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**Health and Adult Social Care Policy & Scrutiny  
Committee**

**27 July 2022**

Report of the Corporate Director of Adult Services and Integration,  
Interim Director of Children Services

**York Place Health and Care Partnership Board Update**

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**Summary**

1. This paper provides an update to the Health and Adult Social Care Policy and Scrutiny Committee (HASC) in regards to the achievements of the Health and Care Alliance, the move to the York Place Health and Care Partnership Board, progress to date and next steps.

**Introduction**

2. Partners across York have worked closely together to commission and deliver services for our population. We have an agreed vision and aspire to raise our overall population health outcomes to **become the healthiest city in Northern England**. With a focus in our Health and Wellbeing Strategy being on population health, we are theming our work using a life course approach of **Starting Well, Living Well, Aging and Dying Well**. At present there is a consensus that we must focus on poverty, prevention and early intervention as well as building person-centred care as specific priorities. This is alongside a strong integrated workforce in order for our city to become health **generating** instead of illness-generating. As an alliance partnership we have already started to mobilise change and building on this momentum will ensure that key themes and success are not lost.
3. During 2021 York partners set up the Health and Care Alliance, this was chaired by Cllr Aspden and this has provided a solid platform to build on. The Health and Care Alliance agreed a set of

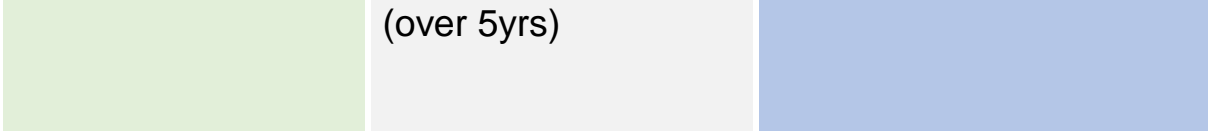
values and core behaviors that underpin all the work we do. The Alliance set itself three key areas of delivery and transformation: Learning Disabilities and/or Autism, Complex Care and Diabetes. This was the start of our vision to support York to be a healthy city.

4. Alongside the key priorities a population hub has also been developed. This has enabled the collection of a wealth of data, which has provided a clearer picture of the health of the population of York and also the inequalities people face across the borough. This clearly shows that there is still work to do if we are to achieve equality of health across the city.

5. Data collected through the population hub clearly shows that:

- **Good Health is not evenly distributed.** In York the 2010s were a 'lost decade' in which life expectancy improvement stalled, and in the more deprived deciles of the population life expectancy declined for the first time in generations.
- **Good Health is not best health.** York's overall health outcomes compared nationally are often average, for example York ranks 89<sup>th</sup> out of 150 Local Authority's (LA) on female life expectancy at birth and 77<sup>th</sup> on under 75s mortality from preventable causes.
- **Good Health hides uneven health.** There are several areas of longstanding concern for the city's health, where we don't do as well as our affluence would indicate:

<p><b>Preventable ill-health</b>            1 in 10 smoke            2 in 3 adults overweight or obese            1 in 7 live with depression</p>	<p><b>Widening Gaps</b>            Healthy Life Expectancy            Health of those with a learning disability            School readiness</p>	<p><b>York's 'red flags'</b>            Alcohol consumption/admissions, multiple complex needs, drug related death, student health</p>
<p><b>Economic Factors</b>            Lower than average income            10% of children living in poverty            Housing affordability gap</p>	<p><b>Changing Demographics</b>            Aging &amp; growing population            4% ↑ hospital use (annual), 10% social care, 2.5% ↑ in GP</p>	<p><b>Mental Health</b>            u18s admissions for mental health need            High prevalence of common MH illness            Higher than average suicide and self-harm</p>



(over 5yrs)

6. Therefore, as we move forward to place based delivery we can clearly identify the issues and have a clear baseline to start to improve the health and wellbeing of our population collectively as a partnership.
7. Through the Health and Care Alliance we have moved forward in key aspects of delivery of services in particular through primary care (Nimbus) joint working between primary care / PCNs, community health and the Voluntary and Community Sector (facilitated by the CVS) as well as positive relationships and joint commissioning between acute trusts and the local authority. Recovery following COVID is ongoing with an emphasis on supporting care homes, achievement of elective targets, reducing the length of hospital admissions and supporting more people to stay in their own homes for as long as possible. The work of the alliance is ongoing and will continue to form part of place delivery as we move forward.

### **National and Local Context**

8. The York system continues to make progress in what is a dynamic and challenging environment for all partners. On Friday 24<sup>th</sup> of December 2021, NHS England and NHS Improvement (NHSE/I) published the 2022/23 operational planning guidance, setting out ten priorities for the next financial year. These are:
  1. Investing in the workforce and strengthening a compassionate and inclusive culture
  2. Delivering the NHS COVID-19 vaccination programme
  3. Tackling the elective backlog
  4. Improving the responsiveness of urgent and emergency care and community care
  5. Improving timely access to primary care
  6. Improving mental health services and services for people with a learning disability and/or autistic people
  7. Developing approach to population health management, prevent ill-health, and address health inequalities
  8. Exploiting the potential of digital technologies

9. Moving back to and beyond pre-pandemic levels of productivity
  10. Establishing ICBs and enabling collaborative system working
9. Similarly, the White Paper on integration outlines clear expectations on reducing inequalities and placed based delivery, this includes the expectation that the NHS and Local Authorities work together to develop strategic plans and deliver services in an integrated way thereby reducing duplication of work and stabilising the workforce to achieve better outcomes for people.
10. The Health and Care Act (H&C) came into law during April 2022. This has enabled the dissolution of CCG's and the implementation of an Integrated Care Board (ICB). The executive team is in place including the Chief Executive, Chair and Chief Operating Officer. The Humber and Yorkshire ICB has been established alongside 6 place boards. The new H&C Act (2022) places a duty and responsibilities on the ICB to perform the following functions:
- Commissioning Hospital and other Health Services
  - Commissioning Primary Care Services
  - Transfer schemes in connection with the transfer of Primary Care Functions
  - Commissioning Arrangements
  - General Functions
  - Expansion of financial duties of integrated care boards and their partners.
11. Integrated Care Systems (ICS) as well as partners will be reviewed for effectiveness and delivery of safe effective services through the care quality commission. Additional inspections have also been announced for adult social care.
12. The new legislation clearly sets out a new pathway for the commissioning of health services, supporting further partnerships, pooling and/or integrating finances including the Better Care Fund (BCF) as a lever for the integration of health and care resources and delivery. The H&C Act (2022) focusses on statutory agencies working closely together supporting the commissioning and delivery of services across populations and place.

**Update on the work of the Alliance and Current position.**

13. Following the establishment of the ICS partners across the system agreed that a strategic delivery direction was to ensure that each place had a Board that supported population health delivery. The Health and Care Alliance agreed to move towards a place base approach and the first York Place Health and Care Partnership Board meeting took place in May 2022. Ian Floyd, Chief Operating Officer (COO) of the City of York Council has been appointed as Chair.
14. A 10-year Health and Wellbeing Strategy for York is being developed alongside the Humber and North Yorkshire Integrated Care Partnership Strategy (by the end of 2022). These two documents will form the basis of improving the health and wellbeing of the citizens in York, reducing unnecessary hospital admissions for adults and children, improving access to primary care Primary Care, Mental Health and Social Care Services by moving to a more proactive and sustainable model with Enhanced Prevention and Early Intervention Approaches at its heart
15. The York Place Health and Care Partnership Board has a diverse membership covering an all age approach and a richness of discussions to ensure strategic decisions are collective and take in account inequalities citizens of York face both in terms of services as well as access.
16. Through the Health and Care Prospectus Process the York Health and Care Alliance Board engaged with stakeholders, academics and residents and have established the following key principles:
  - We grow our health and care assets
  - We act early and prevent further deterioration
  - We care as one York Team, aligning services and integrating services so citizens experience a seamless care journey
17. During Quarter 1 of 2021 the Health and Care Alliance completed a functional design exercise to understand what could potentially be delivered at place, regional and at a system level. Key areas such as ones below could all be delivered at place with some integration within the wider system.
  - Quality and Safety
  - Sustainable Integrated Workforce

- Performance Management
- Financial Allocation at Place
- Governance Framework
- Primary Care Network support
- Early Intervention and Prevention functions including Community services, child health, public health services,, integration with the Voluntary Sector (e.g. social prescribing)

### **Next Steps**

18. The York partnership has shown that there is enormous potential within the system to find innovative ways of managing and improving care. Strong systems and strong relationships complement and support each other.
19. Financial frameworks have often been cited as a barrier to the development and delivery of integrated approaches. There is no one-size-fits-all approach, especially given how different local systems are in terms of the populations they serve.
20. However, York has navigated its way around this complexity and there are now mechanisms that we have used to pool budgets this is underpinned by legislation through section 256 and 75 agreements. The BCF has also been extended and York BCF plans have been praised for integrated approaches and close partnership working to deliver national targets. This has shown system maturity to commission and agree the delivery and redesign of services.
21. Moving forward the York Place Health and Care Partnership Board will be the key strategic board ensuring oversight of the delivery of the ICS expectations at a Place level as well as the delivery of the York HWBB strategy and NHS Operational Plan.
22. To do this, there is a need to work in coming months on establishing detailed arrangements for the functions listed at 4.5, including staffing support and assurance.

### **Membership**

23. To ensure that the Board is able to meet the key obligations and responsibilities set by the ICS we may wish to explore the

membership of the board. The current membership is diverse and includes key agencies such as Schools, Police, Patient Voice and the Community/voluntary Sector.

24. To deliver the extensive programme of place-based delivery the York Place Health and Care Partnership Board is considering the implementation of work streams. This may include integrating sub-groups that are already in place to reduce duplication and adding in additional groups to ensure a clear focus on commissioning, redesign and delivery.
25. A further update on the configuration of these will be presented at the September 2022 HWBB.

## **Implications**

### Legal Implications

26. The Health and Care Act (2022) is now in place, over the next 12 months the place board will further explore governance process as these will continually change as the ICB and place board develops.

### Risks

27.
  - We need to ensure as partners we update our maturity framework in readiness for becoming a joint committee of the ICB and receive delegated powers over the next 6/12 months
  - To continue to work with elected members, ensuring they play a key role in the development of place.
  - Currently we are awaiting further information in respect to the appointment of an NHS Place Lead.

## **Conclusion**

27. As a partnership we have a strong basis on taking the work forward and have key levers in place to fulfil our ambition of

making York a healthy city not only supporting people to live longer but to live longer healthier and fulfilled lives.

## Recommendations

28. The Health and Adult Social Care Policy and Scrutiny Committee is asked note:

- i) the content of the report and progress made
- ii) the work of the previous York Alliance as we move forward with the York Place Health and Care Partnership Board

Reason: To keep the Committee updated.

## Contact Details

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### Chief Officer Responsible for the report:

#### Jamaila Hussain

Corporate Director of Adult Services and Integration, Interim Director of Children Services

**Report Approved**

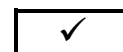


**Date** 18 July 2022

**Specialist Implications Officer(s)** None

**Wards Affected:**

All



**For further information please contact the author of the report**

**Background Papers:**

None



## **Annexes**

None

## **Abbreviations**

PCN	Primary Care Network
CVS	Community Volunteer Service
ICB	Integrated Care Board
CCGs	Clinical Commissioning Groups
ICS	Integrated Care Systems
H&C	Health and Care Act
BCF	Better Care Fund
HWBB	Health and Well Being Board