Notice of a public meeting of

Health, Housing and Adult Social Care Scrutiny Committee

To:	Councillors J Burton (Chair), Vassie (Vice-Chair), Baxter, Hook, Moroney, Rose, Runciman, Smalley, Wann and Wilson
Date:	Wednesday, 15 January 2025
Time:	5.30 pm
Venue:	West Offices - Station Rise, York YO1 6GA

AGENDA

1. Apologies for Absence
To receive and note apologies for absence.

2. Declarations of Interest (Pages 5 - 6)
At this point in the meeting, Members are asked to declare any disclosable pecuniary interest or other registerable interest they might have in respect of business on this agenda, if they have not already done so in advance on the Register of Interests. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

[Please see attached sheet for further guidance for Members]

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 are set as 2 working days before the meeting, in order to facilitate the management of public participation at our meetings. The deadline for registering at this meeting is **5:00pm on Monday 13 January 2025.**

To register to speak please visit www.york.gov.uk/AttendCouncilMeetings to fill in an online registration form. If you have any questions about the registration form or the meeting, please contact Democratic Services. Contact details can be found at the foot of this agenda.

Webcasting of Public Meetings

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

During coronavirus, we made some changes to how we ran council meetings, including facilitating remote participation by public speakers. See our updates (www.york.gov.uk/COVIDDemocracy) for more information on meetings and decisions.

4. Establishing a Joint Committee between City of York Council and the Humber and North Yorkshire Integrated Care Board (Pages 7 - 44)

Members are asked to consider and comment on a report setting out a proposal to form a Joint Committee (Section 75 agreement) between Humber and North Yorkshire Integrated Care Board and City of York Council, as approved by the Council's Executive in November 2024.

5. Work Plan (Pages 45 - 46)

Members are asked to consider the Committee's work plan for the 2024/25 municipal year.

6. **Urgent Business**
Any other business which the Chair considers urgent under the Local Government Act 1972.

Democracy Officer: James Parker

- Telephone – (01904) 553659
- Email – james.parker@york.gov.uk

For 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

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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)

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Declarations of Interest – guidance for Members

(1) Members must consider their interests, and act according to the following:

Type of Interest	**You must**
Disclosable Pecuniary Interests	Disclose the interest, not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.
Other Registrable Interests (Directly Related) **OR** Non-Registrable Interests (Directly Related)	Disclose the interest; speak on the item <u>only if</u> the public are also allowed to speak, but otherwise not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.
Other Registrable Interests (Affects) **OR** Non-Registrable Interests (Affects)	Disclose the interest; remain in the meeting, participate and vote <u>unless</u> the matter affects the financial interest or well-being: (a) to a greater extent than it affects the financial interest or well-being of a majority of inhabitants of the affected ward; and (b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest. In which case, speak on the item <u>only if</u> the public are also allowed to speak, but otherwise do not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.

(2) Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.

(3) Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.

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Health, Housing and Adult Social Care Scrutiny Committee **15 January 2025**

Report of the Director of Public Health

Establishing a Joint Committee between City of York Council and the Humber and North Yorkshire Integrated Care Board

Summary

1. In November 2024, Executive Committee received a report setting out a proposal to form a Joint Committee (Section 75 agreement) between Humber and North Yorkshire Integrated Care Board and City of York Council. This proposal was approved, and work is now underway to set up the Joint Committee by April 1st 2025.

2. The creation of a Joint Committee is intended to improve the quality of health and care for residents in the city. As an enabling mechanism, it will not directly change services overnight, but the partnership working, joint planning and joint funding arrangements it allows between the council and health will lead to greater integration between healthcare services.

3. Scrutiny committee are invited to note and discuss these developments in health and care integration within the city.

Background

4. Please see 14 November 2024 Report to Executive.

Consultation

5. Please see 14 November 2024 Report to Executive.

Options

6. Please see 14 November 2024 Report to Executive.

Analysis

7. Please see 14 November 2024 Report to Executive.

Council Plan

8. Please see 14 November 2024 Report to Executive.

Implications

9. Please see 14 November 2024 Report to Executive.

Risk Management

10. Please see 14 November 2024 Report to Executive.

Recommendations

11. Members are asked to

   1) Note and discuss the developments in health and care integration, and the opportunities, challenges and implications for the health and wellbeing of York's residents.

   Reason: This is a key development in the York health and care system, and it is important the committee are engaged, involved and briefed.

Contact Details

Author:	**Chief Officer Responsible for the report:**
Peter Roderick Director of Public Health	Peter Roderick Director of Public Health
	✓ **Date** 07/01/2025

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers:

None

Annexes

Appendix A: Decision Report (Executive, 14 November 2024): *Establishment of a Joint Committee (Section 75 agreement) between Humber and North Yorkshire Integrated Care Board and City of York Council*, including:

- Annex 1: Financial risk principles
- Annex 2: Equalities Impact Assessment

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CITY OF YORK COUNCIL

Meeting:	Executive
Meeting date:	14 November 2024
Report of:	Ian Floyd, Chief Operating Officer
Portfolio of:	Cllr Claire Douglas, Leader of the Council

Decision Report: Establishment of a Joint Committee (Section 75 agreement) between Humber and North Yorkshire Integrated Care Board and City of York Council

Subject of Report

1. This report sets out a proposal to form a Joint Committee (Section 75 agreement) between Humber and North Yorkshire Integrated Care Board and City of York Council

2. The 2022 Health and Care Act allows for the formation of joint committees between an Integrated Care Board and any local authority within its geographical area. A joint committee is defined in the legislation, and its purpose is to establish a formal governance mechanism to oversee integrated working between health and care, and to allow for the aligning and pooling of resources where both health and local authorities fund care and support for residents, under Section 75 of the National Health Service Act 2006. This report will seek executive approval for CYC to enter into such an arrangement with the Humber and North Yorkshire ICB.

Benefits and Challenges

3. The creation of a Joint Committee will improve the quality of health and care for residents in the city. As an enabling mechanism, it will not directly change services overnight, but the partnership working, joint planning and joint funding arrangements it allows between the council and health will lead to greater integration between healthcare services.

4. It is well recognised that in a complex health and care landscape, with separate providers of NHS services (primary care, secondary care, mental health services, public health services) and local authorities providing social care assessment and means-tested care, there are many opportunities and benefits of greater joint working as ‘one system’ from the perspective of the person receiving care.

5. It is also well recognised that such integration is a huge challenge, nationally and at local level, and sustained policy positions on integration in theory have not always led to integration in practice. Even given this positive development in York of a Joint Committee, there will be much further work to do between all partners to deliver the high quality and joined-up health and care our residents deserve.

Policy Basis for Decision

6. The ability to form a joint committee is set out in the 2022 Health and Care Act, which allows for the formation of joint committees between an Integrated Care Board and any local authority within its geographical area.

7. The formation of a joint committee is fully aligned to the Council Plan and reflects ambitions contained within our 10-year strategies covering climate, health and wellbeing and the economy, most specifically the Health and Wellbeing Strategy ‘Ambition’ to ‘Build a Collaborative Health and Care System’

Financial Strategy Implications

8. Significant commissioning funds are already pooled between the ICB and the council using a s75 agreement, through the Better Care Fund. This amounts to £17.2m of ICB funding, and £8.2m of CYC funding.

9. Governance routes for this fund, as per legislation, go through the Health and Wellbeing Board.

10. Under the new s75 associated with a Joint Committee, £10.5m of ICB funding and £1m of CYC's budget is being considered for inclusion in the extended S75 agreement for the financial year 2025/6, in addition to the funds above, a total resource of £37.2m.

11. Further funds would be able to be pooled at the agreement of signatories of the s75 in future years. The pool is expected to increase over time as further areas for aligned working and joint decision making are identified and assessed.

Recommendation and Reasons

12. Executive is asked to:

    a. Agree the establishment of a Joint Committee between City of York Council and Humber and North Yorkshire Integrated Care Board, under section 71 of the Health and Care Act 2022

    Reason: This will enable the necessary governance arrangements to be established for the s75 agreement.

    b. Delegate authority to the Chief Operating Officer, in conjunction with the Director of Governance (Monitoring Officer), to enter into s75 arrangements with Humber and North Yorkshire ICB, in relation to the formation of a joint committee and the pooling of a defined set of funds as set out in the report.

    Reason: This will better enable joint decisions to be made around the funding and commissioning of health and care in York, including whole services and also individual packages of care.

Background

13. The ICB and CYC partnership arrangements have matured over the course of the past two years, building on the health and care alliance in existence prior to the 1st July 2022 when the ICB was established.

14. Since 2022, the York Health and Care Partnership (YHCP) has been an Executive Committee of the ICB, drawing on membership across ICB senior officers, CYC senior officers, York and Scarborough NHS Teaching Hospital, Tees, Esk and Wear Valley NHS Mental Health Trust, primary care, York Centre for Voluntary Services, Healthwatch York, the university and education sectors, and CYC elected members.

15. Establishing a Joint Committee between the two main commissioning partners on the YHCP is a natural next step in our journey and will bring Health resources together with Social Care, Public Health and Community resources to enable joint planning, joint decision making, and joint policy development, all supported by single contracting and performance processes.

16. The proposed arrangements also take full account of the ICB operating model of 6 places, 5 collaboratives and one System, and are timely given the development of the ICB's operating model, where 'place' arrangements can now include delegated powers and budgets over community, primary and community mental health care.

17. The exploration of a joint committee arrangement was agreed in the 2024/25 YHCP plan, and in June 2024 CYC and the ICB initiated dialogue to fully explore the section 75 arrangement. This has been through a new sub-group of the YHCP, the Joint Commissioning Forum, chaired by the CYC Director of Public Health.

18. The ICB executive have endorsed the 'pragmatic yet ambitious' approach being proposed:

    a) To focus on establishing supporting infrastructure - governance, decision making, joint posts, and risk share arrangements - to operate from 1 April 2025, without immediately pooling or aligning all potential funds through the new arrangements in the first year.

    b) To preserve the strong multi-partner arrangements within the proposed bilateral arrangements between CYC and ICB, and thus operate the Joint Committee under the auspices of the York Health and Care Partnership Place Committee, rather than establishing a separate forum

    c) In order to facilitate the above, to develop two aspects of governance: a section 75 agreement (of the ICB and LA) and a signed partnership agreement (all YHCP members).

    d) To model the s75 agreement on the first and so far only other joint committee established in Humber and North Yorkshire, that between the ICB and North East Lincolnshire Council – recognising the extensive development and legal advice obtained in drafting this agreement, but also recognising some differences between the two areas (e.g. extent of financial challenge), and plan accordingly.

19. With this in mind, the aim is to have a Section 75 agreement in place with effect from 1st April 2025.

Rational for place delegation and the formation of a joint committee

20. The Joint Commissioning Forum has developed a clear narrative to explain to residents why we want to develop joint commissioning arrangements:

> *Joint Commissioning in York – Our Narrative*
>
> *In the health can care sector in York, there are things we can't do alone that we can do together, such as management of the care home market, supporting people receiving 'out of area' care back home, addressing the rising number of people with health conditions such as dementia, mental illness and frailty, and ensuring our children and young people are supported to get the best start in life.*
>
> *Joint approaches lead to better joined up services for residents. This makes sense for where services are targeting similar populations, where there is benefit in multi-agency working, and where an active focus on prevention can reduce costs to statutory services.*
>
> *Joint approaches will help us prepare for the challenges ahead, with unsustainable finances and workforce, a system that is no longer affordable, and rising demands bringing additional pressures. Taking decisions together will help avoid costly decisions that fail to take account of interdependencies between health care services, the wider determinants of health, and the longer-term benefits of supporting the health and wellbeing of our children and young people.*
>
> *We are part of a wider system of health and care partnerships in Humber and North Yorkshire, committed to 'Place Delegation': support the sustainability of local health and care systems and enabling excellence in the way services are developed and delivered with and for people, families, and communities.*

21. This narrative will be used to initiate conversations with partners and the public on the emerging arrangements.

Delegation and Accountability of the Joint Committee

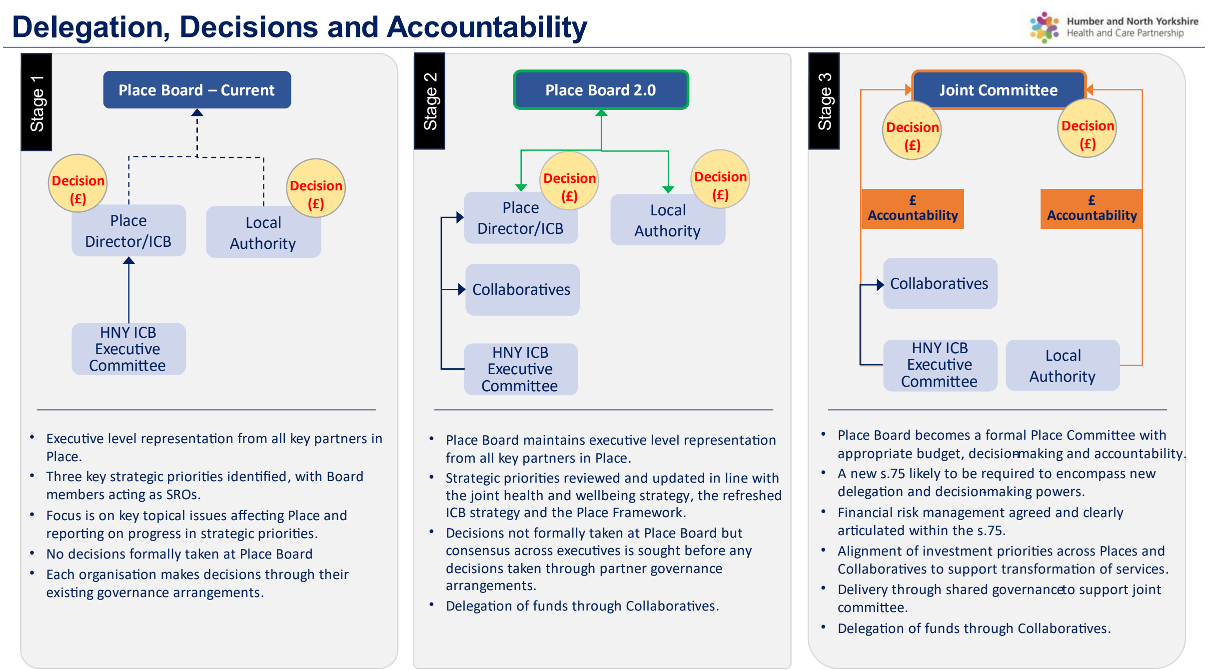
22. With the new ICB operating model there is an opportunity for greater delegation and decision making through places and provider collaboratives.

23. The 2022 Health and Care Act s675z allows for the formation of joint committees between an Integrated Care Board and any local authority within its geographical area. As Local Authorities are not relevant bodies for the purposes of these new legal provisions,

they cannot make arrangements under s65Z5 in respect of their own functions; s65Z5 is a means of involving Local Authorities in the exercise of NHS functions.

24. It is important to be clear that, whilst the proposed arrangement in this paper is described as a “joint committee”, this is not a Joint Committee in the legal sense. Under section 101 of the Local Government Act 1972 local authorities can make arrangements for the delivery of their functions by a committee, sub-committee, or officer of their authority, or by any other local authority. Arrangements under this last part are commonly referred to as Joint Committees. As neither the NHS nor the ICB fits within the definition of a “local authority” under the 1972 Act, the arrangement is not a formal Joint Committee; it is better considered to be a joint operational arrangement, but the term “joint committee” will be used in line with its usage within NHS operational structures.

25. The diagram below details the current Place Board arrangements and how delegation and decision making are evolving within Humber and North Yorkshire ICB. In York Place we are operating at Stage 2 in practice already, and the intention is to move towards Stage 3 (Joint Committee) towards a Joint Committee by April 2025.



26. In terms of decision making, integration and risk management there is a spectrum of approaches available for each individual commissioning and funding stream under a s75, ranging from simple aligning of budgets through to fully integrated provision. The

case for change and the benefits that can be achieved need to be understood and need to be the catalyst for determining the most appropriate decision-making arrangements.

27. A service-by-service review, led by the Joint Commissioning Forum with proposals ratified by the YHCP, will develop the local case for change here in York. In summary, budgets will either be aligned or pooled:

- *Aligned budgets* are delegated to place i.e. YHCP. Decisions are considered jointly through YHCP Executive Committee and recommendations made, but control and decision making remains with the accountable organisation. Joint control does not exist for these budgets as decisions about the relevant activities do not require the unanimous consent of the parties that collectively control the arrangement. The formal route for decision making needs to be agreed and clearly set out within the delegation arrangements.

- *Pooled budgets* are delegated to place and joint control is in place – decisions require the unanimous consent of the parties that collectively control funds, as set out through the Section 75 agreement. A pooled budget occurs where partners agree to set aside funds for a specific purpose that they will pursue jointly, usually because it addresses common objectives or results in benefits from working together. There is no requirement to physically transfer finances in order to have a pooled budget arrangement.

28. Lead Commissioning and Integrated Provision are likely to have the greatest benefits of integration in the longer term, allowing commissioning and provision of health and social care to operate in a truly joined up manner, focused on our population needs rather than traditional service boundaries.

29. The legal vehicle to achieve delegation to place in York will be a Section 75 agreement, building upon the established agreement between the ICB and North-East Lincolnshire Place but reflecting the priorities of the York Health and Care Partnership.

30. Decisions on whether funding is included within the Section 75 agreement, and whether they are included on an aligned or pooled basis, will be made on a case-by-case basis. Considerations will include developing a joint understanding of why integration or joint / aligned decision making for this service / budget is important to

York, what our ambition is for the service, and what will be different because of the arrangement.

Decision making of the Joint Committee

31. The Joint Committee will finalise and agree Terms of Reference prior to coming into force on April 1st 2025. The following key principles will be followed as Terms are drafted.

32. Membership of the committee will be defined formally as a set of nominated executive-level officers from the two signatory partners (ICB and CYC). This will constitute the Joint Committee legally, and for voting purposes on matters relating to the s75 agreement.

33. In practice, partners have agreed that to preserve the legacy of York Health and Care Partnership Committee as an alliance between the whole range of health and care partners (including providers, VCSE and elected member representatives) we will operate the Joint Committee under the auspices of the York Health and Care Partnership Place Committee, using the same monthly scheduled meetings to conduct all of our business.

34. Partners have agreed that the chair of the Joint Committee shall be the Executive Place lead for York, currently the Chief Operating Officer of City of York Council.

35. Decisions will be presented to the Joint Committee by report, following an agreed governance framework and publication schedule.

36. Minutes and decisions of the York Health and Care Partnership Committee will continue to be published as part of the York Health and Wellbeing Board papers, bi-monthly, to facilitate open and transparent decision-making.

Financial contributions to the s75

37. The mechanism for setting financial contributions to the Joint Committee will, for the council, remain a decision of elected members through the annual budget-setting process. This process will henceforth include within it plans for the total resource available that the council intends to include within the s75 for the upcoming financial year, including the funds which are proposed to be pooled or aligned.

38. The Joint Committee will then use this resource, together with equivalent NHS funding, to allocate budget to health and care

commissioning activity via the s75, and using a mechanism of a yearly commissioning intentions report, which will come to the York Health and Care Partnership for discussion and agreement.

39. Financial arrangements, safeguards and provision for handling disputes will be detailed in the s75. A set of financial risk share principles have already been discussed and agreed by the York Health and Care Partnership, and are found at annexe 1. The partners are committed to careful financial management, within the allocated resources.

40. For clarity, the s75 does not expose the council to any deficit or overspend position within health, or vice versa. Through the budget setting process CYC allocates a total amount to the s75, and through the yearly commissioning intentions report, the total pool of funds in the s75 is allocated to commission an agreed set of services. Budgets for these services will be fixed. No liabilities are transferred between organisations, and provisions are made for statutory duties which organisations remain bound by.

41. Decisions on what streams of funding are included within the Section 75 agreement each year, and whether they are included on an aligned or pooled basis, will be made on a case-by-case basis. Considerations will include developing a joint understanding of why integration or joint / aligned decision making for this service is important to York, what our ambition is for the service, and what will be different because of the arrangement.

42. The s75 will commit partners to undertake to conduct themselves in accordance with the requirements of their respective governance arrangements including, but not limited to, financial and contractual procedures, schemes of delegation and standing orders.

The s75 Agreement

43. A Section 75 agreement between the ICB and Northeast Lincolnshire Council was signed in 2024. This has been shared with officers for comparative purposes.

44. The main body of the Section 75 agreement and accompanying schedules will document:

   a) aims and outcomes expected from entering into the formal Section 75 agreement.

b) scope of services and the financial value attributed with those services.

c) whether the funding will be managed via a pooled or non-pooled fund (in York we are referring to non-pooled funds as aligned budgets, as described in the previous section).

d) support services carried out by jointly funded staff and what each partners obligation is to the other.

e) that all the services will be managed on an integrated commissioning basis, i.e. jointly, which then enables the continuation and expansion of integrated provider services across sectors and population groups.

45. The York Joint Commissioning Forum proposes to replace the aims and outcomes of the North East Lincs Section 75 with the following aims and outcomes:

- Improve the quality and efficiency of Section 75 Services by undertaking activities together, such as market management, joint strategies to repatriate people in receipt of complex packages out of area, joint forecasting and resource planning for high-cost population groups such as dementia, frailty.

- Develop and deploy effective joint approaches that join services and systems together to better support people to positively manage their health and wellbeing and reduce costs to statutory services. Including alignment of working practices, professional standards within regulatory parameters, and contracts for service.

- Work towards organisational and financial sustainability, recognising the challenges ahead in relation to workforce, rising costs, and rising demands, by taking decisions together that take account of interdependencies between health care services and the wider determinants of health.

- Fully contribute to the wider system of health and care partnerships in Humber and North Yorkshire, in accordance with the HNY Strategic Framework Commitments.

- In accordance with the HNY Strategic Framework, transfer responsibilities, resources, and decision-making to place, ensuring appropriate accountability insofar as the Partners exercise the Functions in accordance with this Agreement

- In accordance with the HNY Strategic Framework, create and encourage collective commitment to excellence of all organisations that are members of York Health and Care Partnership, through a signed partnership agreement that effectively uses the combined workforce and skill sets of the York Health and Care Partners, to:

- Foster a culture of mutual respect, trust, and open communication that builds strong partnerships to deliver seamless and integrated care.

- Embrace learning and continuous improvement to optimise care delivery and outcomes

- Encourage local innovation and experimentation to find better ways to deliver care

- Enable communities to shape, participate in and take ownership of their health and wellbeing services

- Prioritise the health and wellbeing of the population within each place, addressing inequalities, equity and promoting preventative care and help people live longer healthier live

- Facilitate seamless, integrated services across physical and mental health, social care, and wider determinants of health

- Operate with transparency, shared accountability and clear reporting mechanisms

- Take forward, fulfilling, or contribute to further integration of health and social care functions and arrangements enabled by the creation of aligned or pooled budgets to maximise resources and impact for the population.

46. The York Joint Commissioning Forum proposes the Section 75 will contain a list of funds it covers, including an indication of whether they are to be aligned or pooled.

47. There is no reference to a Partnership Agreement between partners in the ICB and NELC section 75. It may be prudent not to formally couple the two aspects of governance which could prove problematic should one aspect require change. North East Lincs Place is in the process of developing a similar agreement and there are examples across the country that have developed such

agreements that sit independently but are aligned to section 75 agreements.

48. There will be mechanisms in the s75 around dispute resolution, Indemnities and shared liabilities, and termination.

Consultation Analysis

49. The creation of a joint committee between CYC and the ICB is intended to improve services and resident experience of care in the city, and both these outcomes require co-design and engagement with our communities. This already happens as part of the ongoing dialogue between statutory and VCSE healthcare services and residents, which takes place through such mechanisms as the VCSE Assembly, VOICES network, patient involvement groups, York Healthwatch.

50. The specific matters in this paper have not yet been subject to public engagement, as they predominantly reflect the changes in our NHS and local government commissioning architecture. The ICB legal team have advised that there is no statutory requirement to carry out public engagement for the establishment of a joint committee and to sign a Section 75 Agreement. However, CYC and the ICB fully intend to engage patients and the public on the benefits of integration between the NHS and social care more broadly, and this has already taken place through the development of the Humber and North Yorkshire Health and Care Partnership Strategy, which underwent extensive engagement with representatives of clinical, professional, and community groups.

51. We also intend for community engagement and co-production on our integration journey to happen extensively at the York Health and Care Collaborative, on behalf of the joint committee. This forum is attended by community representatives nominated by the VCSE assembly, Healthwatch, CYC elected members, as well as health and care provider leads.

Options Analysis and Evidential Basis

The options available to members are:

Option A (recommended) – Agree the formation of a joint committee and delegation of relevant powers to sign a s75 with the ICB

Option B – Do not agree the formation of a joint committee and continue with existing commissioning arrangements for health and care in York

Organisational Impact and Implications

The various implications of this report are summarised below.

Financial

52. Significant commissioning funds are already pooled between the ICB and the council using a s75 agreement, through the Better Care Fund. This amounts to £17.2m of ICB funding, and £8.2m of CYC funding. Under the new s75 associated with a Joint Committee, £10.5m of ICB funding and £1m of CYC's budget is being considered for inclusion in the extended S75 agreement for the financial year 2025/6, in addition to the funds above.

53. Further funds would be able to be pulled at the agreement of signatories of the s75 in future years. The pool is expected to increase over time as further areas for aligned working and joint decision making are identified and assessed.

54. No additional CYC funds are committed as part of these new arrangements, and future joint commissioning using CYC funds will have to be undertaken within the budget envelope agreed for those funds through the annual council budget-setting process.

55. The s75 does not expose the council to any deficit or overspend position within health, or vice versa. Through the budget setting process CYC allocates a total amount to the s75, and through the yearly commissioning intentions report, the total pool of funds in the s75 is allocated to commission an agreed set of services. Budgets for these services will be fixed. No liabilities are transferred between organisations, and provisions are made for statutory duties which organisations remain bound by.

Human Resources (HR)

56. There are no direct HR implications of the proposals within this report. As part of joint commissioning arrangements, some posts may be pooled to work across both the council and the ICB. Where there are different employers any such working arrangements will require an agreed understanding between the separate organisations to detail how the arrangements will operate in practice.

Legal

57. Extensive legal advice was sought by the ICB prior to the signing of the s75 with North East Lincolnshire Council. It is proposed that further legal advice is sought to support amendments to the proposed ICB and CYC Section 75 agreement, prior to being signed by the Chief Operating Officer under the powers delegated from Executive by this report.

Procurement

58. Continuous involvement where appropriate will be required from the Commercial Procurement Team. Any proposed amendments will need to be made with the support from both the Commercial Procurement Team and Legal Services, prior to agreements being signed by the council.

Health and Wellbeing

59. The section 75 will have a positive impact on the quality and experience of care people receive as it will over time reduce the number of hand offs between providers, reduce some of the administrative delays that accompany a transfer of care between the NHS and Social care, and will empower people through the adoption of a social care strengths-based approach to assessment and provision.

60. Partners at place will work together to reduce social and health inequalities and support the integration of services. They will harness the collective leadership to lever the totality of resources that will address wider determinants of health. The ICB and CYC will pool resources, promote preventative care, and use targeted approaches to working with communities to have the greatest positive impact over time on the population's health.

Environment and Climate action

61. No climate change implications have been identified

Affordability

62. The recommendations will foster the joining services and systems together to better support people to positively manage their health and wellbeing and reduce costs to statutory services. This focus particularly on community-based services and early intervention and prevention activity are likely to have a positive impact on health and residents’ ability to lead economically active lives for longer.

Equalities and Human Rights

63. Everyone has the right to the highest attainable standard of physical and mental health. We have an obligation to develop and implement legislation and policies that guarantee universal access to quality health services and to address the root causes of health inequalities, including poverty, stigma and discrimination. The right to health is indivisible from other human rights - including the rights to education, participation, food, housing, work and information.

64. A full Equalities Impact Assessment can be found at Annex 2

Data Protection and Privacy

65. The data protection impact assessment (DPIAs) screening questions were completed for the recommendations and options in this report and as there is no personal, special categories or criminal offence data being processed to set these out, there is no requirement to complete a DPIA at this time. However, this will be reviewed following the approved recommendations and options from this report and a DPIA completed if required.

Communications

66. The creation of a Joint Committee will need proactive comms support through a robust communications and stakeholder engagement plan. This will include, but is not limited to, branding, tone of voice, partnership liaison, promoting the benefits of the committee to residents, and responding to any media enquiries. We will then work closely with partners to deliver ongoing comms to support the work of the partnership across the city, monitoring this on a regular basis to ensure we are getting the results that the objectives of the Joint Committee set out.

Economy

67. The establishment of the Joint Committee will help support the Economic Strategy 2022-2032 Thriving Workforce theme, which sets out how businesses are vital to supporting wellbeing. In addition, the health and care sector is a sector of huge importance to York. By establishing the appropriate governance that will allow greater integration and pooling of resources, there is more opportunity to continue to improve resident's health and wellbeing and the positive impact that has on the city's economy

Risks and Mitigations

68. The agreement contains a section on how risks will be mitigated and managed by the partnership, with the expectation that the partnership will work together to find solutions and generate efficiencies, taking full opportunity to maximise the premium of place.

69. This has been examined in the context of the financial health and history of the local health and care system by Directors of Finance for CYC and York and North Yorkshire Places in the ICB.

70. The financial risk across the NHS and Local Authority was identified by the Place Committee in March 2024 as the main risk in establishing a Joint Committee, given the financial situation locally. The Joint Commissioning Forum has undertaken a financial health check, which identified that:

71. York is one of the lowest funded Councils in the country, with a national rank of 143 out of 150. If all services are included, such as NHS, Police and Schools, York is the lowest funded Local Authority area in the country, ranked at 150 out of 150

72. City of York Council is facing significant financial challenges and looking to save £30m from a net budget of £149m over the next three years. This will be needed to fund service pressures, particularly in Adult and Children's Social Care, fuelled by demographic increases but also inflation mainly driven by the increases in National Living Wage

73. There are similar significant financial pressures facing the ICB and York Place. Although the financial reporting arrangements across the ICB for Places have now changed, it is important to note that the NHS Vale of York CCG came into the ICB with an underlying recurrent annual deficit of £7.9m in 2023/24. This was managed

largely non-recurrently throughout 2023/24 and will have been impacted by further pressure in year.

74. Given the findings of this healthcheck, the Joint Commissioning Forum requested a set of financial principles be developed to underpin the financial arrangements set out in the ICB and NELC section 75 to help mitigate the risks relating to a deterioration in finance. These are set out in annexe 1.

Wards Impacted

75. This proposal will affect all wards in wards in York.

Contact details

For further information please contact the author of this Decision Report.

Author

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Job Title:	Director of Public Health Director of Governance
Service Area:	Public Health Governance
Telephone:	07511160283
Report approved:	Yes
Date:	06/11/2024

Background papers / legislation

None.

Annexes

- Annex 1: Financial risk principles
- Annex 2: Equalities Impact Assessment

List of Abbreviations Used in this Report:

ICB	Integrated Care Board
CYC	City of York Council
YCHP	York Health and Care Partnership Executive Committee

ANNEX 1

Financial Principles and Risk Sharing

1. PRINCIPLES

The partnership needs to work together and build trust working in the best interests of our communities. Principles should provide a high-level framework, guiding the work we do together to manage financial risk.

- **Place Led** in our collaborative working and approach to delegated funds and decision making. We will centre on the needs of our population, focusing on improving health & care outcomes and reducing health & care inequalities whilst ensuring best value for the funding we receive.
- **Subsidiarity**. The division of roles and responsibilities between York place and the ICB will be based on the principle of subsidiarity so that the ICB only takes on responsibility for things where there is a need and benefit to working at a greater scale. Place will become the engine room for achieving improvement and change, working locally to implement change, and then leveraging that improvement to place based populations.
- **Place Accountability.** We will drive collaborative working for the services we have delegated to the Place Board on the basis we succeed or fail together as a place partnership rather than as individual organisations.
- **Achievement of Financial Plan.** It is expected the delegated budget has to be achieved. We will drive innovation and seek efficiencies through our collaborative working, ensuring we focus on delivering our services within the delegated funds available. We will adopt a risk management framework to manage and mitigate risks but will work on the principle that we need to deliver the plan we are set.
- **Open Book.** We will adopt an Open Book approach to our working. Financial information will be shared in a transparent and timely manner to ensure our decisions are evidenced based and in line with our place priorities.
- **Build Consensus.** Where there are disagreements, these will be worked through between organisations, and then the Health and Care Partnership. If required, this will then be escalated to the Place Board. No organisation will revert to an external body or the ICB for a decision without fully exploring the Place Board as an escalation route.
- **Fairness** for our patients and partner organisations across the partnership – we will not look default allocation fair share except where investment is targeted**.**
- **Transparency of decision making**. No organisation can commit another organisation to capital or revenue expenditure without the agreement from that organisation.

In line with our agreed principles, we will work collectively to deliver our delegated services within the funding available.

2. FINANCIAL RISK MANAGEMENT

2.1 Aligned Budgets.

Accountability remains with the constituent organisation, NHS would be Place Director/exec/ICB Board in line with the ICB Scheme of Delegation.

Partners will take on responsibility for planning, budgeting, reporting and financial decision making within the funding available. Planning and in year pressures resulting in adverse year to date/forecast variances will be managed by the accountable organisation with the intention of managing spend, delivering efficiencies or deferring expenditure to manage within budget. The partner may need to look for efficiencies across the wider delegated budget to utilise to mitigate these pressures, If this is the case then any savings in other non-aligned budgets would be based on agreement between partners and subject to the risk share arrangements in place for those services.

2.2 Pooled Budgets

Accountability for outcomes including the money is through the joint committee and in line with the ICB and Local Authority Schemes of Delegation.

If a pooled budget service area is unable to achieve its plan position it should communicate this immediately to the Director of Finance of the Place and Local Authority, This communication should identify the issue and any mitigation that have been taken or proposed to be taken.

Partners should look at opportunities to quickly mitigate any potential movement initially within the service itself. If no mitigations are identified and there remains a movement in the reported position, then a more formal recovery plan would need to be sought and brought to the Health Joint Commissioning Forum. The budget holder will need to document the reason for the adverse movement from forecast plan and actions being taken to minimise the underperformance and what actions can be taken to manage spend within funding.

If this ultimately was not achievable it would fall on the partners to identify an action plan / stretched targets from other areas of the delegated budget. This would be through increased efficiency, cost containment, cost avoidance or deferral of spend initiatives.

It would be acknowledged that either party offering non recurrent support or deferring spend elsewhere to manage the delegated overspend would receive the funding back the following year. Historic debts would need to be covered before any new spend was sanctioned.

In some cases, the movement may be of such a level that formal escalation by the ICB or Local Authority could be triggered irrespective of mitigation plans proposed for the delegated budget. This would initially be through the Health Joint Commissioning Forum and Place Board.

2.3 Lead Commissioning / Integrated Provision

Accountability for outcomes including the money is through the joint committee and in line with the ICB and Local Authority Schemes of Delegation.

If a service is delegated to a lead organisation the lead commissioner would need to agree through planning a fair but challenging budget to deliver the service. Once agreed, it would be expected that the service would be managed within the funding available.

It would be expected that the lead commissioner would be accountable for delivery of the service within the available resource. Any pressures would be managed by the lead organisation who would be expected to inform partners of the pressures and the proposed mitigations. Where this will result in an impact on service delivery this would need to be approved at the Health and Joint Commissioning Forum and Place Board.

ANNEX 2

City of York Council

Equalities Impact Assessment

Who is submitting the proposal?

<table>
<tr><td>Directorate:</td><td colspan="3">Cross Council</td></tr>
<tr><td>Service Area:</td><td colspan="3">NA</td></tr>
<tr><td>Name of the proposal :</td><td colspan="3">Establishment of a Joint Committee (Section 75 agreement) between Humber and North Yorkshire Integrated Care Board and City of York Council</td></tr>
<tr><td>Lead officer:</td><td colspan="3">Peter Roderick</td></tr>
<tr><td>Date assessment completed:</td><td colspan="3">14/10/24</td></tr>
<tr><td colspan="4">Names of those who contributed to the assessment :</td></tr>
<tr><td>Name</td><td>Job title</td><td>Organisation</td><td>Area of expertise</td></tr>
<tr><td>Peter Roderick</td><td>Director of Public Health</td><td>City of York Council</td><td>Public Health</td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
</table>

Step 1 – Aims and intended outcomes

1.1	**What is the purpose of the proposal?** Please explain your proposal in Plain English avoiding acronyms and jargon.
	The 2022 Health and Care Act allows for the formation of joint committees between an Integrated Care Board and any local authority within its geographical area. A joint committee is defined in the legislation, and its purpose is to establish a formal governance mechanism to oversee integrated working between health and care, and to allow for the aligning and pooling of resources where both health and local authorities fund care and support for residents, under Section 75 of the National Health Service Act 2006. This report will seek executive approval for CYC to enter into such an arrangement with the Humber and North Yorkshire ICB. *The creation of a Joint Committee will improve the quality of health and care for residents in the city. As an enabling mechanism, it will not directly change services overnight, but the partnership working, joint planning and joint funding arrangements it allows between the council and health will lead to greater integration between healthcare services.*

1.2	**Are there any external considerations?** (Legislation/government directive/codes of practice etc.)
	2022 Health and Care Act

1.3	**What results/outcomes do we want to achieve and for whom?** This section should explain what outcomes you want to achieve for service users, staff and/or the wider community. Demonstrate how the proposal links to the Council Plan (2019- 2023) and other corporate strategies and plans.
	A clear narrative has been agreed by partners to explain to residents why we would want to develop joint commissioning arrangements: *Joint Commissioning in York – Our Narrative* There are things we can't do alone that we can do together, such as management of the care home market, supporting people receiving care 'out of area' back home, addressing the exponential rise in dementia and frailty, ensuring our children and young people are supported to get the best start in life. Joint approaches lead to better joined up services for residents. This makes sense for where services are targeting similar populations, where there is benefit in multi-agency working, and where an active focus on prevention can reduce costs to statutory services. Joint approaches will help us prepare for the challenges ahead, with unsustainable finances and workforce, a system that is no longer affordable, and rising demands bringing additional pressures. Taking decisions together will help avoid costly decisions that fail to take account of interdependencies between health care services, the wider determinants of health, and the longer term benefits of supporting the health and wellbeing of our Children and Young people. We are part of a wider system of health and care partnerships in Humber and North Yorkshire, committed to Place Delegation; to support sustainability of health and care systems; and enable excellence and prevention in the way services are developed and delivered with and for people, families, and communities.

1.4	**Who are the stakeholders and what are their interests?**
	Customers of social care, patients of the NHS, and all residents Health and care providers of services, including York Hospital, care settings, TEWV NHS Mental Health Trust, the voluntary and community sector

Step 2 – Gathering the information and feedback

2.1	**What sources of data, evidence and consultation feedback do we have to help us understand the impact of the proposal on equality rights and human rights?** Please consider a range of sources, including: consultation exercises, surveys, feedback from staff, stakeholders, participants, research reports, the views of equality groups, as well your own experience of working in this area etc.

Source of data/supporting evidence	**Reason for using**
Consultation with York Health and Care Partnership Executive Committee	This is a strategic change relating to funding mechanisms in the health and care sector. YHCP brings together the key leaders from across the sector. This includes Healthwatch York, who's work regularly focuses on raising and highlighting issues within health and care where services are not integrated, do not align in delivery, and do not work in collaboration.

Step 3 – Gaps in data and knowledge

3.1	What are the main gaps in information and understanding of the impact of your proposal? Please indicate how any gaps will be dealt with.
Gaps in data or knowledge	**Action to deal with this**
Uncertainties around the precise services changes, and the long term implications, of greater integrated commissioning within the city	We are basing our model of integrated care in the city on the substantial body of evidence that integrated care can deliver improved quality of care and that patients report better outcomes, involvement and satisfaction with services which have been integrated rather than delivered as separate functions. The evidence is less clear around the effect on healthcare utilisation, which seems to reduce in many cases (but not necessarily in terms of cost). Examples of evidence: Providing Integrated Care For Older People | The King's Fund (kingsfund.org.uk) Ways of integrating care that better coordinate services may benefit patients (nihr.ac.uk) The effects of integrated care: a systematic review of UK and international evidence | BMC Health Services Research | Full Text (biomedcentral.com)

Step 4 – Analysing the impacts or effects.

4.1	**Please consider what the evidence tells you about the likely impact (positive or negative) on people sharing a protected characteristic, i.e. how significant could the impacts be if we did not make any adjustments?** Remember the duty is also positive – so please identify where the proposal offers opportunities to promote equality and/or foster good relations**.**		
Equality Groups and Human Rights.	**Key Findings/Impacts**	**Positive (+) Negative (-) Neutral (0)**	**High (H) Medium (M) Low (L)**
Age	Older people and children are more likely to use health and care services, and the intention of more integrated care is to enhance patient outcomes and experience	**+**	**m**
Disability	Disabled people and those with long terms conditions or complex needs are more likely to use health and care services, and the intention of more integrated care is to enhance patient outcomes and experience	**+**	**m**
Gender	Research has found that there is a gender health gap in the UK, where many women receive poorer healthcare than men. The intention of more integrated care is to enhance patient outcomes and experience.	**-**	**m**
Gender Reassignment	The GP patient survey has shown that, after adjustment for age, ethnicity and deprivation, trans and non-binary adults reported higher prevalence for 10 out of the 15 long-term conditions. They were around three times as likely to be living with dementia or to have a learning disability, and twice as likely to be experiencing mental health difficulties. They were almost six times as likely to be autistic. The reasons for these differences compared to the general population are	**-**	**m**

	likely to be complex, including a mixture of stress, experiences of discrimination, socio-economic status and the biological effects of hormone treatments. The intention of more integrated care is to enhance patient outcomes and experience		
Marriage and civil partnership		**-**	**m**
Pregnancy and maternity		**-**	**m**
Race	Evidence shows that, for a variety of reasons (from socio-economic factors to structural racism), people from Black and Racially Minoritised Communities have poorer health outcomes. More integrated care aims to improve patient outcomes.	**-**	**m**
Religion and belief	We know there are challenges facing certain religious groups in relation to accessing health care. For example, Muslim patients are more likely to be dismissed and misdiagnosed, it's reported that concerns are not taken seriously and as a result infection and mortality rates are considerably higher for them than other groups. Muslim women face stark inequalities in maternity services. The intention of more integrated care is to enhance patient outcomes and experience.	**-**	**m**
Sexual orientation	The evidence that LGBT+ people have disproportionately worse health outcomes and experiences of healthcare is both compelling and consistent. With almost every measure we look at, LGBT+ communities fare worse than others. The intention of more integrated care is to enhance patient outcomes and experience.	**-**	**m**

Other Socio-economic groups including :	**Could other socio-economic groups be affected e.g. carers, ex-offenders, low incomes?**		
Carer	Carers have a great deal of contact with health and care services, often report poor outcomes / involvement / support from services, and since the intention of more integrated care is to enhance patient outcomes and experience this should also positively effect carers' experience	**+**	**m**
Low income groups		**-**	**m**
Veterans, Armed Forces Community	A 2024 Survey by the Royal College of GPs (RCGP) and the Office for Veterans' Affairs (OVA) found that more than half of veterans had a physical or mental health issue since returning to civilian life, and that 1 in 7 had not sought help from a medical professional. intention of more integrated care is to enhance patient outcomes and experience this should also positively impact veterans.	**-**	**m**
Other		**-**	**m**
Impact on human rights:			
List any human rights impacted.			

ANNEX 2

Use the following guidance to inform your responses:

Indicate:

- Where you think that the proposal could have a POSITIVE impact on any of the equality groups like promoting equality and equal opportunities or improving relations within equality groups
- Where you think that the proposal could have a NEGATIVE impact on any of the equality groups, i.e. it could disadvantage them
- Where you think that this proposal has a NEUTRAL effect on any of the equality groups listed below i.e. it has no effect currently on equality groups.

It is important to remember that a proposal may be highly relevant to one aspect of equality and not relevant to another.

High impact (The proposal or process is very equality relevant)	There is significant potential for or evidence of adverse impact The proposal is institution wide or public facing The proposal has consequences for or affects significant numbers of people The proposal has the potential to make a significant contribution to promoting equality and the exercise of human rights.
Medium impact (The proposal or process is somewhat equality relevant)	There is some evidence to suggest potential for or evidence of adverse impact The proposal is institution wide or across services, but mainly internal The proposal has consequences for or affects some people The proposal has the potential to make a contribution to promoting equality and the exercise of human rights
Low impact (The proposal or process might be equality relevant)	There is little evidence to suggest that the proposal could result in adverse impact The proposal operates in a limited way The proposal has consequences for or affects few people The proposal may have the potential to contribute to promoting equality and the exercise of human rights

Step 5 - Mitigating adverse impacts and maximising positive impacts

5.1	**Based on your findings, explain ways you plan to mitigate any unlawful prohibited conduct or unwanted adverse impact. Where positive impacts have been identified, what is been done to optimise opportunities to advance equality or foster good relations?**
All major decisions around commissioning within the proposed joint committee will be subject to a separate EIA as part of the report template for the York Health and Care Partnership	

Step 6 – Recommendations and conclusions of the assessment

6.1	**Having considered the potential or actual impacts you should be in a position to make an informed judgement on what should be done. In all cases, document your reasoning that justifies your decision. There are four main options you can take:**
- **No major change to the proposal** – the EIA demonstrates the proposal is robust. There is no potential for unlawful discrimination or adverse impact and you have taken all opportunities to advance equality and foster good relations, subject to continuing monitor and review.	

- **Adjust the proposal –** the EIA identifies potential problems or missed opportunities. This involves taking steps to remove any barriers, to better advance quality or to foster good relations.
- **Continue with the proposal** (despite the potential for adverse impact) – you should clearly set out the justifications for doing this and how you believe the decision is compatible with our obligations under the duty
- **Stop and remove the proposal –** if there are adverse effects that are not justified and cannot be mitigated, you should consider stopping the proposal altogether. If a proposal leads to unlawful discrimination it should be removed or changed.

Important: If there are any adverse impacts you cannot mitigate, please provide a compelling reason in the justification column.

Option selected	**Conclusions/justification**
No major change to the proposal	At this stage, the proposal is around the funding and commissioning mechanisms which lay behind service changes, and so this proposal has no major equalities implications. Future decisions taken as part of a joint committee must have robust consideration of equalities

Step 7 – Summary of agreed actions resulting from the assessment

7.1	What action, by whom, will be undertaken as a result of the impact assessment.		
Impact/issue	**Action to be taken**	**Person responsible**	**Timescale**
Need for joint commissioning decisions in future to be subject to equalities impact assessment	Development of appropriate equalities template as part of Joint Committee decision reports	Humber and North Yorkshire Integrated Care Board York Place Team / NHS Director of Place	April 2025

Step 8 - Monitor, review and improve

8. 1	**How will the impact of your proposal be monitored and improved upon going forward?** Consider how will you identify the impact of activities on protected characteristics and other marginalised groups going forward? How will any learning and enhancements be capitalised on and embedded?
	Equalities template as part of Joint Committee decision reports

Health, Housing and Adult Social Care Scrutiny Committee Work Plan 2024/25

Meeting Date	Item
12 March 2025	• Finance and Performance Monitor 3
2 April 2025	• *Adult Social Care Strategy Update* • Asset Management Investment Plan (including a breakdown of budget forecast spending on contractors, apprenticeships, and an update on training to up-skill and cross-skill existing staff). • Housing Estate Management – review of the pilot
21 May 2025	• Draft Autism and ADHD Strategy • *Update on Temporary Changes to Haematology Services*

TBC

- Telecare technology demonstration (Informal Practical) – Members will be contacted to arrange date.

Unallocated items

- LD Provision – The Glen and Lowfields
- Relevant outputs from LGA Peer Review – Housing Partners
- Task and Finish Group Review of Home Care Commissioning
- Healthy Weight/Weight Management (Joint Committee with Children, Culture and Communities Scrutiny Committee)
- Update on Dentistry
- Further Update on Urgent Care Delivery

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