

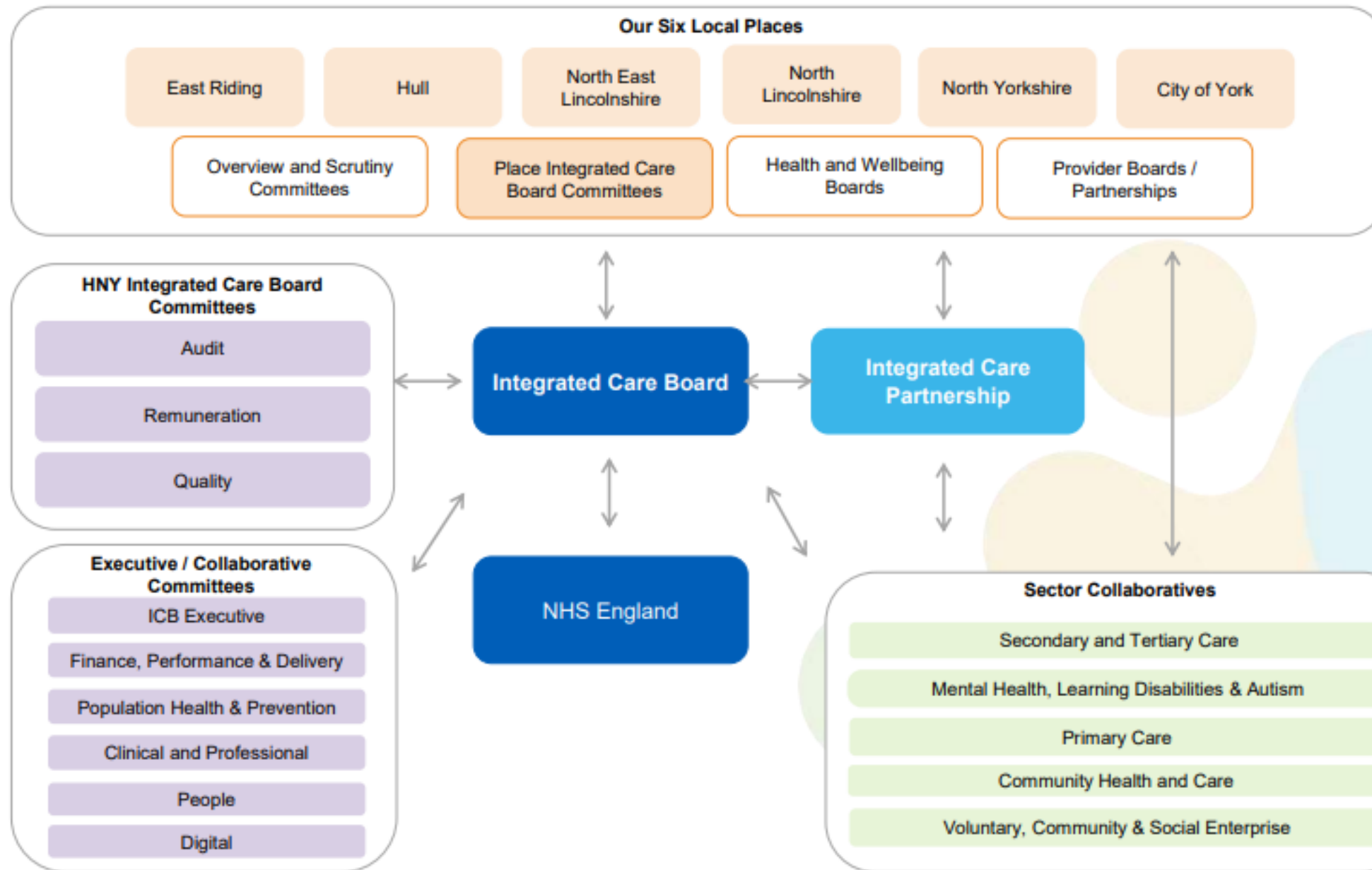


Humber and North Yorkshire
Health and Care Partnership

Humber and North Yorkshire Health and Care Partnership & North Yorkshire Place

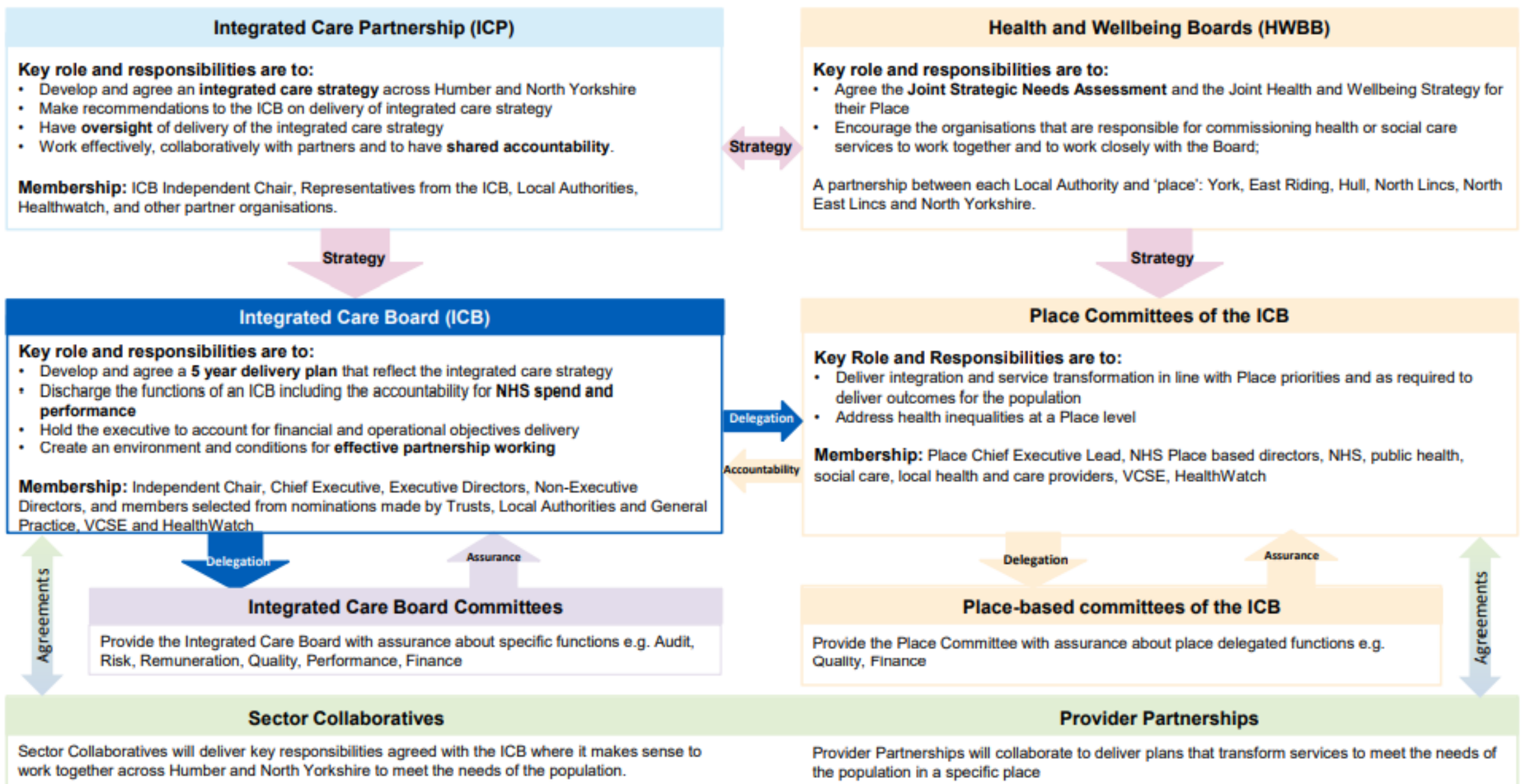
North Yorkshire Health and Wellbeing Board
14th September 2022

- The purpose of an Integrated Care System (ICS) is to bring partner organisations together to:
 - ❑ Improve outcomes in population health and healthcare
 - ❑ Tackle inequalities in outcomes, experience and access
 - ❑ Enhance productivity and value for money
 - ❑ help the NHS support broader social and economic development
- ICSs are a collaboration of health, social care, community and charitable organisations
- Extensive programme of work across HNY during 2021 and 2022 to ensure safe transition on 1st July
- The HNY Health and Care Partnership formally came into existence on 1st July 2022
- HNY HCP ambition is for everyone in our area to start well, live well and age well
- There are six Places within the ICS which are recognised as the key building blocks for delivery
- A new ICS strategy will be developed with significant input from the 6 Places and aligned to Health and Wellbeing Board Strategies



- As the new operating model becomes established, HWBs are recognised as critical partners both in understanding the communities they serve and as experts in shaping health and care for the future
- Humber and North Yorkshire ICB is represented on the NY HWB by its Chief Operating Officer (Amanda Bloor) and Place Director for North Yorkshire (Wendy Balmain).
- The Chair of the North Yorkshire HWB (Cllr Michael Harrison) and the North Yorkshire Director of Public Health (Louise Wallace) are also participant members of the Humber and North Yorkshire ICB.
- Place Chief Executive Leads (Richard Flinton NY), HWB chairs (Cllr Harrison NY) and NHS Place Directors (Wendy Balmain NY) will be members of the Integrated Care Partnership (ICP) which is being established.
- The ICP will lead on developing a strategy for Humber and North Yorkshire and the this will be aligned to HWB strategies for the 6 Places.
- Partnership is at the heart of the ICB and ICP and Place leadership will be central to delivering the scale of ambition to join up care and deliver better outcomes for our communities and population

Humber and North Yorkshire: Functions and Decisions Map



HNY Integrated Care Board Membership	
Chair	Sue Symington
Chief Executive	Stephen Eames CBE
Chief Operating Officer	Amanda Bloor
Executive Director of Finance and Investment	Jane Hazelgrave
Executive Director of Nursing and Quality	Teresa Fenech
Executive Director of Clinical and Professional	Dr Nigel Wells
Executive Director of People	Jayne Adamson
Executive Director of Corporate Affairs	Karina Ellis
Executive Director of Communications, Marketing and Media Relations	Anja Hazebroek
NHS Trusts and Foundation Trusts Partner Member	Simon Morritt
Primary Care Partner Member	Dr Bushra Ali
Local Government Partner Member (interim)	Councillor Jonathon Owen
Remuneration Committee Chair (non-executive)	Mark Chamberlain
Audit Committee Chair (non-executive)	Stuart Watson

- Delivery at Place is central to the approach across the ICS
- Wendy Balmain appointed as the North Yorkshire NHS Place Director
- Richard Flinton is the Place lead Chief Executive and Chair of the North Yorkshire Place Board
- NY Place Board is meeting as a shadow committee while legal frameworks are developed and agreed
- NHS Place Director is working closely with Director of Public Health to scope the new HWB strategy for NY, to support consistent and aligned planning across the system
- The Place Board will focus its energy and expertise on areas where collective system effort can make a difference to the delivery of services, optimising opportunities for integrated models and resources
- North Yorkshire Place priorities have been agreed and there has been an initial stocktake to define next steps and key actions
 - Priority 1: A comprehensive and integrated health and social care model
 - Priority 2: A high quality care sector, with sufficient capacity to meet demand
 - Priority 3: A strong workforce
 - Priority 4: Prevention and public health

A comprehensive and integrated health and social care model Wendy Balmain & Richard Webb

WHAT DOES GOOD LOOK LIKE

- Partnerships that understand and respond jointly to the needs of their communities.
- Increase in people living independently or managing safely at home/care setting.
- People are supported to live in a broad range of housing that meets their circumstances.
- Increased care provided closer to home, with a sufficiency of supply of community health, mental health and social care services.
- Public will access urgent care through the most appropriate entry-point and receive care through a new and integrated skill-mix
- Acute and mental health delivery operating much more in the community, coexisting with primary and social care.
- Significantly reduced delayed discharges into community care (whether nursing, residential or domiciliary care).
- Reduced need for acute beds for urgent care and for 24/7 residential and nursing beds.

KEY ACTIONS

- Enable 4 Local Care Partnerships that bring different providers together to lead the design of the local integrated model
- Develop a co-ordinated urgent care community response, utilising urgent care, crisis response services and virtual wards
- Embed principles from Fuller review with primary care, LA, NHS, VSCE and community partners to build relationships and neighbourhood operational delivery models, based on the principles of MDT working and consistent 'any door' access
- Develop a consistent and integrated model for intermediate care
- Support Enhanced Health in care homes and joint work through the Quality Improvement Team to improve responsiveness and quality and reduce variation
- Ensure a greater emphasis on self-help, prevention and PHM
- Deliver the community Mental Health transformation programme to offer whole-person, whole-population health approaches which are integrated and aligned with Primary Care Networks
- Improve the lives of children, young people and adults with a learning disability and/or autism who display behaviours that challenge, including those with a mental health condition
- Ensure a strengthened role for the VCSE

A high quality care sector, with sufficient capacity to meet demand Abi Barron & Sue Peckitt

WHAT DOES GOOD LOOK LIKE

- Increase in people living independently.
- Higher recruitment and retention levels across health and social care.
- Learning from incidents and safeguarding reviews is embedded in working practice.
- A care market sustainable for providers and affordable for commissioners and service users.
- Reduced reliance on acute beds and 24 hour nursing/residential care – Home First approach.
- Enhanced community care capacity that can flex to prevent avoidable hospital admissions and facilitate timely hospital discharge.

KEY ACTIONS

- Shaping the care market through the transformation of Approved Provider Lists – consider impact of social care funding levy and cap.
- Recruitment and retention of care staff through attractive pay, training and career development.
- Develop innovative models for domiciliary care, including care built on community strengths.
- Undertake fair cost of care exercises for domiciliary care and implement actual cost of care for residential /nursing care to deliver a sustainable care market.
- Work with care providers to implement the national charging reforms for adult social care and the next phase of the NHS discharge pathway.

A strong workforce Jonathan Coulter & Justine Brooksbank

WHAT DOES GOOD LOOK LIKE

- Sufficient trained and motivated staff to meet demand through:
 - Positive narratives about the various different roles and professions.
 - Increasing numbers of people being recruited.
 - Range of innovative, possibly even joint funded, posts to help bridge gaps and/or break down silos (e.g. part primary care / community, or part health / social care).
 - Apprenticeships and career pathways across health and social care.
- High recruitment and retention levels of all care staff.

KEY ACTIONS

- Develop more balanced/varied roles and better work/life balance, wellbeing support, appropriate rewards.
- Develop innovative approaches to recruitment.
- Develop innovative workforce models.
- Innovative use of technology to support staff.
- Identify opportunities for cross sector working and roles.
- Support international recruitment across sectors.

WHAT DOES GOOD LOOK LIKE

- Narrowing of the gap in health inequalities between the least deprived areas compared with the most deprived areas across North Yorkshire.
- Increase in overall healthy life expectancy across the County.
- Improved physical health of people with mental health conditions or a learning disability
- Narrowing of the gap in healthy life expectancy between the people in the least deprived areas compared with those in the most deprived areas across North Yorkshire.
- Having a clear, resourced strategic plan with dedicated staff to implement.

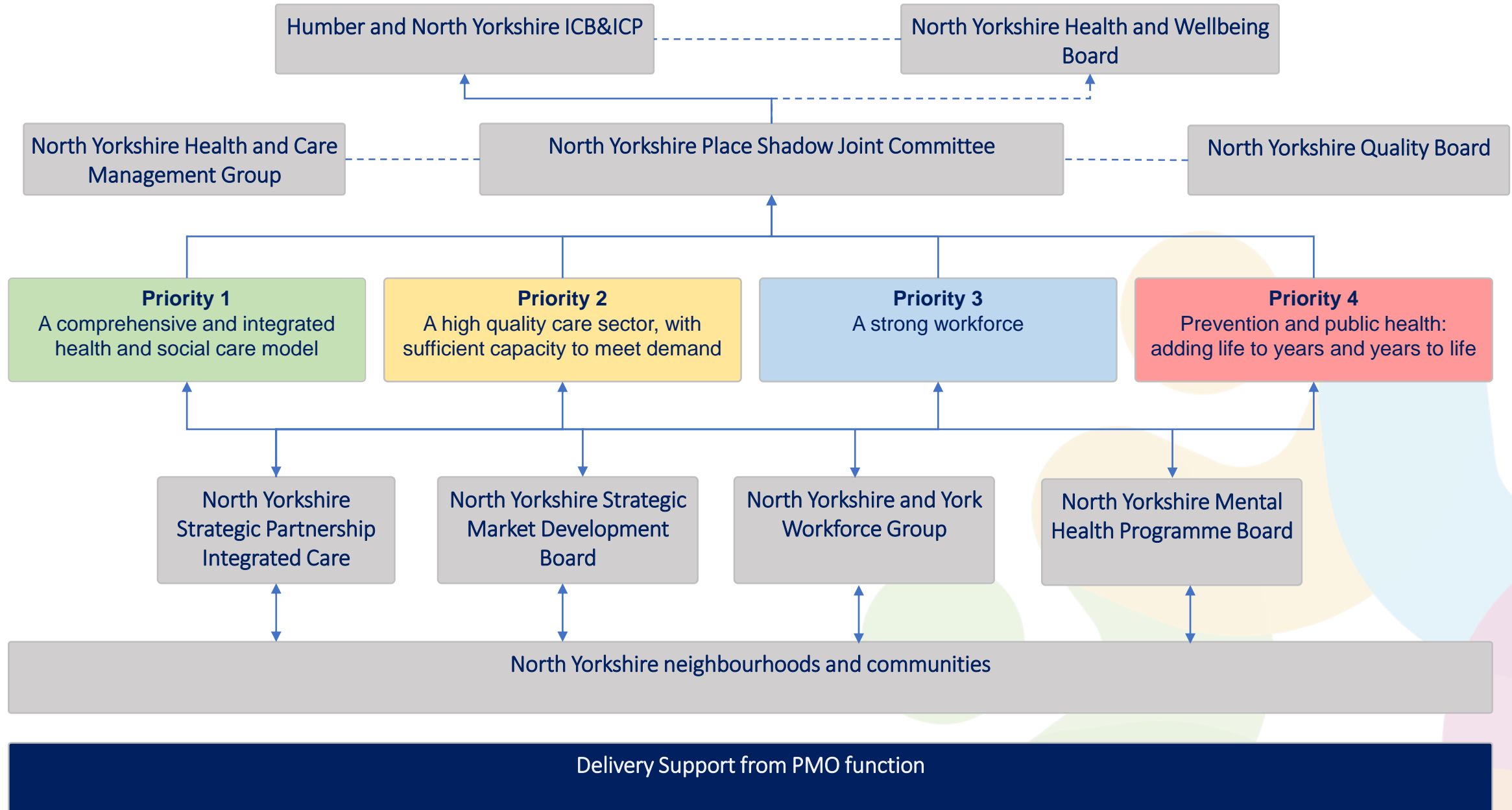
KEY ACTIONS

- Commission and provide high quality, accessible prevention, mental health and primary care services.
- Support people to maintain good mental health with timely access to effective primary, secondary and specialist services when needed.
- Support people to be physically active across all ages and stages of the life course.
- Influence through the strength of the partnership the wider determinants of health with a particular focus on coastal communities.
- Promote and invest in stronger communities and strategic commissioning of the VCSE.
- Engage with people in a dialogue about self-care, early help, loneliness and using digital tools.



Prevention and public health: adding life to years and years to life – Louise Wallace

North Yorkshire Priorities: Organisation and Governance



Member	Organisation
Richard Flinton (Chair), Chief Executive,	North Yorkshire County Council
Ali Jan Haider, Strategic Director	West Yorkshire Integrated Care Board
Brent Kilmurray, Chief Executive	Tees, Esk and Wear Valleys NHS FT
Gary Fielding, Corporate Director of Strategic Resources	North Yorkshire County Council
Jane Colthup, Chief Executive	Community First Yorkshire
Jonathan Coulter, Chief Executive	Harrogate and District NHS FT
Louise Wallace, Director of Public Health	North Yorkshire County Council
Mark Bradley, North Yorkshire Place Finance Director	HNY Integrated Care Board
Michele Moran, Chief Executive	Humber Teaching NHS FT
Richard Webb, Corporate director of Health and Adult Services	North Yorkshire County Council
Robert Harrison, Managing Director	South Tees Hospitals NHS FT
Sally Tyrer, PCN Clinical Director	North Yorkshire LMC (YORLMC)
Simon Morritt, Chief Executive	York and Scarborough Teaching Hospitals NHS FT
Stuart Carlton, Corporate Director of Children's and Young People's Services	North Yorkshire County Council
Sue Peckitt, North Yorkshire Place Nurse	HNY Integrated Care Board
Wendy Balmain, North Yorkshire Place Director	HNY Integrated Care Board