Humber and North Yorkshire
Health and Care Partnership

HUMBER AND NORTH YORKSHIRE INTEGRATED CARE BOARD

MEETING OF THE
INTEGRATED CARE PARTNERSHIP

WEDNESDAY 28 JUNE 2023 FROM 14:00 – 16:00

AGENDA

Time	Item	Subject	Led By	Action Required	Paper
14:00	**1**	**Welcome and Introductions**	Chair	To Note	Verbal
14:01	**2**	**Apologies for Absence**	Chair	To Note	Verbal
14:02	**3**	**Declarations of Interest** In relation to any item on the agenda of the meeting members are reminded of the need to declare: (i) any interests relevant or material to the ICB; (ii) that nature of the interest declared: financial / professional / personal / indirect (iii) any changes in interest previously declared	Chair	To Note	Verbal
14:02	**3**	**Minutes of the Previous Meeting held on 15th February 2023** To receive the minutes of the previous meeting.	Chair	To Approve	Enclosed
14:08	**4**	**Matters Arising and Actions** To discuss / receive any matters arising or actions from previous meeting	Chair	To Note	Verbal
14:10	**5**	**Notification of Any Other Business** *Any proposed item to be taken under Any Other Business must be raised and subsequently approved, at least 48 hours in advance of the meeting by the Chair. Any approved items of Any Other Business to be discussed at item 13.*	Chair	To Note	Verbal
14:15	**6**	**Terms of Reference** To receive and approve	Chair	To Approve	Enclosed
HUMBER AND NORTH YORKSHIRE STRATEGIC PARTNERSHIP					
14.25	**7**	**Chairs Partnership Review**	Chair	To Note	Verbal
14.35	**8**	**Local Government Partnership Review**	Vice Chair	To Note	Verbal
14.45	**9**	**Futures Group Report** To receive a verbal report from the HNY Futures Group	Chair of HNY Futures Group	To Note	Verbal

Time	Item	Subject	Led By	Action Required	Paper
15.00	**10**	**Chief Operating Officer - Place Report** To receive a report that provides an update from each Place	Chief Operating Officer / Deputy Chief Executive	To Note	Enclosed
HUMBER AND NORTH YORKSHIRE PARTNERSHIP OUTCOMES					
15.15	**11**	**Population Health and Prevention Programme Update** To receive an update	Co-Chairs of Population Health and Prevention Executive Committee	To Note	Enclosed
15.30	**12**	**Integrated Health and Care Strategy Outcomes Framework**	Executive Director Corporate Affairs / Consultant in Public Health	To Discuss	Presentation
15:50	**13**	**Any Other Business** To receive any business notified at the start of the meeting	Chair	To Note	Verbal
15:55	**14**	**Closing Remarks**	Chair	To Note	Verbal
16:00		**Date of Next Meeting:** Wednesday 27th September 2023 at 14:00 - 16:00			

Humber and North Yorkshire
Health and Care Partnership

HUMBER AND NORTH YORKSHIRE INTEGRATED CARE PARTNERSHIP

MINUTES OF THE JOINT MEETING HELD ON WEDNESDAY 15 FEBRUARY 2023, 2.00 PM, VIA MICROSOFT TEAMS

PRESENT:

Sue Symington (Chair)	Chair, NHS Humber and North Yorkshire Integrated Care Board
Amanda Bloor	Deputy Chief Executive, NHS Humber and North Yorkshire Integrated Care Board
Caroline Lacey	Chief Executive, East Riding of Yorkshire Council City of York Council
Councillor Michael Harrison	Executive Member for Health and Adult Services, North Yorkshire County Council
Councillor Carol Runciman	Executive Member for Adult Social Care and Public Health, City of York Council
Councillor Linda Chambers	Executive Member for Adult Services and Public Health, Hull City Council
Councillor Richard Hannigan	Deputy Leader, North Lincolnshire Council
Councillor Nigel Ayre	Executive Member for Finance and Major Projects, City of York Council
Ashley Green	Chief Executive, Healthwatch, North Yorkshire
Jamaila Hussain	Director of Adults and Integration (DASS), City of York Council
Julia Weldon	Corporate Director of Public Health (DPH) and Adult Social Care, Hull City Council
Karen Pavey	Director of Adult Social Care, North Lincolnshire Council
Karina Ellis	Executive Director of Corporate Affairs
Peter Thorpe	Chief Executive, North Lincolnshire Council
Alex Seale	Place Director, NHS North Lincolnshire
Helen Kenyon	Place Director, NHS North East Lincolnshire
Erica Daley	Place Director, NHS Hull
Simon Cox	Place Director, NHS East Riding of Yorkshire
Wendy Balmain	Place Director, NHS York
Ian Floyd	Chief Executive, City of York Council

IN ATTENDANCE:

Laura Allenby	Executive Business Support (Minute Taker)
Mike Napier	Associate Director of Corporate Affairs, NHS Humber and North Yorkshire Integrated Care Board

1. Welcome and Introductions

The Chair thanked everyone for attending the Integrated Care Partnership (ICP) meeting.

2. Apologies for Absence

Apologies for absence were noted from Councillor Jonathan Owen, Matt Jukes, Richard Flinton, Stephen Eames and Councillor Rob Waltham.

3. Declarations of interest in relation to the business of the meeting

There were no additional interests noted.

4. Minutes of the Previous Meeting held on 18 January 2023

The minutes of the meeting held on 18 January 2023 were checked for accuracy and the following amendments to be made:

- Ashley Green's attendance to be noted.
- Councillor Waltham's attendance to be removed.

5. Matters Arising and Actions

Members noted that there were no matters arising from the meeting held on 18 January 2023 to discuss.

It was noted that the Joint Forward Plan final submission was in June 2023.

It was noted that the Integrated Needs Assessment work would report into this meeting on a regular basis.

6. Notification of Any Other Business

There were no matters of any other business to receive.

7. Brief Update on Current System Pressures and Collective Actions

The Chair invited the Chief Operating Officer to give an update on the system pressures in the ICB.

An update was given on industrial action which had taken place since Christmas 2022 and the work that had taken place as a system. The feedback which had received from NHS England (NHSE) had been that the Humber and North Yorkshire (HNY) system had been inclusive, rigorous and had kept partners informed. Future potential strike days were also noted.

An update was given on the operational pressures and it was noted that extremely challenging pressures had been managed in the context of increasing in demand in the New Year.

An increase in cases of covid along with an increase in calls to the ambulance services had been seen. There has been a noted increase in acuity of patients which had led to an increase in lengths of stay at hospitals.

An update was given on significant pots of funding which had been used to increase capacity. It was reported that a lot of work had been undertaken by the teams including on return on investment and that a detailed analysis of this work would be undertaken.

Reference was made to the system calls which had taken place specifically in North Yorkshire, given the resurgence in covid cases, and the collaboration with social care to support discharges.

An update was given on the Hull and East Riding system and targets for complex care discharge. It was noted that weekends remained the most challenging, including the system's ability to respond.

Discussion took place as to the short-notice nature of funding to assist system pressures and collective recognition of the need for a long-term strategy.

An update was given on the Hewitt Review which was requested by the Chancellor Jeremy Hunt and undertaken by former Secretary of State for Health, Patricia Hewitt. The review was charged with making recommendations about long-term development of integrated care systems.

8. Focus on Place Developments

North Yorkshire Place

The Chair invited Wendy Balmain, Place Director for North Yorkshire to give an update for her locality.

An update was given on the Local Government Review for a single unitary authority and the impact this would have, including on public health. Progress on local system priorities was highlighted, focusing resource and the interface between health and social care. It was noted that there was a need to build further capacity in care and domiciliary care.

The developing of new intermediate care models and how to co-ordinate these schemes was discussed. It was reported that work was being undertaken on urgent care and contracts which were coming to an end.

Reference was also made to mental health and learning disabilities strategic objectives, as well as the local ambulance to GP proposal, which was part of admissions avoidance and operational in some areas of North Yorkshire.

A discussion took place on measuring success and the work undertaken by Leicester University and Scarborough College on workforce was highlighted. It was agreed that the output of this work would be shared.

North Lincolnshire

The Chair invited Alex Seale, Place Director North Lincolnshire, to give an update for her locality.

It was reported that there were nine key priority areas for the North Lincolnshire Health and Care Partnership, including smoking cessation in pregnancy and obesity.

The high deprivation levels in North Lincolnshire were highlighted, especially within a number of wards in Scunthorpe. The plan for further local integration was explained, based on a foundation of strong partnerships with a clear collective strategic intent.

An update was given on integrated neighbourhood teams and their prioritisation of the local vulnerable population.

It was reported that the key enablers to assist with the further local integration were an integrated workforce strategy, digital development and a continued strong organisational approach.

Integrated Care Board (ICB)

It was reported that the ICB were planning staff roadshows across each of the six Places as a further means to engage the entire workforce in planning and

development.

An example of local organisational improvement through the effective engagement of its workforce was given as Humberside Police.

9. Review / Refresh of the Integrated Care Partnership (ICP) Purpose

The Chair advised that the initial focus of the ICB had been to ensure that robust systems and processes were created as a new statutory NHS body, including the establishment and operation of the ICB Board. The intention had always been however to have the ICP at the heart of the new arrangements and the purpose of this item was to review the progress made and options for future development.

It was noted that there was joint leadership of the ICP through Sue Symington and Councillor Jonathan Owen. High-level terms of reference and core purpose had been agreed. The ICS draft strategy had been completed by December 2022.

A discussion took place on the ICP supporting the overarching culture and connecting more effectively with the ICB. The review of the ICP effectiveness discussion highlighted the following points:

- Priority during 23/24 to deliver parity between the status and decision-making of the ICP and ICB, with the ICP focussing on oversight and assurance on the delivery of the Integrated Care System (ICS) Strategy priorities and other system partnership priorities and the ICB focussing on NHS performance, finance and delivery together with its other statutory duties.

- Continued focus on the work of the ICP to support system planning and delivery, in tandem with the planning and delivery of work that is best undertaken at Place(s) and sector collaborative level. This reflects Places as the building blocks of the ICS.

- The Health and Wellbeing Boards remain the drivers of the strategy at Place and the ICP should be the primary driver of the strategy at system-level.

- Agendas of the ICP to focus much more on the future and strategic direction and beyond the “here and now”, given that the immediate challenges are already picked up via many other meetings at Place and system level.

- Need to think more radically and use ICP to drive the wider and bold ambitions of the ICS, such as population health & prevention plans, the wider determinants of health and business & childrens strategies.

- General recognition of the need to better inform and understand the priorities of the constituent elements of the ICB, such as progress on the individual delivery programmes in individual Places and sector collaboratives (Sharing of best practice).

10. Any Other Business

An update was given on the refreshed strategy for East Midlands Ambulance Service NHS Trust.

An action on tobacco conference to be held in York on 20th February 2023 by Councillor Linda Chambers and Julia Weldon was raised for information.

11. Date and Time of Next Meeting

Wednesday 15th March 2023, 2.00 pm, via MS Teams.

Humber and North Yorkshire
Health and Care Partnership

Report to:	HNY Integrated Care Partnership
Date of Meeting:	28 June 2023
Subject:	ICP Committee Terms of Reference
Sponsor:	Executive Director of Corporate Affairs
Author:	Corporate Affairs Team

STATUS OF THE REPORT: *(Please click on the appropriate box)*

Approve ☒ Discuss ☐ Assurance ☐ Information ☐ A Regulatory Requirement ☐

SUMMARY OF REPORT: (*A short summary of the key points set out within the report*)

The report presents the updated terms of reference for ICP Committee. They have been reviewed and updated in accordance with the previous review of effectiveness of the ICP and updated arrangements for the meetings operation.

For ease of reference, proposed changes are highlighted in red.

RECOMMENDATIONS:

Members are asked to:

(i) Approve the revised terms of reference for the ICP Committee.

ICP STRATEGIC OBJECTIVE (p*lease click on the boxes of the relevant strategic objective(s)*

Addressing Health Inequalities and improving healthy life expectancy	☒
Delivering the vision – start well, live well, age well, die well	☒
Supporting our strategic intentions – creating the conditions, think person, think family, think community	☒

IMPLICATIONS (*Please state N/A against any domain where none are identified)*

Finance	No adverse implications identified.
Quality	No adverse implications identified.
HR	No adverse implications identified.
Legal / Regulatory	No adverse implications identified.
Data Protection / IG	No adverse implications identified.

Health inequality / equality	No adverse implications identified.
Conflict of Interest Aspects	No adverse implications identified.
Sustainability	No adverse implications identified.

ASSESSED RISK:

Risk
The failure to establish the terms of reference for the ICP committee would significantly impair the ability of the ICS to achieve safe, effective and efficient decision-making in support of the delivery of the ICS Strategy.

Mitigation
The adoption of up-to-date terms of reference.

MONITORING AND ASSURANCE:
The terms of reference will be reviewed annually, and the in-year effectiveness of their operation will be monitored.

ENGAGEMENT:
The terms of reference have been subject to comprehensive engagement with subject matter experts and senior executive leads and directors within the ICB, in addition to the proposed committee chairs.

REPORT EXEMPT FROM PUBLIC DISCLOSURE No ☒ Yes ☐

Humber and North Yorkshire

Integrated Care Partnership

Terms of Reference

Version ~~0.2~~2 ~~October 2022~~June 2023

Contents

Humber and North Yorkshire
Health and Care Partnership

1. Parties to the Terms of Reference

The members of the Humber and North Yorkshire Integrated Care Partnership (the **Partnership**), including ~~and parties to this Terms of Reference are:~~

1.1. Local Authorities

The following are Local Authorities (the **Councils**) within Humber and North Yorkshire:

- East Riding of Yorkshire Council
- Hull City Council
- North Lincolnshire Council
- North East Lincolnshire Council
- North Yorkshire County Council
- City of York Council

1.2. National Health Service

- NHS Humber and North Yorkshire Integrated Care Board (the **HNY ICB**)

As members of the Partnership all of these organisations subscribe to the vision, principles, values and behaviours stated below, and agree to participate in the governance and accountability arrangements set out in these Terms of Reference.

1.3. Definitions and Interpretation

This Terms of Reference is to be interpreted in accordance with the Definitions and Interpretation set out in Schedule 1, unless the context requires otherwise.

1.4. Term

This Terms of Reference shall commence on the date of approval of the Parties. It will be subject to an annual review by the Partnership Committee to ensure it remains consistent with the evolving requirements of the Partnership as an Integrated Care System

2. Introduction and context

This Terms of Reference (ToR) is an understanding between the Councils and HNY ICB. It sets out the details of our commitment to work together in partnership to realise a shared ambitions to improve the health and wellbeing of the circa 1.7 million people who live and work in Humber and North Yorkshire.

~~The Partnership brings together our six places: East Riding of Yorkshire, Hull, North Lincolnshire, North East Lincolnshire York and North Yorkshire. It is not a new organisation but a new way of working to meet the diverse needs of our citizens and communities~~.

The Integrated Care Partnership is a is a joint committee of NHS Humber and North Yorkshire Integrated Care Board, the Local Councils of East Riding of Yorkshire, Hull, North Lincolnshire, North East Lincolnshire York and North Yorkshire ("the Statutory Organisations"), established in accordance with Section 116ZA of the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Care Act 2022).

The Partnership will act as the 'guiding mind' of Humber and North Yorkshire Health and Care Partnership (Integrated Care System (ICS)) and is authorised to operate within these Terms of Reference, which set out its purpose, membership, authority and reporting arrangements.

The Partnership is one of the four core elements of an Integrated Care System along with Place, the Integrated Care Board and the Sector Collaboratives. The Partnership will not duplicate the work of the Local Health and Wellbeing Boards. Members of the Partnership Committee will champion and act as ambassadors of effective partnership working for local population benefit.

2.1. Purpose

The primary, initial purpose of the Partnership is to produce an Integrated Care Strategy. This will shape the priorities for the ICS to be delivered collectively ~~and commitment to working together~~ in partnership to improve the health and care of the circa 1.7 million people we serve.

We believe that many of the ~~the~~ needs and health aspirations of our population are best met locally, in the six places we have identified in our partnership geography.

With patience, respect, and a willingness to work together, the ICP will drive the direction and policy of the ICS, by being:

- Rooted in the needs of the population and communities it serves at place, and collectively across Humber and North Yorkshire
- Overseeing population health strategies. ~~across our geography~~
- ~~Oveseeing~~Overseeing the system approach to reducing Health Inequalities
- Overseeing and promoting partnership working in respect of the socio-economic development.

- Encouraging and supporting the development of key anchor ~~orgnaiatsion~~organisations and their role in supporting local ~~properity~~prosperity.
- Encouraging and supporting ~~Innocation~~Innovation, ~~Reasercah~~Research and Improvement ~~acrsso~~across the ~~li~~CS footprint
- Supporting integration and subsidiarity locally and regionally where it is appropriate and effective to do so.
- Nurturing and role-modelling an open and inclusive approach between partners.
- Adding value to Place by coming together where appropriate to do things once across the larger geography.

~~The leadership community at Place are at the very heart of our partnership, and for this reason those Place leaders come together to form the Integrated Care Partnership.~~

3. How we work together in Humber and North Yorkshire

3.1. Our shared purpose

Our shared purpose is to improve the lives of the people who live and work in Humber and North Yorkshire and reducing health inequalities.~~.~~

3.2. Our shared vision and objectives

Our vision is to ensure that our population can~~all our people:~~

Start life well, live well, age well and end life well

3.3. Our shared values and behaviours

We commit to behave consistently as leaders and colleagues in ways which model and promote our shared values and have aligned these to the Nolan Principles which define the standards of conduct expected by a person or people in public office:

a. **Selflessness -** act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.
b. **Integrity -** not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.
c. **Objectivity -** in carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
d. **Accountability -** are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
e. **Openness -** be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

f. **Honesty -** a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
g. **Leadership -** promote and support these principles by leadership and example.
Objectives

4. Partnership Committee

The Partnership does not replace or override the authority of the Councils or HNY ICBs Boards and Committee. Each of them remains sovereign and Councils remain directly accountable to their electorates.

~~The Partnership Committee provides a mechanism for collaborative action and common decision-making for issues which are best tackled on a wider scale.~~

4.1. Responsibilities

The Partnership Committee provides the formal leadership for the Integrated Care Partnership.
The Partnership Committee is responsible for

- Developing and agreeing an **integrated care strategy** across Humber and North Yorkshire- and tracking progress against the key objectives.
- Making recommendations to the ICB on delivery of integrated care strategy and on matters that span more than one place such as major service reconfiguration, capital investment, collective action and campaigns.
- Having **oversight** of delivery of the integrated care strategy, including tracking progress and review.
- Working effectively, collaboratively with partners with ~~and to have~~ **shared accountability**.

4.2. Membership and attendance

The ICP will meet face-to- face at an agreed venue.

The membership of the Partnership Committee is comprised of the following:

- 6 Place Leaders (Usually Local authority Chief Executives or their nominated deputy) ~~Chief Executives (ideally from the local authority) and who may also chair their respective Place Committee~~
- 6 Elected Members, (Usuallyn~~to be determined by Place but could be~~ Health and Wellbeing Board Chairs or holders of other relevant portfolios).
- 6 NHS Place Directors
  Plus
- 2 Directors of Public Health (ideally one from the Humber area and one from North Yorkshire and York)

- Aa representative of Healthwatch (who will support the committee in respect of the voice of lived experience)
- the Chair of the ICB (who will also be the chair the ICP)
- The Vice Chair of the ICP (usually an elected member, nominated by the councils),
- the Chief Executive of the ICB
- the Deputy Chief Executive / Chief Operating Officer of the ICB.

Note: The Partnership may will invite members of the broader Leadership Community to their meetings as needed/required.

4.3. Chair and Vice Chair

Meetings will be chaired by the Joint Chair of the ICP and ICB, and in the absence of the Chair by the Vice Chair of the ICP.

The Vice Chair will be selected from the Elected Members, nominated by the councils. and this is currently the Leader of East Riding of Yorkshire Council.

Note: The Chair and Vice Chair, on behalf of the Partnership Committee or at their own discretion, may establish specific reference groups or challenge groups from the wider leadership community to inform their own thinking and understanding.

4.4. Substitutes

Members are permitted to nominate a suitable substitute to attend a meeting of the Partnership Committee on their behalf should they be unable to attend themselves.

Members are responsible for fully briefing any nominated substitutes.

Substitutes need to be confirmed in writing to the Chair of the ICP ahead of the meeting.

4.5. Quoracy

The quorum will be the following:

- Chair or Vice Chair
- Two Place Chief Executives
- Two Elected Members (in addition to the Vice Chair if the Vice Chair is chairing the meeting)
- Two NHS Place Directors (ideally representing a different Place to the Place Chief Executives)
- One Director of Public Health
- Chief Executive or Deputy Chief Executive of the ICB

Nominated substitutes will count towards the quorum and Members will count towards the quorum if attending remotely.

If any member of the ICP has been disqualified from participating in the discussion and/or decision-making for an item on the agenda, by reason of a declaration of a conflict of interest, then that individual shall no longer count towards the quorum.

4.6. Decision Making Arrangements

The Partnership Committee will ordinarily reach conclusions by consensus. Any decisions taken will be recorded in the minutes of the meeting.

If consensus cannot be reached and if timeframes allow, then the item will be re-scheduled for discussion at the next meeting of the ICP. Otherwise, decisions will be taken by majority.

Only members of the Partnership Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.

If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis using Microsoft ~~through the use of~~Teams. ~~telephone, email or other electronic communication.~~

4.7. Conflicts of Interest

In advance of any meeting of the ICP, consideration will be given as to whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed.

At the beginning of each meeting of the ICP members will be required to declare any interests that relate specifically to a particular issue under consideration. If the existence of an interest becomes apparent during a meeting, then this must be declared at the point at which it arises. Any such declarations will be formally recorded in the minutes for the meeting.

The Chair of the ICP will determine how any declared interests should be managed.
ICP members must ensure that they comply with their organisational / professional codes of conduct at all times.

4.8. Meeting Arrangements

The Partnership Committee will meet quarterly and face-to-face. ~~monthly.~~

Note: Extraordinary meetings may be called for a specific purpose at the discretion of the Chair in consultation with the Vice-Chairs. At least five clear working days' notice will be given when calling meetings.

The ~~Q~~quarterly ~~M~~meetings of the Partnership Committee will ~~initially not~~ be held in public via an electronic livestream. ~~, the exception to this will be the approval of the Strategy.~~

4.9 Committees of the Integrated Care Partnership

The Futures ~~Committee~~Group will report to the Integrated Care Partnership Committee quarterly.
The purpose ~~of The~~of the Futures ~~Committee~~Group is ~~to drive~~to drive progress and "get things done" in respect of achieving the Integrated Care Partnerships declared strategy . It will achieve this by finding ways:

1. To work together with clear focus on our strategic organisational objectives, which can deliver system change and system sustainability.
2. To create 'joined up' thinking and avoid silos.
3. To 'make things happen'. A committee which enables change and transformation.
4. To ensure that transformation and innovation are at the heart of our health and care system
5. To create a 'team' of multi-disciplinary leaders who share a commitment to the transformation agenda- and by bringing this work together can find the ways in which their work overlaps improving connected working and avoiding duplication.
6. To develop a generation of innovative system leaders- supporting our talent and succession objectives.
7. To appoint an external chair who brings rigour and challenges from an academic setting.
8. To report to the ICP in respect of development and progress.

The Futures Committee will have an external chair and independent members, along with executives from across the ICS. The minutes of the meting will be shared with the ICP.

4.10 Special responsibility of the ICP – Twice Yearly Symposium

Twice a year, the ICP will invite the wider leadership community across our ICs to come together in a symposium format, where they will welcome guests from the wider health and social care population, along with other partners including education, business and other public sector organisations.

The purpose of the symposium will be

- Sharing knowledge, promoting learning
- Building partnerships and creating an opportunity for networking
- Communication- sharing progress and challenges.

4.11 Secretariat and Administration

The Committee shall be supported initially by the Executive Director of Corporate Affairs, and with the Secretariat function provided by the ICB Corporate Affairs function. The secretariat function which will include ensuring that:

- All meeting venues are fit for purpose.

- The agenda and papers are prepared and distributed 5 days in advance having been agreed by the Chair
- Attendance of those invited to each meeting is monitored, ~~and~~ highlighting to the Chair those that do not meet the minimum requirements;
- Q~~Good q~~uality minutes are taken and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept;

- The Chair is supported to prepare and deliver reports to the Committee;
- The Committee is updated on pertinent issues/ areas of interest/ policy developments;
- Action points are taken forward between meetings and progress against those actions is monitored.

Schedule 1 – Glossary of terms and Acronyms

The following words and phrases have the following meanings in this Memorandum:

Best for population of Humber and North Yorkshire	A focus in each case on making a decision based on the best interests and outcomes for service users and the population of Humber and North Yorkshire
CEO	Chief Executive Officer
Confidential Information	All information which is secret or otherwise not publicly available (in both cases in its entirety or in part) including commercial, financial, marketing or technical information, know-how, trade secrets or business methods, in all cases whether disclosed orally or in writing before or after the date of this Memorandum
CQC	Care Quality Commission, the independent regulator of all health and social care services in England
GP	General Practice (or practitioner)
HNY	Humber and North Yorkshire
Healthwatch	Independent organisations in each local authority area who listen to public and patient views and share them with those with the power to make local services better.
HWB	Health and Wellbeing Board
ICS	Integrated Care System
Law	Any applicable statute or proclamation or any delegated or subordinate legislation or regulation; any enforceable EU right within the meaning of section 2(1) European Communities Act 1972; any applicable judgment of a relevant court of law which is a binding precedent in England; National Standards (as defined in the NHS Standard Contract); and any applicable code and "Laws" shall be construed accordingly
NHS	National Health Service
Partners	The members of the Partnership under this Memorandum as set out in Paragraph 1.1 to 1.2
Partnership	The collaboration of the Partners under this Memorandum which is not intended to, or shall be deemed to, establish any legal partnership or joint venture between the Partners to the Memorandum.

Place(s)	One of the six geographical areas that make up Humber and North Yorkshire, being East Riding of Yorkshire, Hull, North Lincolnshire, North East Lincolnshire, Vale of York and North Yorkshire, and "Place" shall be construed accordingly
Primary Care Network (PCN)	A group of general practices working together with a range of local primary and community services, social care and the voluntary sector.
ToR	This set of Terms of Reference and as updated from time to time

Humber and North Yorkshire
Health and Care Partnership

Report to:	Integrated Care Partnership
Date of Meeting:	28 June 2023
Subject:	**Chief Operating Officer report**
Sponsor:	Amanda Bloor, Deputy Chief Executive and Chief Operating Officer
Author:	Amanda Bloor, Deputy Chief Executive and Chief Operating Officer

STATUS OF THE REPORT: *(Please click on the appropriate box)*

Approve ☐ Discuss ☐ Assurance ☒ Information ☒ A Regulatory Requirement ☐

SUMMARY OF REPORT:
This report sets out an overview for the ICP of the place leadership and progress on partnership and integration.

RECOMMENDATIONS:
Members are asked to note the progress and developments for 2023/24 in embedding the role of place in the wider health and care system

ICP STRATEGIC OBJECTIVE (p*lease click on the boxes of the relevant strategic objective(s)*

Addressing Health Inequalities and improving healthy life expectancy	☒
Delivering the vision – start well, live well, age well, die well	☒
Supporting our strategic intentions – creating the conditions, think person, think family, think community	☒

IMPLICATIONS (*Please state N/A against any domain where none are identified)*

Finance	NA
Quality	A short update on operational metrics is provided in the report
HR	NA
Legal / Regulatory	The report sets out how the ICB is meeting its requirements to deliver the 'triple aim' to have regard in making its decisions to; the

	health and wellbeing of local populations; quality of services; sustainability and efficiency.
Data Protection / IG	NA
Health inequality / equality	The includes how places are coordinating work to improve population health with partners
Conflict of Interest Aspects	NA
Sustainability	NA

ASSESSED RISK:
Strong partnership working needs to be established to ensure that the ICP can deliver on the transformation and integration requirements. This is being delivered through the embedded place-based approach set out in this paper.

MONITORING AND ASSURANCE:
Monitoring is through place committees and place directors reporting to the Chief Operating Officer

ENGAGEMENT:
This report is a summary of place-based plans, developed by place directors with local partners.

REPORT EXEMPT FROM PUBLIC DISCLOSURE No ☒ Yes ☐

If yes, please detail the specific grounds for exemption

CHIEF OPERATING OFFICER REPORT

1. INTRODUCTION

1.1. Integrated Care Systems (ICS) are partnerships of organisations that come together to plan and deliver joined up health and care services and to improve the lives of people who live in their area. ICSs have been designed to do things differently – to encourage and enable a truly whole-system approach to delivering our core partnership commitments, integrating health and social care services, and improving population health.

1.2. The ICP is jointly convened by local authorities and the NHS. It provides a forum to come together as equal partners and together generate an integrated care strategy for their populations.

1.3. This report sets out an overview for the ICP of the place leadership and progress on partnership and integration.

2. BACKGROUND

2.1. The Humber and North Yorkshire ICP operates as a partnership between the NHS Humber and North Yorkshire ICB, and the Local Authorities, with wider system partners, adopting a collective approach to decision making and facilitating mutual accountability across the ICS.

2.2. 2022/23 saw the establishment of the NHS Humber and North Yorkshire ICB, as the board formally met for the first time on 1 July 2022. The first three months of 2022/23 were very much focussed on establishing governance arrangements and the creation of the new ICB and for the standing down of Clinical Commissioning Groups, including the transfer of staff.

2.3. Ahead of the ICB's establishment we saw the launch of a new name for the Humber and North Yorkshire Health and Care Partnership in April 2022, replacing the previous name of Humber, Coast and Vale. The new name aligns with that of the ICB and better reflects the geography we serve.

2.4. It also provided an opportunity to refresh the brand to represent our partnership, working together to create healthier, happier communities.

2.5. Whilst much of the focus during 2022-23 has been on establishing the ICB, including new processes, structures and arrangements, there have been many other achievements to celebrate across Humber and North Yorkshire

2.6. A key milestone has been the publication of our first integrated health and care strategy. This sets out our shared ambition for everyone in our population to live longer, healthier lives by narrowing the gap in life expectancy between the highest and lowest levels in our communities by 2030 and increasing life expectancy by five years by 2025.

2.7. Other key highlights in 2022/23 have been:

- NHS in Humber and North Yorkshire launch *Let's Get Better* website
- Diagnostic capacity increased for Lung Health Check programme
- Humber and North Yorkshire confirmed as National Discharge Frontrunner Site
- Whitby Hospital refurbishment complete
- New Northern Lincolnshire Emergency Departments open
- National funding secured for the Centre for Excellence in Tobacco Control.

3. CHIEF OPERATING OFFICER REPORT

3.1 As organisations we share the responsibility for health and care services across Humber and North Yorkshire. As we move forward, we will continue to build partnerships through place, with our communities to deliver the aims and aspirations for better health and improved lives.

3.2 As a system we are committed to place-based partnerships as a mechanism to deliver to local populations, support innovation and share learning. This is in line with the Government's response to the Hewitt report on Integrated Care Systems, published in June 2023.

Role of place

3.3 The role of place has been firmly embedded across all of the ICS structures and ways of working. Place is at the heart of ICB delivery of the triple aim to have regard in making its decisions to; the health and wellbeing of local populations; quality of services; sustainability and efficiency.

3.4 The key priority of place is to:

- Develop and deliver integration and service transformation in line with the ICB strategy and place priorities as set out in the Joint Local Health and Wellbeing Strategies
- Lead and assure mutual responsibility and accountability at place for deliverables set out in the NHS plan
- Deliver place efficiency plans on behalf of the ICS system

3.5 During 2022/23, the ICB through its six places has continued to deliver the plans set out in the local Health and Wellbeing Strategies. Each of our six places has a strong connection with their relevant local authority around the delivery and assurance of health and wellbeing priorities through their respective jointly agreed place operating arrangements.

3.6 A development session was held in January 2023 to reflect on the collaborative arrangements and how this might shape the future operating model. Overall, it was felt that the model worked well, but further maturity is needed to embed decision making between place, sector and ICB executive.

3.7 There is a principle that decisions are made as locally as feasible and that place is best to directly manage and co-ordinate services and decisions that:

- are delivered solely or predominantly within a specific place geography
- require an integrated approach to achieve effective delivery
- where there are key established relationships that can drive active engagement with communities

Place Priorities for 2023/24

3.8 Joint Local Health and Wellbeing Strategies have been developed with Health and Wellbeing boards to reflect local priorities and partnerships. These have been reflected in the ICB's first Joint Forward Plan, which is one of the 'sibling plans' of the Integrated Health and Care Strategy, focussing on delivery in the next 3-5 years.

3.9 All place plans have key cross cutting themes which support the overall ICS Health and Care Strategy:

Summary of cross cutting themes at place
Response to urgent care, discharge, and patient flow
Utilising population health to inform decision making
Integrated care models and supporting the community offer
Community engagement and prevention approaches which tackle health inequalities and improve outcomes for those who are most disadvantaged
Shared opportunities to develop and strengthen the local workforce

3.10 Local priorities reflect the population needs at place, addressing health inequalities and particular inclusion health groups. Examples are:

- Focussed Bridlington Place Based programme
- Work together to develop the approach for integrated community frailty hub in York
- Building a network of cross sector leaders to co-produce integrated models of care across urgent and community pathways across North Yorkshire
- Working in partnership with public health and the Local Authority to employ a trauma informed approach to inclusion health in Hull
- Expand the 'Grow our Own' programme in North East Lincolnshire to strengthen local health and care workforce
- Develop and implement the Scunthorpe South Neighbourhood team and share best practice on integration with other partnerships

Sector Collaboratives

3.11 Five sector collaboratives have been established to work alongside place and providers to:

- Support service transformation and integration on key priorities and cross cutting themes set out in Joint Local Health and Wellbeing plans and the NHS Long Term Plan.
- Act between provider members, place, and other delivery partners to deliver transformation at scale, as part of the ICP strategy

Operational Plan delivery

3.12 NHS England have set out 31 planning objectives for 2023/24. Locally and in the longer term we will work through our place partnerships to look at whole system solutions and to take forward integration of health and care to support innovation and transformation to meet our objectives.

3.13 Below is a summary of progress in 2022/23:

Area	Summary
Urgent & Emergency Care	We are starting to see some positive improvements in urgent and emergency care against the 4-hour A&E target with performance at 67.1%, although not yet meeting the national request of 76% for 2023/2024. and bed occupancy at 88.7% Response times for Ambulance providers is varied with Yorkshire Ambulance Service meeting the standard at 24 mins but East Midlands Ambulance Service off standard at 34 mins
Elective Care	There is a reduction in patients waiting more than 65 weeks and 78 weeks however the overall number of people on the waiting list continues to rise. Estimated activity volumes show we have not met the 109% target so far April 2023/24.
Diagnostics	Although activity volumes have been achieved as per plan, the 6-week waiting time has not been achieved.
Cancer	The number of people who have been waiting over 62 days for cancer treatment have increased in April. The faster diagnosis data for April shows 68.6% of people diagnosed in 28 days, a reduction on the position in March and below the required standard of 75%
People with Learning Disabilities and Autistic People	The Learning Disabilities Annual Health Checks have not been delivered overall for the ICB in April., but the ICB is ahead of the national ambition on the number of patients with Learning Disabilities in inpatient care.
Mental Health	Although positive variation is seen within MH indicators of CMHT and Dementia diagnosis, and plans we have set are being met within April – the plan that was submitted was not in line with the national 2023/24 operational planning objectives
Primary Care	Data for April shows the overall number of GP appointments as being met although not achieving the 85% threshold of patients to be seen in 14 days
Community Health Services	2 Hour Urgent Care response rate has been met. Overall community waiting list size reduced and is ahead of plan.

4. NEXT STEPS MOVING FORWARD IN 2023/24

4.1. Our priority for 2023/24 is to develop the maturity of place with provider collaboratives to ensure we have the right tools to support transformation and integration – making sure that we take the opportunity of ICPs to 'do things differently' through whole system working.

4.2. Responsibility Agreements will be refreshed, continuing to embed place directors with the autonomy and flexibility to look at allocations holistically, and to work with partners to agree how spending can support local priorities to address health inequalities within the overall ICS health and care strategy.

4.3. These will set out how all parts of the system will contribute to the delivery of:

- Integration and transformation
- Performance and operational priorities
- Quality, efficiency, and productivity

4.4. North East Lincolnshire plan to work toward the establishment a Joint Committee in 2023/24 and we will share learning across other ICS partners. The ICB Scheme of Reservation and Delegation and Operational Scheme of Delegation have been updated to enable this development.

4.5. The focus on place will continue to enable strong leadership to manage and deliver good quality sustainable care and treatment to support local populations, supporting all partner organisations to discharge duties for example working together on CQC local authority assessments to demonstrate our strong model of shared leadership, governance and accountability.

4.6. System working will also support whole system thinking to support the delivery of our shared strategic ambitions and support integration and service transformation.

4.7. Our priorities for 2023/24 will be framed around three tasks for the coming year. Our immediate priority is to recover our core services and productivity. Second, as we recover, we need to make progress in delivering the key ambitions in the NHS Long Term Plan. Third, we need to continue transforming the NHS for the future. These objectives are reflected in the Governments 2023 mandate to NHS England, published in June 2023.

4.8. The specific priorities for HNY are to:

- Focus on timely delivery of diagnostic tests to underpin the elective and cancer care plans
- Test the resilience of the ICB plan for the winter for general and acute care
- Monitor the impact of outpatient follow up transformation initiatives that are already in place
- Continue to focus on inappropriate Out of Area placements for people with mental health and learning disability and autism

4.9. Establishment of the Quality Efficiency and Productivity programme set up in April 2023 will ensure that we align costs to the strategy and harness the value of the ICS operating model to 'do once' where it makes sense to do so and support our financial challenge.

4.10. We will reflect and refine the planning process for 2023/24 so that we better align short term 1-year operational plans with the medium term JFP objectives, to optimise the can we reference wider issues pleaseopportunities of the ICB to 'do things once' and strengthen strategic alignment across the ICB, places and collaboratives with the ICP strategy and 'what will success look like'.

Humber and North Yorkshire
Health and Care Partnership

NHS
Humber and
North Yorkshire
Integrated Care Board (ICB)

Meeting of the Integrated Care Partnership / Meeting of the Local Authority Chief Executives and Place Director

Update from Places

Humber and North Yorkshire Health and Care Partnership

East Riding of Yorkshire

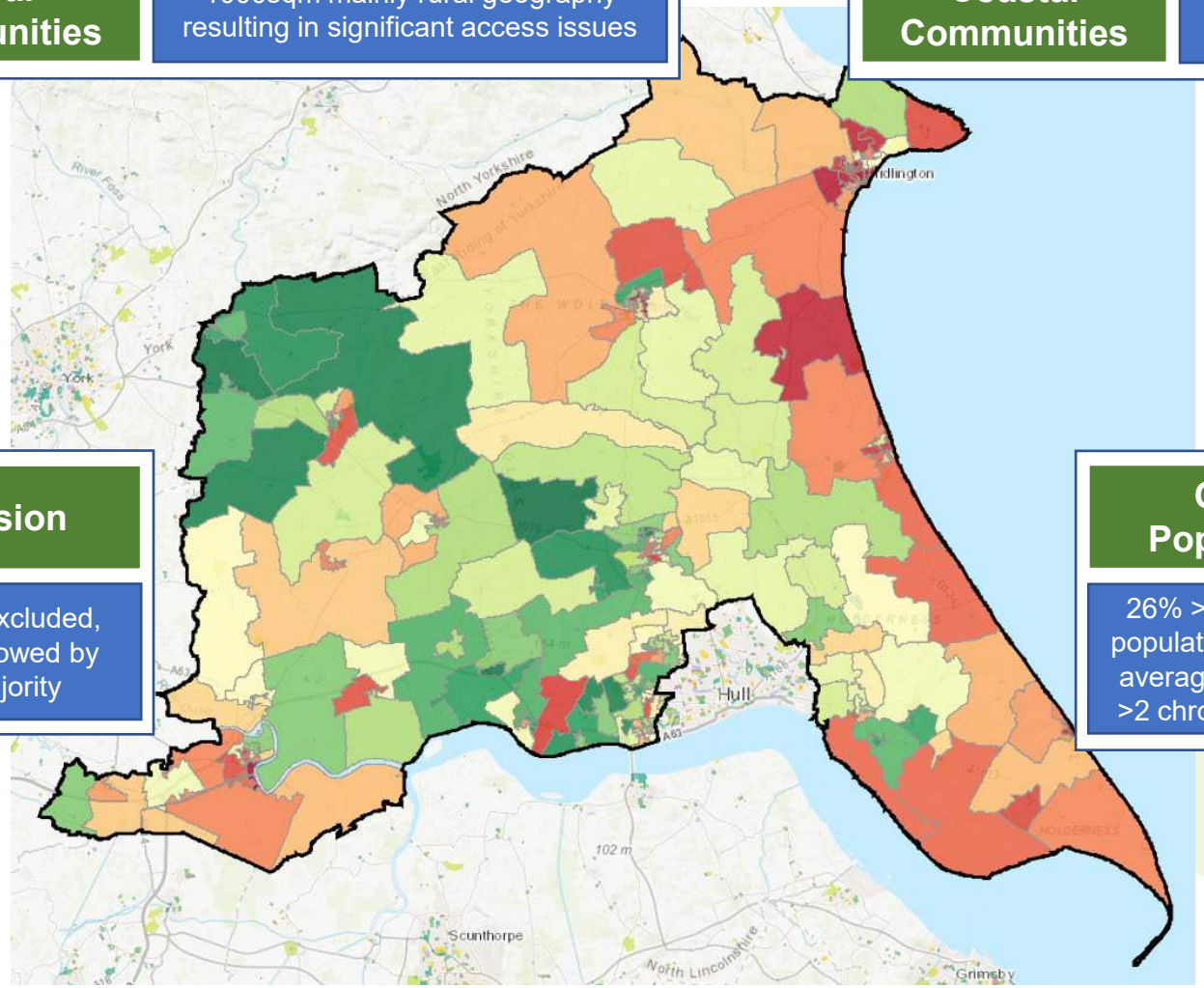
NHS Humber and North Yorkshire Integrated Care Board (ICB)

Rural Communities

1000sqm mainly rural geography resulting in significant access issues

Coastal Communities

53 miles of coastline with high levels of deprivation



Inclusion

Socially excluded, overshadowed by the majority

Older Population

26% >65, an older population than HNY average, many with >2 chronic illnesses

Our Place

343,000 population
1 General Practice Federation
7 Primary Care Networks
23 Practices
1 Local Authority
1 Mental Health Trust
3 Acute Trust – No A&E
1 Community Provider
A rich and vibrant VCSE

Our Population Health

- East Riding has 26,284 people (7.7% of the population) who live in LSOAs which are amongst the 20% more deprived in England. Of these, 19,852 (5.8% of the population) live in an area which is among the 10% most deprived in England.
- Our 'Plus' groups are – Rural Communities, Coastal Communities and Inclusion Groups.

Place priorities: Health and Wellbeing - East Riding

Humber and North Yorkshire Health and Care Partnership

Our ambition

An East Riding where all residents are supported to enjoy their maximum potential for health, wellbeing and participation throughout their lives:

- Children and Young People enjoy good health and wellbeing
- Working age adults reduce their risk of ill health
- Residents achieve healthy, independent ageing
- Health inequalities are reduced

Where we are now:

People in East Riding are dying years earlier than they should	We don't have the things we need like warm homes and healthy food – we are worrying about making ends meet	This can result in increased stress, high blood pressure and a weaker immune system	This doesn't impact on people equally

Our Priorities

Taking a population health approach	Joining up assets in the community	Avoiding dependency and reducing escalation	Accessing health and care services in a timely manner	Raising aspirations

Our population health approach has resulted in a proposed set of multi-year programmes that are based around improving the health of the population, reducing inequalities and ensuring access to high quality services

Rural and coastal communities	Bridlington place based programme	Adult emotional health and wellbeing	Children and young people	Workforce challenges	Communications, engagement and insight development	Rehabilitation and intermediate care	Integrated neighbourhood teams	Inclusion groups

What we will deliver in 2023/24

In 23/24 we will:

- Establish 3 test and learn sites for integrated neighbourhood teams in Driffield, Goole and Holderness
- Understand more about how to reduce inequalities in health outcomes for people living in our rural and coastal communities through a rapid health and social care needs assessment and working with partners to uncover current challenges and priorities to develop and deliver a partnership action plan
- Develop our programme for Bridlington place focussing on key areas including education, health and care, transport, employment and housing and agree our immediate priorities
- Develop and implement a graduated response to children and young people's emotional health and wellbeing needs. Incorporating a response to Core20plus5
- Align our ERY workforce plans to population health needs and develop work experience placements across health and care for GCSE and A level students
- Understand capacity and demand across rehabilitation and intermediate care and explore commercial options to bring different services together under the banner of maximising independence to confirm the ambition for all pathway 1 discharges to be with 'intermediate care'.

East Riding - progress against priorities

Priority	Outcome	Progress
Equalise the opportunity for people to improve, and be supported to improve, their overall social, mental and physical health and wellbeing	Raising aspirations	• Development of Workforce programme, linking to local education to support CYP development • Integrated approaches to community development, supporting working age adults • Delivery of the East Riding Children and Families Strategic Plan

	Taking a population health approach	• Delivery of the Health and Care Committee's work programme (9x population health programmes)
		• Development of a plan for 23/24 to further embed population health approaches – focusing on:
		  • Integration of Place intelligence teams with PCNs and the VCS
		  • Cultural / Leadership development through the established Community of Practice
		• Embedding the approach within our Community Services contract

Equalise the opportunity for people to access health and care services in a timely manner	Joining up assets in the community	• Development of locality profiles and supporting strategies e.g. Estates • Implementation of Community Diagnostic Centres • Explore feasibility of rolling out integrated community assets e.g. Crown Building in Bridlington • Embed the Bridlington GP practice merger • Deliver the PCN DES
	Avoiding dependency and reducing escalation	• Delivery of the UEC programme across Hull and ERY • Roll out of the virtual frailty model across the ERY • Meet the needs to those in rural and coastal communities, particularly mental health and wellbeing
	Reducing the number of times people have to tell their story	• Implementation of the 'Maximising Independence' programme, aligned to the D2A programme • Continue to implement x3 Integrated Neighbourhood Teams 'Test and Learn' sites

Humber and North Yorkshire
Health and Care Partnership

NHS
Humber and

Priorities

Population health

Embed a population health approach within primary care to support better outcomes for patients

Improving integration

Integration across health and care, a strong partnership for strategy and delivery across our partnership

Reducing inequalities

Work together to understand inequalities within our city and reduce variation and influence best practice across organisations and services

Deprivation

Highest levels of deprivation in HNY

Young population

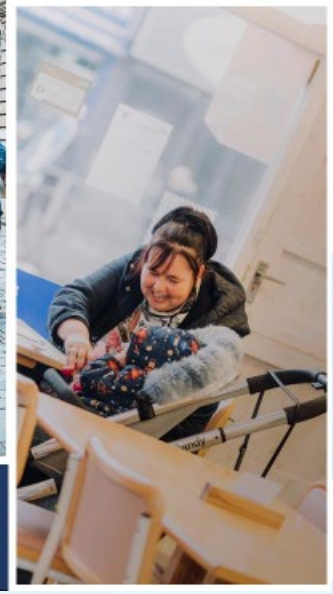
Younger population than HNY average

Active people

Fewer adults are active in Hull than in HNY

Inequalities

Over half of population in the CORE20PLUS5 cohort



Working together to create a fairer Hull where everyone benefits from real and sustained improvements in health and wellbeing

Priorities	Actions
Prevention	Support the activities of the First 1001 Days steering group, helping them go further and faster in creating the best conditions for a healthy start – primary care in children's centers
Integration	Maintain our focus on SEND and Neurodiversity ensuring we have integrated, holistic services that deliver for individuals and families
Reducing inequalities	Improve the emotional health and wellbeing of children looked after and care experienced young people
Prevention	Supporting the Breathe 2025 and Smokefree 2030 programmes to create a smoke free future for the people of Hull
Integration	Creating trauma informed sexual and reproductive health services designed around individuals, not organisations – new specification in development
Reducing inequalities	Working to address cardiovascular disease prevention and share best practice in increasing detection.
Integration	Creating Integrated Neighbourhood Teams to ensure that health, care and support services wrap around people receiving care at home and their carers – pilot underway

Place priorities Health and Wellbeing - North East Lincolnshire

Humber and North Yorkshire Health and Care Partnership

Our ambition

Our local community, health and care system is currently building on a lengthy, proud and powerful history of collaborative and integrated working ensuring our community, health and care organisations work hand in glove and this has benefitted local people for many years. Our Health and Care partnership enables partners to work together where a multi-agency approach is required to tackle and deliver local priorities whilst still undertaking their own functions and service delivery.
Our local community, health and care system is becoming more holistic – bringing together and delivering mental, physical and social care together for both children and adults. As a place we will continue to work in an integrated way to deliver better outcomes for our population, linking in on a system and collaborative level, where working together in this way supports better outcomes for our population. We will work together to reduce unfair and avoidable differences in health across the population, with a focus on reducing inequalities, and ensure that our residents are at the heart of all we do. We will come together across population groups in Accountable Care Teams using a population health approach to do this.

Where we are now:

- NEL has a 156,940 resident population of mostly coastal and urban communities. NEL has variation in inequalities and deprivation: 37.7% of population live in 20% most deprived areas.
- In the 2021 census 43.1% of the population reported very good health compared to 48.5% nationally. 35% reported good health compared to 33.7% nationally
- NEL is in the highest 10% nationally for fuel poverty at 21%. Across the area it ranges from 7.6% in the least deprived up to 26% in the most deprived areas.
- NEL has the highest premature birth rate in England and 1 in 4 children live in poverty.

Our Outcomes

- Improve health outcomes and access to healthcare and reduce health inequalities
- Improve outcomes for children, young people and families
- Improve mental health outcomes
- Strengthen our local health and care workforce
- Reduce the number of people in hospital

Our Key Impact Areas

- Primary & Community Care
- Children, Young People & Families
- Mental Health
- Workforce
- Frailty

What we will deliver in 2023/24

- Implement Integrated Neighbourhood Teams
- Expand Connected Health Model

- Produce CYPF Strategy and implement
- Deliver Best Start for Life Programme
- Improve outcomes for Children Looked After

- Co-produce a Mental Health Strategy and implement
- CYP MH Transformation (Eating Disorder, Neurodiversity, Children Looked After)

- Develop HCP People Plan
- Continue International recruitment programme
- Expand Grow Our Own programme
- Develop Joint and flexible posts

- Establish End of Life Accountable Care Team, develop the clinical model and workforce.
- Continue Accelerated Home First programme
- Reduce avoidable admissions

Progress on integration and priorities

Humber and North Yorkshire Health and Care Partnership

NHS Humber and North Yorkshire Integrated Care Board (ICB)

Governance mechanisms in place:

- Health Care Partnership – collaboration with all key health and care stakeholders at Place to oversee and progress key joint priorities and actions for North East Lincolnshire – includes various sub groups focussing on different aspects of delivery
- Joint Committee – Partnership between the ICB and the Local Authority to provide assurance that jointly agreed priorities and workstreams are delivered under the auspices of the relevant Section 75 agreement
- Regular Integrated Senior Management Team discussions

Actions and workstreams operating in an integrated way in place include:

Our Key Impact Areas	Primary & Community Care	Children, Young People and families	Mental Health	Workforce	Frailty
Progress with deliver in 2023/24	• **Integrated neighbourhood Teams:** Meridian and Panacea INTs started. • PHM approach with NECS - deep dive into the data and intel to determine local joint priorities for each INT. • Programme outcomes developed. • Workshops scheduled for key stakeholders for both INTs next week with follow-ups in July and September	• Strategic board set up, reporting to H&WB • Three stakeholder workshops held – agreed priorities, development of the strategy and governance to support delivery against these priorities. • Development of NEL Neglect Strategy. • CYP Mental Health Transformation programme with a focus on Children Looked After, Eating Disorders and Neurodiversity.	• Listening event and stakeholder workshops held over past 3 months to support the development of a co-produced Mental Health Strategy for North East Lincolnshire. • Draft document developed with experts by experience with a Mental Health Sector Network event in July to agree implementation plan.	• Workforce identified as the key focus area for place collectively • Successful international recruitment programme working with the ICS wide workforce programme • work with schools and colleges and support to refugees. • Recent Workshop with all HCP organisations to support the development of a North East Lincolnshire People Plan and quick wins.	• Development of the Palliative and End Of Life Accountable Care team underway • Initial workshop to look at ways of working held in June. • Mapping of current services that would be included within a whole system frailty model being undertaken • Wider frailty programme of work to be scoped in July.

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FIN

Place priorities: Health and Wellbeing – North Lincolnshire

Humber and North Yorkshire Health and Care Partnership

Our ambition

North Lincolnshire will be the best place for all our residents to be safe, well, prosperous and connected; experiencing better health and wellbeing, delivered through our Community First approach. People will;

- Enjoy good health and wellbeing at any age and for their lifetime
- Live fulfilled lives in a secure place they can call home

Have equality of opportunity to improve their health, play an active part in their community and enjoy purpose in their lives

Adult smoking rates continue to fall and were less than the England average in both 2020and 2021. We will study this reduction and ensure that the pattern continues

Where we are now:

4.2% adults have coronary heart disease compared to England average of 3%	Recorded prevalence of depression is 14.3% compared with England average of 12.3%	The Local population of over 65s is expected to grow by a further 30% by 2042	Adult smoking rates have dropped from 17.8% in 2019 to 12.3% in 2021	72% or the population were overweight or obsess in 2019/20 up from 67% in 2015/16	16.9%women smoking at the time of giving birth compared to England average of 9.1%

Our Priorities

Mental health and wellbeing with thread through all that we do, across all ages	Innovation will be supported including digital tools that enable individuals to maximise health and wellbeing	Asset based community development will identify and work with the strengths of our communities to level up North Lincolnshire	The health inequalities gap will reduce across our wards	Healthy life expectancy will improve	Access to health and care takes account of rural challenges	The integrated practise model will be person centred	People with long term conditions will experience proportionately good health	There will be a single workforce strategy covering leadership and management, recruitment and retention, reward and recognition, career pathways and talent development

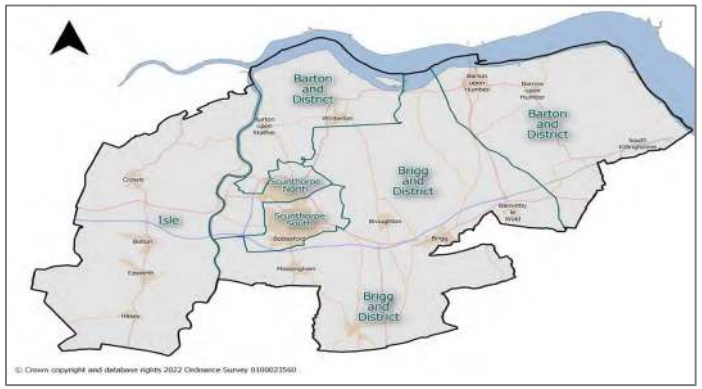
What we will deliver in 2023/24

- Ensure our plans reflect the voice of our communities by working with our Experts Together partnership and Children's Voice partnership
- Embed a Population Health Management approach in all service developments to tackle health inequalities and improve outcomes for those most disadvantaged
- Develop our workforce to support delivery of improved outcomes through integration
- Develop and implement the Scunthorpe South Integrated Neighbourhood team, focusing on our most vulnerable, high-risk populations, and share best practice with other Neighbourhoods
- Delivery of an integrated urgent care model, including an integrated health and care Single Point of Access and utilising our Home First model, supporting people in the community, or where hospital admission is required, supporting them home and maximising recovery
- Develop our local provider market to support best value provision of in area care for our population with particular focus on CHC and mental health/learning disability
- Deliver a Community Diagnostic Hub to stream planned diagnostics to a community facility to enable delivery of diagnostic targets
- Embed our local frailty model to reduce hospital admissions through proactive care and community delivered care, maximising independence
- Deliver a plan for improved Primary Care access including plans for better management of capacity, estate and digital
- Deliver the Connected Health Network approach to outpatient transformation to reduce hospital outpatient referrals and follow ups
- Development of sustainable neurodiversity pathway for Children and Young People including pre and post diagnosis support
- Identify prevention opportunities to support demand management , including delivery of cardio-vascular disease prevention programme
- Develop and implement our clinical delivery model for Palliative and End of Life care, with a focus on early identification and utilisation of Electronic Palliative Care Co-ordination system and ReSPECT in line with the Northern Lincolnshire Palliative End of Life Care strategy

North Lincolnshire Community First Strategy

North Lincolnshire Health and Care Partnership — Community First Approach

- Our Workforce Engagement Event held 22nd May **"Making it Real"**
- 160 leaders from across our system
- Post-event evaluation highlights that over 84% people found the event useful and informative, over 70% now better understand North Lincolnshire's Strategic Intent, including the Community First Approach. And over 84% of people now better understand what person-centred means.
- An area of professional practice will be created on an online platform. There will be and future events targeted at achieving further integration and enabling professional networking



Community First our transformation approach empowers and facilitates people of all ages to participate in their own communities putting people and communities at the heart of health and care

Integrated Neighbourhood Teams

- Scunthorpee North pilot early detection of cancer/hypertension
- Scunthorpe South pilot –person-centred, preventative and targeted multi-disciplinary interventions cohort –mental health, LD, Carers, 10+ medications, 2 episodes of long-term conditions etc) will be scaled across all neighbourhoods
- Neighbourhood planning tool agreed with all partners
- An MDT 'team of teams' approach to designing and delivering support to those in need – this includes understanding how the system uses data and insight and how we can integrate this via a digital tool

Integrated Urgent Care

- Sustainable plans for change following success Accelerated Home First Discharge event
- Single Workforce Development Plan for urgent care
- Information, advice & guidance to support demand management approaches
- Integrated Pathways for urgent care to support discharge to access
- Integrated Single Point of Access building on existing SPA
- Systemised approach to trusted assessments

Integrated Strategic Commissioning

- Integrated Strategic commissioning and Planning (ISPACE) to support teams working in an integrated way across Place
- The integrated strategic commissioning plan has identified priority projects such as care at home re-procurement, transformation of integrated community equipment
- Complex Case Management Review has commenced for LD/Mental health. Co-produced process for review of all individuals has been agreed with engagement with RDASH & Council with diagnostic phase to be concluded by end of Summer

- Digital enablement and innovation Simon s Story digital approach to integrated care
- Single Workforce Strategy integrated approach to roles in urgent care
- Collective use of resources integrated approach to capital and estates Community Diagnostic Centre and primary care
- Strong organisational change and transformational change management approach

Our Engagement Approach

Our **Experts Together Partnership** "Together we will know when we are getting things right" we will measure I/we statements

North Yorkshire Place – our joint forward plan

North Yorkshire
Humber and North Yorkshire
Health and Care Partnership

OUR AMBITION

For all residents of North Yorkshire to have a fair chance of living a fulfilling life, free from preventable ill health, 'adding years to life and life to years'

Think 'People': In North Yorkshire, we will work with our communities who experience the poorest health outcomes to make sure that they can access and benefit from the services and opportunities they need

Think 'Place': In North Yorkshire, where you live should help you stay well and happy. We want to make sure that where you live does not unfairly reduce the quality of your health or length of your life.

Think 'Population Health and Prevention': In North Yorkshire, we will improve the health of all our residents by prioritising interventions that will make the most difference and that make sense to do at scale.

OUR PRIORITIES

A comprehensive and integrated health and social care model

Prevention and public health:
adding life to years and years to life

North Yorkshire Approach and Delivery in 2023/2024

North Yorkshire
Humber and North Yorkshire
Health and Care Partnership

- North Yorkshire is a complex geography with some significant variation in populations needs and health inequalities across our different communities
- We have an opportunity to connect as partners through a single council and with a wider range of services e.g. housing and leisure to improve wellbeing and tackle inequalities
- We want to engage, grow and activate our leadership communities to have the freedoms and permission to innovate and bring about meaningful change
- We will shift the dial on health inequalities through a shared population health programme supported by a joint appointment working to the DPH (NYC) and the Place Clinical Lead (ICB)
- Some examples of delivery in 2023/24
  - Single approach to Urgent and Emergency Care through North Yorkshire and York UEC Board with new service model co produced with local partners to deliver an improved and consistent offer across Places and organisations
  - New intermediate care model being developed to manage capacity and demand across sectors and shift to a home first model with care wrapped around the person
  - Care market transformation programme with focus on coastal and rural communities and upskilling care home staff to manage more complex needs
  - Developing at scale working in primary care across 65 practices including expansion of interface roles, network and federated delivery

Place priorities: Health and Wellbeing - York

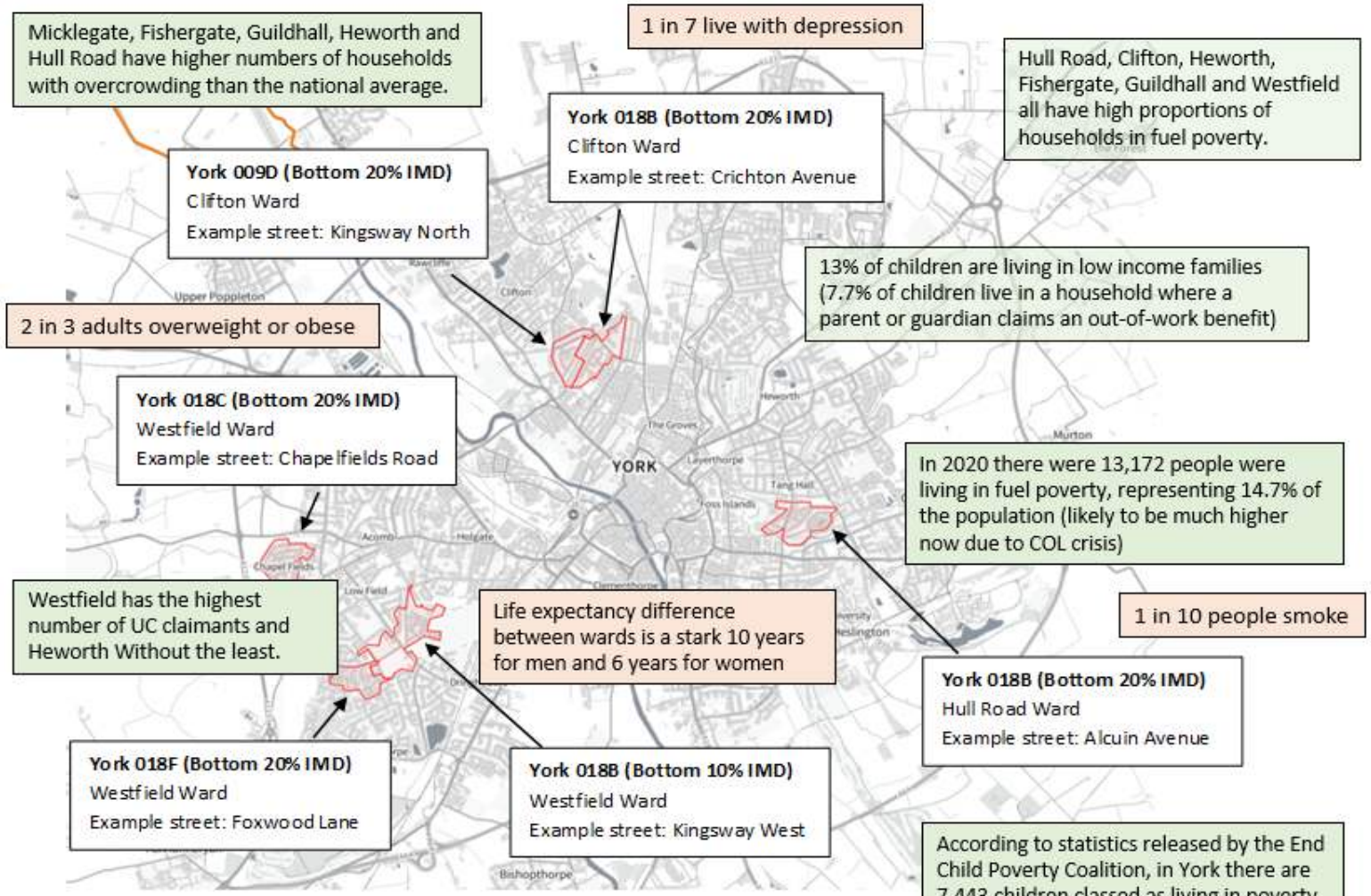
York Health and Care Partnership

Our vision

Over the next decade, York will become healthier, and that health will be fairer

Six Big Ambitions of our Health and Wellbeing Strategy 2022-2032

- Become a health generating city
- Prevent now to avoid later harm
- Start good health and wellbeing young
- Make good health more equal across the city
- Work to make York a mentally healthy city
- Build a collaborative health and care system



JSNA | Population Health Hub (healthyork.org)

Our Core20PLUS5 Population

- York has 9,711 people (4.6% of the population) who live in LSOAs which are amongst the 20% most deprived in England.
- Of these, 1,680 people (0.8% of the population) live in an area which is among the 10% most deprived in England.

Our 'Plus' groups:

Ethnic minority communities

People with multi-morbidities

People experiencing homelessness

Drug and alcohol dependence

Vulnerable migrants

Gypsy, Roma and Traveller communities

Sex workers

Students

Progress on integration and priorities

York Health and Care Partnership

Mechanisms in place:

- Collaboration with all key health and care stakeholders - Place Board oversees and Delivery Groups progress and bring recommendations
- One team approach at all levels “When we think team, we think system”
- High quality information to support Place Board decision-making – impact, resources, quality improvement, workforce

Priorities	Strengthen York’s integrated community offer	Implement an integrated Urgent and Emergency Care offer	Further develop primary and secondary shared care models	Develop a partnership based, inclusive model for children, young people and families	Embed an integrated prevention and early intervention model	Drive social and economic development
Progress 2023/24	• Identifying service lines in scope to integrate intermediate care complete • July - Short term model for winter and actions agreed for long term future model • Mapping rehabilitation services in the City-complete. Next step is cost impact analysis with YSTHFT • Ongoing - Mental Health Community Hubs – supporting implementation and expansion • Developing Partnership resilience plan for winter 2023	• June - Developing an integrated community frailty hub in partnership • Ongoing - Intensive work on Urgent Care (UTC and OOH): 24/7 integrated spec, ED and YAS working with GPs to maximise benefit this winter • Ongoing - Increasing use of Virtual Ward, SDEC and diversionary pathways out of hospital in support of mobilising new ED. • Perfect Fortnight in July and system deep dive with all partners in September	• August - Clinically-led Primary/Secondary Care Interface Group agreed with YSFT, LMC and Primary Care leads to accelerate pathway improvement and shared care models • Maintain momentum of existing projects with expansion to new specialties. • Structured approach to Waiting Well linked to outpatient transformation work • Primary Care direct booking to SDEC / speciality clinics and Virtual Ward	• June – NHS, Children’s Services and Schools Partnership – focus on health inequalities, prevention, better partnership working. • Action to develop partnership operating model for our most complex children. • Autumn 23 - No Wrong Door service model for inhouse residential provision - health, police, residential care practitioners, specialist foster carers	• Delivering series of PHM projects tackling York’s ‘red flags’ • 10 high impact interventions underway in support of York’s (Core20) Plus groups to tackle health inequalities • Cost of Living Health pack produced and disseminated to local providers in collaboration with Health Watch • Targeting rising rates and inequalities of chronic conditions (CVD detection and prevention, Diabetes, Respiratory) • Bereavement Alliance established	• Work underway to develop one job description across service providers. • July - action plan in partnership between NHS, Social Care and Higher Education including addressing affordability for key workers in York • Developing single estates prospectus for health and care to support Council Local Development Plan – enabler to care integration and support the projected 40,000 increase in York population and ageing population

Humber and North Yorkshire
Health and Care Partnership

Report to:	HNY Integrated Care Partnership
Date of Meeting:	28 June 2023
Subject:	**Population Health and Prevention Programme**
Sponsor:	Amanda Bloor, Deputy Chief Executive and Chief Operating Officer Louise Wallace, North Yorkshire Director of Public Health Julia Weldon, Hull City Council Director of Public Health
Author:	Jack Lewis, Consultant in Public Health

STATUS OF THE REPORT: *(Please click on the appropriate box)*

Approve ☐ Discuss ☒ Assurance ☐ Information ☐ A Regulatory Requirement ☐

SUMMARY OF REPORT: (*A short summary of the key points set out within the report*)

The Population Health and Prevention Executive Committee (the "Committee") oversees the ICB's ambition to improve outcomes in population health and healthcare.

2022/23 has been a moment for the Committee to identify its shared priorities, establish ways of working that create connections across the system, and begin delivering ambitious programmes that maximise the opportunities of our Integrated Care System.

In 2023/24, the Committee has accelerated these programmes and sought further alignment to the newly developed Integrated Care Strategy.

The Committee has identified six Workstreams which are being used to deliver on the ICS vision, approach to prevention and approach to health inequalities.

- Workstream 1: Core20PLUS5 Adults
- Workstream 2: Core20PLUS5 Children and Young People
- Workstream 3: Prevention and Risk Factors
- Workstream 4: Public Health Functions
- Workstream 5: Population Health Intelligence
- Workstream 6: ICP Building Blocks

There is a substantial opportunity for going further forward faster on population health within the ICB and ICS.

RECOMMENDATIONS:

Members are asked to:

i) Note the highlights provided

ICP STRATEGIC OBJECTIVE (p*lease click on the boxes of the relevant strategic objective(s)*

Addressing Health Inequalities and improving healthy life expectancy	☒
Delivering the vision – start well, live well, age well, die well	☒
Supporting our strategic intentions – creating the conditions, think person, think family, think community	☐

IMPLICATIONS (*Please state N/A against any domain where none are identified)*

Finance	N/A
Quality	Reducing inequalities and improving population health are fundamental components of quality health and care systems.
HR	N/A
Legal / Regulatory	Each ICB must have regard to the need to (a) reduce inequalities between persons with respect to their ability ty access health services and (b) reduce inequalities between patients who respect to outcomes achieved for them by the provision of health services. There is also a duty to have regard to the wider effects of decisions on inequalities. Each ICB must also exercise its functions with a view to ensuring the health services are delivered in an integrated way and that their provision is integrated with that of health-related or social care services, where this would: improve quality of those services; reduce inequalities in access and outcomes.
Data Protection / IG	N/A
Health inequality / equality	This update is primarily focused on the ICBs responsibilities toward health inequalities.
Conflict of Interest Aspects	N/A
Sustainability	N/A

ASSESSED RISK: N/A

MONITORING AND ASSURANCE:
The Population Health and Prevention Executive Committee is responsible for monitoring and assuring the items in this update along with any recommendations that emerge from Board discussions.

ENGAGEMENT:
The Population Health and Prevention Executive Committee is a partnership between the six local authorities, the ICB, and providers including VCSE, with input from the DHSC Office for Health Improvement and Disparities. Various components of this update reflect engagement with those partners and, in instances with those who have lived experience of needs the Committee is planning to address.

REPORT EXEMPT FROM PUBLIC DISCLOSURE No ☒ Yes ☐

POPULATION HEALTH AND PREVENTION PROGRAMME

1. INTRODUCTION

1.1. The Population Health and Prevention Executive Committee (the "Committee") oversees the ICB's ambition to improve outcomes in population health and healthcare. It seeks to achieve this by:

- Providing population health and prevention leadership and oversight to support the Integrated Care Strategy's vision of helping the population to “start well, live well, age well and end life well.”
- Influencing decision making, at scale, and supporting place-based delivery to improve population health, tackle health inequalities and prevention.
- Ensuring the approach to population health management is front and centre of the work of the HNY Health and Care Partnership and is embedded within existing HNY programmes and workstreams.
- Ensuring the effective delivery of key programmes to reduce and address health inequalities across the system.

1.2. The following paper updates the Partnership on the developments of the Committee over the last 12 months.

2. BACKGROUND

2.1. The Committee's membership reflects the operating model of the ICB (6 Places, 5 Collaboratives, 1 Executive) in partnership with local authorities. Its executive lead is Amanda Bloor (Deputy Chief Executive and Chief Operating Officer of the ICB) and it is co-chaired by Louise Wallace (Director of Public Health North Yorkshire) and Julia Weldon (Director of Public Health Hull City Council).

2.2. The Committee has adopted an approach to addressing inequalities in health and care outcomes by:

- Being clear on how both children and adults Core20PLUS5 agendas are being taken forward in the system.
- Building on the Health Inequalities National Support Team Model: service, community, and civic action.
- Addressing healthcare inequalities in access, experience, and outcomes.
- Reducing unwarranted variation in the delivery of care.
- Supporting equitable resource allocation at National, ICS, Place and PCN levels.

2.3. The Committee has also adopted an approach to Prevention:

- Infrastructure: identifying interdependencies across ICB structures and workstreams.
- Intervention: Building prevention and public health capacity beyond the obvious public health workforce (i.e., Making Every Contact Count).

- Intelligence: Using intelligence to support identification of key ICS priority areas and developing a collective understanding of population health within the HNY footprint, contributing to delivery of Core20Plus5 and reducing health inequalities.
- Incentives: Securing investment, ensuring prevention is funded recurrently and sustainably.

2.4. The Committee has identified six Workstreams which will be used going forward to deliver on the vision, approach to prevention and approach to health inequalities.

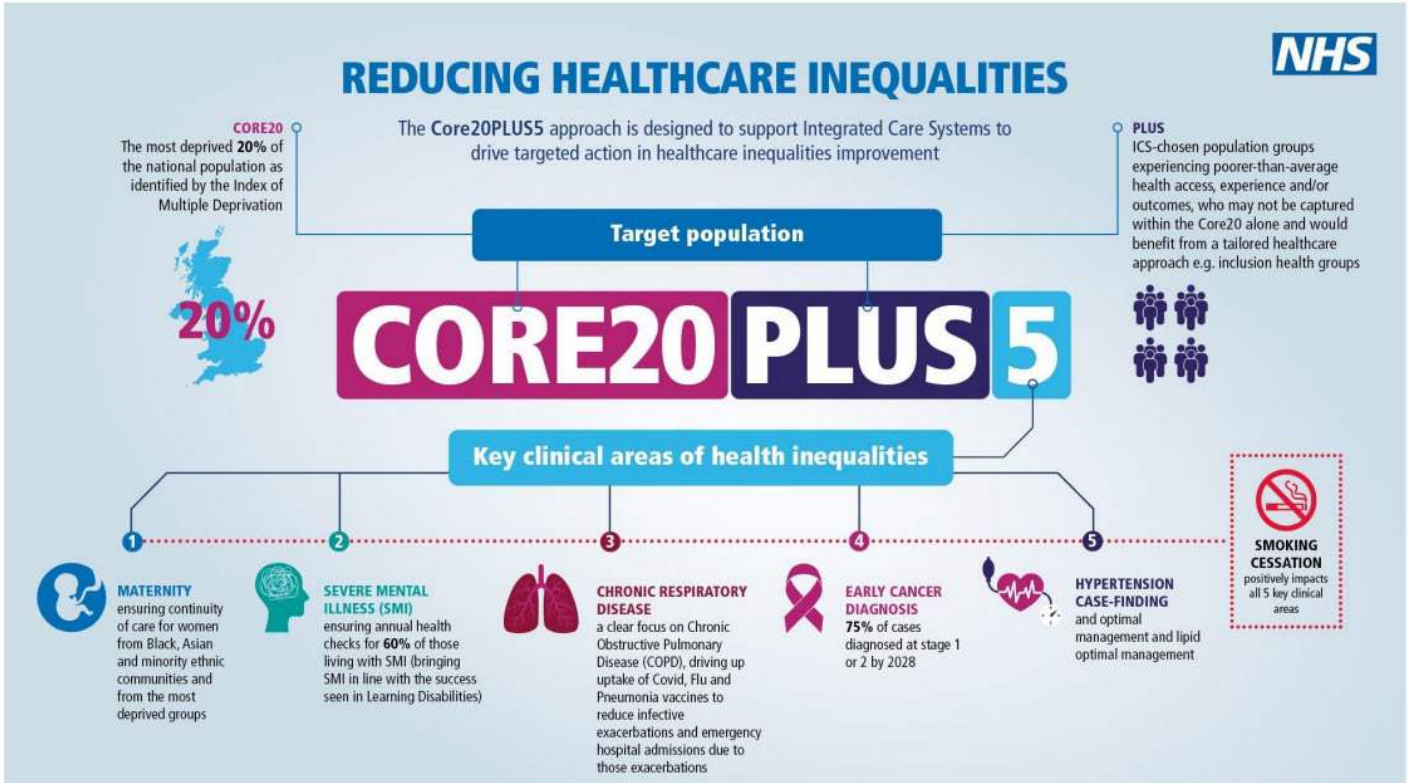
- Workstream 1: Core20PLUS5 Adults
- Workstream 2: Core20PLUS5 Children and Young People
- Workstream 3: Prevention and Risk Factors
- Workstream 4: Public Health Functions
- Workstream 5: Population Health Intelligence
- Workstream 6: ICP Building Blocks

3. ASSESSMENT

3.1. Workstream Updates

The following is a set of highlights for the Partnership to note. It reflects a large amount of activity happening across the system, though with limited coordinating infrastructure during the formation of the ICS and while staff are aligning to new roles. There is a substantial opportunity for going further forward faster on population health alongside our partners within the ICB and ICS.

3.1.1. Workstream 1: Core20PLUS5 Adults



1 https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/

Purpose: Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system levels. This workstream will co-ordinate and oversee delivery of the System's approach to Core20Plus5 across 6 domains:

- Maternity
- Severe mental illness
- Chronic respiratory disease
- Early cancer diagnosis
- Hypertension
- Inclusion Health (Plus5)

Highlights:

- The ICB has been designated as one of seven Core20PLUS5 Accelerator sites, a NHS England programme delivered in partnership with the Institute for Healthcare Improvement and the Health Foundation. HNY is focusing on embedding Core20PLUS5 into the emerging work of integrated neighbourhood teams, starting in our coastal areas.
- An HNY Cardiovascular Disease Prevention and Detection Plan 2022-24 has been agreed (Appendix A). We are actively considering how to address multi-morbidity rather than disease silos, an approach that will align with the anticipated Major Conditions Strategy to be released by DHSC in Summer 2023.
- The Committee is leading system level work to address asylum seeker health needs across Humber and North Yorkshire. The programme will use a co-production approach to identify issues and propose long-term solutions that take advantage of economies of scale across HNY while embracing Place assets and ways of working.
- Smoking Cessation rides across the key clinical areas in Core20Plus5. A new Humber and North Yorkshire Centre of Excellence for Tobacco Control has been created and is discussed in Workstream 3

3.1.2. Workstream 2: Core20PLUS5 Children and Young People (CYP)

2 https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/core20plus5-cyp/

Purpose: Delivery of the new CYP framework which was nationally announced in December 2022. This workstream links to both the CYP Alliance hosted in the Nursing Directorate, and the CYP Mental Health Steering Group hosted in the MH, LD & Autism Collaborative.

Highlights:

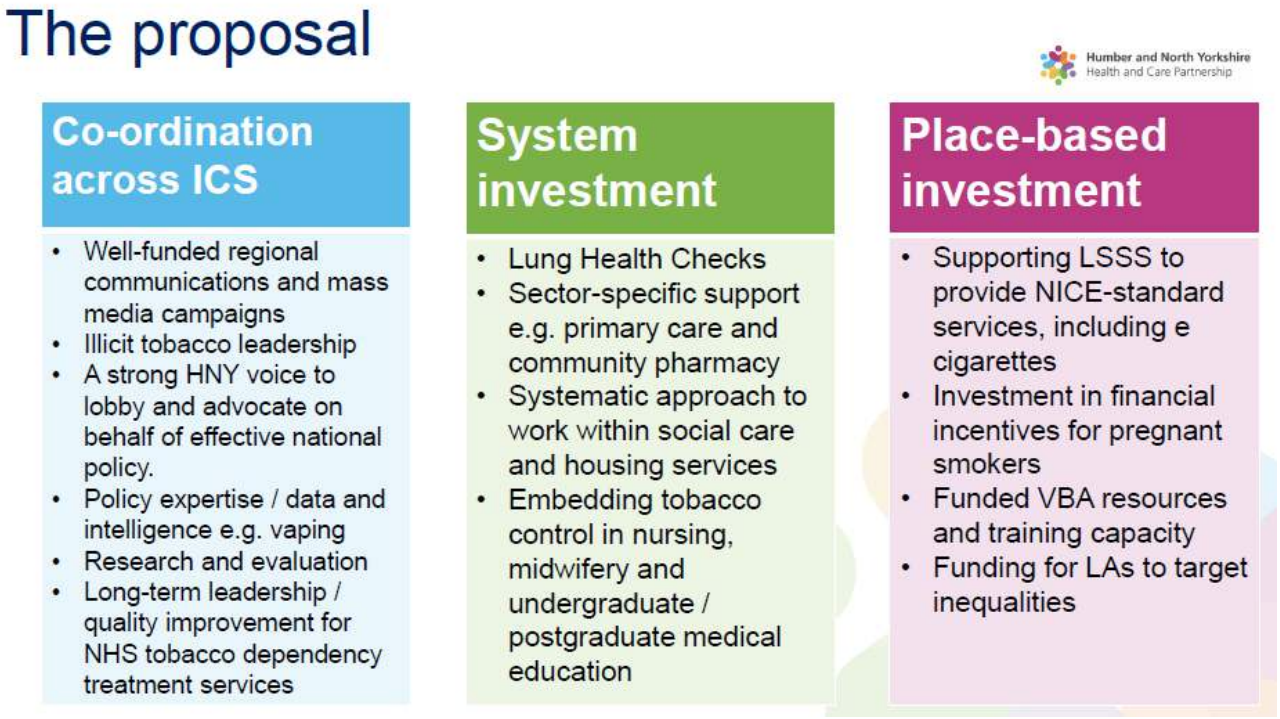
- Asthma: A Clinical lead & Core Asthma team for CYP is supporting the delivery of the Long-Term Plan ambitions through the national bundle of care for CYP with asthma, including addressing health inequalities. A risk stratification tool is to be in trialled in some areas across the ICS and is being used to identify areas for action by combining health information with risk factors and wider determinants. This work links closely with housing and schools.
- Mental Health: CYP Mental Health is adopting a data driven approach to identify inequalities in access, outcomes and experience of CYP in mental health services. This includes developing a data dashboard, which includes an annual health equalities access audit to review which vulnerable communities are not accessing services and to take action to address this and remove barriers to access. We have also established an all-age mental health equalities group to identify and address issues across the life course.

3.1.3. Workstream 3: Prevention and Risk Factors

Purpose: Oversees delivery of the long-term plan priorities set out by NHSE and delivery of the three Regional Prevention Programmes: Alcohol, Tobacco, and Obesity.

Highlights:

- The Discovery Phase of the HNY Centre of Excellence in Tobacco Control launched on 21 February 2023, significantly advancing progress on a system-wide effort to coordinate reduced harm from tobacco. In addition to local leaders and services, the event was well attended by national and regional colleagues looking at HNY as a model for an ICS approach to population health. A summary of the proposal is in the figure below.



3.1.4. Workstream 4: Public Health Functions

Purpose: Oversees the Winter Vaccination Programme including both COVID and Flu, Dental Public Health, and Health Protection. Also supports the anticipated transition of s7A public health commissioning functions from Region to ICBs (immunization, screening, health & justice services and sexual health).

Highlights:

- HNY have ran successful campaigns for both Flu and Covid supported by a Joint Winter Vaccination Board. Our approach has enabled us to address inequalities across the system and make every contact count.
- The HNY Directors of Public Health and the UK Health Security Agency have requested the ICB play a convening role across the three sectors (NHS, UKHSA, LAs) on health protection. The forum is tasked with agreeing ways of working

during outbreaks (e.g. Flu in care homes), aligning communications when required and anticipating large scale response needs (e.g. Avian Influenza).

3.1.5. Workstream 5 – Population Health Intelligence

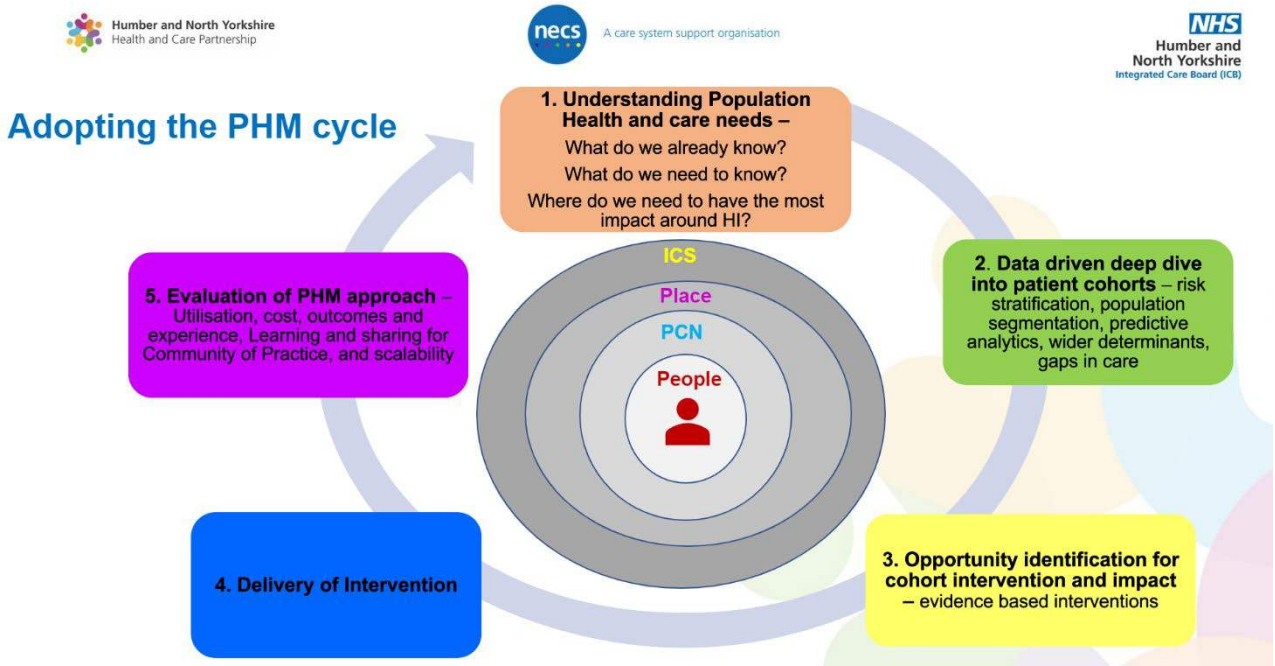
Purpose: Oversees and supports the implementation of Population Health Management (PHM) tools and approaches across the ICS

Highlights:

- PHM is quality improvement informed by connected data and intelligence. Over a period of 2 years, PHM support will be offered at ICS, Place and PCN levels with all 45 PCNs having the opportunity to develop their PHM journey by engaging with a NECS delivered programme (figure below).

  A range of options is available to PCNs to ensure that the support matches their progress in their PHM journey to date. Online training will be delivered for colleagues in the wider HNY system to raise awareness of PHM whilst outlining key opportunities and sharing best practice examples. The overall programme is clinical led and the training will be delivered in partnership between NECS and key stakeholders from within the wider HNY system.

  A core focus of this significant work is on improving population health and reducing variations that lead to health inequalities. The PHM approach empowers individuals and groups working in HNY to address local needs as well as system wide priorities.



3.1.6. Workstream 6: ICP Building Blocks

Purpose: Support the ICP to carry out its function to improve population health and reduce inequalities in healthy life expectancy. Address health disparities in coastal and port communities, through development of a strategy, where we have some of our most significant health inequalities within Humber and North Yorkshire and plan for delivery of the strategy during 2023/24.

Highlights:

The ICP has accepted recommendations from the Committee to establish an Integration Needs Assessment Steering Group which will oversee a comprehensive exercise that assesses the state of integration in HNY and itself make recommendations back to the ICS on where further integration can and should take place. A procurement exercise for the Needs Assessment is due complete in July 2023.

3.2. Ambitions for 2024/25

2022/23 has been a moment for the Committee to identify its shared priorities, establish ways of working that create connections across the system, and begin delivering ambitious programmes that maximise the opportunities of our Integrated Care System. We have seen Places, Providers and Collaboratives enhance their individual and collective responsibilities towards health inequalities via resources, governance and actions.

Going forward into 2023/24, the Committee has accelerated these programmes and sought further alignment to the newly developed Integrated Care Strategy. The Partnership is asked to note several additional ambitions:

- Inclusion Health – The Committee wishes to fully scope out an inclusion health service that reaches all parts of the system. Inclusion health groups may include:
    - People who experience homelessness and rough sleeping
    - People in contact with the criminal justice system
    - Vulnerable migrants
    - People dependent on drugs or alcohol
    - Gypsy, Roma, and Traveller communities
    - Sex workers
    - Victims of modern slavery

- Education and training – introducing Health Inequalities Fellowship opportunities to health and care staff in HNY and coordinating public health training opportunities in the ICB for Junior Doctors and Registrars with Health Education England.

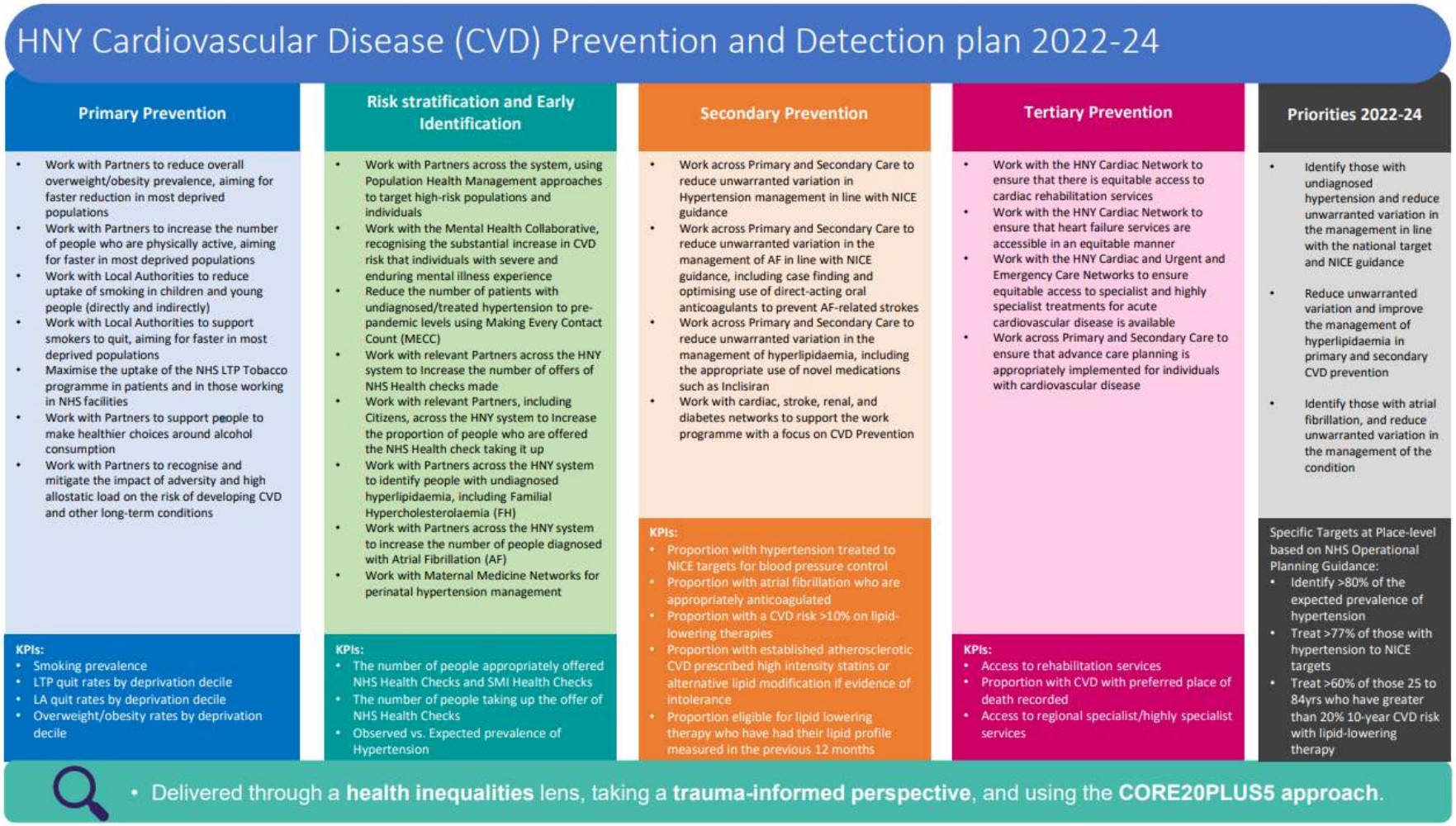
  The Committee's intention is to increase capacity in our ICB and ICS that is focused on population health and to upskill the next generation of the health and care workforce with the expertise to delivery holistic, integrated care that maximises healthy lives.
- Measurement – Standing up a robust measurement and evaluation framework against the Committee's programmes, with a focus on Core20PLUS5.
- Major conditions – developing strategies within the ICS that focus on preventing people with one long term condition from developing their 2nd, 3rd, and 4th condition.

4. RECOMMENDATIONS

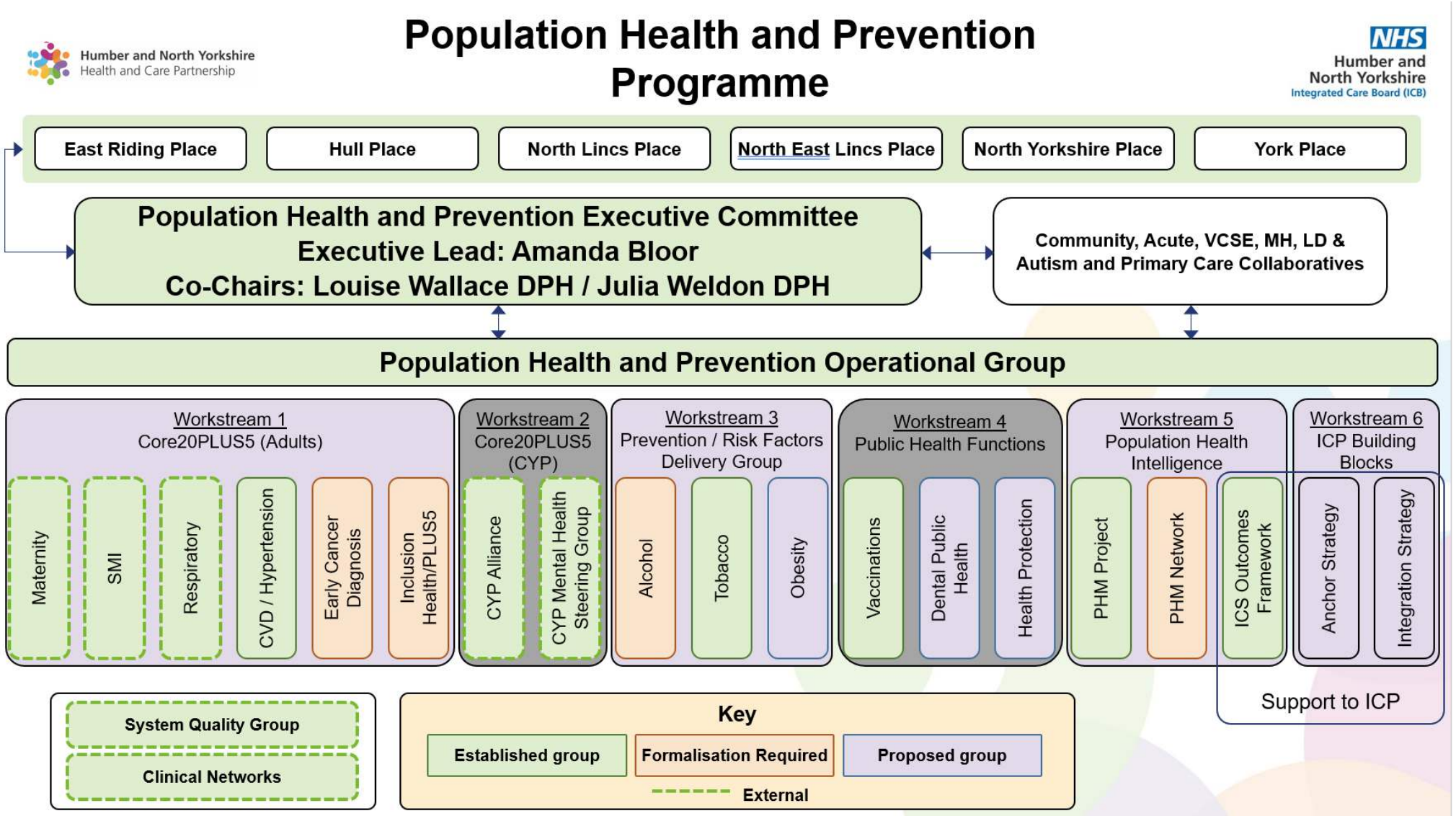
4.1 Members are asked to:

i) Note the highlights provided.

Appendix A


HNY Cardiovascular Disease (CVD) Prevention and Detection plan 2022-24
Primary Prevention
Work with Partners to reduce overall overweight/obesity prevalence, aiming for faster reduction in most deprived populations
Work with Partners to increase the number of people who are physically active, aiming for faster in most deprived populations
Work with Local Authorities to reduce uptake of smoking in children and young people (directly and indirectly)
Work with Local Authorities to support smokers to quit, aiming for faster in most deprived populations
Maximise the uptake of the NHS LTP Tobacco programme in patients and in those working in NHS facilities
Work with Partners to support people to make healthier choices around alcohol consumption
Work with Partners to recognise and mitigate the impact of adversity and high allostatic load on the risk of developing CVD and other long-term conditions
KPIs:
Smoking prevalence
LTP quit rates by deprivation decile
LA quit rates by deprivation decile
Overweight/obesity rates by deprivation decile
Risk stratification and Early Identification
Work with Partners across the system, using Population Health Management approaches to target high-risk populations and individuals
Work with the Mental Health Collaborative, recognising the substantial increase in CVD risk that individuals with severe and enduring mental illness experience
Reduce the number of patients with undiagnosed/treated hypertension to pre-pandemic levels using Making Every Contact Count (MECC)
Work with relevant Partners across the HNY system to Increase the number of offers of NHS Health checks made
Work with relevant Partners, including Citizens, across the HNY system to Increase the proportion of people who are offered the NHS Health check taking it up
Work with Partners across the HNY system to identify people with undiagnosed hyperlipidaemia, including Familial Hypercholesterolaemia (FH)
Work with Partners across the HNY system to increase the number of people diagnosed with Atrial Fibrillation (AF)
Work with Maternal Medicine Networks for perinatal hypertension management
KPIs:
The number of people appropriately offered NHS Health Checks and SMI Health Checks
The number of people taking up the offer of NHS Health Checks
Observed vs. Expected prevalence of Hypertension
Secondary Prevention
Work across Primary and Secondary Care to reduce unwarranted variation in Hypertension management in line with NICE guidance
Work across Primary and Secondary Care to reduce unwarranted variation in the management of AF in line with NICE guidance, including case finding and optimising use of direct-acting oral anticoagulants to prevent AF-related strokes
Work across Primary and Secondary Care to reduce unwarranted variation in the management of hyperlipidaemia, including the appropriate use of novel medications such as Inclisiran
Work with cardiac, stroke, renal, and diabetes networks to support the work programme with a focus on CVD Prevention
KPIs:
Proportion with hypertension treated to NICE targets for blood pressure control
Proportion with atrial fibrillation who are appropriately anticoagulated
Proportion with a CVD risk >10% on lipid-lowering therapies
Proportion with established atherosclerotic CVD prescribed high intensity statins or alternative lipid modification if evidence of intolerance
Proportion eligible for lipid lowering therapy who have had their lipid profile measured in the previous 12 months
Tertiary Prevention
Work with the HNY Cardiac Network to ensure that there is equitable access to cardiac rehabilitation services
Work with the HNY Cardiac Network to ensure that heart failure services are accessible in an equitable manner
Work with the HNY Cardiac and Urgent and Emergency Care Networks to ensure equitable access to specialist and highly specialist treatments for acute cardiovascular disease is available
Work across Primary and Secondary Care to ensure that advance care planning is appropriately implemented for individuals with cardiovascular disease
KPIs:
Access to rehabilitation services
Proportion with CVD with preferred place of death recorded
Access to regional specialist/highly specialist services
Priorities 2022-24
Identify those with undiagnosed hypertension and reduce unwarranted variation in the management in line with the national target and NICE guidance
Reduce unwarranted variation and improve the management of hyperlipidaemia in primary and secondary CVD prevention
Identify those with atrial fibrillation, and reduce unwarranted variation in the management of the condition
Specific Targets at Place-level based on NHS Operational Planning Guidance:
Identify >80% of the expected prevalence of hypertension
Treat >77% of those with hypertension to NICE targets
Treat >60% of those 25 to 84yrs who have greater than 20% 10-year CVD risk with lipid-lowering therapy
Delivered through a health inequalities lens, taking a trauma-informed perspective, and using the CORE20PLUS5 approach.

Appendix B


Humber and North Yorkshire Health and Care Partnership
Population Health and Prevention Programme
NHS Humber and North Yorkshire Integrated Care Board (ICB)
East Riding Place
Hull Place
North Lincs Place
North East Lincs Place
North Yorkshire Place
York Place
Population Health and Prevention Executive Committee
Executive Lead: Amanda Bloor
Co-Chairs: Louise Wallace DPH / Julia Weldon DPH
Community, Acute, VCSE, MH, LD & Autism and Primary Care Collaboratives
Population Health and Prevention Operational Group
Workstream 1
Core20PLUS5 (Adults)
Maternity
SMI
Respiratory
CVD / Hypertension
Early Cancer Diagnosis
Inclusion Health/PLUS5
Workstream 2
Core20PLUS5 (CYP)
CYP Alliance
CYP Mental Health Steering Group
Workstream 3
Prevention / Risk Factors Delivery Group
Alcohol
Tobacco
Obesity
Workstream 4
Public Health Functions
Vaccinations
Dental Public Health
Health Protection
Workstream 5
Population Health Intelligence
PHM Project
PHM Network
ICS Outcomes Framework
Workstream 6
ICP Building Blocks
Anchor Strategy
Integration Strategy
Support to ICP
System Quality Group
Clinical Networks
Key
Established group
Formalisation Required
Proposed group
External