



**Notice of a public meeting of
Health and Adult Social Care Policy and Scrutiny Committee**

To: Councillors Doughty (Chair), Cullwick (Vice-Chair), Hook, Heaton, Perrett, Waudby and K Taylor

Date: Tuesday, 13 April 2021

Time: 5.30 pm

Venue: Remote Meeting

AGENDA

1. Declarations of Interest

At this point in the meeting, Members are asked to declare:

- any personal interests not included on the Register of Interests,
- any prejudicial interests or
- any disclosable pecuniary interests

which they may have in respect of business on this agenda.

2. Minutes

(Pages 1 - 8)

To approve and sign the minutes of the meeting held on 9 February 2021.

3. Public Participation

At this point in the meeting members of the public who have registered to speak can do so. Members of the public may speak on agenda items or on matters within the remit of the committee.

Please note that our registration deadlines have changed to 2 working days before the meeting, in order to facilitate the management of public participation at remote meetings. The deadline for registering at this meeting is **5:00pm on Friday 9 April 2021.**

To register to speak please visit www.york.gov.uk/AttendCouncilMeetings to fill out an online registration form. If you have any questions about the registration form or the meeting, please contact the relevant Democracy Officer, on the details at the foot of the agenda.

Webcasting of Remote Public Meetings

Please note that, subject to available resources, this remote public meeting will be webcast including any registered public speakers who have given their permission. The remote public meeting can be viewed live and on demand at www.york.gov.uk/webcasts.

During coronavirus, we've made some changes to how we're running council meetings. See our coronavirus updates (www.york.gov.uk/COVIDDemocracy) for more information on meetings and decisions.

4. Transfer of A&E services to Vocare (Pages 9 - 12)

To update Members on the transfer of A&E services to Vocare.

5. Plans for the Future of Health and Care system in York (Pages 13 - 48)

The purpose of this report is to highlight to Members how health and care services in York have increasingly worked in a collaborative and effective manner during the COVID-19 pandemic, and to update on plans currently being prepared to extend and improve on this positive working for the benefit of local communities across York.

6. Work Plan (Pages 49 - 52)

To consider the Committee's Work Plan for the remainder of the municipal year.

7. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972.

Democracy Officer:

Name – Louise Cook

Telephone – 01904 551031

E-mail – louise.cook@york.gov.uk

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting:

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

Contact details are set out above.

This information can be provided in your own language.

我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)

 **(01904) 551550**

This page is intentionally left blank

City of York Council

Committee Minutes

Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	9 February 2021
Present	Councillors Doughty (Chair), Cullwick (Vice-Chair), Hook, Heaton, Perrett, K Taylor and Wann (substitute for Cllr Waudby)
Apologies	Councillor Waudby

7. Declarations of Interest

Members were asked to declare, at this point in the meeting, any personal interests not included on the Register of Interests or any prejudicial or discloseable pecuniary interest that they might have in respect of the business on the agenda.

None were declared at this point but whilst discussing Agenda Item 4, Covid Update, Cllr Wann declared a personal non prejudicial interest in that he worked at the University of York and had used the lateral flow testing site.

8. Minutes

Resolved:

- (i) That the minutes of the previous meeting of the committee held on 10 November 2020 be approved with the following amendments and signed at a later date.
 - Under minute item 4, Verbal update on how GP practices are coping with the Coronavirus emergency, first bullet point on page 3 include the word 'rated', so the first sentence reads, 'The City of York was fortunate in that they had a service which was rated good or better, which was important in the context of discussions of patient expectation'.
 - Under minute item 5, 2020/21 Finance and Performance First Quarter Report Health and Adult Social Care:
 - change 202/210 to 2020/21

- change the heading 'Delayed transference of care' to 'Delayed Transfers of Care' and under this heading change the word 'customer' to 'patient' in the last sentence.
- (ii) That the response from officers regarding the projected overspend at Haxby Hall be emailed around Committee Members.
- (iii) That officers liaise with the Clinical Commissioning Group (CCG) regarding an update on the development of the new mental health workers.

9. Public Participation

It was reported that there had been no registrations to speak under the Council's Public Participation Scheme.

10. Covid Update

The Director of Public Health attended the meeting to provide a presentation on the latest Covid-19 data relating to the Outbreak Control Plan, epidemiology, settings, testing and contract tracing and key issues emerging.

Some key points raised:

- The current Outbreak Control Plan was approved by the Outbreak Management Advisory Board in June 2020 and would be refreshed by April 2021.
- The 7 national themes in the Outbreak Control Plan covered
 - Care homes & schools
 - High risk places, locations & communities
 - Local testing capacity
 - Contact tracing
 - Data integration
 - Local Boards
- This latest peak had shown increases in numbers across the 35 to 49 age group but trends across all age bands were now falling in York.
- As at 4.2.21 the Positivity rates (Pillar 2 only) for York showed 263 positive cases out of 4,104 lab based (PCR) tests and 43 positives out of 9,684 rapid (lateral flow) tests.

- The 7 day incidence rates per 100,000 showed how York's figures were decreasing below the regional and national average.
- Westfield, Strensall, Hull Road and Dringhouses and Woodthorpe Wards had a statistically significant fall in rates compared with 7 days ago.
- There had been an increase of hospital admissions in January but figures were decreasing.
- There had been 140 excess deaths in York since the start of the pandemic (using the 2015-19 weekly average number of deaths as the comparator).
- As at 9.2.21 there were 5 care homes in the City of York Council area with confirmed Covid-19 infection.
- The new UK (Kent) variant had become the predominant variant and had been the reason for the spike of cases in York.
- A community daily hub met daily to review anti-social behaviour across the city and the Covid Marshalls were interacting with businesses, patrolling the city, supplying face masks and had picked up 735 discarded face masks.
- The Covid vaccination program was progressing extremely well with all care homes being offered the vaccine.

The Director summarised the ongoing key issues as being the expansion of testing to businesses with more than 50 employees; enhanced contact tracing; compliance with social isolation and any future roadmap out of national lockdown.

Members questioned the Director on a range of issues and she confirmed that:

- Other respiratory diseases, such as flu and norovirus cases, were lower than normal due to the current infection control measures in place and a higher take up of the flu vaccine.
- York was in a better position regarding care home outbreaks compared to other local authorities within the region. Care home staff were tested weekly and residents tested monthly and where there were any particular concerns, the care home was supported to ensure good practices were in place.
- Nimbuscare were managing the vaccination sites in York and there were currently no concerns regarding vaccine supply.

- Nimbuscare were considering measures to ensure the vaccination sites would operate safely when footfall increased due to the first and second dose overlap. All vaccination sites were Care Quality Commission (CQC) registered and had to comply with the national standard operating procedures.
- School and University data was regularly monitored and work with larger businesses would be the next focus.
- York St John University, The University of York and the Community Stadium were currently being used as lateral flow testing sites.

The Director agreed to email Members the intensive care capacity figures at York Hospital and further specific information relating to the activities of the Covid Marshalls.

The Chair thanked the Director for all her continuing efforts and those of her team.

Resolved: That the presentation be noted.

Reason: To ensure that the Committee were aware of the current situation in York relating to Covid-19.

11. Commissioning update on the care market, and capacity requirements for the coming period

Committee Members considered a report that provided a commissioning overview of the care market in York, with a particular focus on the needs of older people and to describe the council's approach to the challenges of the next few months.

The Assistant Director of Joint Commissioning was present to provide the update and with the Corporate Director of People, answer Members' questions.

She stated that:

- The latest Care Quality Commission (CQC) ratings showed that 74% of residential and nursing home settings were good, 8.6% outstanding and 17.1% required improvement and that since the report had been written, for community settings, including supported living, one provider had shifted from 'inadequate' to 'requires improvement'.

- A complex network of partners continued to work together to support the care system and ensure the right range of services were available to enable people to live as independently in their own homes for as long as possible.
- A new Market Position Statement was in the process of being co-produced with the sector for publication in 2021.
- The Council sets a standard weekly fee rate for its placements, known as the Agreed Cost of Care (ACOC), with higher costs by exception.
- In 2019 a capacity and demand exercise was commissioned to better understand the pathways relating to urgent and unplanned care.
- The Coronavirus Act 2020 created a new financial mechanism as well as new service models and requirements, allowing care providers to build on the strategic agreement that Home First is York's default, supported by the Hospital Discharge Service Requirements.
- Care providers in York had been supported by the CCG and Council teams to fully implement the Capacity Tracker, which had supported communication about available capacity and the status of services in relation to risks.
- The Adult Social Care Action Plan and the Winter Plan continued to be developed and it included the establishment of a designated residential care setting at Peppermill Court for patients who had tested positive for Covid-19, to enable safe discharge from hospital and a unit at Haxby Hall for people who had come in contact with the virus but tested negative.
- After the initial wave of infections in the earliest phase of the crisis, providers had implemented excellent infection prevention and control, with no outbreaks for a long period of time.
- All local care homes were receiving the vaccine.

The Assistant Director noted that a range of services had to be extended or created to manage the steep rise in demand and she thanked staff and partners for their dedication. She commended the partnership working and integrated commissioning approaches that had made great progress in response to the pandemic.

In answer to Members questions, the Assistant Director confirmed:

- A temporary care home setting was a good asset to have in the system for those who required short term care when discharged from hospital.
- The findings from the independent exercise, that had been jointly commissioned to update the ACOC model, was currently being considered, including any implications of the changed circumstances linked to Covid-19. When the document was publically available Members could be updated at a future meeting.
- Individual care providers do have the ability to breakdown their weekly costs and the sector does have an understanding of the expected profit margins.
- Recruitment was continuing and there was a range of resources to ensure new staff were supported and encouraged to continue in the field once the immediate crisis was over.
- Voluntary organisations, service users, families and previous users were all included when surveys were issued, to ensure a wide response was received

The Assistant Director and Corporate Director of People answered a specific question raised regarding the selling of a council asset that was designated as a health and social care building and the transparency around this. They stated that the council had a strategic overview of all their assets in the city and that officers ensured they had sufficient types of buildings for the whole range of care services. Overtime these requirements could change and if a particular building was no longer required it would revert back to being a council asset to potentially be used in a different way.

The Assistant Director agreed that any future monitoring reports could include past data to enable the Committee to compare how the inspection framework had developed and improved over the last few years.

The Assistant Director was thanked for her update and for the tremendous work achieved throughout the pandemic.

Resolved: That the report be noted.

Reason: To keep the Committee updated on the care market in York.

12. Work Plan

The Committee noted that that the Chair and Vice-Chair of Customer and Corporate Services Scrutiny Management Committee were still coordinating business for all scrutiny committees, whether forums or public meetings, through the corporate work planning process.

The Committee considered its draft work plan and agreed to receive:

- at the Forum meeting on 13 April 2021, following a referral from the Chair of CCSSMC, the Future of Health and Social Care in York report that was due to be considered by Executive on 18 March. The Executive Member for Health and Adult Social Care could also be invited to attend.
- at a future meeting, an update on the dementia provision in York, including the dementia strategy and dementia action alliance.

Although some Members raised their concerns and frustrations regarding the reduction in scrutiny and hoped for a more rigorous process to resume soon, they were appreciative of the work of officers in Democratic Services.

Resolved: That the work plan be approved, subject to the above amendments/additions.

Reason: To keep the Committee's work plan updated.

Cllr Doughty, Chair

[The meeting started at 5.30 pm and finished at 8.28 pm].

This page is intentionally left blank

Update report on Urgent Treatment Centres – York

City of York Council – Health Overview and Scrutiny Committee

19 April 2021

Prepared by **Stephanie Porter Executive Director Primary Care and Population Health**

Background

The CCG has been working with providers of urgent care services for the past 18-24 months in recognition that when we engaged with patients, they told us that accessing urgent care in York was complex with different services, providers, and as a result had overlaps and duplication of provision. Urgent Treatment Centres (UTCs) provide treatment for non-emergency patients, avoiding the need for them to wait in emergency departments when they don't need to be there. The approach adopted was to establish a Clinical Reference Group with senior frontline clinicians from the four incumbent providers, plus GP representatives from across the Vale of York, to participate in a series of clinical workshops in order to agree and adopt a clinically led approach to improving quality, performance, efficiency, and patient experience.

Services	Provider
York Urgent Treatment Centre (UTC) - GP in A&E for Minor Illnesses	Yorkshire Doctors Urgent Care (YDUC) / Vocare
GP Out of Hours (GPOOH)	Yorkshire Doctors Urgent Care (YDUC) / Vocare
York Urgent Treatment Centre - Front Door Navigator / Streaming	York Teaching Hospital Foundation Trust
York Urgent Treatment Centre - Minor Injuries attendances	York Teaching Hospital Foundation Trust
Urgent Treatment Centre - Selby	Harrogate and Rural District NHS Foundation Trust
Urgent Care Practitioners	Yorkshire Ambulance Service

In reviewing the 6 key contracts the CCG holds for urgent care, it became clear that different populations might need a variation in service to address the needs of the population, so the CCG project team began working with stakeholders to look at existing services in Central York (the City), Selby and Tadcaster (the South) and South Hambleton and Ryedale (the North).

This update relates specifically to Central York.

At the point where the CCG would have moved into an intense piece of work with managers to work on contract variations the Covid Pandemic diverted key staff to engage with the work and as a result the project slowed. It was picked up again before Christmas 2020 and the CCG wrote to providers on 21st Dec outlining a proposal for York Teaching Hospital NHS Foundation Trust (YTHFT) and Vocare to work with local GPs to co-design and co-deliver an integrated urgent care service responding to the public/patient and clinical feedback we received, and suggesting they worked as a provider collaborative to deliver the proposal.

On 11 February 2021, the Department of Health and Social Care published the [White Paper](#) Integration and innovation: working together to improve health and social care for all. This sees the disestablishment of CCGs from April 2022 and 21/22 will be a transitional year with a focus on more integration and Provider Collaboration with a move away from competitive procurement.

York Urgent Treatment Centre

YTHFT and Vocare (previously known as Yorkshire Doctors Urgent Care or YDUC) have been working together to review and redesign the existing Emergency Department Front Door (EDFD) service model to optimise delivery and refine the service model to meet the national UTC criteria. Vocare already work alongside the Trusts' emergency department (ED) team and provide the minor illness service and GP out of hours service, both of which are located in York Hospital alongside the emergency department.

The minor injuries part of the service is currently provided by the Trust's ED. This means the York UTC isn't compliant as minor injuries and minor illness should, in line with the national specification, be delivered as a single service for direct booking by NHS111.

The work which the two providers have commenced to achieve compliance has resulted in staff and public being concerned that the approach will see work shift to the private sector and the CCG have been asked to comment upon the 'Transfer of A&E services to Vocare'. Both YTHFT and Vocare have issued statements which confirm that this is not the case and that the work being undertaken is a

consolidation of the approach by both providers, who are already commissioned to provide services in York to achieve compliance with the UTC standards.

The provider to provider arrangement between the Trust and Vocare is viewed by the CCG as an interim solution to bring direct booking (by NHS111) at the UTC up to national minimum standards by April 2021 while the CCG continue to engage with primary and urgent care providers to support a collaborative approach to delivering urgent care in a different way, shaped by feedback from our public, patient, and clinical community in York, per our letter to providers on 21st December 2021.

The front door/triage/streaming part of the service will continue to be delivered by trust-employed emergency department staff and YHTFT have acknowledged that their staff have raised concerns that there may be plans for their employment to be transferred to Vocare, the Trust have confirmed that they have no plans to do this. Staff employed by the Trust will continue to work jointly with Vocare staff to deliver the service. The streaming of patients on arrival into the emergency department will continue to be managed by the Trust's clinical staff.

The CCG have extended York Trust and Vocare's existing urgent care (UTC) contracts until 2021/22 to allow stability in provision so that providers can work together, to address compliance in the short term, but also to allow time for the emerging Provider Collaborative, including local central General Practitioners to engage in service design that will achieve the objectives of both the patient feedback and the Clinical Reference Group.

This page is intentionally left blank



Health and Adult Social Care Policy and Scrutiny Committee**13 April 2021**

Report of the Director of Public Health

Plans for the future of the health and care system in York**Summary**

1. The purpose of this report is to highlight to Members how health and care services in York have increasingly worked in a collaborative and effective manner during the COVID-19 pandemic, and to update on plans currently being prepared to extend and improve on this positive working for the benefit of local communities across York.
2. These plans are being led by a number of health and social care partners in York (including the council, NHS commissioners and providers, and voluntary sector organisations) and include the establishment of a new 'York Health and Care Alliance' for the city, details of which are laid out below .

Recommendations

Members of Scrutiny are asked to:

- Note and comment on the collaboration and joint working between health and social care, both prior to and during the COVID-19 pandemic, and the opportunities this work presents in improving health services for citizens in York in the long term
- Note that national policy direction and reforms, which encompass both health and social care, have implications for local authorities in terms of integration and collaboration with NHS partners.
- Note and comment on the decisions by council Executive on the 18th March 2021, ratified by Full Council on the 22nd March 2022, to:

- Endorse the plans being proposed in York to respond to the national legislative changes, including current plans to establish the 'York Health and Care Alliance'.
- Agree the council's participation in this new Alliance, including the interim governance arrangements in 2021/22 in its 'shadow' year.
- Recommend the adoption of this Alliance as a subgroup of the Health and Wellbeing Board, subject to approval at Full Council.
- Support the proposed priorities and areas the Alliance will focus on in its first year aims for the Alliance, and the aims of the Alliance to be people centred, integrate services and deliver timely and appropriate care
- Agree that future reports will be considered by the Health Scrutiny Committee, the Health and Wellbeing Board and the Executive on progress and future arrangements for the York Health and Care Alliance

Background

3. The impact of COVID-19 on healthcare, social care, and our voluntary sector partners across 2020 and 2021 has been huge, with unparalleled challenges faced by staff and organisations to save lives, keep existing services going and support the health and wellbeing of our residents. Despite these challenges, the pandemic has forced services to work more closely together, in order to deliver timely and effective care to the people of York. Positive changes to integrate services, which would previously have taken months to develop, occurred within the space of days. The necessity of the crisis led to swift response from partners: rapid redeployment of staff and resources; joint working on caseloads; system oversight and decision-making on issues such as beds and discharge; and voluntary sector collaboration to support the vulnerable.
4. Examples of this collaboration can be found across sectors, and include:
 - Work between primary care and the voluntary sector to support people with COVID-19 and spotting signs of deterioration through the COVID Hub Single Point of Access
 - Work between social care and health to implement the Hospital Discharge Requirements, avoiding acute care being overwhelmed by collaborating on the provision of 'hot' and 'cold' sites across the city

- Work around testing, tracing and outbreak management (for example with universities and colleges, or with care homes)
 - Co-working between GP practice nurses and the hospital's district nursing team to support people to access primary care, therapy and specialist nursing whilst shielding
 - The COVID vaccination efforts which have seen many partners contribute to a swift and very successful rollout of vaccine so far
 - The work of the Outbreak Management Advisory Board
5. These achievements show what we can do when we services and partners together closely, and in many ways build on an existing effort over the past years to focus on the integration of health and social care – for instance the partnership work around the pooling of commissioning resource for schemes which promote independence and prevention through the Better Care Fund. The potential benefits for residents and the Council of this work are large, with the potential for higher quality services delivered to York residents, and better value for money by what is the largest sector of public investment in the city (health and social care).
 6. On the 11th February the Government published a white paper, 'Integration and Innovation: working together to improve health and social care for all'. This sets out a series of reforms to health and care which the Government intend to bring forward and implemented at the start of April 2022. This white paper is summarised at section 8 of this report.
 7. Building on our track record of collaboration, partners locally have been working together on plans to prepare the system in York to respond to these changes and put us in the best place to benefit from them, including the establishment of a new 'York Health and Care Alliance'.
 8. These plans are set out in this report and the accompanying annex, along with implications for the council. Together with COVID recovery and work on the emerging 10 Year City Plan, there is a clear opportunity to strengthen health, care and public services, to build healthcare locally around local residents, rather than around our organisations. By doing so, we can tackle health inequalities which existed before COVID, but have been magnified by it, and to improve the general health and wellbeing of the York population.

Integration and Innovation White Paper

9. The Government's white paper 'Integration and Innovation: working together to improve health and social care for all' announces a series of reforms to local arrangements for health and care which will take effect from April 2022. In summary:
- 42 Integrated care systems (ICSs) are to be established on a statutory footing in England through both an 'NHS ICS board' (this will also include representatives from local authorities) and an ICS health and care partnership. The ICS NHS body will be responsible for the day-to-day running of the ICS, NHS planning and allocation decisions. The partnership will bring together the NHS, local government and wider partners such as those in the voluntary sector to address the health, social care and public health needs of their system. In our area, the current non-statutory ICS (Humber Coast and Vale) will take on a statutory footing.
 - ICSs will take on the statutory and allocative duties of Clinical Commissioning Groups (CCGs) in April 2022, and from this point the Vale of York CCG will cease to exist.
 - A duty to collaborate will be created to promote collaboration across the healthcare, public health and social care system. This will apply to all partners within systems, including local authorities.
 - There will be new powers for the Secretary of State for Health and Social Care over the NHS and other arm's-length bodies (ALBs). Under the proposals, the Secretary of State will be able to intervene in service reconfiguration changes at any point without need for a referral from a local authority. The Department of Health and Social Care will also be able to reconfigure and transfer the functions of arm's-length bodies (including closing them down) without primary legislation.
 - Underneath the ICS, the principle of subsidiarity will be followed whereby decisions on NHS and care will be taken at the geographically lowest sensible level. There is therefore emphasis in the white paper on the primacy of 'place', considered to most often be coterminous with a local authority area. However the legislation will not specify one particular model of 'place' governance arrangements. It does allow for a number of mechanisms, including joint committees at place level, delegated

budgets and powers, provider collaboratives, and strengthened clinical and professional leadership of health services.

- Locally, it has been agreed that York will be designated a 'place' within Humber Coast and Vale area and be invited to send a representative to the ICS board. It may also be able to retain a set of responsibilities for health locally, including some commissioning budgets, if appropriate governance arrangements are in place. Other areas within the region are currently in the process of agreeing their 'place' geography. Additionally, for primary care purposes, patients registered to Pocklington Group Practice will be included in this 'place' area.

10. These policy changes recognise that organisations within health and care systems have become increasingly independent and autonomous, with separate and often competing goals and objectives, therefore becoming more disconnected from one another. Yet the actions of health and care partners are intimately connected, with impacts being felt throughout a local place. Recognising that we are 'all in it together', it is therefore both a fundamental mind-shift and an essential prerequisite of effective system working.

York Health and Care Alliance

11. In York, our response to this has been to propose the establishment of the York Health & Care Alliance, in shadow form during 2021-2 and then formally in 2022 when the legislation takes effect. The Alliance will be made up of the different organisations involved in commissioning or delivering care in York namely:

Vale of York CCG;

York Teaching Hospitals NHS Trust;

Tees Esk and Wear Valleys NHS Trust;

Nimbuscare (Primary Care services provider in York);

City of York Council;

Community & Voluntary Services; and

St Leonard's Hospice

York Schools and Academies Board

Representatives of Primary Care Networks

These organisations have been collaborating on these emerging plans, and have already shown strong commitment to working together more closely. When making recommendations as a shadow Board, they will consider what is best for care in York as a whole and work to understand the impact of their decisions on service users and other organisations in the Alliance.

12. Local residents and patient voice will be a core component of the work carried out by the alliance, working with existing channels and partners, such as Healthwatch and provider patient involvement networks.
13. At its first meeting of the shadow Alliance Board, the following aims will be proposed to be adopted by the body, which have been previously identified by partners through initial workshops:
 - People centred: The development of public services and the right conditions for people and communities to stay well, enabling them to remain independent and lead more healthy lives
 - Integrated services: The development of primary, social, voluntary and community care to support people and communities in the place they live and provide a point of on-going continuity, which for most people will be general practice
 - Timely and appropriate care: The freeing up of mental and physical health specialists to be responsive to episodic events, to provide complex care and support, and to give specialist advice as part of multi-disciplinary teams
14. In terms of its priorities, at the first meeting it will be proposed that the Alliance work to existing outcomes and aspirations for the health and wellbeing in the city, set out in the Joint Health and Wellbeing Strategy. These include:
 - Helping children achieve the best start in life
 - Helping adults live well
 - Helping older people age well
 - A focus on mental health.

15. Partners have also, in initial workshops, set three 'areas of first focus' and seven other key priorities for the Alliance in 2021/22. These are the areas of service integration and change that the partners want to concentrate focus on together to achieve better outcomes. The areas of focus for the next twelve months are:

- Diabetes prevention and healthy weight
- Learning disabilities and autism
- Integration of joint complex care packages

The other priorities are:

- COVID recovery
- Community Mental Health
- Dementia care and support across the whole pathway
- Loneliness, isolation and wellbeing
- Self-harm and suicide
- Childhood resilience
- Alcohol harm and substance misuse

16. The partners have chosen these areas because:

- They are key population health needs identified by the JSNA and the rapid Health Needs Assessments for York 2020
- They are all areas in which we can have an impact on health inequalities;
- It is anticipated that improvements can be achieved within the next 12 months; and
- They each involve services delivered by many partners (so provide an opportunity to demonstrate new models of closer working).

17. As part of this, from April 2021, a joint 'Population Health Hub' will be set up between partners, which will involve officers from public health, business intelligence and finance/contracting teams across the CCG,

council and others in a virtual team to provide population health data and insight into the work of the Alliance. This will ensure it is informed by the needs of our residents and a solid evidence base in commissioning decisions.

Governance

18. Governance arrangements for the Alliance during its 2021/22 shadow year will be proposed to the board at its first meeting, and the key aspects from a Council point of view are summarised below:

- The Alliance Board will lead the Alliance. The Alliance Board will be made up of senior leaders from each of the Alliance Partners. Neither the Alliance nor the Alliance Board will be a legal body itself, and so they are not able to make decisions in their own right. Each Alliance Partner will then continue to take its own decisions and implement them. The Alliance cannot require any Partner to act in a particular way, nor can any Partner or group of Partners “overrule” any other.
- In shadow form, the Alliance will not be making decisions and members will report back to their own organisations, including The Alliance will be reviewed over its shadow 12 months, including its relationship with the Health and Wellbeing Board, with further reports to be presented to the Council.
- It is recommended that Alliance is adopted as a subgroup of the Health and Wellbeing Board for the 2021/22 year, subject to approval at Full Council.
- The Executive of the Council will continue to exercise all its usual governance functions to make decisions on council services, with Alliance recommendations for the council taken back through this route for agreement. NHS partners and the voluntary sector will likewise take decisions back through their own governance arrangements.
- The intention is that through working together more closely – including by senior leadership meeting regularly at the Alliance Board – decisions can be more co-ordinated, with a better understanding of their wider implications for York. In the Alliance discussions, the aim is to reach consensus across all Partners over what action is best for York and move us towards the

maximal level of integration of decisions and services which we are able to achieve.

- During the shadow year, the Alliance Board will report on its progress to the Humber Coast and Vale ICS, through a nominated 'place leader' from the NHS. It will not be accountable to this body and the senior leaders who attend the Alliance Board are each responsible for reporting to their own organisations.
- It has been requested that the Leader of the Council, following the role as Chair of the Outbreak Management Advisory Board for York, be put forward to chair the Alliance board at its first meeting. Each Partner organisation is asked to nominate one senior officer representative to sit on the Board. In addition to the Council's officer representative (plus the Leader's role as chair), the Director of Public Health will also have a place at the board recognising their statutory responsibilities.

19. During the shadow year of the Alliance Board there will need to be work undertaken on the relationship between the Alliance and Health and Wellbeing Board, with a report and recommendations being presented to the Executive and ultimately Full Council for consideration and approval.

20. The proposed 'Concord' and 'Terms of Reference' for the Alliance Board while in its shadow year are attached in an annex to this paper.

Options

21. National legislative changes mean that the commissioning and planning of local health and care services will change in York as of April 2022. However locally, partners have been anticipating these changes and indeed they present an opportunity to achieve what is recognised as the 'triple aim' of high-performing health and care systems, which is 1) integrated care around the individual, 2) improved population health and 3) value for money. The ICS leadership considers York an 'exemplar' area for how the new structures at 'place' level are being developed.

22. Presented in this paper is York's response to national changes, which senior partners across all key sectors in the city have agreed are the best way forward for the city.

23. The alternative to the arrangements outlined in this paper would be for York 'place' to have no governance structure or partnership

arrangement in place sufficient to take responsibility for many of the CCGs commissioning functions, to handle and spend large amount of NHS resource coming into the city, and to meet our aspirations for integrated care. In that case, decisions pertaining to all of these functions would most likely rest at a regional level, and thus be taken outside of York.

Analysis

24. To participate in this Alliance involves a commitment of officer and member time and resource, which should not be underestimated; integration and closer working between the NHS and local government will require detailed work to initiate and maintain. However this key point in time where local health arrangements are being altered presents one of the best opportunities to improve care and support for our community in many years, and on that basis should be supported.
25. It is therefore recommended that the current plans to establish the York Alliance represents the most sensible response to national changes in NHS structure and the new 'duty to collaborate' resting on the NHS and Local Authorities, and as an option participation should be pursued by the Council.

Council Plan

26. These recommendation align with the Council Plan 2019-2023, including the aspiration to 'work closely with our partners in the health and care system... to meet challenges when they arise'

Implications

- **Financial**

The establishment of the York Health and Care Alliance does not at this stage represent any financial commitment on behalf of the council. However it does signal a willingness to move towards further integration of health and care, which may include the pooling of resource and budgets with partners where appropriate. This is already regularly done within the York health and care system, for example the joint Better Care Fund between the CCG and the council.

- **Human Resources (HR)**

There are no direct HR implications of this report. Officer time and input to the Alliance, as well as future integrated working between health and

care teams, are noted as HR implications of joint working which the council will have to take into account in future workforce decisions. There may be future HR issues which will have to be addressed as the preparations for launch in April 2022 progresses, and these will be reported as and when necessary in a future report.

- **Equalities**

There are no direct equalities implications of this report at this stage, However all partners will be mindful of the need to consider the Public Sector Equality duty as part of their decision making processes. Population health and tackling health inequalities are key values which the Alliance will share with the York Health and Wellbeing Board.

- **Legal**

As the establishment of a Shadow Alliance Board falls outside the remit of the Council's Constitution, it will not have a decision making ability which is binding on City of York Council. Any recommendations arising from the Shadow Board will require approval from the Council via established decision making process. The formal launch of the Alliance in April 2022, and the Council's involvement in that will require approval of Full Council. This includes the appointment of Elected Members to represent City of York Council on the Alliance Board from April 2022.

Legal advice will be provided as and when required and or necessary as part of this process to formally establish and launch the Alliance in April 2022.

- **Crime and Disorder**

There are no Crime and Disorder implication of this report

- **Information Technology (IT)**

There are no IT implication of this report

- **Property**

There are no Property implication of this report

Risk Management

27. Entering in to the Alliance does not at this stage entail any significant risks to the council, whereas declining to participate could mean that

decisions which affect York residents on the future provision of health and care services are taken on a regional, rather than local, level.

Recommendations

Members of Scrutiny are asked to:

- Note and comment on the collaboration and joint working between health and social care, both prior to and during the COVID-19 pandemic, and the opportunities this work presents in improving health services for citizens in York in the long term
- Note that national policy direction and reforms, which encompass both health and social care, have implications for local authorities in terms of integration and collaboration with NHS partners.
- Note the decisions by council Executive on the 18th March 2021, ratified by Full Council on the 22nd March 2022, to:
 - Endorse the plans being proposed in York to respond to the national legislative changes, including current plans to establish the 'York Health and Care Alliance'.
 - Agree the council's participation in this new Alliance, including the interim governance arrangements in 2021/22 in its 'shadow' year.
 - Recommend the adoption of this Alliance as a subgroup of the Health and Wellbeing Board, subject to approval at Full Council.
 - Support the proposed priorities and areas the Alliance will focus on in its first year aims for the Alliance, and the aims of the Alliance to be people centred, integrate services and deliver timely and appropriate care
 - Agree that future reports will be considered by the Health Scrutiny Committee, the Health and Wellbeing Board and the Executive on progress and future arrangements for the York Health and Care Alliance

Contact Details

Author:

Peter Roderick
Consultant in Public Health
City of York Council / Vale of
York CCG
Tel: 01904 551470
peter.roderick@york.gov.uk

Chief Officers Responsible for the report:

Sharon Stoltz
Director of Public Health

Report Approved Date 30/03/21

Specialist Implications Officer(s)

Wards Affected:

All

For further information please contact the author of the report

Background Papers

HMGov White Paper 'Integration and Innovation: working together to improve health and social care for all'.

<https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all>

Annexes

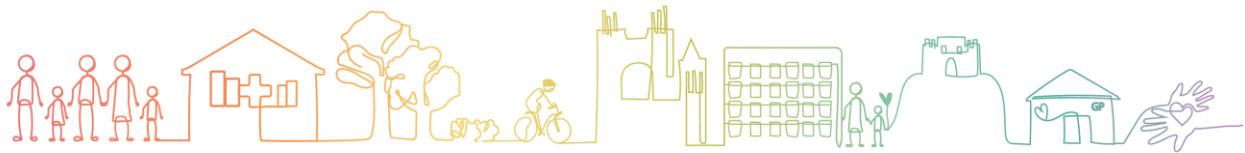
Annex 1 - York Health and Care Alliance Concord and Terms of Reference

List of Abbreviations and Terms Used in this Report

PCN: Primary Care Network, a group of primary care providers serving a population of between 30-50,000 people. York has five PCNs.

ICS: Integrated Care System, the system of organisations that are responsible for planning, paying for and providing health and care services within the Humber, Coast and Vale area, serving a population of 1.7 million people.

This page is intentionally left blank



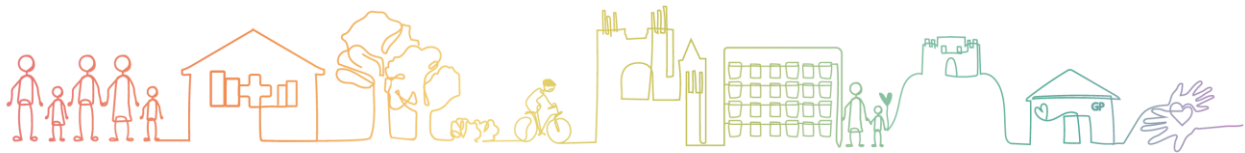
Annex 1

York Health & Care System Alliance Concord

V1-7 – 4 March 2021

BACKGROUND

- (A) The York Health and Care Alliance (“the **Alliance**”) has been set up by the partner organisations (“**Partners**”) who are signatories to this Concord as a place based partnership to help them deliver better health outcomes for the City of York Place, through more integrated working and improved use of data.
- (B) City of York Place is the area covered by City of York Council plus the area covered by Pocklington Primary Care Network (PCN). (Most of the area covered by Pocklington PCN is in the area covered by City of York Council but there is part of Pocklington PCN that is in the area covered by East Riding of Yorkshire Council. As there is an increasing focus on work done by or in partnership with PCNs, the Alliance has decided that it would be preferable for City of York Place to cover all of this PCN area, rather than having some of the PCN in and some of the PCN out of City of York Place.) The services that are within the remit of City of York Place include public services provided by the Partners:
- to residents of City of York Place;
 - within City of York Place; or
 - to visitors and temporary residents of City of York Place.
- (C) The key aims of the Alliance are:
- **People centred:** The development of public services and the right conditions for people and communities to stay well, enabling them to take increased responsibility for their own health and wellbeing
 - **Integrated services:** The development of primary, social, voluntary and community care to support people and communities in the place they live and provide a point of on-going continuity, which for most people will be general practice
 - **Timely and appropriate care:** The freeing up of mental and physical health specialists to be responsive to episodic events, to provide complex care and support, and to give specialist advice as part of multi-disciplinary teams (“the **Aims**”)
- (D) The shared purpose of the Alliance is to improve health outcomes and reduce health inequalities for the population of the City of York Place through the prevention of ill-health and provision of safe and high quality public services that work well together. Data, technology and innovation will be harnessed to achieve this (“the **Shared Purpose**”).
- (E) This Concord supplements and works alongside individual Partners’ existing governance arrangements and their existing and future services contracts with the Vale of York CCG, NHS England and City of York Council, whilst respecting their individual sovereignty. This



Concord sets out how the Partners will work together in a collaborative and integrated way in line with the Principles for the Shared Purpose and any outcomes defined by the Alliance.

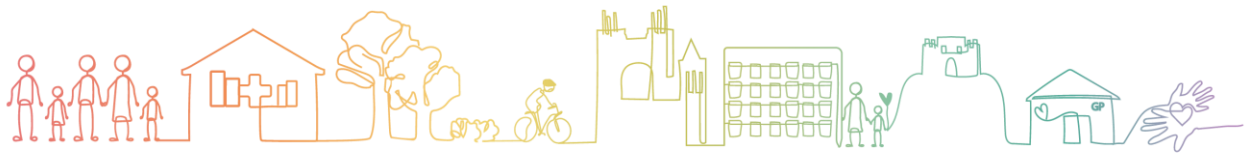
- (F) The Alliance is not a separate legal body so it is not able to make decisions in its own right. Each Partner retains responsibility for making its own decisions. The Alliance cannot require any Partner to act in a particular way, nor can any Partner or group of Partners “overrule” any other. However, it is hoped that through working together more closely Partners will make decision in a more co-ordinated way, with a better understanding of the implications for the overall health outcomes at City of York Place.

1 DEFINITIONS AND INTERPRETATION

1.1 In this Concord, capitalised words and expressions shall have the following meanings:

- 1.1.1 **Alliance Board** is the York Health & Care Alliance Board, as described at Clause 4;
- 1.1.2 **Areas of First Focus** means those projects and/or initiatives initially selected by the Partners and listed in Schedule 3;
- 1.1.3 **City of York** means the area covered by City of York Council plus the area covered by Pocklington Primary Care Network;
- 1.1.4 **Concord** means this document and any changes to it made in accordance with Clause 13;
- 1.1.5 **Commencement Date** means the date that the last signature was added to Schedule 1;
- 1.1.6 **Extended Term** has the meaning in Clause 10.2;
- 1.1.7 **Initial Term** has the meaning in Clause 10.1;
- 1.1.8 **Partners** means all those organisations set out in Schedule 1;
- 1.1.9 **Principles** has the meaning in Clause 2.4;
- 1.1.10 **Services** means the public services provided by the Partners to residents of the City of York; within the City of York; or to visitors and temporary residents of the City of York;
- 1.1.11 **Shared Purpose** means the vision described at paragraph (D) of the background section
- 1.1.12 **Values** has the meaning in Clause 2.3; and

1.2 In this Concord, unless the context requires otherwise, the following rules of construction shall apply:

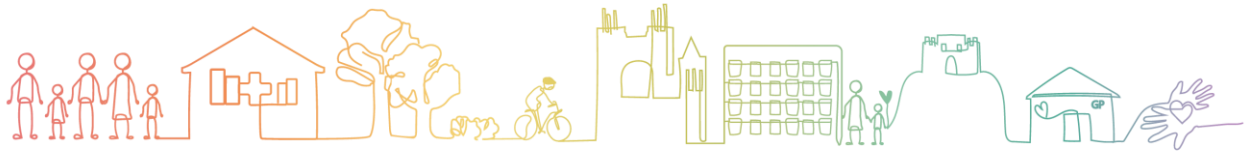


- 1.2.1 a person includes a natural person, corporate or unincorporated body (whether or not having separate legal personality);
- 1.2.2 a reference to the singular includes the plural and vice versa;
- 1.2.3 a reference to a statute or statutory provision is a reference to such statute or provision as amended or re-enacted. A reference to a statute or statutory provision includes any subordinate legislation made under that statute or statutory provision, as amended or re-enacted;
- 1.2.4 any phrase introduced by the terms “including”, “include”, “in particular” or any similar expression shall be construed as illustrative and shall not limit the sense of the words preceding those terms;
- 1.2.5 a reference to writing or written includes e-mails.

2 VALUES AND PRINCIPLES FOR THE ALLIANCE

- 2.1 The Partners recognise that achieving the Shared Purpose will depend on the Partners’ ability to effectively co-ordinate themselves in order to deliver an integrated approach to the provision of the Services and the Areas of First Focus. This may include (if Partners choose) combining expertise, work force and resources.
- 2.2 The Partners also acknowledge the actions required following the “Integrating Care” guidance from NHS England around future collaborative working at place. The Partners wish to support each other in the development of a successful place based system for the City of York, which works as an effective part of the Humber Coast and Vale Integrated Care System.
- 2.3 The Partners embrace the following values:
 - 2.3.1 always keeping service users at the centre of everything the Partners do;
 - 2.3.1 supporting each other and working collaboratively to take decisions that are in the best interests of service users;
 - 2.3.2 using the best available data to inform priorities and decision-making;
 - 2.3.3 making time and other resources available to develop the Alliance and deepen working relationships between Partners at all levels;
 - 2.3.4 being transparent with each other and the people of the City of York;
 - 2.3.5 acting with honesty and integrity and trusting that each other will do the same;

This includes each Partner being open about the interests of their organisation and any disagreement they have with a proposal or analysis. Partners will assume that each of them acts with good intentions;
 - 2.3.6 challenging constructively when required;



- 2.3.7 implementing the priorities and decisions that have been agreed by all Partners through the Alliance Board and holding each other accountable for delivery;
 - 2.3.8 sharing learning and making change through appreciative enquiry; and
 - 2.3.9 working to understand the perspective and impacts of decisions on other parts of the health and social care system
- (together these are the “**Values**”).

2.4 The ways in which the Partners will put the Values into practice include:

- 2.4.1 having conversations about supporting the wider health and care system, not just furthering Partner organisations’ own interests;
- 2.4.2 undertaking more aligned decision-making across the Partners and trying to commission and deliver services in an integrated way wherever reasonably possible;
- 2.4.3 routinely using insights from data to inform decision making;
- 2.4.4 encouraging and trusting front-line staff in Partner organisations to become more involved in the development of services and work jointly with staff from other Partner organisations;
- 2.4.5 ensure a co-ordinated approach to the delivery of Services, in particular where different Partners are involved in the provision of services to the same service user;
- 2.4.6 ensure that problems are resolved rather than being moved around the system;
- 2.4.7 developing multi professional teams from across the Partners to design solutions for the City of York, supported by Partner organisations’ management and leadership;
- 2.4.8 taking a different approach to finance in order to make better use of individual organisation’s budgets through improved coordination of health and care activities.
- 2.4.9 being accountable. Accounting to each other for performance of the respective roles and responsibilities set out in this Concord and the delivery of Services, in particular where Services delivered by different Partners interface with each other;
- 2.4.10 being open. Communicating openly about major concerns, issues or opportunities relating to this Concord and adopting transparency on all aspects of their Services, including through open book reporting and accounting, subject always to appropriate treatment of commercially sensitive information and competition law compliance if applicable;



- 2.4.11 acting promptly. Recognising the importance of the Concord and responding to requests for support from other Partners;
- 2.4.12 deploying appropriate resource to support the Alliance and to meet the responsibilities set out in this Concord (each Partner retains ownership of its resources and is solely responsible for decisions about how those resources are used); and
- 2.4.13 always demonstrating that the best interests of population of the City of York are at the heart of the activities which they provide and the services they deliver under this Concord;

(together these are the “**Principles**”).

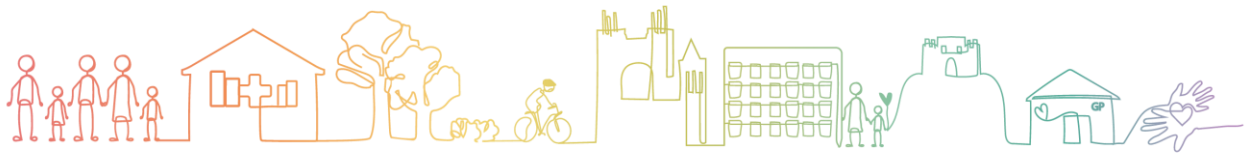
- 2.5 Unless this Concord says differently, Partners shall each bear their own costs. By separate written arrangement, the Partners may agree to share specific costs and expenses (or equivalent) arising in respect of one or more initiatives or Areas of First Focus.
- 2.6 Each Partner shall remain responsible for fulfilling its statutory and contractual obligations and making decisions about its own budget.
- 2.7 The Partners will comply with applicable laws and standards including procurement rules, competition law, data protection and freedom of information legislation and nothing in this Concord shall require them to do otherwise.

3 **PROBLEM RESOLUTION AND ESCALATION**

- 3.1 The Partners agree to adopt a systematic approach to problem resolution, which recognises the Values and Principles.
- 3.2 The Partners commit to working cooperatively to identify and resolve any issues related to this Concord or the Alliance to their mutual satisfaction at an early stage so as to avoid such issues escalating into more formal disputes or litigation.
- 3.3 If a problem, issue, concern or complaint comes to the attention of a Partner in relation to the Areas of First Focus, the Services, or any matter in this Concord, such Partner shall notify the other Partners. The Partners shall then try to resolve the issue in a proportionate manner. If they are not able to do this or any Partner remains unhappy, the matter may be referred to the Alliance Board.

4 **GOVERNANCE**

- 4.1 Initially in the shadow year 2021/22, the governance structure for the Alliance in the City of York will consist of:
 - 4.1.1 the Alliance Board; and
 - 4.1.2 the City of York Health and Wellbeing Board.



- 4.2 The Alliance Board is not a committee of any Partner or any combination of Partners. It will be for each Partner to take decisions for their organisation.
- 4.3 No Partner or group of Partners can take decisions on behalf of others through the Alliance Board.
- 4.4 City of York Council is not able to make decisions that have a direct effect on areas outside of the boundary of the Council.

Alliance Board

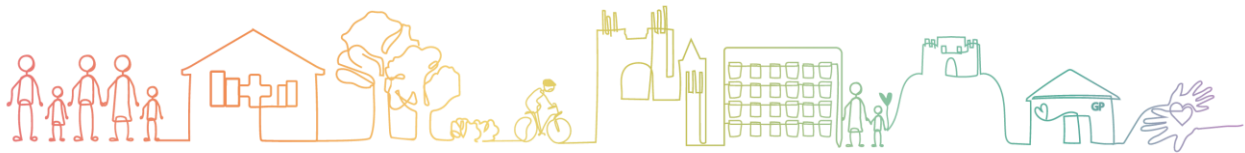
- 4.5 The Alliance Board will operate in accordance with its terms of reference set out in Schedule 2 (Terms of Reference).
- 4.6 The Alliance Board is the group responsible for leading the Partners' collaborative approach to the Services and Areas of First Focus, working in accordance with the Values and Principles to achieve the Aims and Shared Purpose across the City of York.
- 4.7 The Alliance Board is the forum through which the senior leadership of the Partners will meet and collaborate.
- 4.8 The Alliance Board is able to set up groups to support its work. This is done through agreement at an Alliance Board meeting.

Assurance and reporting

- 4.9 The Alliance Board will provide reports on its work to the Humber Coast and Vale ICS and to the City of York Council Health and Wellbeing Board.
- 4.10 It is the responsibility of each Partner to ensure that its representative on the Alliance Board reports back to their organisation about the work of the Alliance.
- 4.11 It is intended by the Partners that as these arrangements develop, the Alliance Board will review how it works with existing partnership engagement forums and the City of York Council Health and Wellbeing Board. The Partners will review the terms of reference of the Alliance Board at least once per year and this will include consultation with these groups about how the Alliance Board interacts with and reports to them.

5 AREAS OF FIRST FOCUS

- 5.1 The Partners recognise that by all focussing on the same areas they are more likely to achieve positive change. The Partners therefore agree to adopt the Areas of First Focus and that the provisions of Schedule 3 (Areas of First Focus) will apply.
- 5.2 Each of the Partners will commit to actively improving Services or the commissioning of Services in a way that:
 - 5.2.1 responds to population need and takes a preventative approach;
 - 5.2.2 better achieves the desired outcomes for the Areas of First Focus; and



5.2.3 complies with the Values and Principles.

6 ENGAGEMENT BETWEEN THE PARTNERS

- 6.1 The Partners will communicate with each other clearly, directly and in a timely manner to ensure that the Alliance Board has all necessary information to perform its role.
- 6.2 The Partners shall each notify the Alliance Board of the level of delegation and authority of their representative at the Alliance Board and will agree to be bound by the actions and decisions of their respective representative taken at the Alliance Board provided those actions and decisions are carried out in accordance with their notification of authority and the provisions of this Concord.
- 6.3 The Partners will ensure appropriate attendance from their respective organisations at all meetings of the Alliance Board and that their representatives act in accordance with the Values, Principles and the Alliance Board Terms of Reference.

7 REPORTING REQUIREMENTS

Where appropriate and practicable, the Partners agree to develop consolidated reports and feedback responses for their organisations in respect of the work of the Alliance Board and the Areas of First Focus.

8 RESOURCES

The Partners will provide resources to support the Alliance as set out in the table below, with each Partner meeting the cost of the support they provide.

All Partners	Appropriate staff/ leadership time
Vale of York CCG	Administration support for the Alliance Board

9 INFORMATION SHARING AND CONFLICTS OF INTEREST

- 9.1 Subject to compliance with the law and contractual obligations of confidentiality, the Partners agree to share information relevant to the provision of the Services and the Areas of First Focus in an honest, open and timely manner.
- 9.2 The Partners agree to disclose all potential and actual conflicts of interest and ensure that such conflicts are managed in adherence with their organisation’s conflict of interest policies and statutory duties.

10 DURATION

- 10.1 This Concord shall take effect on the Commencement Date and will continue in full force and effect until April 2022 (“the **Initial Term**”), unless and until terminated in accordance with the terms of this Concord.



10.2 The Partners agree to begin to review the impact of these arrangements in September 2021 in order to inform any changes to the Concord or extensions to the Initial Term. At the expiry of the Initial Term this Concord shall terminate automatically unless, no later than 2 months before the end of the Initial Term, the Partners agree in writing that the term of the Concord shall be extended for a further term agreed between the Partners (the “**Extended Term**”).

11 **TERMINATION IN WHOLE OR IN PART OF THIS CONCORD**

11.1 This Concord shall terminate:

11.1.1 at the end of the Initial Term or Extended Term, whichever is the later; or

11.1.2 automatically and immediately where there exists just one Partner that remains party to this Concord.

11.2 Any Partner may exit these arrangements on not less than 3 months’ written notice to the other Partners at any time.

12 **LEGAL STATUS - NO LIABILITY**

12.1 The Partners agree that except as regards this Clause 12 (Legal Status/No Liability), Clause 13 (Variation) and Clause 14 (Confidential Information), the terms set out in this Concord are not intended to create a legally binding relationship between the Partners.

12.2 The Partners do not intend that any liability will arise under this Concord and none of the Partners intend that any other Partner shall be liable for any loss it suffers as a result of adherence to the terms of this Concord by any Partner.

12.3 Without prejudice to Clause 12.2, each Partner will at all times take all reasonable steps to minimise and mitigate any losses or other matters to any other Partner under this Concord.

13 **VARIATION**

The Partners may agree to amend or supplement this Concord through unanimous agreement at an Alliance Board meeting or by email as set out in the Terms of Reference. However, any change to clause 12 will not be binding unless set out in writing, expressed to amend, waiver or vary this Concord and signed by or on behalf of each of the Partners.

14 **CONFIDENTIAL INFORMATION**

14.1 Each Party (a “Receiving Party”) shall keep in strict confidence all technical or commercial know-how, specifications, inventions, processes and/or initiatives or other information which is marked as confidential which are disclosed to the Receiving Party by another Party (a “Disclosing Party”), its employees, agents or subcontractors, and any other confidential information concerning the Disclosing Party’s business, its products or its services which the Receiving Party may obtain.



14.2 The Receiving Party shall only disclose such confidential information to its professional advisors, and those of its employees, agents or subcontractors who need to know the same for the purpose of discharging the Receiving Party's obligations under this Concord, and shall ensure that such professional advisors, employees, agents or subcontractors shall keep such information confidential.

14.3 The provisions of this Clause 14 do not apply to information which:

14.3.1 comes into the Receiving Party's possession directly from a third party other than as a result of a breach of confidence provided that third party was not under the same or similar duty of confidence;

14.3.2 is in or comes into the public domain other than as a result of a breach of Clause 14; or

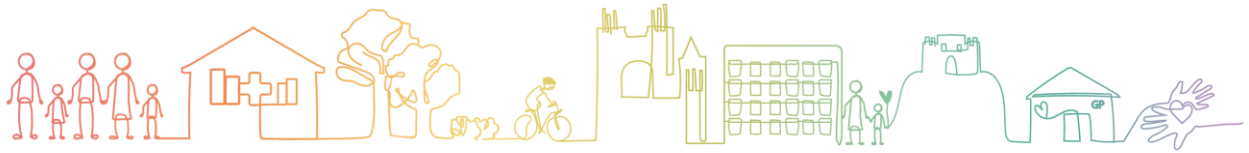
14.3.3 the Partners in question agree in writing that the information is not confidential.

15 **FREEDOM OF INFORMATION**

Each partner retains their own legal responsibility to adhere to the Freedom of Information Act 2000. If any Partner receives a request for information relating to this Concord under the Freedom of Information Act 2000, it shall consult with the other Partners before responding to such request and, in particular, shall have due regard to any claim by any other Partner to this Concord that the exemptions relating to commercial prejudice and/or confidentiality apply to the information sought.

16 **NO PARTNERSHIP**

Nothing in this Concord is intended to, or shall be deemed to, establish any partnership between any of the Partners, constitute any Partner the agent of another Partner, nor authorise any Partner to make or enter into any commitments for or on behalf of any other Partner except as expressly provided in this Concord.



Schedule 1

Signatories to the Concord

SIGNED by)
 Duly authorised to sign for and on)
 behalf of **CITY OF YORK COUNCIL**)
)

.....
 Authorised Signatory
 Title: [Chief Operating Officer]
 DATE: []

SIGNED by)
 Duly authorised to sign for and on)
 behalf of **NIMBUSCARE**)
)

.....
 Authorised Signatory
 Title: [Chief Executive]
 DATE: []

SIGNED by)
 Duly authorised to sign for and on)
 behalf of **ST LEONARD'S**)
HOSPICE YORK)
)

.....
 Authorised Signatory
 Title: [Chief Executive]
 DATE: []

SIGNED by)
 Duly authorised to sign for and on)
 behalf of **TEES ESK AND WEAR**)
VALLEYS NHS FOUNDATION TRUST)
)

.....
 Authorised Signatory
 Title: [Chief Executive]
 DATE: []

SIGNED by)
 Duly authorised to sign for and on)
 behalf of **VALE OF YORK CCG**)
)

.....
 Authorised Signatory
 Title: [Accountable Officer]
 DATE: []

SIGNED by)
 Duly authorised to sign for and on)
 behalf of **YORK CVS**)
)

.....
 Authorised Signatory
 Title: [Chief Executive]
 DATE: []

SIGNED by)
 Duly authorised to sign for and on)
 behalf of **YORK SCHOOLS &**)
ACADEMIES BOARD)
)

.....
 Authorised Signatory
 Title: [Chair]
 DATE: []



SIGNED by)
Duly authorised to sign for and on)
behalf of **YORK TEACHING HOSPITAL**)
NHS FOUNDATION TRUST)

.....
Authorised Signatory
Title: [Chief Executive]
DATE: []

DRAFT



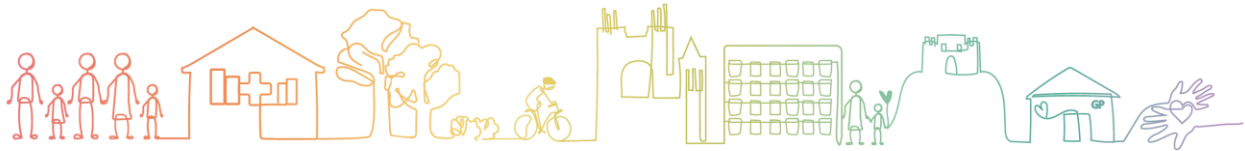
Schedule 2

Terms of reference of the York Health & Care Alliance Board

<p>1.</p>	<p>Purpose</p>	<p>The York Health and Care Alliance (“the Alliance”) has been set up by the partner organisations (“Partners”) as a place based partnership to help them deliver better health and care outcomes for the City of York Place, through more integrated care and improved use of data. The key aims of the Alliance are:</p> <ul style="list-style-type: none"> • People centred: The development of public services and the right conditions for people and communities to stay well, enabling them to take increased responsibility for their own health and wellbeing • Integrated services: The development of primary, social, voluntary and community care to support people and communities in the place they live and provide a point of on-going continuity, which for most people will be general practice • Timely and appropriate care: The freeing up of mental and physical health specialists to be responsive to episodic events, to provide complex care and support, and to give specialist advice as part of multi-disciplinary teams
<p>2.</p>	<p>Area and population (“City of York Place”)</p>	<p>The area of City of York Place is the area covered by City of York Council plus the area covered by Pocklington PCN. (Most of the area covered by Pocklington PCN is in the area covered by City of York Council but there is part of Pocklington PCN that is in the area covered by East Riding of Yorkshire Council. As there is an increasing focus on work done by or in partnership with PCNs, the Alliance has decided that it would be preferable for City of York Place to cover all of this PCN area, rather than having some of the PCN in and some of the PCN out of City of York Place.) The services that are within the remit of City of York Place include public services provided by the Partners:</p> <ul style="list-style-type: none"> - to residents of City of York Place; - within City of York Place; or - to visitors and temporary residents of City of York Place



		<p>The Partners acknowledge that there will not always be a neat fit between the relevant data and the City of York Place footprint, and the data that would be used in practice would depend on the question being asked/ problem being addressed.</p>
3.	Workstreams	<p>The Alliance has agreed that it will operate through a board of the Partners in accordance with these terms of reference (“Alliance Board”). The Alliance Board will choose the areas that the Alliance will prioritise. It is expected that these will be concerned with:</p> <ul style="list-style-type: none"> - The commissioning, delivery and/ or design of public services that impact on outcomes for City of York Place - The development of the Alliance, including the deepening of trust and understanding between staff from different organisations - Improving the understanding and participation of citizens of the City of York Place, and engagement with other relevant organisations
4.	Membership and observers	<p>Alliance Board Members</p> <p>The Alliance Board is made up of:</p> <ul style="list-style-type: none"> • The Chair • NHS City of York Place Leader (chosen by the NHS Partners) or a deputy nominated by them • Partner Representatives <p>These are the Board Members</p> <p><u>The Chair</u> is in the first instance the Leader of City of York Council and attends in addition to the partner organisation representative(s) from City of York Council</p> <p><u>The NHS City of York Place Leader</u> attends in addition to the Partner Representative from their organisation</p> <p><u>Partner Representatives</u></p> <p>The Partners of the Alliance are listed below. One representative from each Partner may attend the meetings of the Alliance Board, unless different arrangements are set out below.</p> <ul style="list-style-type: none"> • City of York Council • Nimbuscare • St Leonards Hospice • Tees, Esk & Wear Valleys NHS Foundation Trust • Vale of York CCG • York Community & Voluntary Services • York Schools and Academies Board



		<ul style="list-style-type: none"> • York Teaching Hospital NHS Trust <p>There may be two Partner Representatives from City of York Council in addition to the Chair: the Director of Public Health, and one other Corporate Director.</p> <p>Partners nominate their Representative by emailing their name and contact details (including email address) to jo.baxter1@nhs.net. If a Partner Representative is unable to attend then a deputy may attend in their place, provided the deputy's name and contact details (including email address) are notified in advance to jo.baxter1@nhs.net by the Partner. If the Partner Representative from the City of York Council with responsibility for adult social care, children's social care and schools cannot attend then they may nominate up to two deputies if this is necessary to ensure that those attending on behalf of the Council have sufficient understanding of the areas being discussed by the Board.</p> <p><u>Citizen voice</u></p> <p>Observers</p> <p>The Alliance Board can agree to invite others to attend meetings to present, contribute to discussions or observe proceedings.</p>
5.	Attendance	<p>It is important that Partner Representatives from across the system attend Alliance Board meetings, to enable the Alliance Board to take a holistic approach.</p> <p>The Alliance Board can formally meet if:</p> <ul style="list-style-type: none"> - The Place Leader or their deputy is present; and - The Leader of City of York Council or their substitute, the Executive Member for Health and Adult Social Care. <p>If all these requirements are not met then the meeting can proceed but any outputs will be provisional unless or until they are approved by an Alliance Board meeting that meets the requirements.</p> <p>If a Partner fails to send a representative to the Alliance Board when the Alliance Board is due to discuss an item that directly concerns the Partner, then they shall provide the Alliance Board with an explanation for their absence. If a Partner fails to send a representative more than twice in any 12 month period without good reasons having been given for the absence then the remaining Board Members may choose to remove them from the Alliance.</p> <p>Attendance may be in person, by telephone or by video link provided all Board Members attending are able to</p>



		<p>hear all other Board Members and appropriate security measures are in place</p> <p>If a Partner Representative does not attend a meeting at which changes or additions to the Concord or these Terms of Reference are discussed then they may give their agreement to those changes or additions by emailing jo.baxter1@nhs.net and stating unambiguously that they are agreed by the Partner Representative.</p>
<p>6.</p>	<p>Chairing arrangements</p>	<p>Meetings of the Alliance Board will be chaired by the Leader of City of York Council.</p> <p>If the City of York Council Leader is unable to attend then the Alliance Board meeting shall be chaired by the Deputy Chair. The Deputy Chair will be a Partner Representative from an NHS provider organisation, nominated by the Alliance Board at its first meeting.</p>
<p>7.</p>	<p>Status and authority</p>	<p>The Alliance is a group of organisations that have agreed to work together more closely, and to do this through participating in the arrangements set out in the Alliance Concord). Those arrangements include the senior leaders from each organisation meeting on a regular basis. When they meet together those leaders make up the Alliance Board.</p> <p>Neither the Alliance nor the Alliance Board is a legal body, and so they are not able to make decisions in their own right. Each Partner will continue to take its own decisions and implement them. The Alliance cannot require any Partner to act in a particular way, nor can any Partner or group of Partners “overrule” any other.</p> <p>However, it is hoped that through working together more closely – including by senior leadership meeting regularly at the Alliance Board – decisions can be made in a more co-ordinated way, with a better understanding of their implications for the overall outcomes at City of York Place. The aim is to reach consensus across all Partners over what action is best for City of York Place.</p> <p>Each Partner will decide for itself what level of authority it will delegate to its representative on the Alliance Board and will communicate this clearly to the other Partners. It is expected that the representatives on the Alliance Board will be senior leaders within their organisation, they will already have a significant decision-making responsibility for their organisation.</p> <p>If a representative is unable to agree to a proposal under consideration at an Alliance Board meeting without seeking approval from their organisation, they will explain this at the start of the relevant agenda item.</p>



		<p>Before the first meeting of the Alliance Board, the each partner organisation will say briefly in writing what decisions their representative is able to make on behalf of their organisation and what decisions they would need to take back. These explanations will be collated and made available to all partner organisations. An organisation can update its statement at any time by emailing jo.baxter1@nhs.net</p> <p>It is the responsibility of each Partner to ensure that its representative on the Alliance Board understands the limits of their decision-making authority.</p>
<p>8.</p>	<p>Resources</p>	<p>As it is not an organisation in its own right, the Alliance relies on the Partners to provide the resources it needs to operate.</p> <p>The Alliance Board is supported by administration services provided by Vale of York CCG</p> <p>The Alliance Board is supported by a virtual data and analytics team ('Population Health Hub') made up of individuals spread across different Partners. It can ask this virtual team for:</p> <ul style="list-style-type: none"> - Insights based on data - Input regarding the development of population health management capacity within City of York Place - Participation in Alliance Board meetings <p>HCV ICS may allocate resources to be used by the Alliance. The Place Leader will be responsible for liaising with the HCV ICS and ensuring that such resources are spent in accordance with assurances provided to HCV ICS.</p> <p>The Alliance Board is able to set up groups to support its work. This is done through agreement at an Alliance Board meeting.</p>



9.	Ways of working	<p>Board Members will:</p> <ul style="list-style-type: none"> (a) Support each other to take decisions that are in the best interests of City of York Place; (b) Make time to deepen working relationships with other representatives (c) Work to understand the perspective and impacts of decisions on other parts of the health and social care system, and to use the best available data to inform decision-making (d) Ensure they are properly briefed about topics to be discussed at the Alliance Board (e) Participate in Alliance Board discussions in good faith and conduct discussions in a respectful way (f) Be open about their position and in particular if they disagree with a proposal or analysis, say so and explain why, rather than remaining silent (g) Be open about any interest their organisation has in an area being considered by the Alliance Board (h) Act as an ambassador for the Alliance within their organisation and the wider system <p>Each Partner will ensure that:</p> <ul style="list-style-type: none"> (a) It has a Representative at each meeting of the Alliance Board of appropriate seniority (b) Its Representative is appropriately briefed and authorised (in line with point 7), and that the representative understands the limits of their decision-making authority (c) Its Representative is given appropriate time and resources to enable them to participate meaningfully in Alliance Board meetings and to develop working relationships with people working in other parts of the system (d) Its Representative is familiar with these terms of reference
10.	Reporting	<p>It is the responsibility of each Partner Representative sitting on the Alliance Board to report back to their Partner organisation about the work of the Alliance.</p> <p>The Alliance will need to report on its work to HCV ICS. Such reports will be made by the Place Leader, both in writing and by attending relevant meetings of the ICS. Written reports will be circulated to Partners in advance for comment. Any comments made will be reflected in the report. This may be done by adding the comments rather amending the original wording at the discretion of the Place Leader.]</p>



		<p>The Alliance Board will also report on its work to City of York Council Health & Wellbeing Board. It is anticipated that the Place Leader will also sit on the Health & Wellbeing Board and so will be able to provide oral and written updates as desired by the Health & Wellbeing Board. The way in which the Alliance Board works alongside the Health & Wellbeing Board will be formalised as the Alliance develops.</p> <p>The Alliance Board will agree an annual report summarising its work that representatives can use to report to their organisation.</p>
<p>11.</p>	<p>Decision making</p>	<p>It will be for each Partner (and where decision-making has been delegated to them, each Partner Representative) to take decisions for their organisation. No Partner or group of Partners can take decisions on behalf of others.</p> <p>Therefore matters can be decided at the Alliance Board only if:</p> <ul style="list-style-type: none"> - All Partners are represented at the meeting - Those Partner Representatives have the appropriate delegated authority from their organisation to make the decision - All Partner Representatives agree to make the decision
<p>12.</p>	<p>Conduct of business</p>	<p>Meetings of the Alliance Board will be held regularly. It is anticipated that they will be held once a month but the Alliance Board may agree to a different meeting frequency if they wish, by doing so at a meeting of the Alliance Board.</p> <p>The Chair or the Place Leader may call extraordinary meetings of the Alliance Board at their discretion subject to providing at least five working days' notice to Board Members.</p> <p>If a Board Member wishes to add an item to the agenda they must notify jo.baxter1@nhs.net. Requests for agenda items will be passed to the Place Leader who will decide the content and order of the agenda. The Place Leader will also decide if any part of the meeting should be held in private.</p> <p>Circulation of the meeting agenda and papers via email will take place at least five working days prior to the meeting.</p> <p>Meetings of the Alliance Board will be held in public unless:</p>



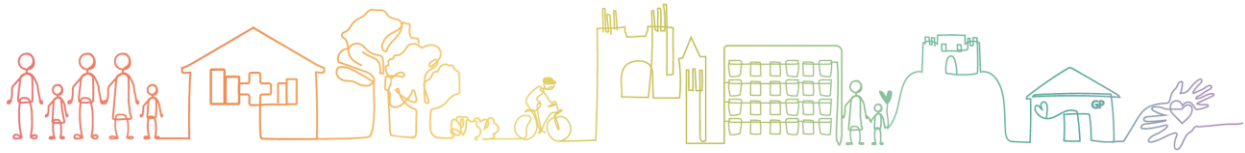
		<ul style="list-style-type: none"> - The Place Leader has determined that an agenda item should be heard in private - Any partner organisation representative present requests that an item should be heard in private <p>Agendas, papers and minutes will be published on the Vale of York CCG and City of York Council websites. Other Partners may also publish these documents on their websites if they wish.</p> <p>The minutes of Alliance Board meetings will be sent to Board Members within 10 working days of each meeting. The Alliance Board will have administrative support from Vale of York CCG to:</p> <ul style="list-style-type: none"> - Collate items for the agenda - Circulate the agenda and any papers - take and circulate minutes of the meetings - maintain a record of actions and action owners
13.	Conflicts of interest	<p>Board Members must refrain from actions that are likely to create any actual or perceived conflicts of interests. Board Members must disclose all potential and actual conflicts of interest and ensure that such conflicts are managed in adherence with their organisation’s conflict of interest policies. Such conflicts should be declared at the earliest opportunity to jo.baxter1@nhs.net and at the start of any meeting discussing matters related to a conflict.</p> <p>If a conflict of interest is declared then:</p> <ul style="list-style-type: none"> - The declaration will be noted in the minutes - The Place Leader may decide (either in advance or at the meeting) that the Board Member: <ul style="list-style-type: none"> o can continue to participate as normal o can attend but cannot contribute to discussions o cannot attend o cannot receive papers (including agendas and minutes) relating to the item <p style="padding-left: 40px;">for the relevant item</p> <p>The decision of the Place Leader will be noted in the minutes.</p> <p>Any Elected Member from CYC will be required to abide by the CYC Members Code of Conduct.</p>
14.	Review	<p>These terms of reference will be reviewed annually. They may be amended at a meeting of the Alliance Board by the agreement of the Partner Representatives.</p>



DRAFT



DRAFT



Schedule 3

Areas of First Focus

Early conversations with senior leaders have identified the need to start by concentrating on a small number of priority areas in order to channel our resources effectively in the initial stages of our joint working. Therefore, our first focus areas include:

- Prevention and early management of diabetes in vulnerable people
- High-cost complex packages, including CHC cases
- Learning Disabilities /Autism – specific topic tbc

These need to be refined by partners but there is a strong sense of support to take these forward.

There are also a number of areas where the work of Partners is so closely connected that it would be helpful for all of our teams to have some clarity, at least in terms of our commitment to work collaboratively. These include:

- COVID recovery
- Community Mental Health
- Dementia care and support across the whole pathway
- Loneliness, isolation and wellbeing
- Self-harm and suicide
- Childhood resilience
- Alcohol harm and substance misuse

Signalling our intention to develop a joint approach to these areas sends a strong message to our staff and partners. We anticipate that all Partners would take part in the process of aligning staff to these emerging programmes. This would be particularly important and helpful for those staff who will be affected by the likely process of NHS reconfiguration in 2021/22 We could also encourage teams to explore how best to come together to make this work happen.

We will work together in the areas set out above to deliver our Shared Purpose of improving health outcomes and reducing health inequalities for the population of the City of York Place, through the prevention of ill-health and provision of safe and high quality public services that work well together.

Health and Adult Social Care Policy and Scrutiny Committee

Work Plan

12 January 2021 (Informal Forum)	<ol style="list-style-type: none">1. Peer Review Work – Reducing Admissions to Care2. Smoking cessation + Tobacco Control in York3. Covid update4. Work Plan
9 February 2021	<ol style="list-style-type: none">1. Covid Update – The Director of Public Health will provide the Committee with a verbal update at the meeting in relation to Covid 19.2. Commissioning update on the care market, and capacity requirements for the coming period.3. Work Plan
13 April 2021	<ol style="list-style-type: none">1. Report on the transfer of York hospitals A&E minor injuries unit to Vocare2. Update on Plans for the Future of Health and Care in York –(report is due at Executive on 18 March)3. Work Plan
11 May 2021	<ol style="list-style-type: none">1. Update on Peer review work2. All Age Learning disabilities strategy3. Covid update4. Work Plan

Agenda items for consideration

1. The NHS led provider collaborative - will be in place from April 2020. It would be beneficial to invite relevant colleagues to a future meeting to gain an understanding of what these changes mean/t and perhaps an update on what has happened (positive or not so good) now it will have been established.

2. 'Dying Well' – a theme arising from a discussion at an earlier meeting. Under this broad heading would include consideration of hospices. They are only partly supported financially by the Health Service and raise the majority of their own funding. (The Chair would have a non-prejudicial interest - in that his partner is a CEO of a hospice).
3. Blue Badge Guidance for implementation
4. Childhood Obesity - for consideration on what other Authorities do to address this concern. It had been noted that Leeds had success in this area. Identifying funding streams to support work on this aspect.
5. Children's Dental Health in York – (consider after the pandemic)
6. Health & ASC Finance & Monitoring reports
7. Adult Safeguarding
8. Mental Health - several aspects potentially - Place based community approach update and also post Covid for both young people and adults.
9. Update on the situation regarding rough sleepers
10. Update on smoking cessation and tobacco control in York
11. Update on the dementia provision in York, including an update on the dementia strategy and dementia alliance etc

Council Plan Priorities relating to Health and Adult Social Care
Good Health and Wellbeing
<ul style="list-style-type: none">• Contribute to mental Health, Learning Disabilities and Health and Wellbeing strategies• Improve mental health support and People Helping People scheme

- Support individual's independence in their own homes
- Continue the older persons' accommodation programme
- Support substance misuse services
- Invest in social prescribing, Local Area Coordinators and Talking Points
- Open spaces available to all sports and physical activity
- Make York an Autism friendly city
- Embed Good help principles into services
- Safeguarding a priority in all services

Creating Homes and World-class infrastructure

- Deliver housing to meet the needs of older residents

A Better Start for Children and Young People

- Tackle rise in Mental Health issues

Safe Communities and Culture for All

- Explore social prescribing at local level to tackle loneliness
- Expand People Helping People scheme

This page is intentionally left blank