Humber and North Yorkshire
Health and Care Partnership

North Yorkshire Health and Wellbeing Board

28 November 2022

Update from the Humber & North Yorkshire Integrated Care Board

Humber and North Yorkshire: Amanda Bloor, Deputy Chief Executive / Chief Operating Officer
Wendy Balmain, Place Director for North Yorkshire

Part 1: Humber & North Yorkshire ICB

Amanda Bloor, Deputy Chief Executive / Chief Operating Officer

Overview of Integrated Care Systems

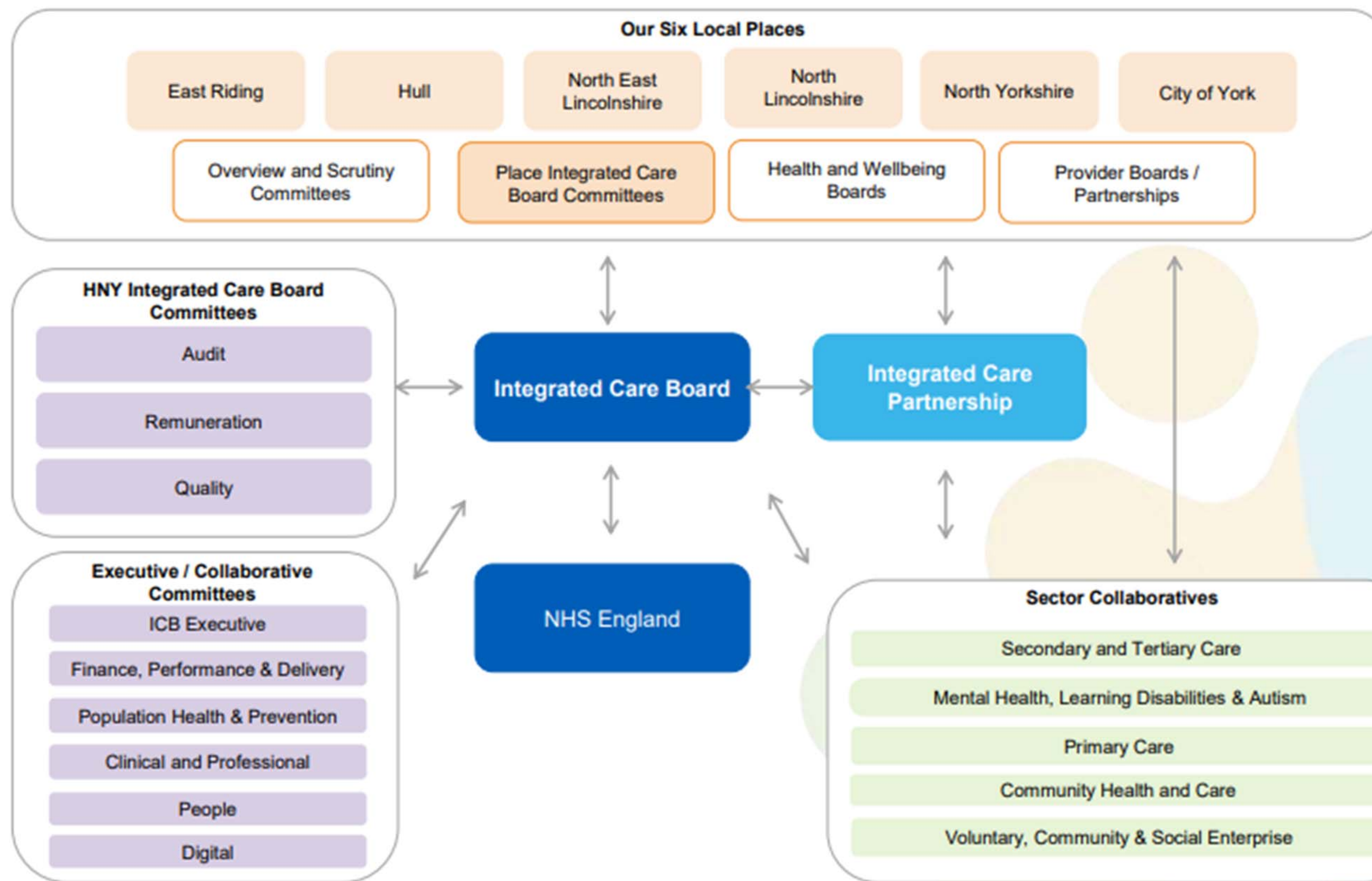
- Integrated Care Systems (ICSs) are a collaboration of health, social care, community and charitable organisations. The **four key aims of the ICS** are to:
  - improve quality of services and outcomes in population health and healthcare
  - tackle inequalities in outcomes, experience, and access
  - enhance productivity and value for money
  - help the NHS support broader social and economic development.

- The **Integrated Care Board (ICB) is the statutory organisation** accountable for HNS spend and performance, formally established 1 July 2022. The **HNY ICB has 6 Places**, which are recognised as the key building blocks for delivery.

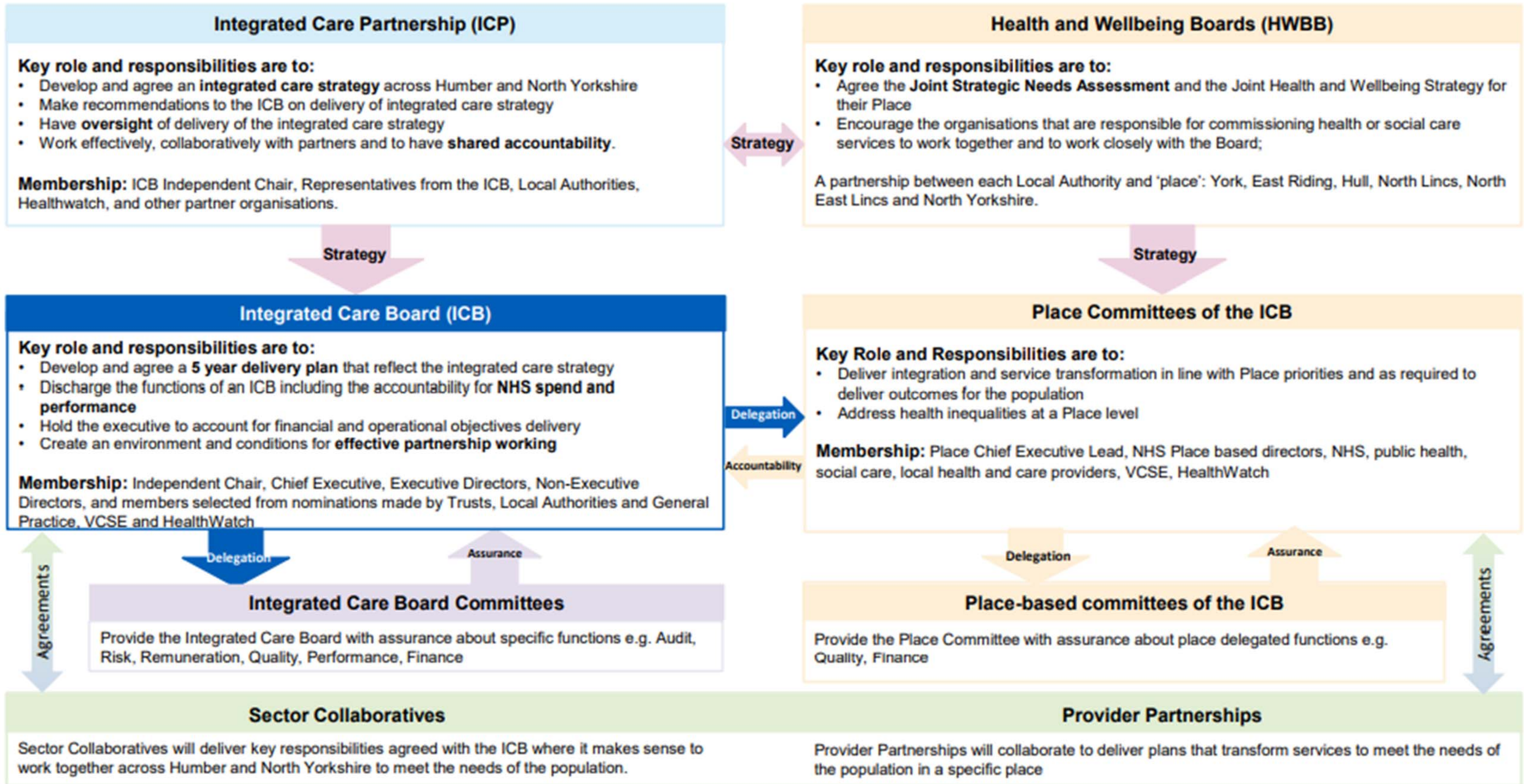
- The geography of **North Yorkshire falls into two ICSs** – Humber and North Yorkshire, and West Yorkshire.

Humber and North Yorkshire HCP Governance and Accountability

Humber and North Yorkshire
Health and Care Partnership



Humber and North Yorkshire: Functions and Decisions Map



Humber and North Yorkshire
Health and Care Partnership

Part 2: North Yorkshire Place

Wendy Balmain, North Yorkshire Place Director

North Yorkshire Place – who we are

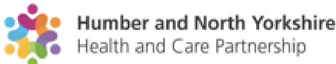
Humber and North Yorkshire Health and Care Partnership

- North Yorkshire is one of the six Places which constitute the Humber and North Yorkshire (HNY) Health and Care Partnership.
- Largest geographical coverage and largest population of all six Places in HNY at 550K
- Population includes approx. 116,000 from the Vale and Selby area (formerly part of Vale of York CCG)
- While the NY Place Shadow Joint Committee is now formally recognised as part of the ICS – the membership reflects an executive group that has been working closely together since 2019
- The Place Shadow Joint Committee recognises the many different communities within North Yorkshire with differential needs and these will be recognised in how we organise ourselves to develop plans and deliver services

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 and York Primary Care Collaborative
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

North Yorkshire Place – our strategic priorities

Updated 25/8/22



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

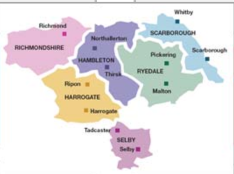
A high quality care sector, with sufficient capacity to meet demand
Abi Barron & Sue Peckitt

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 trans-formation 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 & Polly McMeekin

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.

evention and public health: Adding life to years and years to life
Louise Wallace and Dr Bruce Willoughby

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.

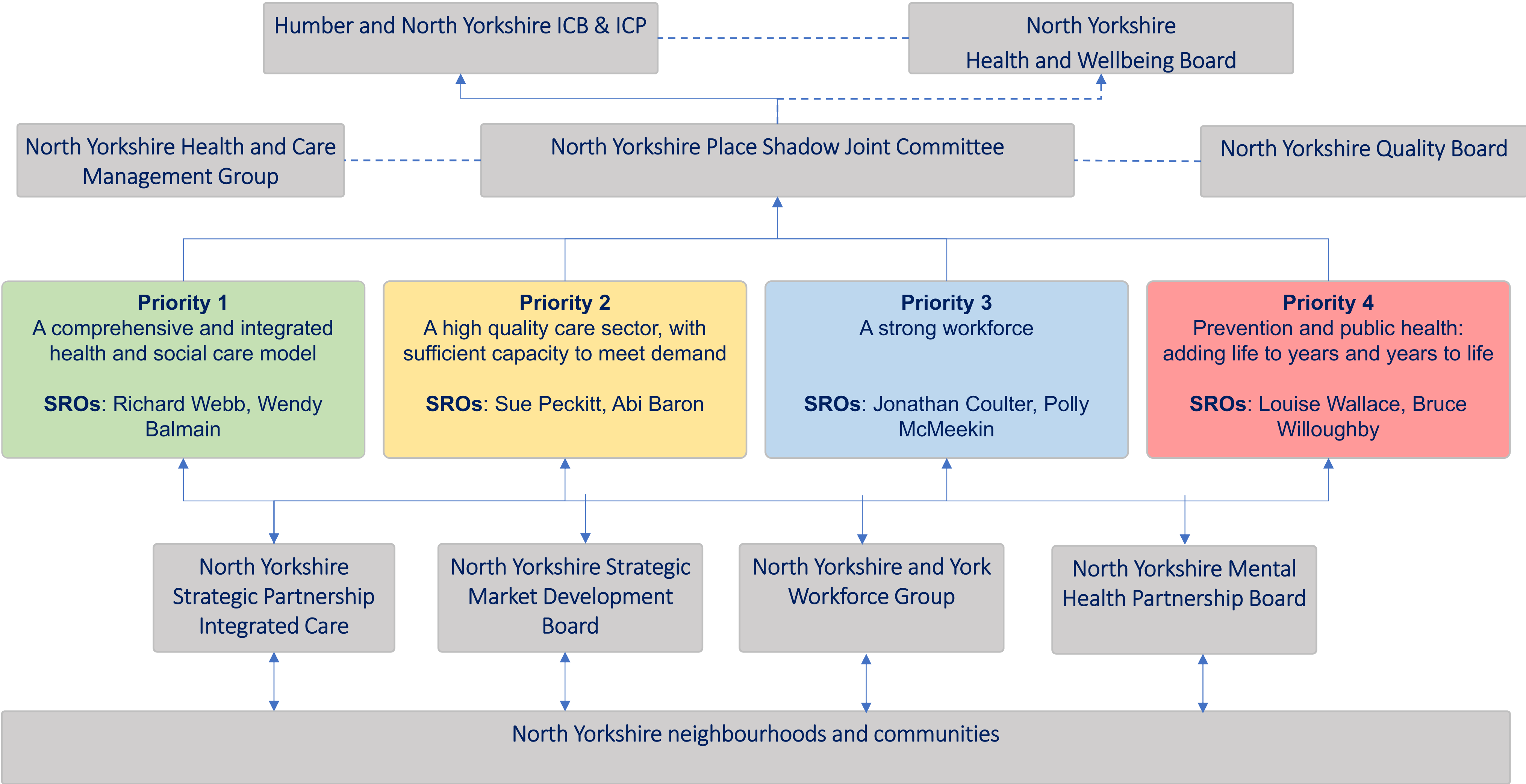
North Yorkshire Place – what have we been doing

Humber and North Yorkshire Health and Care Partnership

- Maturity assessment refreshed to understand our readiness to operate and support further delegation, to be agreed with the ICB
- Transitional operational agreement between the ICB and NY Place Shadow Joint Committee agreed
- Stocktake of the 4 priorities to establish baselines and measure progress underway
- Other areas of focus have included:
  - Fuller primary care stocktake: developing neighbourhood teams across 65 practices and 14 primary care networks
  - Adult social care charging reforms – trailblazer site
  - Role of VCSE in understanding their ongoing support to communities and individuals
  - Mobilising virtual wards and good discharge pathways
  - Urgent Care Plan developed across sectors recognising the significant pressure in health and social care

Delivering North Yorkshire Place Priorities

Humber and North Yorkshire Health and Care Partnership



Bradford District and Craven
Health and Care Partnership

ACTasONE

Integrated health and care partnership arrangements for Bradford district and Craven

North Yorkshire Health and Wellbeing Board

28th November 2022

Nancy O'Neill COO BD&C HCP

West Yorkshire approach

Bradford District and Craven
Health and Care Partnership

Trusting relationships built over time

Bradford District and Craven
Health and Care Partnership

February 2018
Integrated care system

November 2021
Integrated Care System of the Year (HSJ Awards)

2022/2023
Refreshed five year plan

March 2016
Sustainability and transformation partnerships

February 2020
Launch of the Partnership's five-year plan and big ten ambitions

2022
Statutory integrated care board and integrated care partnership arrangements

West Yorkshire Health and Care Partnership's 10 Big Ambitions

Bradford District and Craven
Health and Care Partnership

1. increase the years of life that people live in good health
2. reduction in the gap in life expectancy for people with mental health, learning disabilities and/or autism
3. address the health inequality gap for children living in households with the lowest incomes
4. increased our early diagnosis rates for cancer
5. reduce suicide
6. reduction in anti-microbial resistance infections
7. reduction in stillbirths, neonatal deaths, brain injuries and a reduction in maternal morbidity and mortality
8. a more diverse leadership
9. global leader in responding to the climate emergency
10. strengthen local economic growth by reducing health inequalities

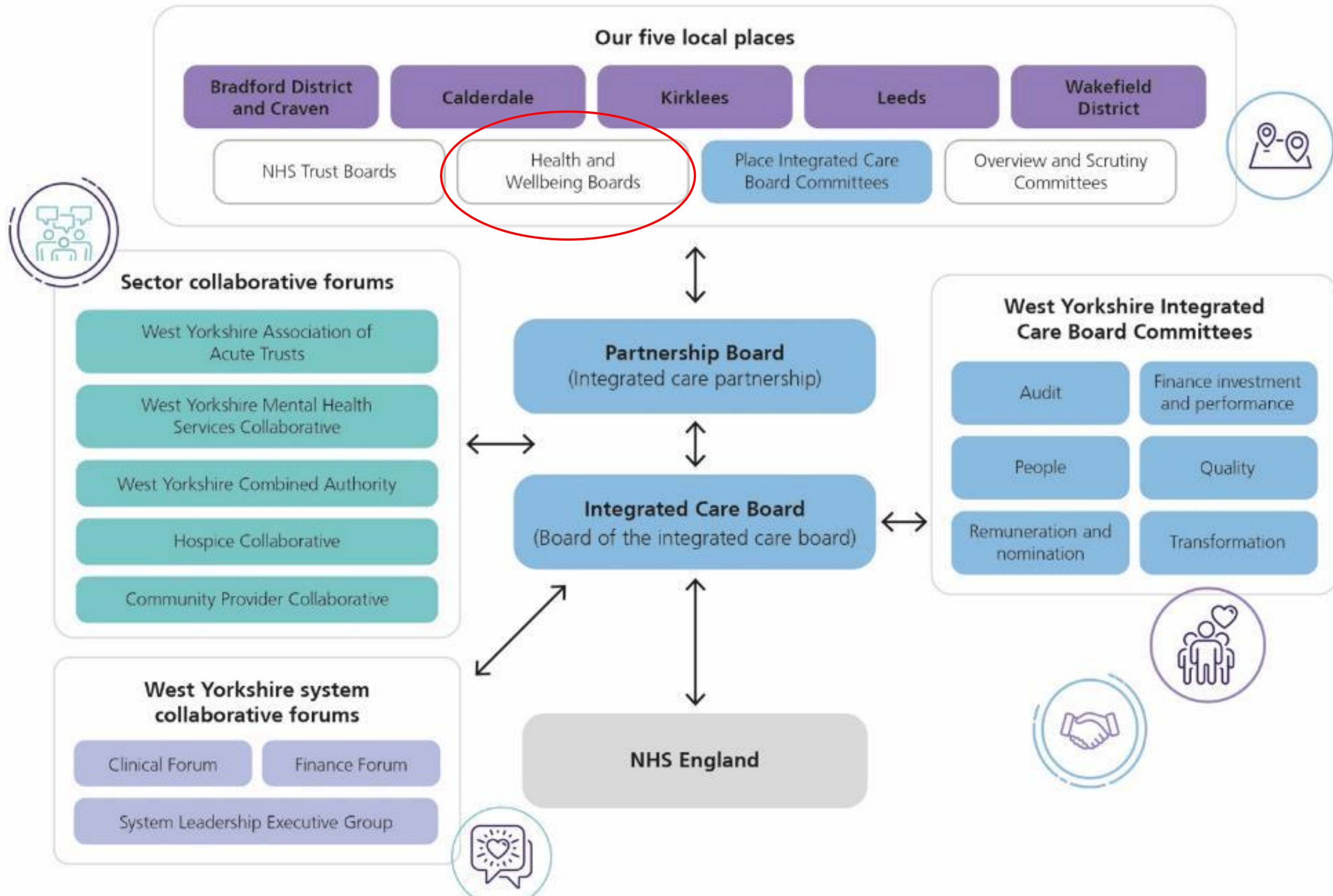
BD&C Partnership Board delegated responsibilities

Bradford District and Craven
Health and Care Partnership

Ref.	Responsibility
ICB 1	**Agree a plan** to meet the health and healthcare needs of the population
ICB 2	**Allocate resources** to deliver the plan
ICB 3	Develop **joint working arrangements** with partners
ICB 4	Establish **governance** arrangements to support collective accountability
ICB 5	**Arrange for the provision of health services** in line with the allocated resources across the ICS through a range of activities including: **contracts** and agreements; **transformation** programmes; primary care networks (PCNs); **working with local authority and VCSE sector** partners to put in place personalised care for people, including assessment and provision of **continuing healthcare and funded nursing care**, and agreeing **personal health budgets** and direct payments for care
ICB 12	Approve decisions on the review, planning and procurement of **primary medical care services**
Cons. 4.3.2	Develop **arrangements for risk sharing and /or risk pooling** with other organisations (for example pooled budget arrangements under **section 75** of the NHS Act 2006), for approval by the ICB Board
Cons. 4	Make arrangements to implement in place ICB **risk management** arrangements.
Cons. 7	Agree arrangements for complying with the **NHS Provider Selection Regime**.

Structures & relationships

Bradford District and Craven
Health and Care Partnership



Our purpose & our priorities

Narrowing the Gap

Positioning our collective resources to focus on the greatest need to improve health and wellbeing

Our Workforce

Empowered to lead on behalf of the Partnership and the people we serve

Equity and Justice

Choosing equity as our way to reduce inequality because more equal societies benefit everyone

Inverting the Power to Act

Sharing responsibility and power, for people to become active and engaged partners

Our Partnership Plan

Tackling the issues no one part of our Partnership can address alone, through public stewardship

Community Resilience

Access To Care

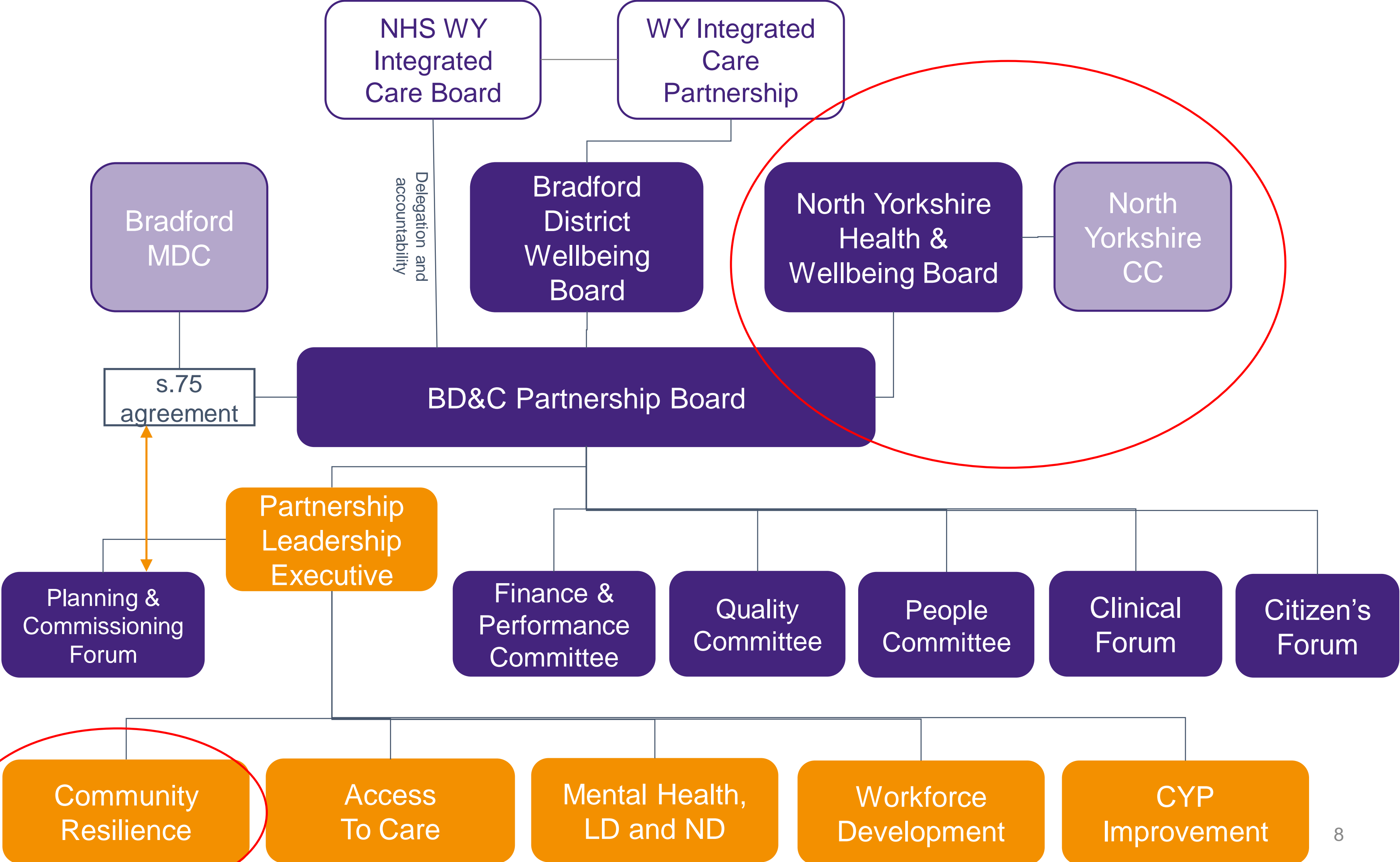
Mental Health, LD and ND

Workforce Development

CYP Improvement

Bradford District & Craven arrangements

Bradford District and Craven Health and Care Partnership



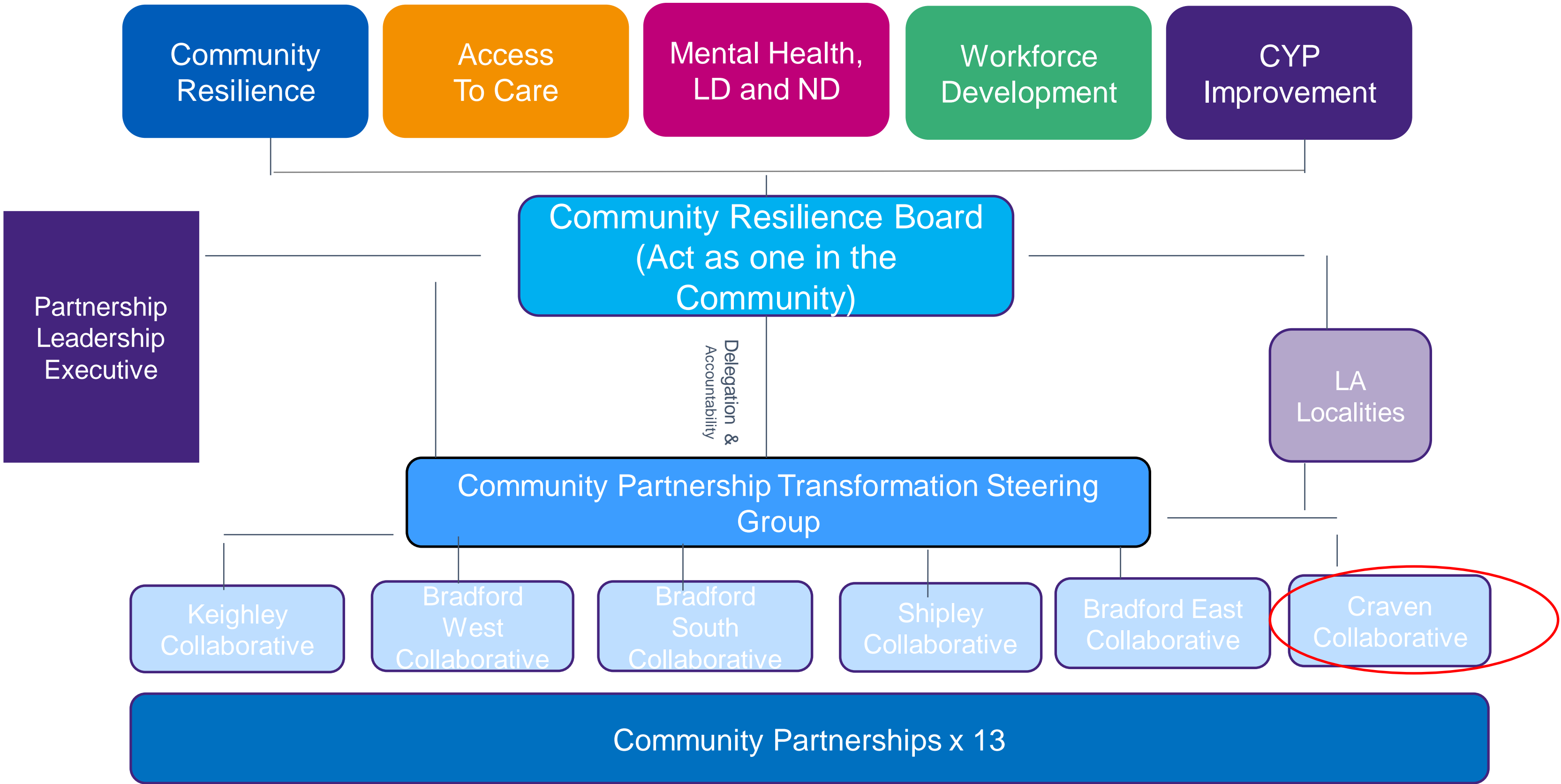
BD&C Partnership Board membership

Bradford District and Craven
Health and Care Partnership

Expectation	Proposal	Number
Chair of Partnership Board	• Independent chair	1
Place lead	• Included amongst membership listed below	n/a
Primary care leadership	• Chair of Clinical Advisory Board • Chair of LMC	2
Providers of acute, community and mental health services	• Chief Executives of ANHSFT, BDCFT, and BTHFT • Chairs of ANHSFT, BDCFT, and BTHFT	6
People who use services and their representatives, including Healthwatch	• Chief Executive Healthwatch BDC • Chief Executive Healthwatch North Yorkshire	2
Local authorities	• CBMDC Chief Executive, SD HWB, SD Children's and DPH • NYCC DASS, DCS and DPH • CDC Chief Executive	8
Social care providers	• Chief Executive Bradford Care Association • Senior representative of care sector in North Yorkshire	2
VCSE sector	• Senior representative of Bradford District VCS • Senior representative of Craven VCS	2
System committees	• Chair of Clinical Forum • Chair of Citizens Forum (counted in membership above) • Chair of People Committee • Chair of Finance and Performance Committee • Chair of Quality Committee	4

Bradford District and Craven
Health and Care Partnership

Community Partnerships



Craven Community Partnership

WACA PCN

ANHSFT Community Services

Craven District Council

North Yorkshire ASC, Stronger Communities,

Modality PCN

BDCFT Mental Health

VCS Organisations

NY Fire & Rescue

NY Police