



York Health and Care Alliance Board

Minutes of the meeting of the York Health and Care Alliance Board held on Monday 27th June 2022

Present

Gail Brown	CEO Ebor Academy Trust
Ian Floyd (Chair)	Chief Operating Officer, City of York Council
Dr Rebecca Field	GP, York Medical Group
Professor Mike Holmes	Chair, Nimbuscare York
Jamaila Hussain	Director of Prevention, Commissioning and Education, City of York Council
Brent Kilmurray	Chief Executive, TEWV
Phil Mettam	Accountable Officer, Vale of York CCG
Peter Roderick	Consultant in Public Health, City of York Council / Vale of York CCG (Substitute for Sharon Stoltz)
Alison Semmence	Chief Executive, York CVS

In Attendance

Ruth Barton	Senior Solicitor, Contracts and Commercial, City of York Council
Janie Berry	Director of Governance, City of York Council
Frances Harrison	Legal Team – City of York Council of York Council
Patrik Somers	Barrett Analytics Representative and Founder of Evolution Inside Out
Tracy Wallis	Health and Wellbeing Partnerships Co-ordinator, City of York Council

Apologies

Cllr Nigel Ayre	Executive Member for Finance and Major Projects
Professor Charlie Jeffery	Vice Chancellor and President, University of York
Emma Johnson	St Leonards Hospice
Simon Morrill	Chief Executive, York and Scarborough Hospital NHS Foundation Trust
Sharon Stoltz	Director of Public Health, City of York Council

AGENDA

The agenda was discussed in the following order.

1. **Welcome and apologies for absence**

The Chair welcomed everyone to the meeting and noted the apologies.

There were no matters arising from the last set of minutes and the board agreed them as an accurate record of the previous meeting.

The board had no conflicts of interests to declare.

2. **Place Development: Next Steps and Key Priority Actions**

Jamaila Hussain, Director of Prevention, Commissioning and Education for the City of York Council provided the board with an overview of the paper that was circulated as a part of the agenda pack. The discussion paper was provided to note the progress of the board and any strategic decisions that would sit with York place. The starting well, living well, ageing well, and dying well agendas will still be supported through reducing inequalities in health and social care and through the new Joint Health and Wellbeing Strategy. The paper also outlined how the local health care provision was dependent on where a person lives. The main aims were also laid out in the paper. These were around reducing health inequalities, tackling the backlog on elected surgery, reducing the delayed transfer between health services, increasing access to primary care, reducing delays out of acute mental health services and to use digitalisation more within health care.

The board discussed how the Health and Care Act brought some changes to the key functions of the system including the dissolution of the Clinical Commissioning Group (CCG). Further discussions will be needed around the commissioning of services as there will be different procurement arrangements in each of the footprints. Professor Mike Holmes, Chair of Nimbuscare York noted that the urgent care contract had been rolled over for two years and it was likely to be rolled over for a third; he raised concerns around this. This is especially important as both urgent care contracts of North Yorkshire and York expire in October 2023. Due to the geographical links between North Yorkshire and York in terms of urgent care, the board agreed that it could be jointly commissioned with the region. The board agreed that further discussion was needed around the local and joint commissioning arrangements.

The board discussed the structure of the alliance and how some of the functions should be delegated as they would be better suited on a local level. Both the local and Integrated Care Systems (ICS) provider collaboratives will be appropriate at different instances. Service collaboratives were noted as a proven method for coproduction and to stop silo working. The proposed sub-groups/workstreams were as follows:

- Community Services Redesign
- Prevention and Early Intervention
- Mental Health
- Transformation of Out of Hospital Services
- Finance and Performance
- Workforce
- Women's and Children
- Governance
- Quality and Safety
- Communication, Coproduction and Engagement

The Local Medical Committee (LMC) were seeking representation on this board, but it was agreed that while we are in the initial forming stage, it wouldn't be appropriate for them to attend. The board agreed to reconsider their request at a later date.

Action: The board agreed to provide the LMC with a formal written response.

Professor Holmes also noted that the acute trust partner had not recently attended the meeting. Their attendance is important as their perspective is needed, especially in the developmental stage of the board.

Action: The Chair agreed to discuss this with the acute trust and to suggest they nominate a deputy.

Alison Semmence, Chief Executive of York CVS also noted the lack of Healthwatch representation on the board. They are a key partner that could lead on some of the sub-groups as they already have functioning forums and focus groups.

Action: Tracy Wallis to invite Healthwatch to be a member of the Health and Care Alliance Board.

The board discussed how the Health and Care Alliance and the Place Board have been used interchangeably to name the board, and how it is important to clarify this as both carry different connotations. The Chair asked members to consider the name of the board and feedback comments at the next meeting.

Action: Members to consider the name of the board and feedback comments at the next meeting.

Brent Kilmurray, Chief Executive of Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) wanted more clarity around the operating model and structure of this board as there have been conflicting views. The board needs to make sure the existing services and partnerships are used or morphed into the new structure to ensure any progress is retained and to avoid any duplication of work. The required staffing resource will also need to be explored to understand what programmes can potentially be taken forward. The board needs to ensure their attendance at the finance meetings of the Integrated Care System (ICS) as funding flows were recently discussed with no representation from York place. The board expressed concern around streamlining the needs and priorities of this board in relation to the Integrated Care Board (ICB) as there's a risk of the place-based work programme being engulfed by those of the region.

Dr Rebecca Field, General Practitioner at York Medical Group suggested that we should update the York Health and Care Collaborative (YHCC) to get a better understanding of whether any groups and workstreams will be duplicated. This would be beneficial for both groups in terms of planning for the coming year. If it's appropriate, some of the sub-groups could potentially be led by the YHCC.

The Chair asked for similar reports to be provided at future meetings as a key function of this board is to ensure all members are kept up to date. Items can be submitted to the board to be provided for information on the agenda and don't necessarily need to be discussed. It would also be helpful to get engagement from relevant people to consolidate the suggested sub-groups/workstreams.

Action: The board to receive regular reports regarding the development of both the ICB and the alliance, including the development of sub-groups/workstreams.

The group discussed the progress made in appointing the NHS place director for York and how this role would serve as our voice at the ICB and would help ensure that

statutory duties of the ICB are delegated to a local level when appropriate. Once in place, they will also be able to monitor funding arrangements, making sure fair allocations are made on a local and regional level in relation to York.

The board noted the update.

3. Progress on Governance and Section 75 Agreement

The board agreed to postpone this item until the initial development of the governance structure of this group had been completed. The Chair suggested that a representative of the ICB attends the next meeting to clarify the expectations of place and the governance structure followed.

Action: The Chair to invite a representative of the ICB to the next meeting to discuss the expectations of this place-based board.

The board discussed how decisions on governance could affect attendance. As the board were stipulated as a non-decision-making body under the last set of Terms of Reference, we would have to operate as such. This would prevent some potential members from joining due to governance protocols.

4. Cultural Values Survey: Initial Feedback & Findings

Patrik Somers, Barrett Analytics Representative and Founder of Evolution Inside Out gave a presentation on the initial key findings of the Cultural Values Survey. The Barret Model and the spread of our 16 respondents were discussed by the board. The values of the board were measured and mapped on the levels of consciousness in the Barret Model. A full report would be circulated to all board members after the meeting. Further sense making events would be held towards the end of the year and alliance members will be invited.

The board noted the update.

5. Any Other Business

Alison Semmence updated the alliance on the poverty truth commission and community commissioners.

Peter Roderick, Consultant in Public Health for the City of York Council/Vale of York CCG asked for the alliances input in relation to operational priorities for York place. Peter agreed to email members after the meeting and these priorities would then be shared with the Chief Operating Officer of the ICB.

6. For Information: Strategic Intent Place Slides

This item was provided for information and was not discussed.

The Chair closed the meeting.

Date of next meeting: Monday 25th July 2022 – 13:00-15:00 – Microsoft Teams