

Annex B:



York Health and Care Partnership

Thursday 25 April 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)
Zoe Campbell (ZC) – on Teams	Managing Director North Yorkshire and York Care Group	Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)
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) - part	Clinical Place Director, North Yorkshire and York	H&NY ICB
Dr Rebecca Field (BF)	Joint Chair of York Health and Care Collaborative	York Medical Group
Emma Johnson (EJ)	Chief Executive	St. Leonards Hospice
Martin Kelly (MK)	Corporate Director of Children and Young People	CYC
Melanie Liley (ML) (on behalf of Simon Morrill)	Chief Allied Health Professional	York and Scarborough Teaching Hospitals NHS Foundation Trust (YSTHFT)
Peter Roderick (PR) - part	Director of Public Health	CYC
Alison Semmence (AS)	Chief Executive	York Centre for Voluntary Services (CVS)
Sara Storey (SS)	Director Adult Social Care and Integration	CYC
In Attendance		
Sara Felix (SF) - part		York Place, H&NY ICB (secondment)
Claire Foale (CF) - part	Assistant Director Policy and Strategy	CYC
Dr Lauren Roberts (LR)	Clinical Lead for CVD Prevention, North Yorkshire and York	H&NY ICB
Michele Saidman (MS)	Business Executive Support Officer	York Place, H&NY ICB

Sasha Sencier (SS) – on Teams	ICB Head of Governance and Development	H&NY ICB
Tracy Wallis (TW)	Health and Wellbeing Partnerships Co-ordinator	CYC
Apologies		
Gail Brown (GB)	CEO	York Schools & Academies Board
Michelle Carrington (MC)	Place Director for Quality and Nursing, North Yorkshire and York	H&NY ICB
Brian Cranna	Director of Operations and Transformation, NYY&S	TEWV
Professor Mike Holmes (MH)	Chair	Nimbuscare
Debbie Mitchell (DM)	Chief Finance Officer	CYC
Simon Morritt (SM)	Chief Executive	YSTHFT

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 21 March 2024 were approved subject to amendment under item 3, paragraph 5, first bullet point 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

Place in 2024/25 Joint Commissioning Arrangements: JC had discussed Place from the political perspective with SCL noting models such as Brighton and Hove.

Health Inequalities funding 2024/25: PR confirmed that the funding information in Annex A of the report was correct but he was still seeking clarification on the 10% overhead reserve money. MB added that this related in part to the cost of managing the resource and distributing it to Place.

There were no declarations of interest in the business of the meeting.

2. Neighbourhood Locality Model

CF presented the report which set out the process to agree steps to develop a business case that would ultimately lead to a neighbourhood locality model for council early intervention and prevention services that integrate with health, care and community and align with an Integrated Neighbourhood Framework, co-designed with health and the community. The preferred neighbourhood locality model would be presented to York Health and Care Partnership (YHCP) in the summer as part of the consultation process towards presenting the business case in September 2024. CF highlighted the context of the YHCP Place Priority 3: Embed an integrated prevention, and early intervention offer: *A shift in all areas to prevention and early intervention models across the life course enables people to live a healthier, longer life* noting

that, following a scoping exercise, recommendations would be brought back to the May YHCP meeting around reprioritising of resource to strengthen the prevention offer in the city in line with Place Priorities.

In conclusion CF referred to Green Street Cities as an example of community involvement commending planting of a considerable number of trees in an area where the community had been given the tools and assets.

3. Integrated Neighbourhood Teams

In introducing her presentation HE highlighted the context of both agreeing permissions to develop integrated neighbourhood teams and at the same time designing them within the current complex and challenging environment, but also noting that solutions could be reached through working together.

HE's presentation comprised: identifying the problem to be solved; potential solutions based on evidence; the meaning of the term Integrated Neighbourhood Team; how to agree what an integrated neighbourhood team does; frequently asked questions; and next steps.

Items 2 and 3 were discussed jointly noting the former described the Local Authority process to gain council approval for the local redesign of community services and the latter described the system perspective.

While support was expressed for the approach described in both reports, detailed discussion on the two papers and their associated requirements and recommendations, included:

- Emphasis on the need for all agencies to have a shared vision and values which would require cultural and behavioural change.
- Concern about accessibility and navigation of the system. Services should be seen as working together in a person focused approach with multi disciplinary working wrapped around the individual but with recognition that not all provision may be in the community. The aim was to reduce complexity for both the population and workforce and to "hide the wiring".
- The need for user friendly language and consistency including consideration of whether an alternative to the term integrated neighbourhood team may be preferred; this may vary in different areas.
- Recognition of the complexity of York boundaries, e.g. Primary Care Networks not being geographically matched in York and the fact that City of York Council also has some commissioning responsibility in rural areas. It was noted that there may be "blurring" of boundaries where appropriate.
- The perspective of building on work that has already taken place alongside developing new ways of working.
- The need to manage expectations of both the population and the workforce in management of complex individuals in a complex system.
- Emphasis on engagement with primary care.
- Account being taken of community mental health transformation when siting services/hubs.
- Ensuring wide representation at the locality mapping workshops including primary, secondary and community care and schools.
- Emphasis on the role of, and engagement with, the voluntary sector but with recognition of its capacity issues.
- Recognition of the political perspective of the challenging financial positions of organisations working to deliver transformation in an environment of diminishing resources.

- A "roadmap" for the expectations at six months, 12 months and 24 months.
- Noting of the potential for a diverse approach to progress delivery of early intervention and prevention.
- Learn from experiences both locally and more widely, including linking workstreams to avoid duplication, with the aim of systematising and streamlining.
- The need for clarity of what an integrated care model will deliver within the challenging financial environment.
- Each agency must recognise the need for change with a collective agreement for the next steps.

IF summarised the discussion as being supportive of continuation of the work but with a number of concerns and caveats to be resolved. The concept of a roadmap to understand progress with the complexities of the system was welcomed to aid understanding. IF requested examples of Integrated Neighbourhood Teams be provided for the next meeting.

York Place Committee:

Endorsed the approach to develop the business case for redesigning early intervention and prevention services by establishing Integrated Neighbourhood teams.

Action:

Examples of Integrated Neighbourhood Teams to be provided for the May YHCP meeting.

SF, CF, PR left the meeting

4. Update to York Health and Care Partnership Place Development in 2024/25

SCL referred to discussion at the March 2024 meeting when the YHCP Place Intentions and Joint Commissioning Arrangements had been presented for discussion and feedback. The discussion had been set in the context of the developing Humber and North Yorkshire Strategic Framework reflecting work undertaken by all six Places. The documents had been updated to reflect both local and Humber and North Yorkshire discussions and also included the approved Humber and North Yorkshire Strategic Framework '*A Shared Framework for Excellence, Prevention and Sustainability at Place*'. Final approval was now being sought for the Place development plans.

SCL described how the Strategic Framework would support transformation to address inequalities and facilitate sharing of resources, planning and staff at Place, also noting YHCP already increasingly operating as a single leadership team. She highlighted the York Plan to deliver the YHCP Strategic Intentions including building and formalising structures, governance arrangements and establishment of a joint commissioning forum as discussed at the previous meeting in preparation for establishing a Joint Committee.

HE left the meeting

In terms of next steps SCL explained that progress would be assessed and due diligence undertaken. A further report would be presented at the September YHCP meeting.

Detailed discussion ensued, including:

- The need for both quality and equality assessments.
- Support for the ambition must be with recognition of the financial challenges faced by all organisations.

Confirmed Minutes

- The context of financial risk assessment and noting that Local Authorities, primary care and the hospice cannot hold deficits. MB explained that financial principles would be developed from the Local Authority and NHS perspectives to manage risk. Due diligence, engagement, trust and transparency would be required by all partners in the move towards coming together of budgets and accountability.
- Learning from other areas but with awareness of variation in funding.
- Integration being driven by the aim of using resources to maximise benefit and deliver services accordingly.
- Local determination on how neighbourhood teams operate.
- Consideration of mental health, learning disabilities and autism services in the collaborative decision making.
- Emphasis on the perspective of developments being truly transformational in comparison with previous work, also with recognition of the challenge to change culture.

IF highlighted the intention to develop the work gradually maximising opportunities. Each organisation would make their own decision about the Joint Committee and noting the need for a "vehicle" to progress the work.

York Place Committee:

- Noted the final version of the Humber and North Yorkshire Strategic Framework for Places.
- Approved the intention to fully explore the option of forming a joint committee from April 2025.
- Agreed to engage with respective organisations/networks to influence and drive the intentions and plans of York Health and Care Partnership.

JC left the meeting

5. Update to York Health and Care Partnership Annual Report and Joint Forward Plan

Due to time constraints this item was not discussed in detail. However, SCL advised that the Annual Report and Joint Forward Plan had been updated to reflect discussion at, and feedback, after the March meeting; final approval was now being sought.

As SB had noted a number of minor amendments required, she agreed to amend the document accordingly prior to its publication.

York Place Committee:

- Approved the changes to the Annual Report and Joint Forward Plan and agreed the document as final, subject to the minor amendments referred to above.
- Approved the strategic intentions as final.
- Agreed that the document should be made public via the July meeting of the Health and Wellbeing Board and publication on the ICB website.

6. Any Other Business

York Poverty Truth Commission: CD explained that the Commission worked to bring dignity and respect to people facing poverty. She requested members sign up to the Commission. It was agreed that the information be more widely publicised via inclusion on the July Health and Wellbeing Board agenda. Information at www.yorkcvs.org.uk/york-poverty-truth-commission.

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Action:

CD to liaise with TW regarding York Poverty Truth Commission inclusion on the Health and Wellbeing Board agenda.

Humber and North Yorkshire ICB York Place Team: SCL noted that her team, which undertakes the co-ordination work of YHCP, currently has two key members on maternity leave. She sought and received support to potentially address the capacity gaps through seeking expressions of interest from staff in the partner organisations.

Action:

SCL to provide information to members for them to pass on to staff for potential expressions of interest in working for the ICB on a maternity leave cover arrangement.

Information Item: Partnership Award Winners

SCL referred to the information on HSJ Partnership Awards in the pack and asked members to let her know if they would like to make a nomination.