

## AGENDA SUPPLEMENT

### Health and Wellbeing Board

**To:** All Members of the Health and Wellbeing Board

**Date:** Wednesday, 14 September 2022

**Time:** 4.30 pm

**Venue:** The George Hudson Board Room - 1st Floor West Offices (F045)

The Agenda for the above meeting was published on **6 September 2022**. The attached additional documents are now available for the following agenda item:

**6. York Place Update** (Pages 1 - 22)

This report provides an update on the work of the Place Board, as well as minutes of previous health and care alliance meetings as requested by HWBB members.

This agenda supplement was published on **7 September 2022**.

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**Health and Wellbeing Board**

14 September 2022

Report of the Corporate Director of Adult Services and Integration, and Interim Director of Children Services. City of York Council.

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**1. Summary**

This report provides an update on the work of the Place board, as well as detail minutes of previous health and care alliance meetings as requested by HWBB members.

**2. Update.**

Following the last update to the Health and Wellbeing Board (HWBB) in July further work has been undertaken to finalise our place plan and agree our place priorities. Partners agree that the York place intention is to collaborate better, integrate further and deliver services that match the need of the population based on neighborhood delivery. Through the York Place Board. we are working with the Integrated care System (ICS) through the Integrated Care Board (ICB) to seek further delegation of functions, and align future delivery to the emerging ICS strategy and the York Health and Wellbeing Strategy, both strategies are currently being developed with partners and citizens.

A prospectus has also been developed and agreed, this prospectus highlights specific areas of focus and has been designed with citizens stakeholders and the care sector. The prospectus has supported the designing of the York place plan and supports further integration of health and social care across all age groups.

Through the Joint Strategic Needs Assessment (JSNA) we have a stronger sense of the needs of our population, and this is forming the basis of our Health and Wellbeing Strategy devised by partners and led by the DPH.

As part of our place plan, we have also clearly identified six key priorities these are for York to:

1. Become a health generating city
2. Make good health more equal across the city
3. Prevent now and avoid later harm
4. Start good health and wellbeing young
5. Build York to become a mentally health city
6. Build a collaborative, integrated health, and care system

The Place board recognises that the priorities agreed in our plans are ambitious However we believe these achievable, with both Primary Care and the voluntary sector playing a large part in the delivery of theses and reducing health inequalities across ward areas. Through our data, partners are able to priorities areas of needs as well as ensure we collective commission and deliver future services in a informed way.

The Better Care Fund (BCF) further supports the further delivery a place focusing on reducing delays in hospital, enhancing reablement, and creating community service collaboration. A fuller BCF submission plan will be presented to the HWBB later in the year.

Partners have presented a place plan to the ICB and this plan can be found in Appendix 1, this plan provides a clear picture of our strengths and weakness as well as clear plans for the Place system to take forward. Through the Place board we will take these plans forward and develop individual implementation plans through working groups and their chairs.

Progress has also been made in regard to the recruitment of a NHS Place Director, Simon Bell is currently the interim Place Director whilst recruitment is ongoing, this arrangement supports the ongoing work of the system and creates stability and continuation of health delivery collectively with partners and statutory agencies. There are several next steps highlighted below as we continue to develop as a Place system.

### **Next steps**

The Place board has built on the work completed by the York Health and Care Alliance and will continue to develop the work outlined in appendix 1. The next steps for the board are to:

1. Agree subgroups to support delivery at place, report to be presented at next Place Board, in September.
2. Agree ToRs for the Place board aligned closely to the other Place boards across the region. Tors presented at next place board in September.
3. Support the HWBB strategy and alignment with the 5yrs ICS strategy
4. Deliver the priorities outlined in the York Place plan on a page (appendix 1)
5. Develop robust performance across the system as well as clear understanding of financial implications and opportunities.
6. Further alignment of governance processes aligning with the ICB expectations.

The HWBB will continue to receive updates as the Place Board further develops and services implemented.

### Contact Details

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and Integration.

**HWBB Chair:**

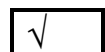
Cllr Carol Runciman  
HWBB Chair  
City of York Council

**Report  
Approved**



**Date** 7/9/22

**All**



**Wards Affected:**

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

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## Our place intention

Our place intention is to collaborate better, integrate further, and redesign and deliver services to match population need, through our place board, and seek delegated functions over time from the ICB in alignment with the ICS strategy. Through citizen, sector and stakeholder co-production work we have developed a York ['Prospectus'](#), our preliminary statement which describes the state of our system in 2022, the changes we are currently putting in place, and what people have told us they would like to see in future years.

## Our health needs

We have identified our health needs through our [Joint Strategic Needs Assessment](#), and our plan to tackle them is contained in a new, ambitious 10 year [Health and Wellbeing Strategy](#) which is one of three new 10 year city strategies, along with Economic and Climate Change Strategies. This sets the outcomes the place board will work to achieve.

<b>Preventable ill-health</b> 1 in 10 smoke 2 in 3 adults overweight or obese 1 in 7 live with depression	<b>Widening inequality gaps</b> Healthy Life Expectancy Health of those with a learning disability School readiness	<b>York's 'red flags'</b> Alcohol consumption/admissions, multiple complex needs, drug related death, student health
<b>Economic factors</b> Lower than average income 10% of children living in poverty Housing affordability gap	<b>Changing Demographics</b> Aging & growing population 4% ↑ hospital use (annual), 10% social care, 2.5% ↑ in GP (over 5yrs)	<b>Mental Health</b> u18s admissions for mental health need High prevalence of common MH illness High suicide and self-harm rate

## Our outcomes and first year actions

- Lead the health and care sector response to the 3 city strategies, including the 6 ambitions of the Health and Wellbeing Strategy:
  1. Become a health-generating city
  2. Make good health more equal across the city
  3. Prevent now to avoid later harm
  4. Start good health and wellbeing young
  5. Work to make York a mentally healthy city
  6. Build a collaborative health and care system
- Strengthen the foundations and governance of our place, streamline workstreams and build a fit-for-purpose partnership model
- Join up the health and care research and innovation potential in York
- Model behaviours agreed in our 'Charter', improving cultural values
- Develop our co production approach to decision-making
- Produce a realistic future workforce strategy for the city based on the concept of a York 'health and care team'
- Key service redesign areas, including:
  - community services, including 0-19 services
  - neighbourhood team work in primary care
  - virtual wards and hospital avoidance
  - community Mental Health transformation / hubs

## Our system strengths and challenges

### Strengths for health and care in York



<b>Improved links</b> between primary care and wider social interventions, e.g. through social prescribing	Many wonderful NHS and care <b>staff</b> , and commitment shown in e.g. the vaccination rollout	An abundance of <b>health assets</b> – green space, access to culture and heritage, community venues
An emerging aligned set of <b>prevention services</b> / practitioner networks	<b>Research and innovation</b> – the potential from clinical trials and operational insight	Use of <b>technology</b> to enable care and improve ways of getting help (but guard against digital exclusion)
The depth and togetherness of the <b>voluntary sector</b>	The power of <b>involvement</b> – seen in several 'coproduced' initiatives	Geography, in terms of our <b>aligned</b> providers, VCSE and council

### Challenges for health and care in York



An overstretched, tired and burdened <b>workforce</b> where morale is low	<b>Demand</b> for healthcare seems to only ever head in one direction (upwards)	People often report ending up in the <b>wrong place</b> for too long, be it a hospital bed or the wrong service	A challenging <b>financial</b> situation for all providers of care in York
Limited <b>resilience</b> in a number of smaller voluntary sector organisations	The long shadow and collective trauma of <b>COVID</b>	A reversal of <b>inequality gains</b> - people in poorer parts of York are dying earlier than they should	<b>Access issues</b> to several services, including urgent care, primary care and dentistry
Huge <b>backlogs</b> in care and long waits, across hospital care but also GP, community and social care.	A young <b>people's mental health crisis</b> , apparent even before the pandemic made it worse	A ' <b>crisis management</b> ', system, not a 'preventative' system	Labyrinth <b>systems</b> – people feel they bounce from one gatekeeper to another

## Our framework for a health generating city



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**York Health and Care Alliance Board**

**Minutes of the meeting of the York Health and Care Alliance Board held on Friday 29<sup>th</sup> April 2022**

**Present**

Cllr Keith Aspden (Chair)	Leader City of York Council
Dr Rebecca Field	GP, York Medical Group
Ian Floyd	Chief Operating Officer, City of York Council
Professor Mike Holmes	Chair, Nimbuscare York
Jamaila Hussain	Director of Prevention, Commissioning and Education, City
Emma Johnson	St Leonards Hospice
Brent Kilmurray	Chief Executive, TEWV
Peter Roderick	Consultant in Public Health, City of York Council / Vale of York CCG

**In Attendance**

Abby Combes	Head of Legal and Governance, Vale of York CCG
Janie Berry	Legal and Governance, Vale of York CCG
David Hambleton	DH Leadership Alliance, NECS Associate
Frances Harrison	Legal, City of York Council of York Council
Tracy Wallis	Health and Wellbeing Partnerships Co-ordinator, City of York Council
Gary Young	Lead Officer for Primary Care/Urgent Care Lead, Vale of York CCG

**Apologies**

Professor Charlie Jeffery	Vice Chancellor and President, University of York
Phil Mettam	Accountable Officer, Vale of York CCG
Simon Morrill	Chief Executive, York and Scarborough Hospital NHS Foundation Trust.
Alison Semmence	Chief Executive, York CVS
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.

Professor Holmes declared a conflict of interest in Item 6 as a potential bidder for the urgent care contract. Dr Field also declared a conflict of interest as a shareholder in Nimbuscare.

The minutes of the meeting held on 28<sup>th</sup> March 2022 were approved by the board. All actions that arose from the meeting were confirmed to have been completed.

#### *Matters Arising:*

- *Update on Place Lead & Chair*

It's the decision of statutory organisations on how the place boards will operate. The board were informed of the recent decision to merge the two roles into one. It was agreed that Ian Floyd, Chief Operating Officer of the City of York Council would fill this position going forward.

- *NHS Place Director*

The group discussed how the appointment of the NHS Place Director by the Integrated Care System (ICS) had been delayed due to HR issues, but these were expected to be resolved soon. The Integrated Care Partnership (ICP) will have two places on the Integrated Care Board (ICB). This will be the Vice Chair of the ICP and a local authority representative. A further local authority position was being considered. People will also have the opportunity to present and attend the meeting when appropriate.

### 2. **Feedback on Survey**

David Hambleton, representative, NECS Associate, informed the group of the survey given to members of the York Health and Care Alliance Board and reviewed some of the learnings. Due to the low responses of the survey, Tracy Wallis agreed to re-circulate it to the board.

**Action:** Tracy Wallis to re-circulate the survey to the board.

Once the NHS Director has been appointed, they will be in a position to monitor progress and ensure all members contribute appropriately. Due to the complex nature of the board, further communications were suggested in order to engage wider partners and provide assurances. After the Health and Social Care Act was passed, it would be helpful to provide some background to stakeholders and the public around why this and other boards were established.

**Action:** The Communications Teams to progress some comms to provide background on the board and the Health and Social Care Act.

### 3. **Presentation: Prospectus Planning**

Peter Roderick, Consultant in Public Health for the City of York Council/Vale of York CCG, provided an update on the development of the prospectus. The workshop asked attendees to describe the ambition for the future health of the city. A small working group is being established to collate the findings of the workshop for them to be presented to this board for comment. The board agreed to ensure the prospectus

doesn't duplicate the Health and Wellbeing Strategy.

**Action:** For the draft prospectus to be presented at the June meeting.

The board noted the update and asked for further detail around how the prospectus relates to the Health and Wellbeing Strategy and the Integrated Care System's Plan.

#### 4. **CORE20PLUS5**

Peter Roderick informed the group of the CORE20PLUS5 approach which covers key aspects and different lenses on health inequalities, giving a steer and direction from the top while also recognising local systems will understand their populations far better than the centre. The approach and dashboard provide a way in for leaders and non-experts in public health to have oversight of what communities have a right to expect as the NHS seeks to move forward on health inequalities.

**Action:** Board to nominate staff members to participate in the Insight to Action programme

The board noted the ongoing work of the Population Health Hub and their CORE20PLUS5 approach.

#### 5. **Higher & Further Education: Integrated Care System – York Place Group Proposal**

Professor Charlie Jeffery, Vice Chancellor and President at the University of York, was unable to attend the meeting to present his report. The board agreed for this to be deferred to the next meeting on the 23<sup>rd</sup> May 2022.

#### 6. **Discussion Paper: How Place can take a role in Urgent Care**

Professor Mike Holmes, Chair of Nimbuscare York highlighted the conflict of interest on this agenda item as Nimbus may bid for this contract. The group discussed how we should manage conflicts of interests going forward as having the providers perspective would be helpful. The legal representative present at the meeting agreed to look into this.

Gary Young, Lead Officer for Primary Care/Urgent Care Lead for the NHS Vale of York CCG, provided an overview of the report included in the agenda pack. The group discussed how contracts that are usually rolled over have the chance to be commissioned together to help better join up the system and coordinate resources. A case study of this was noted from South Tees, who subcontracted their call handling and overnight visiting services to partner agencies like the Ambulance and GP services.

Jamaila Hussain, Director of Prevention, Commissioning and Education for the City of York Council, agreed that urgent care works better when it's commissioned by place and is delivered locally. The national specification was being altered to ensure it meets the local needs. Services are also being mapped to enable us to integrate services better in the future.

A review of urgent care had been in development over the past two years and had progressed well with many learnings gathered. A discussion took place on how best to approach the commissioning of urgent care services in future. Once we have agreed what is needed and a local model developed, funding can be discussed. The chair suggested that a recommendation paper be distilled from the urgent care paper.

**Action:** Gary Young agreed to establish a group to progress this.

**7. Verbal Update: Future Role of Acute Provider Collaborative including relationship with Place**

Simon Morritt, Chief Executive of York and Scarborough Hospital NHS Foundation Trust was unable to attend the meeting. The item was added to the forward plan for the possibility of discussion at the May meeting.

**8. Verbal Update: Future Role of the Alliance Leadership Team**

David Hambleton informed the group that the high-level support provided by NECS/Hill Dickinson colleagues will come to an end when the new Integrated Care System has been established. After the support ends, it will be the responsibility of the board to hold each other to account.

The Alliance Leadership Team (ALT) is well placed to continue to develop positive behaviours and culture and provide the board with feedback around how the system is working. ALT needs convening regularly and facilitating. Further conversation to take place outside the meeting re the current external support arrangements.

The group discussed how progress needs to be maintained while the Place Director is being appointed. The group agreed to have this as an item at the next meeting for further discussion with some of the ALT in attendance. The Terms of Reference will need to be reviewed for the ALT.

**Action:** To add the Alliance Leadership Team onto the Forward Plan and invite them to attend the next meeting.

**Action:** For the Terms of Reference to be reviewed for the Alliance Leadership Team.

The board noted the update.

**9. Verbal Update: Progress: Governance and Section 75**

Abby Combes, Head of Legal and Governance for the Vale of York CCG, informed the group that the Section 75 Agreements between the CCG and the council were being amalgamated into one for them to be more easily transferred over into the new Integrated Care System. The group discussed combining the priorities of this board and the Integrated Care Board (ICB) in order to ensure strategies and plans align in the future. The ICB had already committed to take on the existing arrangements and contracts of the CCG. Once the Annual Council Meeting has taken place, a Joint Section 75 Committee will be pulled together to progress this.

The board noted the update.

**10. Forward Plan**

The forward plan will be updated to reflect the discussions held at the meeting.

**11. Confirmation on next steps and summing up**

The board confirmed their next steps and the Chair summed up the meeting.

**12. Any other Business**

The board noted their thanks to Cllr Aspden for his role as chair.

The board had no other business to discuss.

The Chair closed the meeting.

**Date of next meeting: Monday 23<sup>rd</sup> May 2022 - 13:00pm-15:00pm**



## York Health and Care Alliance Board

### Minutes of the meeting of the York Health and Care Alliance Board held on Monday 23<sup>rd</sup> May 2022

#### Present

Gail Brown	CEO Ebor Academy Trust
Ian Floyd (Chair)	Chief Operating Officer, City of York Council
Professor Mike Holmes	Chair, Nimbuscare York
Jamaila Hussain	Director of Prevention, Commissioning and Education, City of York Council
Emma Johnson	St Leonards Hospice
Brent Kilmurray	Chief Executive, TEWV
Christine Marmion-Lennon	Deputy Chief Executive - York CVS (Alison Semmence Substitute)
Phil Mettam	Accountable Officer, Vale of York CCG
Peter Roderick	Consultant in Public Health, City of York Council / Vale of York CCG
Sharon Stoltz	Director of Public Health, City of York Council

#### In Attendance

Ruth Barton	Senior Solicitor, Contracts and Commercial, City of York Council
Janie Berry	Director of Governance, City of York Council
Hassan Daji	Humber and North Yorkshire ICS
Frances Harrison	Legal, City of York Council of York Council
Adam Smith	Humber and North Yorkshire ICS
Tracy Wallis	Health and Wellbeing Partnerships Co-ordinator, City of York Council

#### Apologies

Cllr Keith Aspden	Leader City of York Council
Dr Rebecca Field	GP, York Medical Group
Professor Charlie Jeffery	Vice Chancellor and President, University of York
Alison Semmence	Chief Executive, York CVS

## 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.

The Chair noted that the formal decision was yet to be made around political membership of the board, but this would be resolved shortly.

The minutes of the meeting held on 29<sup>th</sup> April 2022 were approved by the board.

The board had no conflicts of interests to declare.

### 2. **Workshop discussion: ICS Strategy Design**

As it was a statutory requirement to have an Integrated Care System (ICS) Strategy in place by December 2022, a Strategy Design Group had been established to ensure the strategy is created collaboratively. The initial strategic intent document is expected to be published with clear ambitions by the 1<sup>st</sup> July 2022. As it will be a live strategy that can be updated and amended, strategic enquiry questions from this group will be fed into it. The Humber and North Yorkshire Partnership Strategy had reportedly been brought to most place-based boards.

As most place-based Joint Health and Wellbeing Strategies were due to be refreshed in 2022, it would provide the opportunity to align them all regionally. Adam Smith, a representative of the Humber and North Yorkshire ICS assured the board that the themes from the Health and Wellbeing Strategy were being reflected in the strategy of the ICS. Local Provider Collaboratives have also been asked to review their strategies and develop strategic intent documents to ensure their perspective is fed into the strategy as well. Communication and engagement leads have been heavily involved throughout the development process to ensure its accessible to those who were interested as well as any health professionals. Further thinking around how to involve the older population who might not see the live updates in the digital space was still needed. The invites for the upcoming event had been sent out recently. Adam encouraged the board to get involved and agreed to provide invites if requested.

The board discussed three strategic enquiry questions:

- Where is the system now?
- Where does it need to be?
- Where are you, in your own practice?

The representatives from the ICS noted the replies from alliance members.

The board noted the update.

### 3. **Feedback from the ICS Place Development Meeting held Friday 13<sup>th</sup> May**

Ian Floyd, Chief Operating Officer for the City of York Council reported to have attended the ICS Place Development Meeting where the strategy's themes and issues were discussed. The main principles that came out of the meeting were consistency within place, evolution not revolution, local autonomy, and partnership working. A resource plan will need to be in place by Spring 2023. Each place will

also need to develop a memorandum of understanding. This would include details on decision making, what is expected and what will be delivered by this board and the ICB. The Chair suggested that a paper be brought to the next meeting which reflects some of what had been done, what resources are needed and what are the priority actions in coming months. Input from all members of the board was asked.

**Action:** For a report to be provided at the next meeting around next steps and key priority actions,

**4. Progress on governance and section 75 agreement**

The group discussed the ICB and how its sub-structures would relate to this place-based board. It was reported that further conversations on the Section 75 Agreement need to take place. This would require support and ratification from this board. The Legal Team expects to be in a better position to share more details at the next meeting.

**Action:** Abigail Combes and Janie Berry to provide a verbal update to Phil Mettam on Section 75 and Joint committee arrangements.

The board noted the update.

**5. Forward Plan**

The forward plan will be reviewed to ensure the items that were raised today are added as well as the items that weren't addressed at the April and May meetings. There will need to be a conversation outside of the meeting in terms of managing the business on future agendas.

**6. Any other Business**

Peter Roderick, Consultant in Public Health, City of York Council / Vale of York CCG, informed the group of the cultural values survey. Due to the low number of respondents the deadline had been extended. The link for the survey will be recirculated. The alliance board were encouraged to complete the survey.

Professor Mike Holmes, Chair of Nimbuscare York reported to have been approached by the Local Medical Committee (LMC) and asked for a seat on the alliance board. Nimbuscare have written a paper and this would be circulated to board members.

The Chair closed the meeting.

**Date of next meeting: Monday 27th June 2022**

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**York Health and Care Alliance Board**

**Minutes of the meeting of the York Health and Care Alliance Board held on Monday 27<sup>th</sup> 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 25<sup>th</sup> July 2022 – 13:00-15:00 – Microsoft Teams**



## York Health and Care Alliance Board

### Minutes of the meeting of the York Health and Care Alliance Board held on Monday 25<sup>th</sup> July 2022

#### Present

Cllr Nigel Ayre	Executive Member for Finance and Major Projects
Sian Balsom	Manager Healthwatch York
Ian Floyd (Chair)	Chief Operating Officer, City of York Council
Dr Rebecca Field	GP, York Medical Group
Professor Mike Holmes	Chair, Nimbuscare York
Professor Charlie Jeffery	Vice Chancellor and President, University of York
Brent Kilmurray	Chief Executive, TEWV
Melanie Liley	Chief Operating Officer York & Scarborough Teaching Hospitals NHS Foundation Trust (Substitute for Simon Morrill)
Phil Mettam	Accountable Officer, Vale of York CCG
Alison Semmence	Chief Executive, York CVS
Sharon Stoltz	Director of Public Health, City of York Council

#### In Attendance

Janie Berry	Director of Governance, City of York Council
Michele Carrington	Executive Director Quality & Nursing CCG/ Interim Director of Nursing HCV ICS
Abby Combes	Head of Legal and Governance, Vale of York CCG
Peter Roderick	Consultant in Public Health, City of York Council / Vale of York CCG
Tracy Wallis	Health and Wellbeing Partnerships Co-ordinator, City of York Council

#### Apologies

Gail Brown	CEO Ebor Academy Trust
Amanda Bloor	Deputy Chief Executive and Chief Operating Officer Humber and North Yorkshire Health and Care Partnership
Frances Harrison	Legal Team – City of York Council of York Council
Jamaila Hussain	Director of Prevention, Commissioning and Education, City of York Council
Emma Johnson	St Leonards Hospice
Simon Morrill	Chief Executive, York and Scarborough Hospital NHS Foundation Trust

## AGENDA

The agenda was discussed in the following order.

### 1. Welcome and apologies for absence

- Minutes of the meeting held on 27.06.2022
- Matters Arising
- Declarations of interest

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 went through the minutes and confirmed to have completed most actions. The only action that needed further consideration was around renaming the York Health and Care Alliance Board.

The board discussed the cultural values survey and how it would need to translate into tangible actions for members to progress.

**Action:** Tracy Wallis to lead on formulating some actions/recommendations from the findings of the cultural values survey.

The board discussed organising representation on the Integrated Care System (ICS) finance meetings to ensure York was discussed while budgets were being allotted. Someone will need to be identified on an interim basis until the place director had been named.

**Action:** The board to nominate a representative to sit on the ICS finance meetings.

Cllr Ayre noted that he had a possible conflict of interest through working for Healthwatch Bradford.

### 2. Place Development: Next Steps and Key Priority Actions (Including an update from an ICS representative)

Jamaila Hussain, Director of Prevention, Commissioning and Education for the City of York Council was unable to attend the meeting. The board agreed to postpone discussing the paper until the next meeting.

Michele Carrington, Executive Director of Quality & Nursing CCG/Interim Director of Nursing Humber Coast Vale ICS, informed the board of the Place Quality Group. A paper was circulated during the meeting and was embedded below.



Establishing a Place  
Quality Group for YHC

The board discussed the function of the group and what was meant by quality. In these terms, quality was around patient safety, clinical effectiveness and inclusivity. The group would mainly be concerned with providing the Place Board with oversight and assurance on the quality of services for their population and working together to improve pathways of care. The board fully agreed with the proposal of the Place Quality Group and suggested that it should be mandated as we need assurance around quality outcomes. Once the group had been established it would report to the Integrated Care Board.

**Action:** To schedule regular updates from the Place Quality Group to come to the YHCA Board.

The board discussed the ideal membership of the group but agreed to postpone the review as some board members may be better placed on a sub-group instead. A cross system primary care provider was suggested as a member of the group as representation shouldn't come from a single patient care network (PCN) that only covers a part of the city.

Brent Kilmurray, Chief Executive at Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) expressed concerns around replicating existing groups of the Clinical Commissioning Group (CCG).

The board noted the update and agreed with the proposal set out in the paper.

### 3. **Draft Prospectus for the Alliance**

Peter Roderick, Consultant in Public Health for the City of York Council/Vale of York CCG provided an overview of the draft prospectus for the alliance. Numerous workshops and the work with the health sciences department of the University of York had been integrated into the prospectus. Peter reported to have worked with communities to ask them their views on the current state of the healthcare provision and what it may look like if improved or stayed the same over the next 10 years. As the prospectus had been written with both residents and staff in mind, constituents will be able to hold the York system to account on this.

**Action:** Peter Roderick to bring back the draft prospectus for final ratification. This should include a cover report detailing next steps.

Professor Mike Holmes, Chair of Nimbuscare York suggested adding something around the wellbeing of health and social care staff as this will have an impact on how the aims will be delivered, as well as how care is delivered.

The board discussed how there was clarification needed on the voluntary sector and the third sector as both are referred to in different ways. Alison Semmence, Chief Executive of York CVS also wanted to note the importance of the wellbeing of the staff in the voluntary sector.

The prospectus included sections on behaviours and maturity and the links to the cultural values work were acknowledged. The board noted the update and agreed to adopt the suggestions made by attendees.

### 4. **Draft Joint Health and Wellbeing Strategy**

Peter Roderick updated everyone on the progress of the draft Joint Health and Wellbeing Strategy. The strategy was planned to cover the next ten years to ensure it could make a difference. A performance framework and delivery plan would also be developed for assurance purposes. The board discussed the Terms of Reference and membership in response to the changes across the ICS. A report will be taken to the next meeting in September, updated with recommendations.

Cllr Ayre suggested that the strategy should highlight the differences from a York perspective instead of focusing on national issues. Although the national problems are important to note, they would need to be put into the context of York.

The group discussed how York Place would use the Joint HWBB Strategy in delivery and produce a set of actions from it. The Chair suggested that a paper be presented to the alliance in terms of how the strategy is used to develop priorities.

**Action:** For a paper to be presented to the alliance in terms of how the strategy is used to develop priorities.

The group discussed how they need to be involved in the development of other strategies and groups like the Economic Strategy.

**Action:** To bring the Ten-Year City Plan, the Economic Strategy and the Climate Strategy to alliance for information.

## 5. Higher and Further Education – System Contribution

Professor Charlie Jeffery, Vice Chancellor and President of the University of York gave an overview of the proposal for the York Place Group in the ICS. The proposal comes from the Higher York Group of Further and Higher Education institutions who work in a collaborative partnership. This paper sets out a specific proposal for the York Health and Care Alliance Board to establish three new hubs to progress different types of workstreams. These hubs were as follows:

1. York NHS and Social Care Workforce Innovation Hub.
2. Health and Social Care Service Innovation Hub for York.
3. Research Innovation Hub for York.

The board discussed how there have been a low number of nurses going into the community and social care nursing after they become qualified. The same could be said for non-specific Public Health roles even though the pathway for consultants in public health was already well established. Hopefully the expected increase in coproduction from the ICS will solve these issues.

The Chair suggested that in order to develop the board further, individual members should be allocated future slots on the agenda to provide an overview of their organisations, the services delivered and how they can support the work of the alliance.

**Action:** Tracy Wallis to organise slots on the forward plan for members to provide overviews of their organisations.

The board supported the paper.

## 6. Any Other Business

The board discussed whether the comment received around appointments not being available for over three weeks would be the responsibility of the quality committee to address. Steph Porter was suggested as a good contact to progress this with until the ICS structure had been established.

**Date of next meeting: Monday 22<sup>nd</sup> August 2022 – 13:00-15:00 – Microsoft Teams**