



York Health and Care Alliance Board

Minutes of the meeting of the York Health and Care Alliance Board in shadow form on 26 April 2021 conducted via Microsoft Teams

Present

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| Cllr Keith Aspden (Chair) | Leader City of York Council |
| Gail Brown | Chair, York School and Academies Board |
| Dr Rebecca Field | Joint Chair of York Health and Care Collaborative |
| Amanda Hatton | Corporate Director People, City of York Council |
| Professor Mike Holmes | Chair, Nimbuscare York |
| Emma Johnson | Chief Executive, St Leonards Hospice |
| Brent Kilmurray | Chief Executive, Tees, Esk and Wear Valleys Foundation Trust |
| 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 |

In Attendance

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| David Hambleton | DH Leadership Alliance, NECS Associate |
| Denise Nightingale | Executive Director of Transformation, Complex Care and Mental Health, Vale of York CCG |
| Tim Madgwick | Independent Chair of the York Health and Wellbeing Board's Mental Health Partnership |
| Rob McGough | Partner, Hill Dickinson LLP |
| Peter Roderick | Consultant in Public Health, City of York Council/VOY CCG |
| Eleanor Tunnicliffe | Legal Director, Hill Dickinson LLP |
| Jo Baxter | Executive Assistant, Vale of York CCG |

AGENDA

The agenda was discussed in the following order.

1. Welcome and update on action points from the last meeting

The chair welcomed everyone to the meeting and noted there were no apologies.

In reviewing the actions from the previous meeting, Phil referred to the response from the Integrated Care System (ICS) circulated earlier in the day. He highlighted that the letter was a positive endorsement of the work of the Alliance so far with encouragement to continue. The ICS would join a future meeting as local and national guidance emerged.

Board members were reminded to provide details of the Concord ratification within their organisations to complete the central record and feedback on the Shared Learning from Covid-19 paper.

Integration with the York Health and Care Collaborative (YHCC)

In response to a query at the last meeting, a discussion had taken place outside of the meeting to explore the role of the existing YHCC within the overall Alliance. Rebecca reported back on the meeting and provided a presentation on the YHCC; this encompassed the current structure and function of YHCC, the role and membership of the group and outlined the progress made so far.

She highlighted the overlap in terms of YHCC work and identified programmes of the Alliance Board and the opportunities this could bring to align priorities by working together within the Alliance. Proposed next steps from YHCC included a reform of its membership and purpose to provide an executive function and feedback was sought from Board members in this respect.

Phil referred back to a discussion at the last meeting where support had been received to explore a proposed Alliance Leadership Team to take forward and enact the agreed priorities and help develop the behaviours of people in the system. It was proposed that David, with nominated representatives from the Board would also consider how this could be taken forward with the proposal from YHCC.

The Board:

- Noted the proposal from YHCC
- Were supportive of further exploration regarding the development of an Alliance Leadership Team and whether this could be based on the YHCC ahead of the next meeting in May.

2. Consideration of programmes for the areas of first focus, including programme leads

Denise and Tim joined the meeting for this item

The Chair welcomed Denise and Tim to the meeting who would present around the agreed areas of first focus for the Alliance.

Complex Case Management

Denise referred to the paper which outlined the first phase of integrating elements of Vale of York CCG's complex care services with the City of York Council's (CYC) adult social care services. This was in line with the health and social care White Paper.

The areas in scope for the first phase had been considered where there were currently joint responsibilities for funding and case management and moving to a fully integrated approach would offer services and user groups maximum benefits to patients and the system at place; these were proposed as:

- Health and social care joint funded package of care
- Discharge to assess funding (pre-covid-19 pandemic)
- Section 117 Aftercare

Commencing the programmes of work as outlined in the paper would allow statutory organisations to gain confidence and assurance with new and joint ways of working ahead

of Section 75 agreement in 2022 when new governance arrangements would be set up.

Approval was therefore being sought to develop the first phase of the plan set out in the paper to align care services and budgets across health and social care in advance of formal Section 75 agreement being developed for April 2022.

Amanda welcomed the paper and commented that a review of where the work was being undertaken would be sensible to avoid any duplication. In addition, Amanda would share lessons learned from a recent positive exercise on reviews undertaken by CYC. Brent also welcomed the paper which he felt could bring positive changes for practitioners; he requested that consideration be given to engagement with users and carers (s117) around any new approaches.

The Board:

- Approved the first phase of Health and Social Care Integration for Complex Care

York Mental Health Summit

Tim joined the meeting to provide an update from the recent York Mental Health Summit; this had been arranged as a call to action to address the predicted surge in mental health need and the increased pressure on services across the city. The Summit had been well attended by two York MPs and senior representatives from key organisations.

Tim summarised the key actions identified from the Summit and sought commitment from Board members to help progress the actions. The report was also being presented to the York Health and Wellbeing Board with regular meetings in place to move the agenda forward.

The Board:

- Noted the report and committed to progressing the action plan within their organisations.

Learning Disabilities and Autism

Denise advised that further thought was required in this area in respect of the Alliance alongside the work of an existing Transforming Care Partnership and a paper would be presented back to the Board in the coming months.

Amanda added that the paper should also consider the work of the current SEND Improvement Board in place.

The Board:

- Noted that the item would be discussed at a future meeting

3. Approach to NHS elective recovery in York

Peter presented on the work taking place to understand how patients could be supported

as they waited for care; this was being established as the "Waiting Well Programme". The improvement work would be critical to the collective recovery across the ICS, keeping patients safe and avoiding more pressure on waiting lists and workforces.

The HCV Partnership (ICS) Clinical and Professional Leaders Group had recognised the scale of the number of patients on waiting lists across the ICS, and the risk of potential deterioration along with poor patient and clinical experience and had asked a task and finish group to look in detail at how patients on surgical waiting lists could be supported during their time whilst waiting for an operative intervention.

A Waiting Well approach was therefore being developed centred around need, risk and wrap around support available. The Clinical and Professional Group had proposed a methodology using predictive modelling for the risk stratification, which had transformational funding approved from the ICS and would shortly start working with acute providers to roll out.

The Board:

- Noted the work underway and welcomed future updates

4. Agreeing a Partnership Development Plan including establishing an Alliance Leadership Team

David, Rob and Eleanor left the meeting for this item and re-joined after the break

The external support provided to develop the York place-based model so far had now come to an end. Phil recapped on the discussion at the previous meeting where the Board had agreed that further developmental input would be essential to maintain momentum and expertise over the coming year.

Hill Dickinson and NECS had now prepared their proposal which would see a continuation of the support including facilitated conversations, organisational development and legal support building on the previous work to develop the model and work towards the implementation and development of the City of York Place with the intention of preparing this for operation, as a place-based partnership operating under the new legal framework from April 2022.

The Chair welcomed comments from Board members who confirmed their support to the proposal. Phil would therefore take this forward with the ICS regarding financial support alongside the continued ambition to be an exemplar in the ICS and wider.

In respect of the valued external support, a suggestion to consider bespoke input to different partners via additional and dedicated sessions with focus groups was agreed as helpful and Phil would follow this up with Hill Dickinson and NECS.

The Board:

- Were supportive of the proposal for continued external support
- Welcomed consideration of external bespoke input via focus groups

5 MINUTE BREAK

5. Doing engagement differently

Alison presented a paper on the proposed approach to engagement for the Alliance which had been written collaboratively by engagement leads at York CVS, Vale of York CCG and City of York Council to begin the conversation about engagement and citizen voice in the work of the Alliance.

The paper highlighted the desire for a co-production approach to service design and outlined the practical implications for the work of the Alliance with recommendations on how to proceed.

The Chair welcomed comments on the paper and the challenges of co-production were acknowledged by Board members with examples provided where this had been unsuccessful. It would be important to learn from these approaches as the Alliance continued to aspire to co-production and synergy across existing meetings, such as the Health and Wellbeing Board would also need to be considered.

Board members thanked Alison for the paper and were supportive of the approach and further intelligence being gathered to support the proposed direction.

The Board:

- Supported the Proposed Approach to Engagement paper.
- Requested that an update on progress be presented at the June meeting.

6. Establishing a Population Health Hub in York

Peter presented his paper on the proposed Population Health Hub which had stemmed from discussions at previous workshops in setting up the Alliance. It was proposed that the Hub would focus on issues of population health, health inequalities, and the health and care services which impacted both those things and then build and shape systems, organisations and staff accordingly. The paper detailed the anticipated new way of working through the Alliance with a suggested operating model and areas of first focus.

Board members were being asked to approve the formation of the Hub with comments requested on the suggested functions for the Hub and the resources needed.

In response to a query, Peter clarified that the funding had been identified for the initial Core Hub team from a mix of current roles within the CCG and CYC public health. Funding from current vacancies within CYC and the CCG had been identified for the intelligence analyst posts awaiting final sign off. The benefits of securing CCG staff to support the work now in the CCG transition period was noted

The Board:

- Approved the formation of the Population Health Hub

7. Developing Opportunities for Integration CCG / CYC

Sharon gave a presentation to update Board members on discussions to date between the CCG and CYC around integration opportunities. The presentation set out the potential areas for integration with proposed priorities for the next 4-6 months, focussed on those with achievable outcomes within the timescales.

Phil advised that the priorities would help with the understanding of where CCG work could sit in the new system from April 2022; an update on the work happening across the ICS was also suggested by Simon to compliment this.

Amanda requested that consideration be given, at a future meeting, to a discussion and sense check around children's services in the emerging health arrangements and structures.

The Board:

- Noted the work in progress
- Requested an update on work across the ICS and a discussion on children's services at a future meeting

8. Any Other Business

Prior to opening for any other business, the Chair welcomed Gail Brown, Chair of York School and Academies Board who had joined part way through the meeting. The inclusion of York School and Academies Board was now reflected in the Alliance Concord and Gail would become their representative.

Urgent Care Review

Mike referred to the Urgent Care review taking place as current contracts came to an end. He advised that managed conversations were happening, and an Urgent Care Alliance had been put in place to ensure the right decisions were being made for the population of York. The CCG was also involved in the discussions. Mike described the situation as a good learning opportunity for commissioning in the new world and suggested regular updates were brought back to the Alliance.

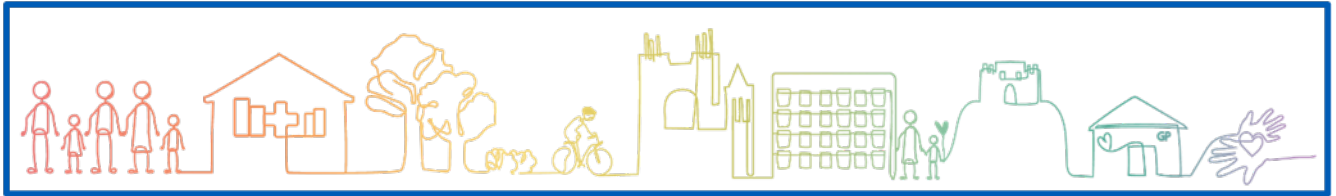
In addition, Amanda suggested a discussion outside of the meeting in relation to the Social Care Out of Hours currently under review from North Yorkshire County Council.

The Board:

- Noted the update and welcomed the proposed regular updates

9. Confirmation of next steps and summing up

The Chair closed the meeting and noted the next meeting date was Monday 24 May.



York Health and Care Alliance Board

Minutes of the meeting of the York Health & Care Alliance Board on 24 May 2021 conducted via Microsoft Teams

Present

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|---------------------------|---|
| Cllr Keith Aspden (Chair) | Leader, City of York Council |
| Gail Brown | Chair, York School and Academies Board |
| Dr Rebecca Field | Joint Chair of York Health and Care Collaborative |
| Professor Mike Holmes | Chair, Nimbuscare York |
| Emma Johnson | Chief Executive, St Leonards Hospice |
| Brent Kilmurray | Chief Executive, Tees, Esk and Wear Valleys Foundation Trust |
| Phil Mettam | Accountable Officer, Vale of York CCG |
| Simon Morritt | 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 |

In attendance

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|---------------------|---|
| Michelle Carrington | Executive Director for Quality & Nursing at VOY CCG; Director of Nursing and Quality Lead for Humber Coast and Vale ICS |
| Rob McGough | Partner, Hill Dickinson LLP |
| Peter Roderick | Consultant in Public Health, City of York Council/ VOY CCG |
| Eleanor Tunnicliffe | Legal Director, Hill Dickinson LLP |

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 received from Amanda Hatton. No deputy was attending as Sharon Stoltz was in attendance.

Simon Morritt apologised that he was not able to attend for the entirety of the meeting. Therefore, agenda item 6, *Possible ICS approach to Place*, was moved up the agenda to item 3.

The minutes of the meeting of 26 April 2021 were approved by the meeting.

As part of matters arising from the minutes the chair invited Phil to provide an update on the financial support from the ICS for the development of City of York Place. Phil reported the conversation that he had had with Stephen Eames, who had explained the ICS's expectation that the local partners in York would cover the costs of further development work. Phil explained that he was awaiting a costed support proposal from external partners and that this would be brought to the next Board meeting

The chair noted that the Concord that underpinned the York Health & Care Alliance Board had now been signed by all parties.

2. Declarations of interest and agreement of Managing of Conflicts of Interest Policy

Rob provided a verbal update on the conflicts of interest policy that was being developed for the Alliance. A draft had been produced and this was now being considered by governance leads at City of York Council (CYC) and Vale of York CCG. This work was being led by Abigail Combes at the CCG. The policy was light touch and would supplement rather than replace the organisation-specific conflicts of interest policies adopted by Alliance members.

The Board:

- Noted that the conflict of interest policy would be finalised and considered at a future meeting.

3. Possible ICS approach to Place

Simon explained that York was one of six Places in Humber Coast and Vale ICS (“**the ICS**”) and that each Place had its own journey to maturity. This was consistent with approach being taken at national level – there was no “national blueprint” for Place. The approach of each Place would depend on its own circumstances. Some Places had a mixture of unitary and two tier local authorities, where the local authorities were not coterminous with Place e.g. in North Yorkshire. In other Places the boundaries of the CCG are coterminous with those of upper tier councils, meaning that Place arrangements can build on pre-existing arrangements as in Rotherham and Doncaster.

Within the ICS, there are two “Strategic Partnerships”. One covers the Humber (four Places) and the other North Yorkshire & York (two Places). North Yorkshire has a big footprint and is developing a way of working that reflects its communities. This has led to the establishment of four Local Care Partnerships: Harrogate; Hambleton & Richmondshire; East Coast (from Whitby to Scarborough); Vale and Selby. Each of these is supported by GP Federations and PCNs. Together, the four Local Care Partnerships will be considered as one Place by the ICS.

Under the new legislation it will be the ICS that will have statutory responsibility for the delivery of NHS services. Some of those responsibilities will be taken on by the Strategic Partnerships, who can in turn devolve responsibility down to Place. We are still waiting for guidance on how the principles of subsidiarity/primacy of Place will work in practice. Rob explained that the ICS had developed a maturity matrix. The expectation was that each Place would carry out a self-assessment against the maturity matrix and this would inform the level of responsibility that could be devolved down to Place.

Simon added that it was unlikely that there would be a wholesale devolution of capitated budgets to Places at first. Instead, the responsibilities allocated to Place would be “agenda led”. The ICS would want to see a plan for City of York Place that helped to meet the aims of the ICS before it devolved resources and decision-making responsibility for particular pathways or areas to Place level. Rob noted that national guidance on financial governance had been expected in July but had been delayed.

Simon concluded by noting the opportunities for City of York Place. Organisations in York had come together early and created a space in which partners could start to work together differently. The Alliance was therefore in a strong position to capitalise on the opportunities for Place.

The Board discussed the opportunities for Place. The ambition of the Board was that York would be an exemplar and to do this momentum needed to be sustained. To do this Alliance members would need to continue to invest their time and also make good use of CCG staff.

Confirmed minutes

The Board

- Thanked Simon for the update and asked to continue to be updated on developments at ICS level.

4. Establishing future scope

Diabetes

Peter provided an update on the diabetes population health management work and set out some of the wider context around diabetes and how it was dealt with by the current healthcare system.

Peter highlighted the estimate that in York there were approximately 3,000 residents with undiagnosed diabetes and 20,000 residents with pre-diabetes. There were comparatively low referrals into the NHS Diabetes Prevention Programme. Diabetes was often the first condition that lead to others and residents experiencing multiple long-term conditions. Costs associated with treating diabetes are projected to rise from £6.1m to £7.2m.

Peter outlined the work carried out by Optum, who had looked at three years of linked data from primary care, secondary care, community and mental health to identify appropriate interventions. There were lots of diabetes programmes in York and some transformational funding. However, the delivery of these different programmes was complex.

The key question for the Board was how do we build a joined up accountable care model for the residents most at risk of developing diabetes and the 20,000 imminently at risk from disease progression? In particular, how do we achieve a shift of funding into prevention and how do we support people to live well with diabetes in its early stages? Any new model would require cultural change as well as changes to care/prevention pathways.

The Board discussed Peter's presentation. The disinvestment in public health was noted: CYC had lost £2million over 5 years. This meant that the funding for CYC public health services such as social prescribing and health trainers were fragile. Gail noted the impact of lockdown on school children who have put on weight and exhausted their resilience. There was a need to tackle childhood obesity and also to consider pre-natal interventions. Mike noted that there was an interesting model in Bradford, where treatment for diabetes was community based. There was an appetite across Board members to take a transformational approach to how the system tackles diabetes.

The Board

- Asked Peter to develop an outline of an accountable care model for the prevention and treatment of diabetes in York

Quality

Michelle Carrington joined the meeting to present this item and the following discussions

Michelle began by asking what the Board understood by "quality" of services. She suggested that the Board adopt the National Quality Board (NQB) definition and make it come alive for local residents.

Michelle highlighted the opportunities for driving up the quality of services at Place level and also the risk that structural change/ reorganisation can put quality at risk. Michelle went on to outline what the ICS was looking for from Places in terms of quality:

- a "seat at the table" at City of York Place
- agreement across the Alliance partners about what "good" looks like
- an ask from City of York Place for what it needs to support quality work
- some independent assurance of quality
- City of York Place able to speak with one voice about quality.

Michelle expected that the ICS approach to quality would be light-touch and leaner than current arrangements, with an emphasis on mutual aid between Places and enabling Places to harness the specialist quality and nursing workforce. Existing quality groups would be replaced by a more stream-lined structure. There would need to be a culture of “unlearning” old habits and doing things differently.

Ideally there would be one way to investigate quality across Place, rather than different organisations taking different approaches. Quality of services would be considered in the context of the whole care pathway rather than within organisational silos. Michelle could help with developing a model.

The Board discussed the issues raised by Michelle’s presentation. Board members were keen to develop a local solution. Brent explained that some progress on this had been made in Tees Valley ICP, where there was a shift to a more mature and collaborative approach to quality.

The Board

- Was supportive of adopting the NQB definition but members wanted some time out of the meeting to consider it in detail and how it would work for York, including for CVS services
- Thanked Michelle for her offer of support and asked if she could prepare a proposal for discussion at the July Board meeting

5. Urgent Care Alliance update

Mike explained that the current arrangements for urgent care come to an end in 2022. Weekly meetings were taking place between the partners responsible for delivering urgent care in York (York & Scarborough Teaching Hospitals, Vocare and Nimbus) regarding the shape of future services. Conversations were also taking place with Emergency Department consultants at York Hospital.

Phil emphasised that the CCG wanted all sectors to engage with the development of the new model – this was not an “NHS only” project. The redesign needed to be concluded by September 2021 to give time update contracts and mobilise.

The Board

- Asked to be updated of further developments

6. Alliance Leadership Team proposal

As David Hambleton was not able to attend the meeting, Phil presented the proposal.

David had carried out interviews with various people and there was support to establish an Alliance Leadership Team. This would have two roles: 1) designing, mobilising and delivering against the Alliance’s priorities and 2) organisational development – resetting cultural norms for York. If the Board supports the proposal David will present a more detailed proposal to the June Board meeting, with the aim of the ALT having its first meeting in July.

The Board agreed the proposal. The Board noted the need for there to be sufficient resource to support the ALT and that this could feed in to the ask to the ICS for CCG staff to be deployed into Place.

The Board

- Agreed the direction of travel set out in the proposal
- Noted the need for resource to support the ALT

7. AOB

Phil informed the Board that the University of York Vice Chancellor, Prof Charlie Jeffery, had asked if the University could join the Alliance and if he could join the Board.

The Board

- Agreed that the University of York should join the Alliance and that Prof Jeffery could attend the Board as its representative
- University of York to be sent a copy of the Concord for signature

8. Confirmation of next steps and summing up

The Chair closed the meeting and noted the next meeting date was the 28 June 2021. The Chair would not be able to attend, so Simon would be chairing.