



York Health and Care Alliance Board

Minutes of the meeting of the York Health and Care Alliance Board held on 28th March 2022 conducted via Microsoft Teams

Present

Ian Floyd	Chief Operating Officer, City of York Council
Professor Charlie Jeffery	Vice Chancellor and President, University of York
Emma Johnson	Chief Executive St Leonards Hospice
Phil Mettam (Chair)	Accountable Officer, Vale of York CCG
Brent Kilmurray	Chief Executive, Tees, Esk & Wear Valleys NHS Foundation Trust
Alison Semmence	Chief Executive, York CVS
Cllr Carol Runciman	Executive Member of Adult Health and Social Care, City of York Council (as substitute for Cllr. Aspden)
Professor Mike Holmes	Chair, Nimbuscare York
Dr Rebecca Field	Joint Chair of York Health and Care Collaborative
Gail Brown	York Schools Academies Board

In Attendance

Abby Combes	Head of Legal and Governance, Vale of York CCG
Janie Berry	Director of Governance, City of York Council
David Hambleton	DH Leadership Alliance, NECS Associate
Frances Harrison	Head of Legal Services, City of York Council
Jamaila Hussain	Corporate Director of Adults and Integration, City of York Council
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

Cllr Keith Aspden (Chair)	Leader City of York Council
Denise Nightingale	Executive Director of Transformation, Complex Care and Mental Health Vale of York CCG
Simon Morritt	Chief Executive, York and Scarborough Teaching Hospital NHS Foundation Trust
Naomi Lonergan	Director of Operations, Tees, Esk & Wear Valleys 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. The board had no interests to declare.

The minutes of the meeting held on 28th February 2022 were approved by the board.

Matters Arising

Prospectus Workshops - Phil and Peter updated the team that the invites had gone out on the morning of the 28th March for one of the Prospectus Workshops. The workshop would be a 2 hour virtual workshop due to the increase in Covid numbers and would focus on what and why we are doing and to involve as many people as possible.

Place Leads - this will be discussed as part of Item 2 on the Agenda.

2. Governance and Place Board Arrangements and Section 75

Jamaila Hussain, Corporate Director of Adults and Integration, City of York Council began by updating the board on the Place Board Arrangements and she had attended an informal Health and Wellbeing Board session at which Sue Symington and Stephen Eames were in attendance. They both felt that York was ready to move forward into taking the next steps. At the last Alliance Board Meeting a discussion was had that the Place Chair Role and the Place Lead Role should be the same person from this, conversations with councillors had taken place and the Council had proposed that CYC's Chief Operating Officer be put forward for this position. She suggested that, as a system, we needed to be timely about agreeing a place chair and lead officer as the ICB would be beginning in shadow form very soon. It would be useful if the Alliance was at a similar stage so that they could be up and running by July when the and we don't want to start from scratch in July when the ICS was due to be formally in place.

Abby Combes, Head of Legal and Governance, Vale of York CCG updated the board on Section 75 informing the board that it is mainly for the Legal teams to deal with in the background. However a decision would need to be made by the board in what to do in terms of Section 75 when we transfer over to the ICB in July. Ideally it is better to agree what we are wanting to do and take advantage while the CCG is still in place as if we wait until July then as an Alliance we would need to convince the ICB that it is a good idea.

Janie Berry, Director of Governance, City of York Council agreed adding that there is a strong need for the governance arrangements to align and as at the council there is a lot more procedural work it would be better to get a plan in place so that the work can start. She noted she was nervous about the board being complacent on Section 75 and that we need to finalise governance arrangements so that it is harder to undo through the transition. In terms of wider governance aspects we could use Section 75 to anchor agreements as a proposed way to move forward.

The Board agreed with the section 75 element of the report noting that more discussion from the statutory providers on some governance would be needed.. Abby informed the board that as this is not a decision making board it would need Section 75 to strengthen it going forward. The board agreed to move forward, however the governance side of things

worried a few members as it needs to be right.

In terms of the Place Lead the board felt a further discussion with as a minimum the Chief Executives of the statutory organisations in the alliance on who would be the best person would need to happen, ideally all arrangements finalised from May 2022. The board agreed that Phil Mettam, Accountable Officer, Vale of York CCG would help to co-ordinate this within the next 4 weeks before the next Alliance Board meeting.

Action:

Phil to co-ordinate a call within the next 4 weeks to discuss a Place lead.

3. Future Discharge Arrangements Including Funding

Jamaila Hussain, Corporate Director of Adults and Integration, City of York Council stated that she would share some slides following this meeting to accompany this work her and Denise Nightingale, Executive Director of Transformation, Complex Care and Mental Health Vale of York CCG had undertaken. She highlighted that discharge to assess ends on the 31st March and so the funding stops on April 1st she updated the board about how the processes that are going to be put in place from April would be for the next 6 weeks then it would be reviewed again. The aim is to include the least disruption as possible and to make sure that people and patients are going to the right place at the right time.

In order to align with North Yorkshire colleagues, the CCG and Fast track pathways there are likely to be few changes. Services that are continuing are Rapid Care and block beds for care. She also added that there is a financial pressure on local authorities around winter care. For the next 6 weeks Peppermill Court will continue and will be a system partnership then it will be reviewed. Currently it is in demand and full for the next 2 weeks with Care Homes worried about taking new Covid patients; further guidance around Covid will be published on 1st April.

The Board supported and noted that the system had helped us achieve better value and relationships. Adding that it would be a difficult few months with no funding with the amount of community transmission Covid currently has and to make sure to support staff and patients through the difficult period. Some board members expressed concerns of pressures on certain areas including Schools and Primary care.

Thanks were given to Jamaila and Denise on their paper and support was given to the approach with a request to review this in 6-8 weeks at another Board meeting if required.

4. Delegated Functions and Place Leadership

Phil Mettam, Accountable Officer, Vale of York CCG provided an overview on delegated functions and place leadership since the last board meeting. Further work to involve and engage colleagues from other sectors had taken place and he presented some slides that summarised the basis of this and support for feedback received.

Two briefing sessions led by the Vale of York CCG Executive team and Peter Roderick had taken place, which had had a good turn out from colleagues from all sectors, these sessions were interactive and feedback from the content of these sessions was appreciated. From

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these sessions there are currently no recommendations, but they were an appreciated conversation that helped to build consensus. Some themes that came out of the sessions are concerns about management of risk, financial flows, relationships, systemwide learning opportunities and research and innovation.

Professor Mike Holmes; Chair, Nimbuscare York raised the issue of management of risk through transition phases and how important it was to not let things ‘fall through the gap’.

It was also noted that financial flows had always been tight within the York CCG area, and pre pandemic there has always been a financial deficit. There were also comments on the importance of coproduction in the transition process.

Concerns were raised around staff retention within CCGs as full ICB implementation had slipped to July. Stephen Eames had advised that Place Directors in York and Hull are unlikely to be resolved before the end of April.

Gail Brown, the representative from the York Schools Academies Board updated the Alliance about a government white paper on Schools. As part of this there was a commitment to provide every school with funding for a mental health lead and this would need to be linked into the Alliance’s work.

Professor Charlie Jeffery, Vice Chancellor and President, University of York highlighted an opportunity for the system to work much more closely with Higher and Further Education organisations to capture the contribution that the sector could make in the newly emerging system landscape. The Higher and Further Education sector already played a significant part in the system in terms of workforce development and medical research and its already strong links with primary care.

Actions:

- To add an agenda item to the April or May meeting for Professor Jeffery to present on how we can best position the education sector in the emerging landscape
- For Phil Mettam to meet with Professor Holmes in relation to risk management and ensuring things do not ‘fall through the gap’

5. Discussion Provider Collaboratives

David Hambleton, DH Leadership Alliance, NECS Associate, presented the paper contained within the agenda pack. The paper set out the emerging structures in the York Health and Care Alliance including how the Alliance, York Health and Care Collaborative and Alliance Leadership Team might work closely together.

In terms of Provider Leadership for Chapter 1 of the Alliance's Prospectus he highlighted that Chapter 1 would include how the system needed to respond to things like the mental health crisis in younger people, housing rather than governance and recovery from Covid.

Over the coming weeks discussions will be had on how to get a wide range of opinions as to what needed to be included. Over the next 1-3 years providers will be focussing on recovering from covid and the backlog it has created and the aim to try make health in the city of York better and to try and make sure that health inequalities get better and not worse.

He updated that from an initial conversation with some of the Alliance Board members and some other people on the 20th January he is working out where to take the outcomes of that

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work now. He commented it is important to get the function down and not focus entirely on form and there may be a role on how to get the health and care collaborative involved.

The group feedback was making sure that the Alliance doesn't get lost in a bubble. A comment was made at this stage around how there are areas where it seems that we are not working together. Also raised was the question of how the outcomes of the group feed into place and how we make sure community provider collaboratives are heard.

It was noted that there are ongoing positive conversations in the Humber Coast and Vale ICS and between us we need to make sure that the Alliance is represented and do their bit in the provider collaboratives.

Update on the Acute Provider Collaborative: There is work to be done by providers on what will need to happen in the next 1-3 years for Chapter 1 of the prospectus and at some point, things will need to begin to be written down in order to make sure that things are not acted upon reactively as and when things happen. This would need to be facilitated. There was also a suggestion that End of Life be included. More data is coming in weekly so this can be used to help develop the first chapter.

Role of York Health and Care Collaborative: It was also raised that York Health and Care Collaborative may be the place where the collaboratives get together and discuss the many different elements and how they will affect York.

The group supported the idea the York Health and Care Collaborative would be the right place as sometimes they have lone voices, and it is a healthy partnership in the city.

6. Discussion Points/ Information Sharing

a. Ethics

Abby Combes, Head of Legal and Governance, Vale of York CCG informed the Alliance that the ICS had an Ethics Committee that met regularly. The committee considered some thorny issues as well as having involvement in things such as SEND tribunals and the vaccine programme. There was an offer for the Alliance to take advantage of the ethics committee. The committee can be used as a safety net where it is needed and it is directly linked to the Clinical and Professional Group. There was a query around VCSE representation on the Ethics Committee and Abby Combes agreed to pursue this.

b. Core 20+5 Approach (improving population health)

Peter Roderick, Consultant in Public Health, City of York Council and Vale of York CCG gave an overview of this framework. There would be a more comprehensive update on this at either the April or May meeting of the Alliance.

The NHS recommend this type of framework for inequalities across the system with 3 main categories. The first category being Core 20 being the most deprived 20% of people, the second category the + which is the others people affected/target population and the third category being the 5 which is the 5 key areas where health inequalities are present severe mental illness, maternity, early cancer diagnosis, chronic respiratory disease and hypertension case finding.

7. Confirmation of next steps and summing up

The chair finalised by confirming the next steps would be around the Place Lead/Chair arrangement and he would be in contact with people on this.

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He suggested that as we transition to the new arrangements that in May a stock take happens on what we have been involved in so far, what we have liked that we have done previously and what we want to retain and change and why. Making sure to balance NHS, Care and Wider partners and 'mind the gap'. He asked David Hambleton to help with this piece of work.

8. Any Other Business

The board had no other business to discuss.

The Chair closed the meeting.

Date of next meeting: Friday 29th April 2022 - 13:00pm-15:00pm