical Place Director, North Yorkshire and York	H&NY ICB
Dr Rebecca Field (BF) – on Teams	Joint Chair of York Health and Care Collaborative	York Medical Group
Professor Mike Holmes (MH)	Chair	Nimbuscare
Martin Kelly (MK) - part	Corporate Director of Children and Young People	CYC
Simon Morritt (SM) - part	Chief Executive	York and Scarborough Teaching Hospitals NHS Foundation Trust (YSTHFT)
Peter Roderick (PR)	Director of Public Health	CYC
Alison Semmence (AS)	Chief Executive	York Centre for Voluntary Services (CVS)
Sara Storey (SS) - part	Director Adult Social Care and Integration	CYC
In Attendance		
Sara Felix (SF) – Item 5		York Place, H&NY ICB (secondment)
Neil Ferris – Item 5	Corporate Director of Place	CYC
Niall McVicar – Item 3	Head of Innovation and Children’s Champion	CYC
Rob Newton (RN) – Item 4	Effectiveness and Achievement Social Mobility Project Manager	CYC

Jenna Tucker (JT) – Item 4	Allied Health Professionals Senior Manager (Children's Therapies), Family Health Care Group	YSTHFT
Michele Saidman (MS)	Executive Business Support Officer	York Place, H&NY ICB
Tracy Wallis (TW)	Health and Wellbeing Partnerships Co-ordinator	CYC
Apologies		
Zoe Campbell (ZC)	Managing Director North Yorkshire and York Care Group	Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)
Brian Cranna (BC)	Director of Operations and Transformation, North Yorkshire, York and Selby	TEWV
Emma Johnson (EJ)	Chief Executive	St. Leonards Hospice
Debbie Mitchell (DM)	Chief Finance Officer	CYC
Gary Young	Place Deputy Director Provider Development	H&NY ICB

The agenda was discussed in the following order.

Minutes

1. Welcome and apologies for absence

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

The minutes of the meeting held on 23 April 2024 were approved subject to clarification of the amendment to the minutes of the 21 March meeting regarding the terms 'co- designed' and 'co-produced' under item 3, paragraph 5, first bullet point. Following discussion, it was now agreed that use of these terms be accompanied by clarification of the specific groups involved on each occasion. The March minutes would be amended accordingly to read:

'Discussion ensued on:

- Agreeing use of the terms 'co- designed' and 'co-produced' with description of the specific groups involved on each occasion.'

Matters arising

Integrated Neighbourhood Teams: SCL referred to the case studies included in the meeting pack and the email information circulated the previous day with a number of blogs which she commended as helpful examples.

York Health and Care Partnership Annual Report and Joint Forward Plan: SCL thanked SB for her proof reading of the document which was currently being finalised. Members would receive a copy in advance of its publication via the July meeting of the Health and Wellbeing Board.

Formation of a Joint Committee: IF and SCL had had initial dialogue and a meeting had been arranged for 5 June with officers from CYC and the ICB. SCL additionally noted that the Joint Commissioning Forum had begun work on a project plan, including a timeline; a full report would be brought to the September York Health and Care Partnership meeting.

There were no declarations of interest in the business of the meeting though KB declared during discussion at item 4 that she is a Speech and Language Therapist by profession.

Confirmed Minutes

2. Update on Integrated Prevention Scoping Work

This item was deferred to the June meeting.

5. Future Service Delivery Model and Estates Development

SF gave a presentation *York's future service delivery model for health, care and prevention and How our estate/infrastructure might be shaped to realise this* describing a project overview, areas of consensus for a future model, key features of a proposed future model, requirements to achieve the model, next steps and "telling a story" to attract buy in from stakeholders. A full report would be provided in due course.

SF applauded the commitment of colleagues she had interviewed and noted that the development would be "live" in order to respond to change as appropriate, also highlighting that this was a 10 year vision.

Members commended the presentation and associated work.

Detailed discussion included:

- The local and national political perspectives in relation to the context of development into the Local Plan including private sector investment in assets, housing developments and potential opportunities emanating from the election of the North Yorkshire and York Mayor; for the latter the forthcoming General Election and need for the plan to be future proof.
- Emphasis on demonstrating partnership working and integration of services with economies of scale.
- Adoption of a proactive approach as York Place in the context of access to any potential additional resources.
- The need for key worker and affordable housing as part of the wider infrastructure for integration.
- The challenge of ensuring comprehensive engagement with residents and noting the role of the voluntary sector but with recognition of its limited capacity.
- Aspects of the current estate across the system, associated funding arrangements and challenges, recognition of the financial implications to achieve changes to service delivery with emphasis on investment alongside savings requirements, the context of a collective, creative approach to attracting investment and assurance regarding associated expertise in relation to potential public and private sector funding.
- A workforce strategy as key in the context of the need for culture change in developing an out of hospital Place based model of care, recognition of current workload pressures and recruitment challenges in some areas and the opportunity to establish community based placements for students.
- The context of promoting York as "a healthy city".
- Learning from experience, such as development of the Mental Health Hub and the Community Stadium.
- The need for clarity regarding reference to public sector agencies. There are many private sector/independent sector agencies also providing services that we would want to be included, for example home care providers.

Next steps would be SF's production of a report for members to sign up to as a Place building development approach.

Action

CD to liaise with the new combined authority with regard to potential staff resource opportunities.

Confirmed Minutes

NF left the meeting.

3. Raise York

NM gave a presentation *Raise York: Working together with children and families to improve lives* noting its alignment with the previous discussion and highlighting the context of "it takes a village to raise a child". He described the Raise York outcome ambitions, priorities, lessons learned from pilot activity, the 'Toolbox' to support delivery of the ambitions, the Children's Workforce Induction, the Solihull Programme, the paediatric primary care practitioner within Raise York, the developing SEND Centre of Excellence, a one page summary about each priority area and the "asks" of the York Place Committee.

NM explained that every family in York with children aged 0 to 19 could access the Solihull Programme permanently through a one time passcode 'Raise' and requested this support be promoted to families alongside other contacts.

MK described the aim of bringing specialist services back into the community based in one building noting the potential for this design to be replicated and the need for a partnership approach to funding. This community based approach facilitated recognition of gaps such as autism services.

NM highlighted two of the Raise York's priorities: perinatal mental health and parent/carer-infant relationships and children and young people's mental health. Work was taking place with a view to understanding perceptions of available support and how to access it. The context of normalising access to parental support was emphasised.

SM left the meeting during this item.

Members commended the presentation and associated work.

Discussion ensued relating to:

- A communication approach to complement the regular means of communicating with families, namely via General Practice and schools, to ensure awareness about available more in depth support as appropriate. PR additionally agreed to arrange for information to be incorporated in the SMS messaging service in York.
- Support from Child and Adolescent Mental Health Services (CAMHS) regarding the offer to families with mental health concerns.
- Potential consideration of developing a single overall York 'brand' as an umbrella for such as Raise York, Live Well York and the hub developments.
- The context of the former Sure Start centres.

Action

PR to arrange for family support information to be incorporated in the York SMS messaging service.

CD, SF and MK left the meeting; RN and JT joined.

4. Early Talk for York

In introducing the presentation *Early Talk for York: A local area approach to improving speech and language communication outcomes 0-5* RN highlighted the benefits of joint working and consistent narrative, also noting recognition by Ofsted and the Care Quality Commission for this work. He described impact of Early Talk for York in terms of improvement in practice,

greater early identification of levels of need, system improvements and children's outcomes, all of which lead to wider improvements but also noting areas of challenge. Speech and language support pathways for children aged 0 to 5 were being mapped across York and progress was being made regarding the Healthy Child Service being integrated with Health Visitors.

JT described the collaborative working, including a specialist clinician, which was key to the Early Talk for York model. This enabled a responsive and effective approach for children with special needs. In terms of the transformation work, including addressing the challenge of speech and language therapy waiting times, a Request for Helpline model had been introduced. This enabled access to signposting to support for any concerned parent and had been recognised by the North Yorkshire SEND inspection as 'good' for the waiting well. Additionally, a unique universal and targeted specialist clinician role had been created for the speech aspect also providing a rolling training programme which had good attendances at its 'virtual' offer. The language perspective required further work. Overall demand currently outweighed workforce capacity.

Members commended the Early Talk for York work noting that qualitative evidence would emerge and welcoming the culture shift in terms of families acknowledging a need for support.

SS left the meeting during this item.

Discussion ensued during which KB declared her profession of speech and language therapist.

- Aspects of the 'why early language?' message in the presentation would be adapted according to the audience but emphasis remained consistent on the importance of early language development.
- Welcoming the universal targeted service but highlighting the need for children to receive services more quickly and the context of a reactive response for children to be able to access services when their need is identified.
- Evidence of the impact of COVID-19 on speech and language development and associated impact on schools, noting that six children in every primary and secondary classroom were affected; additionally, the perspective of detriment to the 'COVID-19 generation' at a later stage, such as with reading development.
- Raising awareness with parents and communicating with different audiences through appropriate narrative and examples.

In conclusion RN explained that currently the Early Talk for York model was operating in around half of the city and the capacity ceiling of the resource envelope had almost been reached; despite this the ambition was to continue the improvement trend lines. Work had been started on further development of the Early Talk for York model with a small group of primary schools and a few secondary schools.

Any Other Business

There was no other business.

Next Meeting: Thursday 20 June 2024