

Annex D:



York Health and Care Partnership

Thursday 20 June 2024, 10:00 - 12:30
Severus Meeting Room; First Floor, West Offices
Chair: Ian Floyd

Present		
Ian Floyd (Chair) (IF)	Chief Operating Officer	City of York Council (CYC)
Sian Balsom (SB)	Manager	Healthwatch, York
Gail Brown	Chief Executive	Ebor Academy Trust
Sarah Coltman- Lovell (SCL)	York Place Director	Humber and North Yorkshire Integrated Care Board (H&NY ICB)
Dr Helena Ebbs (HE) on Teams - part	Clinical Place Director, North Yorkshire and York	H&NY ICB
Dr Rebecca Field (BF) - part	Joint Chair of York Health and Care Collaborative	York Medical Group
Professor Mike Holmes (MH)	Chair	Nimbuscare
Melanie Liley (ML)	Chief Allied Health Professional	York and Scarborough Teaching Hospitals NHS Foundation Trust (YSTHFT)
Peter Roderick (PR)	Director of Public Health	CYC
Alison Semmence (AS) – on Teams	Chief Executive	York Centre for Voluntary Services (CVS)
Cllr Lucy Steels-Walshaw (LSW)	Executive Member for Health, Wellbeing and Adult Social Care	CYC
Sara Storey (SS)	Director Adult Social Care and Integration	CYC
In Attendance		
Jake Abbas (JA) – items 1 to 3	Deputy Director of Population Health Intelligence	H&NY ICB
Professor Federica Angeli (FA)	Chair in Public Management and Strategy, Deputy Dean of School (Strategy and People), School for Business and Society	University of York (secondment to York Place, H&NY ICB from 1 July 2024)
Natalie Caphane (NC)	Assistant Director of System Planning and Improvement	York Place, H&NY ICB
Nichola Greenwood (NG) – item 5	Social Care Workforce Lead, York and North Yorkshire	YSTHFT
Caroline Johnson (CJ) – on Teams	Place Deputy Nurse Director	York Place, H&NY ICB
Michele Saidman (MS)	Executive Business Support Officer	York Place, H&NY ICB
Phil Truby (PT) – items 1 to 3	Public Health Specialist	CYC
Tracy Wallis (TW)	Health and Wellbeing Partnerships Co-ordinator	CYC

Apologies		
Mark Bradley (MB)	Place Finance Director, North Yorkshire and York	H&NY ICB
Michelle Carrington (MC)	Place Director for Quality and Nursing, North Yorkshire and York	H&NY ICB
Emma Johnson (EJ)	Chief Executive	St. Leonards Hospice
Gary Young	Place Deputy Director Provider Development	H&NY ICB

1. Welcome, apologies for absence and minutes

The Chair welcomed everyone to the meeting. Apologies were as noted above.

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

The minutes of the meeting held on 16 May 2024 were approved.

Matters arising

Formation of a Joint Committee: SCL explained that a list of areas was being worked through via the Joint Commissioning Forum on where pooled budgets would be appropriate. She advised that the ICB had been supportive of the ambitious but pragmatic approach presented to them at the update on the joint committee.

Future Service Delivery Model and Estates Development: SCL noted that the report had been received and would be socialised by GY with colleagues who had input to the workshops and interviews for their and any final amendments before its presentation to the York Health and Care Partnership meeting.

Raise York: PR confirmed that he had arranged for family support information to be incorporated in the York SMS messaging service.

2. The future health of the population – building our population health management approach across Humber and North Yorkshire

JA's presentation on population health was in the context of the ambition for everyone to live longer and healthier lives by narrowing the gap in healthy life expectancy between the highest and lowest levels in communities by 2030 and increasing healthy life expectancy by five years by 2035. The key messages related to growth in the elderly population; healthcare demand; and the deprivation mix across the system and places.

JA highlighted:

- On average people in Humber and North Yorkshire are living in poorer health from their early 60s, and much earlier than this in some of our Places, with the healthy life expectancy gap between the most and least deprived areas at Local Authority level being around 13.5 years for males and 11.5 years for females.
- The need to consider the challenges on the basis of four components: increase capacity, improve productivity/efficiency, right place right time (rebalance of health and care sectors) and a focus on prevention; the latter was highlighted with noting that around 42% of the burden of poor health and early death in England is attributable to modifiable risk factors such as smoking and alcohol.

- The need to recognise the wider determinants of health.
- The context of Population Health Management with the NHS leading on secondary prevention as part of an overall system strategy and a focus on the interventions that are known to work and are likely to have the greatest impact, notably for cardiovascular disease, diabetes and respiratory disease.
- Availability of robust evidence based preventative interventions, including at www.england.nhs.uk/ourwork/prevention/secondary-prevention

Detailed discussion included:

- The context of identifying what 'good' looks like for York and investment required across the ICB to enable the best possible outcomes.
- The need for a collective determination to focus on, and not deviate from, the prevention agenda with recognition that outcomes may not be immediate.
- Despite the current financial challenges across all partner organisations, the need for pump priming preventative work for impact to be achieved.
- Emphasis on prevention as an efficiency and the need for a delivery model, noting included Integrated Neighbourhood Teams as part of this.
- The key role of the voluntary and community sectors but emphasis on the requirement for investment to enable this.
- Opportunities to learn from other systems where people live healthier lives for longer.
- Public health financial constraints including impact on capacity to address child poverty.
- The context of prevention not being introduced early enough.

It was agreed that a business case focusing on prevention be developed via the Joint Commissioning Forum in the context of working together to maximise outcomes from available resources presenting recommendations, i.e. specific proposals, to the York Health and Care Partnership. Colleagues from wider than the Joint Commissioning Forum would be invited to assist with this approach.

Action

PR to lead on development of an improvement programme for York's preventative services for presentation at a future meeting.

3. Preventative Services in York – Scoping Assessment

In introducing this item PR referred to the paper presented at the October 2023 meeting which outlined the prevention system in York Place and proposed a prevention system scoping exercise to determine how the prevention offer might be optimised. The current paper outlined the results of the initial scoping exercise with proposals for next steps for this in York.

PT referred to the two-stage approach adopted for the scoping exercise: Workforce and service mapping via discussions with service managers/commissioners in the context of development of a landscape map of services and the results now presented to York Health and Care Partnership for discussion and suggested next steps. He highlighted key themes detailed in the report noting all services were willing to be flexible to support prevention, identification of funding as a major issue and highlighting such opportunities as an integrated referral hub with a single point of access and a multi disciplinary team approach.

Detailed discussion ensued including:

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- The key role of the voluntary sector in underpinning the prevention agenda but emphasis on risk due to the financial challenge and need for investment.
- The context of maximising social capital given freely.
- The need for consideration of "harder to reach" communities.
- Maximising available services with an approach of "hide the wiring" utilising one point of contact and one referral point.
- Adopting a holistic approach addressing overlapping skills where appropriate and making every contact count.
- The need for a focus on early intervention and prevention in such as childhood obesity.
- Opportunities to maximise aspects of technology.
- The perspective of integration and collaboration opportunities via schools.
- Opportunities relating to career roles, transfer of skills and learning from each other.
- The role of the Population Health Hub as part of the integrated prevention offer.
- The context of a professional personalised approach without creating dependency and with least possible cost to the system; highest quality at lowest cost.
- Development of data sharing, subject to legal requirements, to target communities and improve connection to services.
- Opportunities to learn from the Born in Bradford programme; noting BaBi (Born and Bred in York) in this context.
- Communication with services to highlight the individual contributions to the wider objectives.

In concluding this item and seeking and receiving support for the recommendations, IF emphasised the context of the York Health and Care Partnership's priority to embed an integrated prevention and early intervention model highlighting the importance of items 2 and 3 in this regard. He proposed arranging dedicated time for focused discussion, either a full day or two half days, with invites to wider attendees.

Action

IF. PR and SCL to consider progressing the proposal for dedicated time.

JA, GB, HE, BF and PT left the meeting and NG joined.

4. Assurance Report

NC presented the report which comprised two sections: progress against delivery of the 2024/25 Place priorities and an update on performance, delivery and efficiency. With regard to the latter she highlighted the context of the system being in recovery from the challenges of 2023/24 but noted:

- Some areas of improvement, e.g. elective care and primary care.
- Mental health remained a concern across most trajectories with dementia diagnosis highlighted in particular, York being an outlier across the ICB. Work was continuing to review the dementia diagnosis pathway and explore options for community-based diagnosis where appropriate, increasing diagnosis and improving primary care recording. Also noted were the local historical context of low rates of dementia diagnosis, new emerging therapies and the Health and Wellbeing Strategy.
- Urgent and emergency care performance had deteriorated since the period covered by the report and work was taking place to understand the increased pressure through May and June. An Urgent and Emergency Care Summit had been held in May.

With regard to progress against Place priorities NC highlighted in the context of earlier discussion the static health kiosks in areas of deprivation launched to increase hypertension

detection and subsequent treatment (funded from the Health Inequalities monies as agreed at the March York Health and Care Partnership meeting), a scoping exercise for an integrated prevention model and a health inequalities training programme for primary and secondary care.

SCL referred to the sustained pressure on urgent and emergency care which had inevitably impacted on patient safety and reported that regular discussions were taking place with partners to support response to these challenges. She also highlighted that the system was working together, aiming to optimise pathways in the community, to manage patient safety and risk in the community.

Members noted the key issues and progress updates relating to Quarter 1 Place priorities including actions undertaken and those in development to further improve performance at Place.

5. Social Care Workforce Priorities Update

NG presented the report which provided an update on:

- Workforce priorities in relation to recruitment and retention; care leavers; education and training; workforce data; and key worker accommodation.
- Humber and North Yorkshire Transformation Programme in terms of a review of the 2023/24 Workforce Transformation Plan and identification of work needed for the 2024/25 Programme.
- The context of considerable work taking place across the York area to create future opportunities and retain the social care workforce but recognition of the challenges, in particular the disparity between the social care and health care sector in relation to reward and recognition, a workstream area identified by the Humber and North Yorkshire Health and Care Partnership in their 2024/25 workforce transformation programme.

AS left the meeting during this item

Detailed discussion ensued including:

- The context of the increasing ageing population and associated impact on the need for care in the community.
- Noting a degree of local autonomy to address the challenges, e.g. supporting nurses who feel de-skilled and upskilling care workers to create opportunities.
- Impact on providers as a result of changes to international recruitment.
- Impact on staff as a result of suspension/revocation of a number of licenses.
- The context of social care being promoted as a profession with associated career opportunities.
- The wider context of the effect of housing costs on employment in York.
- Recognition of the challenge for staff to be released for education and training without backfill being available, particularly for the smaller providers.

Members:

- Noted the progress on the social care workforce priorities.
- Affirmed their partner organisation's commitment to supporting care leavers.
- Noted the workforce data available through Capacity Tracker

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- Noted the Humber and North Yorkshire Health and Care Partnership workforce transformation programme for 2024/5.

6. System Integration through Network Governance

In introducing FA's role SCL explained FA was taking up a six month secondment working two days a week for York Place to undertake a research study titled 'System Integration through Network Governance in NHS Place Committees' (SYNC) noting participants had been nominated as previously agreed. FA would take a professional lead in promoting integration across health, care and prevention.

FA described her experience in studying collaborative and complex health care systems explaining that the project aimed to understand the development of collaboration and integration from both managerial and operational perspectives utilising interviews and questionnaires. She noted learning opportunities - regionally, nationally and internationally – from structures that had transitioned to integrated care systems advising that York was the focus of a case study which could be scaled up. The context of aligning the different stakeholder perceptions of network governance at both partnership level and system level was highlighted.

7. Any Other Business

There was no other business.

Next Meeting: Thursday 11 July 2024