



## MEETING OF THE INTEGRATED CARE PARTNERSHIP

WEDNESDAY 26 JUNE 2024 FROM 14:00 – 16:00 HRS

### AGENDA

Time	Item	Subject	Led By	Action Required	Paper
14:00	1	<b>Welcome and Introductions</b>	Chair	To Note	Verbal
14:01	2	<b>Apologies for Absence</b>	Chair	To Note	Verbal
14:02	3	<b>Declarations of Interest</b> In relation to any item on the agenda of the meeting members are reminded of the need to declare: ① any interests relevant or material to the ICB; ② that nature of the interest declared: financial / professional / personal / indirect ③ any changes in interest previously declared	Chair	To Note	Verbal
14:03	4	<b>Minutes of the Previous Meeting held on 20 December 2023</b> To receive the minutes of the previous meeting	Chair	To Approve	Enclosed
14:05	5	<b>Matters Arising and Actions</b>  1. Progress update on Children and Young People / Start Well	Chair	To Note	Enclosed
14:09	6	<b>Notification of Any Other Business</b> <i>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.</i>	Chair	To Note	Verbal
<b>HUMBER AND NORTH YORKSHIRE STRATEGIC PARTNERSHIP</b>					
14.10	7	<b>Integrated Care Board Report</b> Update on key issues facing health including an update on the design for the future work.	Sue Symington / Stephen Eames	To Note	Verbal
14.20	8	<b>Local Government Partnership Report</b> Update on key issues facing Local Authorities	Cllr Owen	To Note	Verbal

Time	Item	Subject	Led By	Action Required	Paper
14.30	9	<b>Futures Group Report</b> To receive a verbal report from the HNY Futures Group	Charlie Jeffery	To Note	Verbal
14.40	10	<b>Shared Framework for Excellence Sustainability and Prevention at Place</b> To receive an update on latest Place / partnership initiatives and latest developments including Place Framework	Peter Thorpe/ Alex Seale	To Approve	Enclosed
<b>HUMBER AND NORTH YORKSHIRE PARTNERSHIP OUTCOMES</b>					
14:55	11	<b>Integrated Strategy for Wellbeing, Health &amp; Care</b> To receive and approve the final version of the Strategy	Peter Thorpe	To Approve	Enclosed
15:05	12	<b>Outcomes Framework</b> To receive an update on the latest position	Jake Abbas	To Note	Verbal
15:10	13	<b>Ageing Well</b> As a follow on the symposium, to receive further information specific to Humber and North Yorkshire and consider our plans  <ul style="list-style-type: none"> <li>• <b>Population - demographic time bomb</b></li> <li>• <b>Frailty – anticipatory care?</b></li> <li>• <b>Age-Friendly Cities and Communities</b></li> </ul>	Jack Lewis Dr Anna Folwell Carly Walker / Janet Smith	To Note	Presentation
15:50	14	<b>Transport and Travel</b> To receive a briefing and note the proposal for the September meeting	Cllr Owen	To Note	Verbal
15:55	15	<b>Any Other Business</b> To receive any business notified at the start of the meeting	Chair	To Note	Verbal
15:58	16	<b>Closing Remarks</b>	Chair	To Note	Verbal
16:00		<b>Date of Next Meeting:</b> Wednesday 25 September 2024 at 14:00 - 16:00			



**Humber and North Yorkshire**  
Health and Care Partnership

## **HUMBER AND NORTH YORKSHIRE INTEGRATED CARE PARTNERSHIP**

### **MINUTES OF THE MEETING HELD ON 20 MARCH 2024, AT 2.00 PM, FOREST PINES HOTEL & GOLF RESORT, ERMINE STREET, SOUTH HUMBERSIDE, DN20 0AQ**

#### **MEMBERS PRESENT:**

Cllr Jonathan Owen ( <b>Chair</b> )	Vice Chair of Humber & North Yorkshire ICP
Sue Symington	Chair of Humber & North Yorkshire ICB / ICP
Stephen Eames	Chief Executive, Humber & North Yorkshire ICB
Alex Seale,	NHS Place Director – North Lincolnshire, Humber & North Yorkshire ICB
Cllr Jo Coles	Executive Member for Health and Wellbeing, City of York Council (via MS Teams)
Cllr Linda Chambers,	Chair - Health and Wellbeing Board, Hull City Council
Cllr Michael Harrison,	Executive Member for Health and Adult Services, North Yorkshire County Council (via MS Teams)
Cllr Richard Hannigan,	Deputy Leader, North Lincolnshire Council (via MS Teams)
Cllr Stan Shreeve	Deputy Leader, North East Lincolnshire Council
Erica Daley	NHS Place Director – Hull, Humber & North Yorkshire ICB
Helen Kenyon	NHS Place Director – North East Lincolnshire, Humber & North Yorkshire ICB
Karina Ellis	Executive Director Corporate Affairs, Humber & North Yorkshire ICB
Pete Thorpe	Director of Strategy and Partnerships, Humber & North Yorkshire ICB
Sarah Coltman-Lovell	NHS Place Director – York, Humber & North Yorkshire ICB
Simon Cox	NHS Place Director – East Riding, Humber & North Yorkshire ICB
Wendy Balmain	NHS Place Director - North Yorkshire, Humber & North Yorkshire ICB
Alison Barker	Chief Executive, North Lincolnshire Council

## **STANDING ATTENDEES PRESENT:**

Emma Jones ( <b>Minute Taker</b> )	Executive Business Support Senior Officer, Humber & North Yorkshire ICB
Michael Napier	Director of Governance and Board Secretary, Humber & North Yorkshire ICB
Nicky Lowe	Head of Corporate Affairs and System Support, Humber & North Yorkshire ICB

## **IN ATTENDANCE:**

Jake Abbas	Deputy Director, Population Health Intelligence, Humber & North Yorkshire ICB
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## **APOLOGIES:**

Alan Menzies	East Riding of Yorkshire Council
Amanda Bloor	Deputy Chief Executive/Chief Operating Officer, Humber & North Yorkshire ICB
Ashley Green	Chief Executive, Healthwatch North Yorkshire
Professor Charlie Jeffery	Vice-Chancellor, University of York / Chair of HNY Futures Group
Ian Floyd	Chief Executive, City of York Council
Julia Weldon	Director of Public Health and Adult Services, Hull City Council
Karen Pavey	Executive Director for People, North Lincolnshire Council
Louise Wallace	Director of Public Health, North Yorkshire Council
Julia Weldon	Director of Public Health and Deputy Chief Executive, Hull City Council
Richard Flinton	Chief Executive, North Yorkshire Council
Rob Walsh	Chief Executive, North East Lincolnshire Council
Rob Waltham	Leader, North Lincolnshire Council
Matt Jukes	Chief Executive, Hull City Council
Helen Grimwood	Hull Healthwatch

## **1. WELCOME AND INTRODUCTIONS**

The meeting was chaired by Councillor Jonathan Owen, the chair of the East Riding of Yorkshire Council's Health and Wellbeing Board (HWBB) and Vice-chair of the Integrated Care Partnership (ICP). He welcomed everyone to the meeting and gave a special welcome to Alison Barker, who had recently taken on the role of Chief Executive of North Lincolnshire Council.

Those present introduced themselves including the members that had joined via MS Teams.

## **2. APOLOGIES FOR ABSENCE**

Apologies received were noted as above. It was noted that the meeting was not quorate in the absence of a Director of Public Health. A consensus would be sought on matters requiring a decision from those present.

## **3. DECLARATIONS OF INTEREST**

In relation to any item on the agenda of the meeting Board Members were reminded of the need to declare:

- (i) any interests which were relevant or material to the ICP;
- (ii) that nature of the interest declared (financial, professional, personal, or indirect
- (iii) any changes in interest previously declared.

There were no declarations of interest recorded. Members were reminded of the need to declare any interests relevant or material to the ICB.

## **4. APPROVAL OF PREVIOUS MINUTES**

The minutes of the meeting held on 20 December 2023 were taken as a true and accurate record and approved.

**Outcome:**

**The minutes of the meeting held on 20 December 2024 were approved and taken as a true and accurate record.**

## **5. MATTERS ARISING AND ACTIONS**

The Chair highlighted the two main actions arising from the previous meeting.

**27.09.2023**

**ICP001 / ICP 002 – Item 8**

The first action was relating to Health and Well-being Board outcomes and this update was provided by Alex Seale. The Status of Action was agreed as 'Completed'.

The second action in relation to a financial framework relating to both local government and the NHS was agreed as 'In Progress' and to be brought to a future meeting.

**Outcome:**

The ICP noted the update provided to the matters arising.

## **6. NOTIFICATION OF ANY OTHER BUSINESS**

There were no items of any other business to be raised.

## **HUMBER AND NORTH YORKSHIRE STRATEGIC PARTNERSHIP**

### **7. INTEGRATED CARE BOARD REVIEW**

The meeting began with a discussion on the ICB review and the Chair, Cllr Jonathan Owen, invited Sue Symington and Stephen Eames to give an update.

A summary of the activities and challenges faced by the Integrated Care Board over the past three months along with the impact of winter pressures, junior doctor strikes, and financial challenges on the performance of the health system was provided. Reference was also made to the ongoing efforts to improve productivity and live within the budget for the year ahead.

An update was provided regarding the financial position and it was noted that the £30 million deficit target as a system would be achieved. Whilst noting that the agreed target was a deficit, the significant effort to still achieve this target was recognised. In terms of performance, despite all the pressure over the winter period and the impact of industrial action, the system would deliver its elective backlog target for routine operations, save for 18 highly complex cases, and would meet its cancer backlog target. It was also approximately 20% above the faster diagnostic target for cancer services.

The ICB Board and North East Lincolnshire Council Cabinet had approved the Section 75 Agreement for delegated and integrated joint working in North East Lincolnshire Place, signalling a potential direction of travel for other Places in terms of future delegations and governance arrangements.

The Futures Group proposal for a significant programme or work aimed at improving the life chances of children and young people was also signed off by the Board.

#### **Outcome:**

**The ICP noted the progress and developments for 2023/24 in embedding the role of place in the wider health and care system.**

### **8. LOCAL GOVERNMENT PARTNERSHIP REVIEW**

Cllr Jonathan Owen presented a summary of the main issues he felt were facing Local Authorities (LAs) emphasising the increasing levels of multiple morbidities, delays in treatment, and the impact of cost of living on health and care services. He also highlighted issues with the pharmacy market and the challenges in attracting people to work in social care. The financial challenges faced by local governments, with a significant proportion of their expenditure allocated to social care and children's services, were highlighted and reference was made to the potential implications for local government in light of the upcoming local and general elections.

The ICP discussed the issues emphasising the importance of partnership working and the role of Place in delivering improved outcomes. Issues related to housing, transportation and the financial strain of caring for others were acknowledged as well as the challenges of living with long term conditions. However, positive news was shared regarding the progression of smoke free legislation however continued effort was needed to push for the legislation to be passed.

As a result of the financial situation it was noted that local councils would need to look critically at how they delivered non-statutory areas, which was likely to need support from partners.

There was an update on the changing landscape of local government with the Greater Lincolnshire and North Yorkshire devolution deals approved and the East Riding and Hull devolution process underway.

Councillor Shreeve commented that social care accounted for 65% of North East Lincolnshire Council's expenditure, with 460 Looked After Children (LAC) currently under care. Despite this, it was deemed unlikely that the authority would exceed its budget. There was confidence among children services and social services and the high level of integration at Place was highlighted as having a positive impact on outcomes.

Organisations were moving towards outcome-based budgeting to give further focus to integrated working to improve outcomes for the residents. It was felt that this made the work of the ICP more critical in identifying and agreeing the priorities.

#### **Outcome:**

**The ICP noted the progress, developments and challenges in Local Authorities.**

## **9. FUTURES GROUP REPORT**

Karina Ellis delivered an update regarding the Futures Group proposal presented to the ICB Board, which sought support for a significant programme of work around children's services aimed at generational change for children. The Board had supported the proposal and allocated funding to take it to the next stage.

The ICP stressed the importance of using connected data along with input from people and services users to drive better outcomes. Efforts were being made to collect data and create an integrated data engine for analytics building on a system developed for Connected Bradford.

A further business case will be developed to implement this approach which will be tested in agreed geographies.

A national reference group had been established to provide a steer and address any issues from a national perspective.

The support received by the ICB Board was acknowledged, with gratitude extended to everyone involved, particularly Mark Mon Williams who led the development of the proposal. Councillor Owen echoed the positive response to the proposal and praised the approach which included strong academic and private sector input.

The Futures Group had agreed the next area of focus would be Aging Well.

### **Outcome:**

**The ICP Members noted the report from the HNY Futures Group and supported the next steps.**

## **10. CHIEF OPERATING OFFICER – PLACE REPORT**

Alex Seale, North Lincolnshire NHS Place Director, provided an update on the latest Place / partnership initiatives, highlighting the role of Place in the wider health and care system. The report highlighted how Places were contributing to the key delivery targets of the ICB, including how innovation and shared learning across the Places was driving improvement.

It was noted that the role of Place was firmly embedded in ICS structures and the development of a shared framework would reinforce the joint responsibilities across the wider system to deliver the 'triple aim' of better health and well-being, reducing health inequalities and improved outcomes, and the sustainable and best use of resources through the duty of integration.



Within the report, examples were provided from individual Places to demonstrate how they are driving forward the delivery of Place priorities and leading system coordination.

Discussions were taking place regarding an integrated community offer and how to support people within the community to avoid hospital admissions and supporting people with complex needs and doing this in a way to utilise the resources as effectively as possible.

The Joint Forward Plan refresh would align closely to the Partnership strategy and be socialised through Health and Well Being Boards (H&WBBs).

The revised Section 75 Agreement between the ICB and North East Lincolnshire Council was signed off at the March ICB Board and would be submitted for Council approval. The Section 75 once agreed will see the council and ICB bringing together approximately £195m (ICB £132m, NELC £63m) resources, with £144m being subject to a pooled arrangement.

There was discussion around the issues with short term funding and decision-making arrangements around contracts which can impact on the viability of Voluntary, Community and Social Enterprise (VCSE) organisations. The importance of the VCSE workforce was acknowledged and agreement that a sustainable and longer-term contracting process was needed. It was highlighted that there were substantial opportunities regarding the role of Places in making these decisions. Subsequently it was noted that the Chair of VCSE (voluntary and community sector) Collaborative would be at the next NHS Leadership Forum to take these discussions forward.

**Outcome:**

**The ICP Members noted the progress and developments in the Place / Partnership initiatives.**

## **HUMBER AND NORTH YORKSHIRE PARTNERSHIP OUTCOMES**

### **11. PARTNERSHIP STRATEGY RECAST**

Karina Ellis and Pete Thorpe presented an update on the review of the Partnership Strategy. The report highlighted the strengths of the current ICP Strategy and identified that the reset was in light of a changing context and a need to increase the pace of change in order to realise our shared ambition.

The background to the development of the initial Strategy was outlined stressing that there had been a purposeful decision to build the Integrated Partnership strategy from the ground up and to liaise with the various stakeholders throughout its development. It was acknowledged that the strategy was comprehensive and inclusive.

The new strategy included a focus on transformation, lifting ambition, articulating system maturity, and putting priorities into action. Over the course of the last six months the Leadership Forum and other key stakeholders had helped to shape the strategy. The aim and outcomes had been restated and the partnership ambitions had been slightly modified and now included 'radically improving children's wellbeing health and care'. Four 'big outcome priorities' had been identified as areas that would make the most difference in terms of health outcomes and would make a significant difference in terms of the ICPs ambition.

The need to ensure that the ICB was fit for the future was emphasised.

It was agreed that collectively the ICP had a very powerful voice and should not be afraid to use this to facilitate positive change as well as influencing national policy direction.

The discussion focused on key issues in particular, the financial challenges faced by the system in delivering the plans for the year ahead and there was agreement for the need for a financial framework that considered both local government and NHS resources to sit alongside the strategy. Discussion took place around the person-centred and strengths-based approach 'to 'think person, think family, 'think community' with consensus that this was a fundamental requirement for delivering the strategy.

The strategy looks for transformative public engagement and coproduction approaches when developing services. The need to relate and communicate with people from all different demographics was highlighted and there was a discussion around public engagement and system voice being meaningful, realistic and respectful. It was agreed that listening and responding would be at the heart of how the ICP will operate.

There was acknowledgement that an Outcomes Framework would be in place to monitor progress against the strategy outcomes.

It was stated that in order to progress swiftly, consideration must be given to those areas that the ICP could stop doing.

Those present recommitted to the Partnership Strategy and supported prioritising children and young people's health and care.

**Outcome:**

**The ICP Members approved the amendments to the Partnership Strategy.**

## **12. OUTCOMES FRAMEWORK**

Jake Abbas, Deputy Director, Population Health Intelligence, presented the draft Partnership Outcome Framework. The Framework aimed to provide healthy life expectancy and life expectancy tracking mechanism at system and place level by establishing population health measures which focused on the life course ambitions and the big four health outcomes: reducing harm from cancer, cutting cardiovascular disease, living with frailty, and enabling mental health and resilience.

Work had commenced on exploring the indicators that were reported nationally, although this came with limitations, those indicators could be benchmarked against similar Places and ICS's. It was recognised that there may be gaps and that there was a need to look at improving the way the voice of lived experience was integrated into the framework to complement quantitative data and provide a better understanding of progress against our priority outcomes.

The Framework would be aligned to the monitoring and reporting metrics for Joint Forward Plan.

Over the coming months it was proposed to work with Place and Programme Leads to finalise the outcome measures within the Framework. It was noted that there were a number of measures around failure of living well and suggested that these could be a focus.

**Outcome**

**The ICP approved the Partnership Outcome Framework and supported the next steps.**

## **13. PLACE FRAMEWORK**

Alex Seale provided an update on the Place Framework and the recent discussion on developing partnerships at Place and establishing their role within the wider system, emphasising the importance of integration and effective use of resources.

The framework, which will shape, and drive community partnership, had been coproduced with the aim of embedding a more mature operating environment

supporting local partnerships to achieve health and care outcomes and realise wider socio-economic benefits.

The Leadership Forum had provided feedback which focused on accountability with a view to exploring how investments could be distributed and responsibilities delegated to the appropriate parts of the system.

**Outcome:**

**The ICP noted the intention to use the Framework to drive the ambitions of system through Places and it was agreed to receive an update at the ICB Board.**

#### **14. ICP ANNUAL REPORT AND TERMS OF REFERENCE**

Sue Symington and Karina Ellis presented the ICP Annual Report and Terms of Reference. The report provided an account of how the Integrated Care Partnership (ICP) has discharged its responsibilities for 2023/24 and provided an amended terms of reference which reflects the new priorities. The Committee was asked to approve the report and the terms of reference.

The members of the ICP were also asked to provide feedback relating to an effectiveness review of the Integrated Care Partnership in relation to performance and potential areas for improvement.

**Outcome:**

**The ICP received and discussed the ICP Annual Report and Terms of Reference. The discussion focused on the key achievements and challenges of the past year and the plans for the future.**

#### **15. ANY OTHER BUSINESS**

There were not items of Any Other Business.

#### **16. CLOSING REMARKS**

The Chair concluded the discussion acknowledging the substantial amount of information discussed and committing to more balanced agendas for future meetings.

**DATE AND TIME OF THE NEXT MEETING:**

Wednesday 26 June 2024 at 14:00 - 16:00



<b>Report to:</b>	Integrated Care Partnership
<b>Date of Meeting:</b>	26 June 2024
<b>Subject:</b>	Shared Framework for Excellence Sustainability and Prevention at Place
<b>Sponsor:</b>	Peter Thorpe, Executive Director Strategy and Partnerships
<b>Author:</b>	Alex Seale, North Lincolnshire Place Director

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

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

### SUMMARY OF REPORT:

This report is presented in the context of the work that has been done to lift and simplify the ambition within our ICP Strategy, focusing on our big strategic ambitions and the key drivers for change – excellence prevention and sustainability.

It is also integral to the work we have been doing across the system to unlock the potential of our operating model through empowering collaboratives and developing a new relationship with Place to create a smaller ICB in a flourishing system.

To support the development of a new relationship with Place, the ICP has previously been updated on work that has been undertaken to develop a Shared Framework for Excellence, Prevention and Sustainability at Place. The Framework supports Local Government, the Integrated Care Board and wider Partners in Humber and North Yorkshire to understand how we operate together to support the ICS ambition to improve the health and wellbeing of local populations; quality of services; sustainability and efficiency and reduce health inequalities. A Place Design group was established to ensure an inclusive process for development of the Framework and has involved Place Directors and ICB and local authority Executive leadership, with final endorsement being provided by local authority Chief Executives.

### RECOMMENDATIONS:

- Members are asked to approve the final version of a Shared Framework for Excellence, Prevention and Sustainability at Place
- Members are asked in note the ongoing work to support Place development and the next steps for the progression on Place development and implementation of the Place Framework.

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

Addressing Health Inequalities and improving healthy life expectancy	<input checked="" type="checkbox"/>
Delivering the vision – start well, live well, age well, die well	<input checked="" type="checkbox"/>
Supporting our strategic intentions – creating the conditions, think person, think family, think community	<input checked="" type="checkbox"/>

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

Finance	NA
Quality	Quality impact is identified within the Place Framework
HR	NA
Legal / Regulatory	The Place Framework sets out the operating environment in which the ICB will 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 and outlines the underpinning governance approach to support this.
Data Protection / IG	NA
Health inequality / equality	The Framework identifies how Places are coordinating work to improve population health with partners.
Conflict of Interest Aspects	NA
Sustainability	The Framework describes a sustainable model for Place to support the delivery of the ICB 'triple aim' to have regard in making its decisions to; the health and wellbeing of local populations; quality of services; sustainability and efficiency.

**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 reporting to the Integrated Care Partnership

**ENGAGEMENT:**

Engagement has been undertaken through the Place Design Group which includes Local Authority Executive Leadership, Place Director and ICB Executive input. The ICP has also been kept apprised of progress with the development of the Framework

**REPORT EXEMPT FROM PUBLIC DISCLOSURE**No ☒ Yes ☐

If yes, please detail the specific grounds for exemption

**HNY STRATEGIC FRAMEWORK FOR PLACE – A Shared Framework for Excellence, Prevention and Sustainability at Place****1.0 INTRODUCTION**

The six Places in Humber and North Yorkshire have been working together to develop a strategic framework that supports Local Government, the Integrated Care Board and wider Partners in Humber and North Yorkshire to understand how we operate together. The commitments in the framework recognise the importance of how we do things and not just what we do in achieving our shared ambitions. A design team has been brought together drawn from across the six Places and has involved Place Directors and ICB and local authority Executive leadership, with final endorsement being provided by local authority Chief Executives.

The Strategic Framework sets out the unique position our Places hold within the wider system, and how we will work to engage with and deliver for our local people:

- Place-based health and care partnerships are central to driving our aim in narrowing the gap in health inequalities and increasing healthy life expectancy.
- They occupy a unique position within Integrated Care Systems in that they connect people, communities, democratic leadership, business, public sector partners, educational establishments, voluntary, community and social enterprise, local authorities, the NHS and other providers of health and care to engage, lead and own shared plans that will deliver change and enable people to thrive.
- Partners at place work together to reduce social and health inequalities and support the integration of services.
- They harness the collective leadership to lever the totality of resources at Place.

**2.0 BACKGROUND**

The Strategic Framework describes the pivotal role of Place-based health and care partners acting as one and leading for **excellence, prevention and sustainability**. The framework below describes the overarching framework and pages 6-8 of attached appendix 1 describe how these manifests at ICB level, Collaboratives, Local Government, and Places and how all components of the ICS can work together to deliver this shared ambition.

**Table One: Overarching Framework**



The ICP has been engaged previously in the work to develop the Framework. The HNY Strategic Framework for Places was also presented for discussion and approval at the HNY Leaders Forum at the beginning of April and has since been discussed and approved by all six Local Authority Chief Executives/equivalent ahead of formal approvals through ICB Executive and Board and Local Authority Cabinets.

The attached version represents the final version of the Framework following this development and engagement process.

The final approved version is enclosed as Appendix 1.



### **3.0 NEXT STEPS FOR DEVELOPMENT OF THE SHARED FRAMEWORK**

The Framework is now progressing through final sign off processes. These include the ICB and ICP in June 24 and local authority governance and sign off processes.

The next steps for implementation of the Framework are being developed through the Place Design Group. The Framework identified sets out next steps under the areas of delegation, accountability and assurance.

#### **3.1 Delegation and Accountability**

Each of the six Places has a Place Partnership or Committee and in the case of North East Lincolnshire, a legally constituted joint committee supported by an extension of the existing Section 75 arrangement. The leadership in each of the six Places are considering their desired approach to governance arrangements and how each of the Places would like to see this develop in the future. The table below shows the aspirations in this regard as part of the Place development plans. In summary, each of the Places is either already in the process of progressing a dialogue with the ICB around progress to a formal joint committee or is in active local dialogue about plans.

A set of principles for the development of a Joint Committee at Place have been developed, and proposed timeline for shadow operation and governance approval. This will be for each Place to consider and adopt following Place discussion over the next 12 – 18 months, with some choosing an earlier timeframe.

#### **3.2 Assurance and Delivery**

Places have been operating with strong partnerships for many years, but since the establishment of the HNY ICB, these partnerships have been evolving.

All Places have plans that connect and align with the ICS Strategy, and Health and Wellbeing Strategies. Plans are underpinned by a shared understanding of sector performance, quality and resources, and priorities recognising variation in health inequalities across local populations. At the forefront of Place discussions is the ambition to further integrate health and social care to realise a 'premium' of integration.

In keeping with the principles of continuing to nurture Place development as the key partnership vehicle for delivering at scale health and care integration for leaders within the HNY Health and Care Partnership have committed to incorporating peer review in to Place development. This will:

- Enhance trust and confidence in place-based arrangements.
- Identify and celebrate effectiveness, innovation and impact.
- Support continuous learning and improvement.

The peer review approach will link to work developed over many years through local government sector led improvement methodology, which has a high degree of validity and confidence across partners. An outline of the approach is currently being further developed and agreed through the Place Design Group who have similarly led on the Place Framework.

The Place Framework, Place peer review and Place plans (operational and financial) are part of the toolkit that can unlock mutual support and challenge to accelerate delivery of transformation across our HNY system. The work is developing at pace and it is envisaged peer review methodology will be ready for testing in the Autumn.

#### **4.0 RECOMMENDATIONS**

- Members are asked to approve the final version of a Shared Framework for Excellence, Prevention and Sustainability at Place
- Members are asked to note the ongoing work to support Place development and the next steps for the progression on Place development and implementation of the Place Framework.
- Members are asked to note the proposed approach to the development of a peer review approach between Places as a key component supporting Place's to deliver transformation.

Place	Place Plans	Place Partnership Developments
<b>North Lincolnshire</b>	<p>The Community First Strategy was developed and signed off by the Place Partnership and Health and Wellbeing Board in early 23. An annual workshop assessing progress and identifying future direction has been undertaken and an Annual Report of progress completed and is ready for publication a year on from our large-scale integration event “Making it Real” in May 23. This is aligned to the Joint Forward Plan priorities.</p> <p>This Strategy and associated delivery plans describe the approach to delivering our transformational plans for integration with a focus on three key areas, integrated urgent care, integrated strategic commissioning and safeguarding and integrated locality teams.</p> <p>The Place Partnership has recently reviewed its governance to support the delivery of key programme areas including Population Health Management and Prevention which is driving the delivery of locality team working, use of the local estates to deliver best value, centre of excellence of integrated locality teams, mental health and learning disabilities including the management of individuals with complex needs, integrated urgent care digital and innovation.</p> <p>We are preparing for transfer of responsibilities to Place from April 2025 via a Joint Committee including readiness to support delegated functions through a mutually agreed Section 75 arrangement and signed Partnership Agreement</p>	<p>Relationships in our Place are strong and well developed, based on principles that we developed at the inception of the Partnership. We are increasingly working together with a strong focus on the development of the integrated workforce and our North Lincolnshire “Team of Teams” We have established governance under the Place Partnership including an Integrated Strategic Planning and Commissioning (ISPACE) between the Local Authority and ICB</p> <p>We are working with the ICB on the pilot of integrated team organisational development to support our integrated workforce approach.</p>
<b>York</b>	<p>Leaders across the YHCP have six shared objectives, set out in the HNY Joint Forward Plan, which deliver the ICS strategy and Joint Health and Wellbeing Strategy locally.</p> <p>Leaders have set the YHCP on a course to accelerate delivery in 24/25 via the Place Strategic Framework. The York plan can be summarised as follows:</p>	<p>Leaders across the YHCP will be testing how they work and think differently as a Place Committee; for example, how can we drive our avoidable costs and shift allocation to support prevention, better care, and sustainability, starting with open communication on how each partner is reducing waste and optimising cost to create a financially healthier</p>

	<ol style="list-style-type: none"> <li>1. Getting on with delivering our priorities; developing our integrated locality model and prevention offer, and the multi-agency hubs for families, mental health, and frailty.</li> <li>2. Formalising provider integration to enable front-line teams to collaborate, innovate and integrate – using our trailblazer mental health model as a blueprint.</li> <li>3. Prepare for transfer of responsibilities to Place from April 2025 via Joint Committee arrangement, including readiness to support delegated functions through a mutually agreed Section 75 arrangement and signed Partnership Agreement</li> </ol>	<p>system in readiness for transfer of responsibilities, resources, and decision-making.</p>
<b>North East Lincolnshire</b>	<p>The Place continues to have a focus on the 5 overarching outcomes which are:</p> <ul style="list-style-type: none"> <li>• Improving health outcomes and access to healthcare to reduce health inequalities</li> <li>• Reduce the number of people in hospital</li> <li>• Improve outcomes for children young people and families</li> <li>• Strengthen our local health and care workforce, and</li> <li>• Improve mental health outcomes</li> </ul> <p>Delivery plans under each of these areas have been produced.</p> <p>All partners have shared a high level overview of there financial position and the efficiency requirements each are looking to deliver in year, and this has been looked at together with the 10 high impact priorities for the ICS, to determine where NEL need to link into those programmes to progress versus where we need to work at a place level to deliver the required changes. This has led to a reshaping of the focus to some of the work to ensure that there is capacity available to both support the efficiency (productivity and cash releasing) programmes whilst also continuing to have a focus on the areas that will deliver quality of service, quality of life outcomes for individuals.</p> <p>Areas identified for additional effort to be put into driving forward at pace, are the development of the Integrated neighbourhood teams with a focus on early long term condition management, and frailty, including the use of digital / IA solutions to</p>	<p>Relationships in NEL are strong. To ensure that the place fully maximises on the opportunities from those relationships the partnership has commissioned some Organisational / System development work via Mutual Ventures to support us with moving towards the ultimate goal of “improved health outcomes for people in NE Lincolnshire”, with a focus on the following statements:</p> <ul style="list-style-type: none"> <li>• We want to be “person-centred and community-led.”</li> <li>• “Resources will always be scarce, but NE Lincolnshire resources should be used to support those who really need them.”</li> <li>• “Leadership structures must be enablers for the person who wants help and the professional who is there to help them.”</li> </ul>

	help monitoring and management, maximising workforce opportunities and using the virtual ward concept as a way of enabling more complex individuals to be cared for at home / in community settings such as the hospice	“Everyone is freed up to do the best they can for people rather than being bogged down in processes
<b>North Yorkshire</b>	<p>The North Yorkshire Place Board has agreed a set of strategic priorities identified using the principle of mobilising collective partnership action to deliver transformation and better outcomes for our population, and particularly those communities where unwarranted health inequalities exist. They are:</p> <ul style="list-style-type: none"> <li>• A comprehensive and integrated health and social care model</li> <li>• A high quality care sector, with sufficient capacity to meet demand</li> <li>• Prevention and public health: adding life to years and years to life</li> </ul> <p>In May 2024, following extensive consultation, a revised North Yorkshire Joint Health and Wellbeing Strategy May 2024 (JHWBS) was agreed, subject to formal council approval in June 2024. The strategy builds upon these priorities with a focus on the three "P's" – People, Place and Prevention. The Place Strategic Priorities and the draft JHWBS provide the basis of the Joint Forward Plan for North Yorkshire.</p>	<p>The North Yorkshire Partnership is a well established and trusted strategic forum, where partners have collective oversight and steer key issues affecting our health and care system.</p> <p>The partnership through Place Board has participated in the development of the Place Framework and is now in the next stage of considering what this means for discharging its responsibilities effectively.</p> <p>This will include considering all options for future delegation to Place, while recognising existing agreements with joint oversight through S75 agreements circa £200m.</p>
<b>Hull</b>	<p>The Hull partnership have signed up to the Hull Community Plan, based on feedback from residents of Hull. The plan sets out a vision and ambition to improve the lives and opportunities of everyone living, working, and doing business in the city. In line with the community plan and Health and Wellbeing Strategy the Hull Health and Care Partnership have also reviewed the progress of last year and agreed 3 priorities for delivery in 2024/25. These are: <b>1.</b> Scale up and deliver our model for integrated neighbourhood teams <b>2.</b> Tackling health inequalities with a focus on respiratory care and <b>3.</b> Develop our workforce focusing on young people in the city and creating opportunities across the breadth of the partnership.</p>	<p>To support delivery and galvanise the partnership further the Hull H&amp;CP will also work toward increasing delegation for decision making from the ICB and aim to extend the current section 75 to create the conditions and place governance to operate as a constituted joint committee in 2025.</p>

<b>East Riding</b>	<p>The East Riding Health and Care Partnership has recently reviewed and refined it's Vibrant and Healthy Communities Programme that sets out strategic ambition and supporting workstreams, aligned to the ERY Health and Wellbeing Strategy and that of the ICP.</p> <p>The programme centres around three ambitions, aligned to the two clear principles set out when the Partnership was formed – to take a Population Health approach in all that we do and ensure that we hear a representative and authentic voice from the people of the ERY. The ambitions are:</p> <ol style="list-style-type: none"> <li>1. Improving outcomes for everybody</li> <li>2. Removing barriers to access</li> <li>3. Focusing on experience of care and support.</li> </ol> <p>These ambitions are further supported by our drivers – Excellence, Prevention and Sustainability.</p> <p>Agreed workstreams, aligned to thee ambitions and informed by our population health intelligence, are:</p> <ol style="list-style-type: none"> <li>1. Rural and Coastal Communities</li> <li>2. Bridlington Place Based Programme</li> <li>3. Inclusion Groups</li> <li>4. Complex Care Management</li> <li>5. Integrated Neighbourhood Teams</li> <li>6. Weight Management</li> <li>7. Behavioural Insight Development</li> </ol> <p>The Partnership recently agreed a robust evaluation framework to enable demonstration of impact from our workstreams.</p>	<p>The Partnership has held a series of 'Integration' workshops across the last year between the ICB, Adult Social Care, Public Health and Children's Services to progress it's integrated commissioning ambitions, including a review of previous baseline assessments and consideration of systematic approaches to further development.</p> <p>Recently, the Partnership had a face to face workshop to prepare for the transfer of responsibilities to Place from April 2025 via Joint Committee arrangement, including readiness to support delegated functions through a mutually agreed Section 75 arrangement and signed Partnership Agreement. This was supported by all members with discussion centred around key actions to move the Partnership closer to this goal.</p> <p>The Partnership is scoping the development of a function to set out and coordinate actions to embed our Population Health approach.</p>





**Humber and North Yorkshire**  
Health and Care Partnership



## A Shared Framework for Excellence, Prevention and Sustainability at Place

Final April 2024



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# Introduction

Our Places are central to driving our aim in narrowing the gap in health inequalities and increasing healthy life expectancy. They are focused on delivering outcomes for our people and communities that span the life course of start well, live well, age well and die well and the ambitions of enabling equity, improving outcomes and experience of services.

They connect people, communities, democratic leadership, business, public sector partners, educational establishments, voluntary, community and social enterprise, local authorities, the NHS and other providers of health and care to engage, lead and own shared plans that will deliver change and enable people to thrive.

Partners at place work together to reduce social and health inequalities and support the integration of services. They harness the collective leadership to lever the totality of resources at Place and will collaborate and act as one where it makes sense with an emphasis on leading for excellence, prevention and sustainability.

***This strategic framework supports our Local Government, the Integrated Care Board and other Partners in Humber and North Yorkshire to understand how we operate together. The commitments in the framework recognise the importance of how we do things and not just what we do in achieving our shared ambitions.***

***Each Place will develop their own plan based on these commitments that aligns to their local need and arrangements.***

# How We Work Together

**Partnership at Place takes many forms and is broader than governance and integration for health and care. This may involve formal legal and budgetary agreements and also a broader range of activities for the common good of our communities. Key aspects are:**

**In Place** – aligning or pooling our budgets, integrating relevant services, understanding our performance and pressures, engaging with our local populations, developing and delivering on shared priorities

**Across the 6 places** – on major investment, large-scale service re-configurations and government-level actions and influencing

**Across place boundaries** -on influencing national policy, securing large scale investment, working with mayoral combined authorities, promoting economic prosperity and tackling climate change ensuring shared services are sustainable and best placed to serve local people,

# Our Strategic Framework focuses on...

OFFICIAL

...what we need to be successful. Together we commit to...



## Excellence

- **Collaborate:** Foster a culture of mutual respect, trust, and open communication that builds strong partnerships to deliver seamless and integrated care
- **Continuously Improve:** Embrace learning and continuous improvement to optimise care delivery and outcomes
- **Innovate:** Encourage local innovation and experimentation to find better ways to deliver care

## Prevention

- **Empower communities:** Enable them to shape, participate in, and take ownership of their health and wellbeing services
- **Drive equality and equity:** Prioritise the health and wellbeing of the population within each place, addressing inequalities, equity and promoting preventative care and help people live longer healthier lives
- **Integrate Services:** Facilitate seamless, integrated services across physical and mental health, social care, and wider determinants of health

## Sustainability

- **Transparent and Accountable:** Operate with transparency, shared accountability, and clear reporting mechanisms
- **Share investment:** Create aligned or pooled budgets and streamlined funding mechanisms to maximise resources and impact.
- **Delegate:** Transfer responsibilities, resources, and decision-making to place



Excellence...

## ICB

Integrated Care Strategy and a single delivery framework that sets strategic clinical direction and involves community voice

Behaviours and values that focus on system opportunities

A culture of continuous improvement and innovation

## Collaboratives

Intelligence led service development

Clinical and professional culture that drives transformation

Innovative and collaborative models of service delivery at scale

## Local Government

Harness opportunities of democratic, civic, public sector, business, housing, education partnerships and relationships in relation to place shaping

Create opportunities for additional investment to create building blocks for health

A culture of continuous improvement through Sector Led Improvement and inspection

## Place

Set the shared vision, ambition and priorities for Place that addresses the unique needs of Place

Drive continuous improvement, oversight and monitoring of Place performance against agreed plan

Safeguarding vulnerable children, young people and adults and a focus on inclusion health



Prevention...

ICB	Collaboratives	Local Government	Place
Coordinate population health intelligence and expertise	Ensure Population health threads through collaborative plans	Provide Place leadership for prevention in Economic Policy, Housing, Community and Place Plans	Deliver-population health interventions that focus on building blocks of health, prevention and improves outcomes
Conditions for scalable development that supports equity and inclusion	Develop Service models that support equity and inclusion Integrated workforce models are built into service development	Amplify the voice of local people and communities through engagement and co production	Develop and deliver services through Integrated resources, teams and interventions
Contribute to the wider social economic and environmental factors through anchor network	Drive their role as an anchor organisation for positive contribution to local community	Create the conditions for a refocus of integrated resources for prevention	Align our investment around people and communities with a focus on earliest intervention possible
			Coordinate plans for integrated health and care including sufficiency of community health and social care



## Sustainability...

ICB
Devolve resources, decision making & accountability through mutual agreement
Resource allocation and governance models that enable integrated working
System direction and scalable sustainable workforce solutions
Work with the wider system to ensure sufficiency
Co-ordinate the Net Zero / sustainability response for health working with collaboratives and Place
Accountability for regulatory and statutory duties

Collaboratives
Build sector leadership, governance and accountability
Best use of resource and productivity
Implement sustainable workforce solutions
Working with providers to support delivery of scalable solutions
Working with Places to be informed of / involved in sustainability issues that impact the locality and/or across boundaries
Accountability for regulatory and statutory duties

Local Government
Build sector leadership, governance and accountability
Maximising / best use of resources
Creating the links to skills and education
Leading market management integrated commissioning & planning service needs
Creating the links with the sustainable sector businesses
Accountability of regulatory and statutory duties

Place
Build sector leadership, governance and accountability through Partnerships / Joint Committees
Transparent use of resources that drives outcomes and integrated delivery
Implement sustainable workforce solutions that support integration
Joint plans to improve all age complex care and market management
Consider and plan actions to address sustainability and ensure local communities have an opportunity to have their say
Clear accountability through governance and delegated arrangements including standards of regulated health and care provision (CQC, Ofsted).

Governance	Place Strategic Committee / Group	Place Joint Committee Chair and Vice-Chair agreed with ICB Meetings held in public
Delegation	Place Director As set out in the scheme of reservation and delegation and the operational scheme of delegation Section 75 for Better Care Fund	As set out in Scheme of Reservation and Delegation and the Operational Scheme of Delegation Section 75 agreement mutually agreed with broader range of services e.g. North East Lincolnshire arrangements
Accountability	<ul style="list-style-type: none"><li>Individuals exercise delegated authority</li><li>Aligned decision-making - Individuals make decisions for their own organisation</li></ul>	<ul style="list-style-type: none"><li>Joint exercise of delegated functions</li><li>Joint decisions and shared decision making</li><li>Pooled funds (for delivery of services and outcomes for the population)</li><li>Joint posts</li><li>Link to Local Plans</li></ul>
Assurance	Outcomes framework Committee report to ICB/P and HWBB (if not incorporated in Place) Commitment to peer review between Places Produce a single integrated report of the impact of Place Manage and escalate (where appropriate) risk	



The broad purpose of a Mayoral Combined Authority is to enable devolution of powers and resources from central government. Devolution deals typically include measures for:

- driving local economic growth
- providing for the decentralisation of powers over skills and transport policy
- the creation of a ‘single pot’ to support local investment
- the ability to raise additional revenue through a mayoral precept

A Mayoral Combined Authority does not replace the existing, constituent local authorities.

There are proposals for three Mayoral Combined Authorities that will overlay the Humber and North Yorkshire ICS geography.

Mayoral Combined Authorities provide new opportunities to scale our shared ambitions

Strategic Leadership:	MCAs can provide strategic leadership and coordination across their combined area, fostering a more <b>cohesive and transformative approach</b> to addressing the wider determinants of health and wellbeing.
Greater Scope:	MCAs have <b>broader devolved powers</b> than individual local authorities, encompassing areas such as transport, economic development, and spatial planning.
Stronger Advocacy:	MCAs can provide a <b>stronger voice</b> when advocating for resources and policy changes at the national level.
Joint resource mobilisation:	Collaboration can align funding and resource allocation, enabling integration and infrastructure <b>development at scale</b> .
Improved coordination:	Shared approaches across the local authority areas may reduce duplication, maximise opportunities of scale and <b>improve quality and accessibility</b> for residents.

Intent

- Mayoral Combined Authorities within the ICB footprint are at an early stage of development. At this formative stage, the following principles will shape how the ICS engages with the MCAs as they establish and embed:
- The ICB and each local authority will embed this framework for Place, relevant to the distinct context of each place.
  - The direction of travel is towards each Local Authority and the ICB establishing a joint committee, signalling the long-term and shared commitment to empowering our six places. For places not establishing a joint committee, the ICB scheme of delegation will continue to be applied including through place directors.
  - Places will be represented within each MCA through their elected leaders. Local authorities will determine through their portfolio arrangements how elected leaders are connected to place governance arrangements.
  - The ICB will establish a direct relationship with each MCA and the Humber Leadership Board, advocating on behalf of the Integrated Care Partnership for the vision, ambitions and approaches of the partnership’s strategy.
  - An ongoing professional dialogue between chief executives (representing local authority, collaboratives and providers) and the ICB executive will be sustained through the Leaders Forum and other authorising structures.

# How we will know we have succeeded



## Start Well

We want every child to have the best start in life and enable everyone to be safe, grow and learn.

"It is easy for me to get the support I need for my child."

"I am safe. My family has what they need to look after me."

"I love school and I am ready to learn."

"I can tell a grown-up if I am feeling sad or worried."

"My mental health matters and I can get help when I'm struggling."

"I know what I can do to stay healthy."

"There are exciting career opportunities for me."



## Live Well

We want to ensure the next generation are healthier than the last and have the opportunity to thrive.

"I find ways to stay active and keep healthy that work for me."

"I have meaningful employment, despite the barriers I face."

"I get the care I need and don't get passed back and forth or get forgotten on a waiting list."

"I am on top of my condition and I know what to do if I need help."

"I quit smoking and I feel great."

"I feel included – I have a place to belong."



## Age Well

We want to ensure people live healthy and independent lives as long as possible by understanding what matters most to them.

"I am as active as I can be. I enjoy having fun with my friends."

"I can get advice and support for my health at home or nearby."

"When things start to go wrong with my body, I have the care I need to keep living a good life."

"I only go to hospital if it's absolutely necessary."



## Die Well

We want to create an environment in which people can have positive conversations about death and dying.

"I feel able to talk about what kind of death I would like before I get sick."

"We are able to talk confidently with patients about their end of life wishes."

"My wishes are known and respected."

"Me and my family can choose how best to say goodbye."



- 
- Consultation with Key Stakeholders to be completed by 31<sup>st</sup> March 2024

- 
- Presentation and authorisation at Health and Care Partnerships and ICS Leaders Forum: April 2024

- 
- Implementation: May 2024

- 
- Design group to establish as informal place leaders network: May 2024

<b>Report to:</b>	Integrated Care Partnership
<b>Date of Meeting:</b>	26 June 2024
<b>Subject:</b>	Shared Framework for Excellence Sustainability and Prevention at Place
<b>Sponsor:</b>	Peter Thorpe, Executive Director Strategy and Partnerships
<b>Author:</b>	Nicky Lowe, Head of Corporate Affairs and System Support

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

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

**SUMMARY OF REPORT:**

To meet the requirements of the Health and Care Act 2022 the ICP is required to develop an Integrated Health and Care Strategy that describes how we, as a partnership, intend to improve health, care and wellbeing outcomes and experiences for our populations. In December 2022 the ICP approved its first Integrated Strategy which was informed by the legislative requirements, statutory guidance, policy and a broad range of discussions with system partners.

The initial development process was data and intelligence driven, supported by strong clinical and care professional leadership. The work was a collective responsibility delivered through a Strategy Design Group, to ensure that the strategy was co-owned, reflective of the existing policies and strategies in each of our six Places and deliverable. There was comprehensive engagement with a variety of stakeholders to determine the focus of the strategy and staff had the opportunity to influence its direction through several open sessions.

Over the last 6 months there has been a comprehensive approach taken to revisit the Strategy. General feedback was that the Strategy was built on a sound base and in March 2024, the ICP agreed to produce a simplified version of the Strategy which was more reflective of where we were as a system, lifted and better framed our ambitions, rationalised, and clarified the priorities and described how we would achieve them with a focus on the important and transformative.

The final version of the Strategy builds on the ICP discussions and clearly articulates the aims and outcomes as well as the 3 main ambitions; enabling wellbeing, health, and care equity; transforming people's health and care experiences and outcomes and introducing the 'golden ambition' to radically improve children's wellbeing, health and care. The Strategy also shines a light on 4 health outcomes (reducing harm from cancer, cutting cardio vascular disease, living with frailty and enabling mental health and resilience), which have been informed by public health data and outlines key drivers of leading for Excellence, Leading for Prevention, Leading for Sustainability and Voice at the Heart.

A copy of the final draft of the Integrated Health and Care Strategy is attached as appendix A to this report.

An Outcomes Framework will provide the assurance and evidence that we are making the difference we intend and an annual review against the Strategy ambitions and priorities will be undertaken as part of the ICB annual reporting programme, which will include case studies that demonstrate how the ambition, vision and intentions are being delivered in practice with a focus on outcomes and sharing learning.

Following approval of the Strategy by the ICP the next steps will be to:

- Share the final content version of the strategy with a covering report with each Place for approval by their Health and Wellbeing Board as the statutory committee for Local Government.
- Finalise and implement the Communications Plan which will include the production of a professionally designed document and engagement guidelines.
- Continue engagement particularly with each place's Health and Care Partnership and our communities as we develop and implement the actions to deliver the strategy.

The Strategy will provide the guiding framework for the development of supporting plans such as the 5-year Joint Forward Plan that the ICB with Providers is required to produce.

### RECOMMENDATIONS:

1. Approve the final draft content of the Humber and North Yorkshire Integrated Health and Care Strategy (appendix A)
2. Note the next steps following approval of the content.

### ICP STRATEGIC OBJECTIVE *(please click on the boxes of the relevant strategic objective(s))*

Addressing Health Inequalities and improving healthy life expectancy	<input checked="" type="checkbox"/>
Delivering the vision – start well, live well, age well, die well	<input checked="" type="checkbox"/>
Supporting our strategic intentions – creating the conditions, think person, think family, think community	<input checked="" type="checkbox"/>

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

Finance	The Strategy outlines the financial priorities and approach for the ICP.
Quality	There is a strong focus on Quality within the Strategy document.
HR	NA
Legal / Regulatory	Under the Health and Care Act the ICP is responsible for developing and agreeing an integrated care strategy across Humber and North Yorkshire- and tracking progress against the key objectives.

Data Protection / IG	NA
Health inequality / equality	The Strategy identifies how partners will work together to improve population health and health inequalities.
Conflict of Interest Aspects	NA
Sustainability	The Strategy includes the key drivers for sustainability and efficiency.

**ASSESSED RISK:**

Strong partnership working needs to be established to ensure that the ICP can deliver on the transformation and integration requirements within the Strategy.

**MONITORING AND ASSURANCE:**

Monitoring is through Place Committees and reporting to the Integrated Care Partnership

**ENGAGEMENT:**

The Strategy was informed by engagement activity with the public and patients and further engagement has been undertaken through various mechanisms including:

- Health and Wellbeing Board Chairs
- System Leaders Forum (Chief Executives, Local Authority representatives ICB Executives and Place Directors)
- Chairs of Providers
- ICB Board and staff
- Clinical and professional leaders
- Other partners (e.g. VCSE organisations, Sport England etc.)

The development was an iterative process and, following feedback from stakeholders, resulted in more emphasis on our ambition for children in the final version. This process continues with Directors of Childrens Services engaged in further iterating the priorities for children.

**REPORT EXEMPT FROM PUBLIC DISCLOSURE**

No



Yes



If yes, please detail the specific grounds for exemption





**Humber and North Yorkshire**  
Health and Care Partnership

# Our Integrated Strategy for Wellbeing, Health and Care



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# Introduction

Since its inception in 2022, our Humber and North Yorkshire Care Partnership has continued to deepen and strengthen. Greater collaboration is helping us to better understand the health and care needs of the 1.7 million people in Humber And North Yorkshire, leading to more joined up and impactful decisions that get the most from our combined leadership, energy and resources. Our 2023 Review shares examples of how our Health and Care Partnership is making a positive difference within our diverse communities.

We have also learned much by working together as a system. This refreshed strategy reflects our learning, setting out a renewed commitment to our partnership ambitions by:

- introducing a new 'golden ambition' to drive **a generational change in wellbeing, health and care for today's children**
- reaffirming our commitment to what is already working well, such as our person-centred and strengths-based approach
- setting out areas for investment that will keep the voices of people at the heart of everything we do, and that will drive excellence, prevention and sustainability across our system

This strategy provides the guiding light for the Humber and North Yorkshire Health and Care Partnership, so that we remain focused and ambitious for all of the people we serve.



Our 2023/24 Review

Cllr Jonathan Owen  
Vice - Chair



Sue Symington  
Chair



# Our diverse communities

Our diverse communities provide our greatest asset, our people.

Our 1.08 million hectares (equivalent to over 2 million football pitches) are home to 1.7 million people living in small rural communities, the more concentrated urban areas of our towns and cities (Hull and York) and along a coastline of 297km (185 miles).

While there is much to enjoy about living in Humber and North Yorkshire, there are also challenges:

more than 200,000 people are living in poverty, with more than 60,000 children living in low-income families

more than 2,400 people each year die from causes considered preventable

the number of years a person can expect to live in good health varies significantly between communities

the proportion of our population over 75 is rapidly increasing, with proportionally fewer children and people of working age forecasted

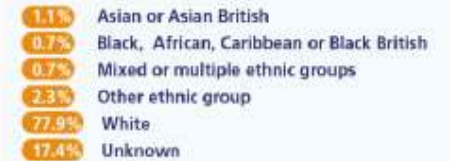
The reasons behind these differences are as complex and as multi-layered as each person who lives in our communities.

## Demographics

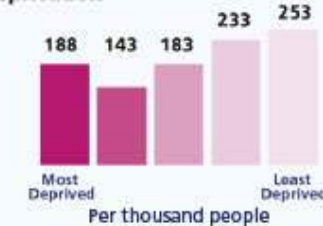
### Population



### Ethnicity



### Deprivation

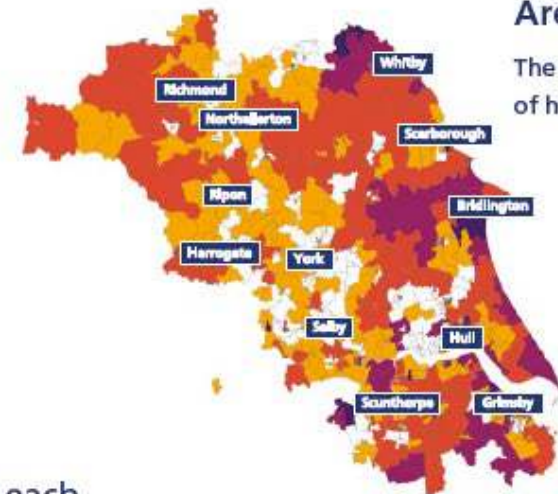


### Life Expectancy



## Areas of deprivation

The darker colours are areas of higher deprivation.



# Our strategy on a page



Humber and North Yorkshire  
Health and Care Partnership

Our aims	Narrowing the gap in healthy life expectancy by 2030 Increasing healthy life expectancy by five years by 2035			
Our Outcomes	Start Well	Live Well	Age Well	Die Well
Our partnership ambitions	Radically improving the health and wellbeing of children and young people			
	Enabling wellbeing, health and care equity		Transforming people’s health and care experiences and outcomes	
Our person-centred approach	Think Person	Think Family	Think Community	
Our big 4 health outcome priorities	Reducing harm from cancer	Cutting cardiovascular disease	Living with frailty	Enabling mental health and resilience
Our drivers	LEADING FOR EXCELLENCE 1. delivery improvement 2. digital and data 3. empowering collaboratives		LEADING FOR PREVENTION 4. enabling population health 5. a new relationship with place	
	VOICE AT THE HEART		LEADING FOR SUSTAINABILITY 6. system workforce 7. sustainable estate 8. outcomes-led resourcing  9. transformative public engagement 10. a strong and impactful system voice (professional, political)	



# Our outcomes



## Start Well

We want every child to have the best start in life and enable everyone to be safe, grow and learn.

"It is easy for me to get the support I need for my child."

"I am safe. My family has what they need to look after me."

"I can tell a grown-up if I am feeling sad or worried."

"I love school and I am ready to learn."

"I know what I can do to stay healthy."

"My mental health matters and I can get help when I'm struggling."

"There are exciting career opportunities for me."



## Live Well

We want to ensure the next generation are healthier than the last and have the opportunity to thrive.

"I find ways to stay active and keep healthy that work for me."

"I have meaningful employment, despite the barriers I face."

"I get the care I need and don't get passed back and forth or get forgotten on a waiting list."

"I am on top of my condition and I know what to do if I need help."

"I quit smoking and I feel great."

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## Age Well

We want to ensure people live healthy and independent lives as long as possible by understanding what matters most to them.

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"I can get advice and support for my health at home or nearby."

"When things start to go wrong with my body, I have the care I need to keep living a good life."

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## Die Well

We want to create an environment in which people can have positive conversations about death and dying.

"I feel able to talk about what kind of death I would like before I get sick."

"We are able to talk confidently with patients about their end of life wishes."

"My wishes are known and respected."

"Me and my family can choose how best to say goodbye."

# Our partnership ambitions

Our aims for the 1.7million people of Humber and North Yorkshire are:

Narrowing the gap in life expectancy by 2030

Increasing healthy life expectancy by five years by 2035

To achieve these aims, our Integrated Care Partnership has agreed three overarching ambitions:



Radically improving  
children's wellbeing,  
health and care



Enabling wellbeing,  
health and care equity



Transforming people's  
health & care experiences  
and outcomes

Each of our three partnership ambitions are important. We recognise that people with health and care needs today expect access to safe and high-quality services today. We also know that without a significant shift towards prevention of ill health, the health and care system of the future will be neither excellent nor sustainable.





# Our golden ambition

Focusing on children and young people is our hope for the future. Only by taking a generational change in health and care outcomes for today's children can we achieve our aims. This is why the Humber and North Yorkshire Integrated Care Partnership has the golden ambition of **radically improving children and young people's wellbeing, health and care.**

Through our **Start Well Board**, this partnership is prioritising children and young people. In creating the conditions for all children and young people to start well, we are:



## Prevention and early intervention

1. Tackling asthma
2. Improving dental health
3. Making better use of data (HNY Connected)
4. Enhancing safeguarding



## Healthy pregnancies, healthy start

5. Improving maternity services
6. Enhancing the healthy child programme (0-19)



## Learning well

7. Improving early speech and language
8. Ensuring access to therapeutic services
9. Enabling participation for children with neurodiversity

Our  
golden  
ambition



## Emotional Resilience and Mental Health

10. Ensuring equitable access to mental health services
11. Championing child-friendly practice
12. Improving residential placements and crisis care



## Care experienced children and young people

13. Enhancing our offer for care leavers



## Health and care futures

14. Improving access to health and care careers



# Our person-centred approach

To deliver the ambition and vision, our intentions are to create the conditions to:



## Think person

Our approach is strengths based and solution focused: we enable people to live safe, healthy and independent lives by understanding what matters to them.



## Think family

We enable families to support their loved ones, building resilience and enabling sustainable health and care outcomes.



## Think community

We have an inclusive community approach to meeting people's needs and ensuring the next generation are healthier than the last.



# Our big four

We are shining a light on four big health priorities.

Improving these health priorities for the people of Humber and North Yorkshire will significantly improve people's quality of life, reduce the leading causes of death, contribute economically and reduce the public cost of health and care.



**Reducing  
harm from  
cancer**



**Cutting  
cardiovascular  
disease**



**Living  
with  
frailty**



**Enabling  
mental  
health and  
resilience**



# Leading for Excellence

We are creating systems that join up and make better use of data to enable improved and more meaningful interventions, experiences and outcomes.

We are strengthening collaboration across our system, empowering providers to transform models of care to meet people's needs.

1

**We are driving delivery improvement through innovation and research**

## **We will:**

- Embed and enhance our Innovation, Research and Improvement System (IRIS) as a driver of continuous improvement, increasing access to research opportunities and scaling up evidence-based practice.

2

**We are introducing cutting edge approaches to digital and data**

## **We will:**

- Enable multi-agency approaches to early health intervention for children by joining up data
- Increase the adoption of best practice across our Yorkshire and Humber Care Record to promote a shared view of our citizen's care across partner organisations
- Undertake procurements and transformative implementations of our Electronic Patient Record systems to enhance efficiency and care delivery
- Continue to make progress in the use of data to provide high quality business intelligence and to support real time decision making
- Safely adopt the latest opportunities which Artificial Intelligence can offer, enabled through our thriving AI community of practice and AI governance function

3

**We are empowering providers to work collaboratively**

## **We will:**

- Strengthen and enhance the role for provider collaboratives through agreed delegations and support arrangements
- Collaborate to provide universal high-quality health services that are proportionate to the need of the population

# Leading for Prevention

Prevention is a crucial part of our approach to improving overall population health and reducing health inequalities, helping people to stay healthy and treating illness at an early stage, so they can live happy, independent lives.

Providing a vital connection to people, their families and communities, our six Places are central to narrowing the gap in health inequalities and increasing healthy life expectancy. We are enabling places and provider collaboratives to work together to drive effectiveness and best meet population needs.

4

**We are enabling new approaches to managing population health and meeting need early**

## **We will:**

- Deliver a population health and inequalities programme that measurably moves towards the long-term aim of improving the life chances and quality of life
- Prioritise and implement evidence-based interventions that specifically improve Cancer, Coronary Vascular Disease, Mental Health and Elderly Frail Services
- Have renewed focus on children's health through our Start Well Board that emphasises early intervention and prevention to reduce the burden of disease later in life
- Engage and enable individuals and communities to access personalised care and self-care

5

**We are driving integration within each of the six Places of Humber and North Yorkshire**

## **We will:**

- Increasingly devolve resources, decision making and accountability in keeping with our Place Framework
- Deliver integrated health, care and wellbeing services closer to home and in communities
- Reduce health inequalities for our most vulnerable communities

# Leading for Sustainability

We will work within our resources to deliver financial balance; increase productivity and achieve greater value for money across the system.

We aim to use our collective powers and resources as anchor organisations to make a positive contribution to the economy, the environment and society.

6

**We are taking a system approach to health and care workforce**

## **We will:**

- Accelerate our workforce Breakthrough programme
- Implement world class systems for attracting, deploying, nurturing and growing the potential of our workforce
- Ensure significant improvements in productivity by effective application of flexible working policies and use of technology

7

**We are creating a sustainable estate and meeting our environmental responsibilities**

## **We will:**

- Organise health and care to meet the needs of our population for the next 20 years
- Maximise effectiveness of the spaces we use to provide services
- Deliver our Green Plans to meet Net Zero targets
- Seek new opportunities to reduce the environmental impact of our partnership

8

**We are outcomes led and increasingly preventative in our use of resources**

## **We will:**

- Ensure the best value for money for our population
- Pool public money where it makes sense to do so
- Work towards an operational surplus to be reinvested in transformation and prevention
- Prioritise new money towards prevention and the causes of our Big 4 conditions
- Target our capacity to reach people disproportionately affected by preventable illness

# Voice at the Heart

We are revolutionising how we think, behave, and aspire to better health and well-being for all.

We're fostering a culture where health isn't just a personal concern but a collective responsibility, where everyone, regardless of background or circumstance, has a stake in the wellbeing of their community.

We're not just advocating for change – we're driving it.

9

**We are putting the views and experiences of the diverse communities we serve at the forefront of our transformation agenda'**

## **We will:**

- Pioneer innovative technologies, platforms and channels that enable access and amplify messages
- Establish leading edge approaches to understanding the views of the people we serve and develop programmes of engagement that promote health
- Improve equality, diversity and inclusion by co-producing solutions with under-represented groups

10

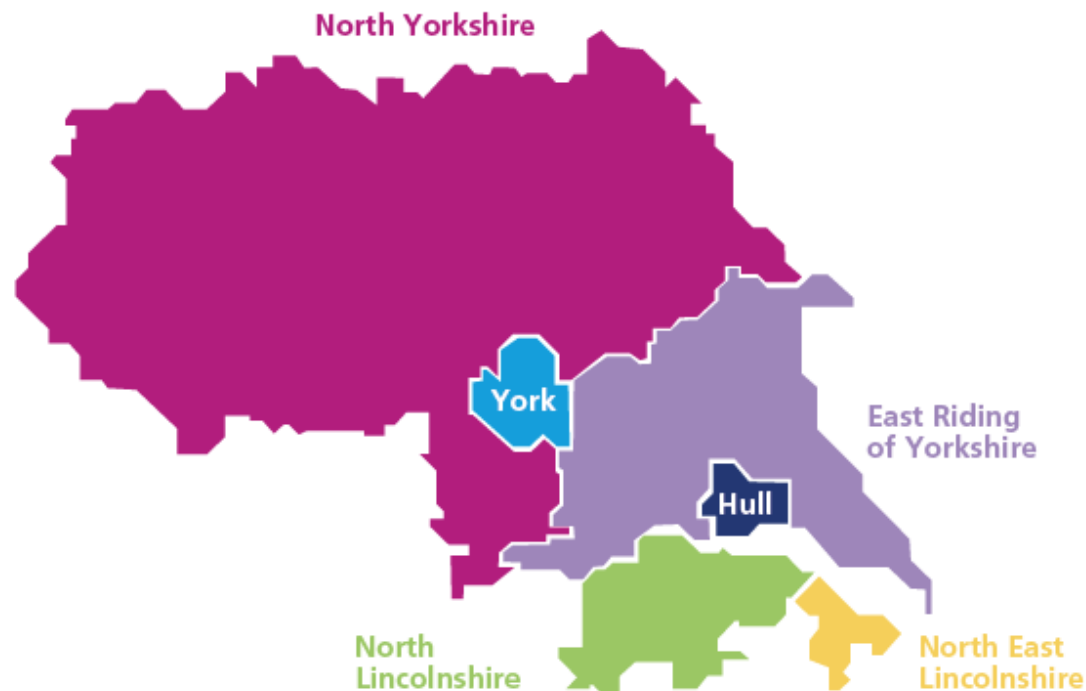
**We are ensuring an influential system voice to policy makers**

## **We will:**

- Speak as 'one system, one voice' demonstrating impact and benefits of system working
- Develop relationships with policy makers across central government, mayoral combined authorities and local government
- Make the case for health and care to be at the heart of a shared agenda for productivity and socio-economic success

# Appendix 1: Our partnership

By working as a system, we are bringing together all the resources in Humber and North Yorkshire to best serve our population.



  
6 local authorities

  
550 care homes

  
Population of  
1.7 million people

  
c. 4000 square miles  
185 miles of coast

  
7 NHS Trusts

  
42 Primary Care  
Networks

  
1,000's  
of volunteers

  
50,000 staff

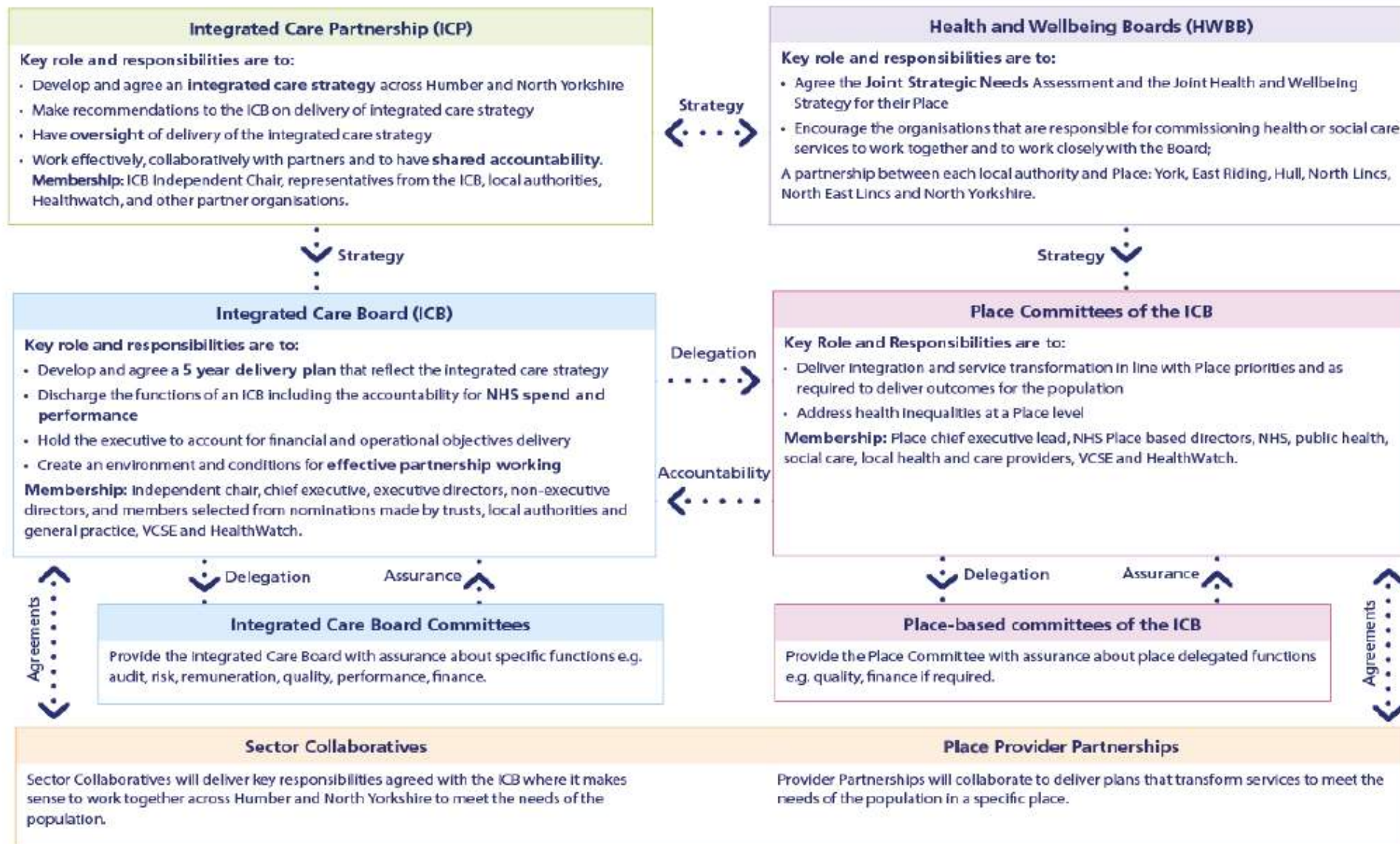
  
A budget of  
£3.5 billion

**We are the Humber and North Yorkshire Health and Care Partnership.** Our partnership brings together:

- the **six places of** East Riding, Hull, North East Lincolnshire, North Lincolnshire, York, and North Yorkshire
- **five provider collaboratives** for: the voluntary, community & social enterprise sector; primary care; community services; mental health, autism and learning disability; and acute providers (hospitals)
- our **Integrated Care Board**, which has responsibility for NHS resources and performance



# Appendix 2: How our system works together



# Appendix 3: Supporting Plans

This strategy is informed by the Health and Wellbeing Plans of the six places within our partnership. In turn, this strategy is implemented through system level plans, including those developed by our provider collaboratives and place partnerships. A single outcomes framework enables our impact to be measured, highlighting successes and areas for further development.



Find more information about  
our plans and programmes



# **Humber and North Yorkshire**

## Health and Care Partnership

**Integrated Strategy for Wellbeing, Health and Care**

Version: June 2024



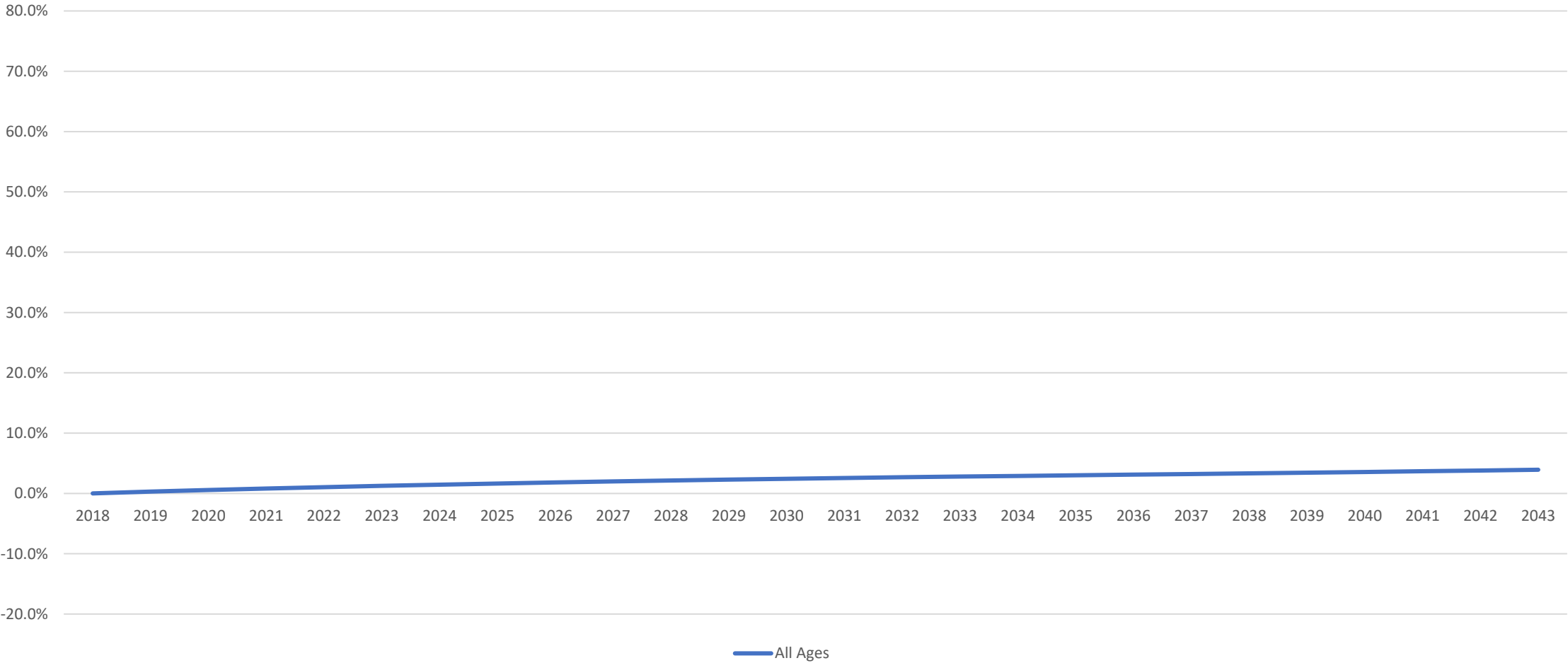


# The future health of the population – building our population health management approach across HNY

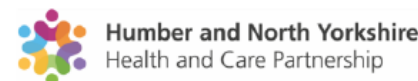
06 June 2024 HNY ICP

**Jack Lewis**, Consultant in Public Health  
**Jake Abbas**, Deputy Director Population Health Intelligence

# Not the Real HNY.....



## **Our ambition is:**



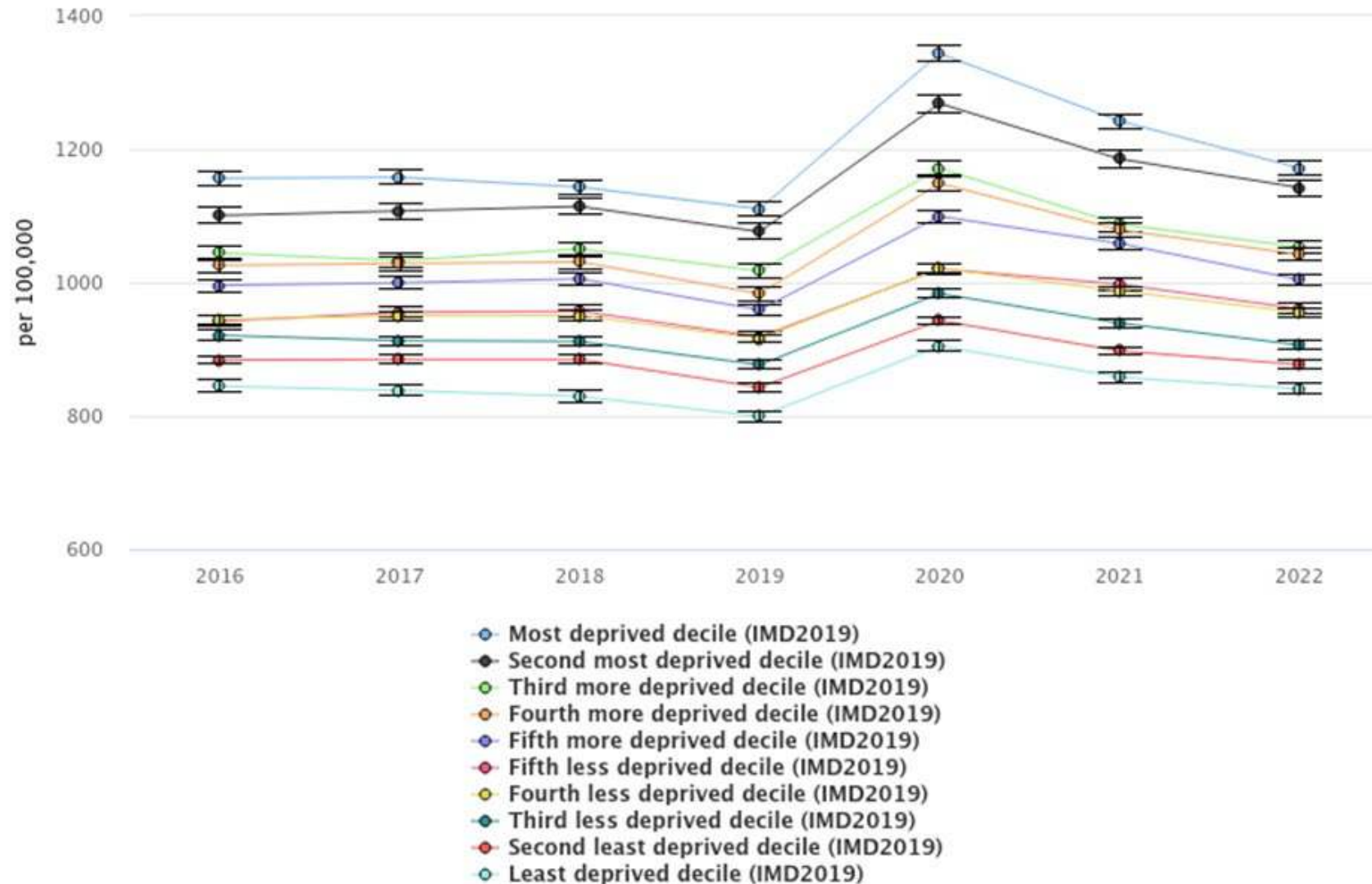
**for everyone in our population to live longer, healthier lives**

by narrowing the gap in healthy life expectancy between the highest and lowest levels in our communities by 2030 and increasing healthy life expectancy by five years by 2035.

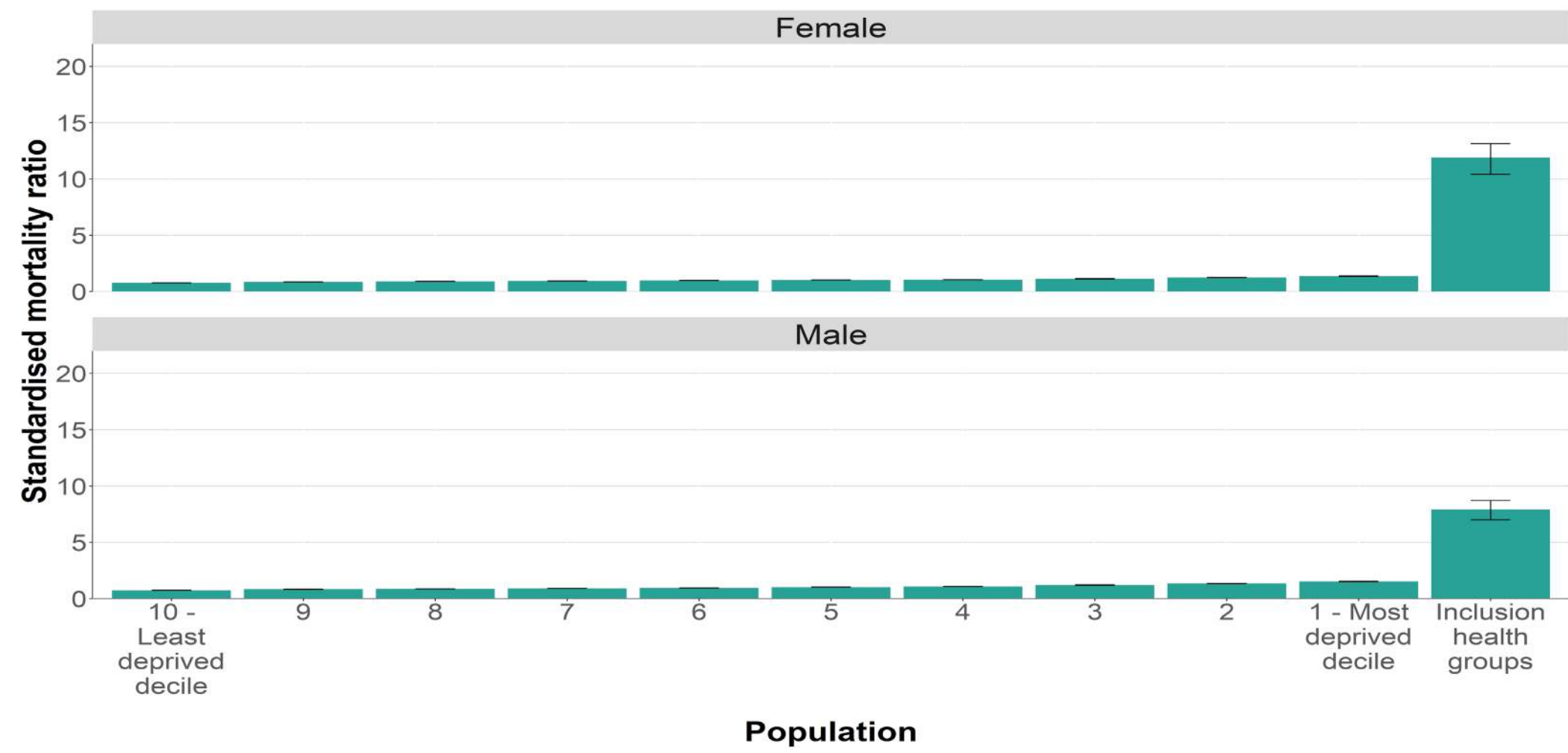
### **ICS Duties:**

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

# Mortality from all causes, all ages (Persons, 1 year range) for England

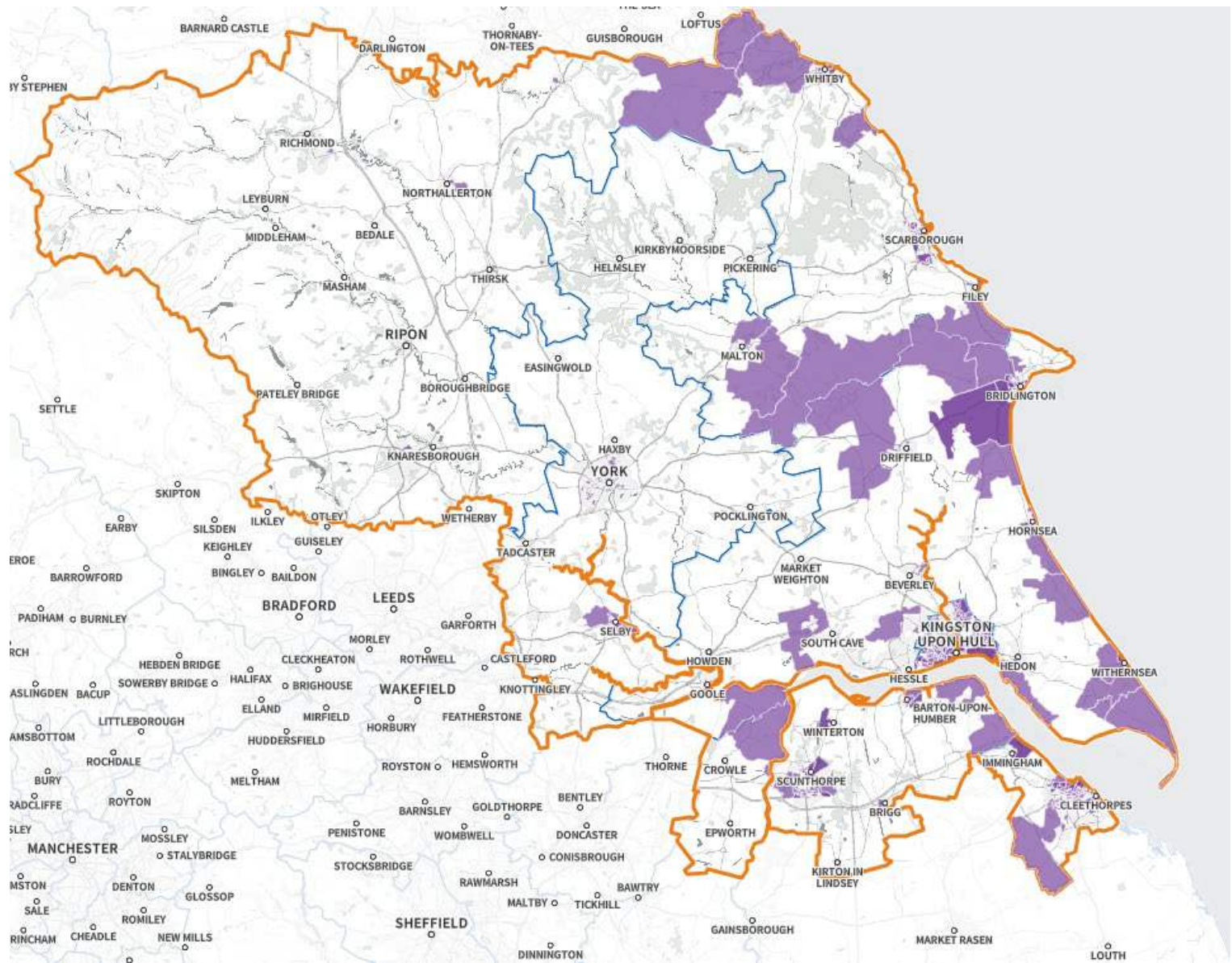


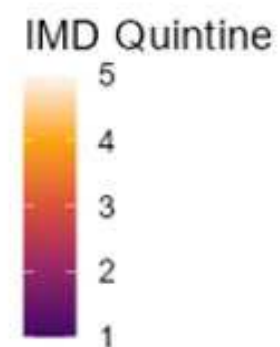
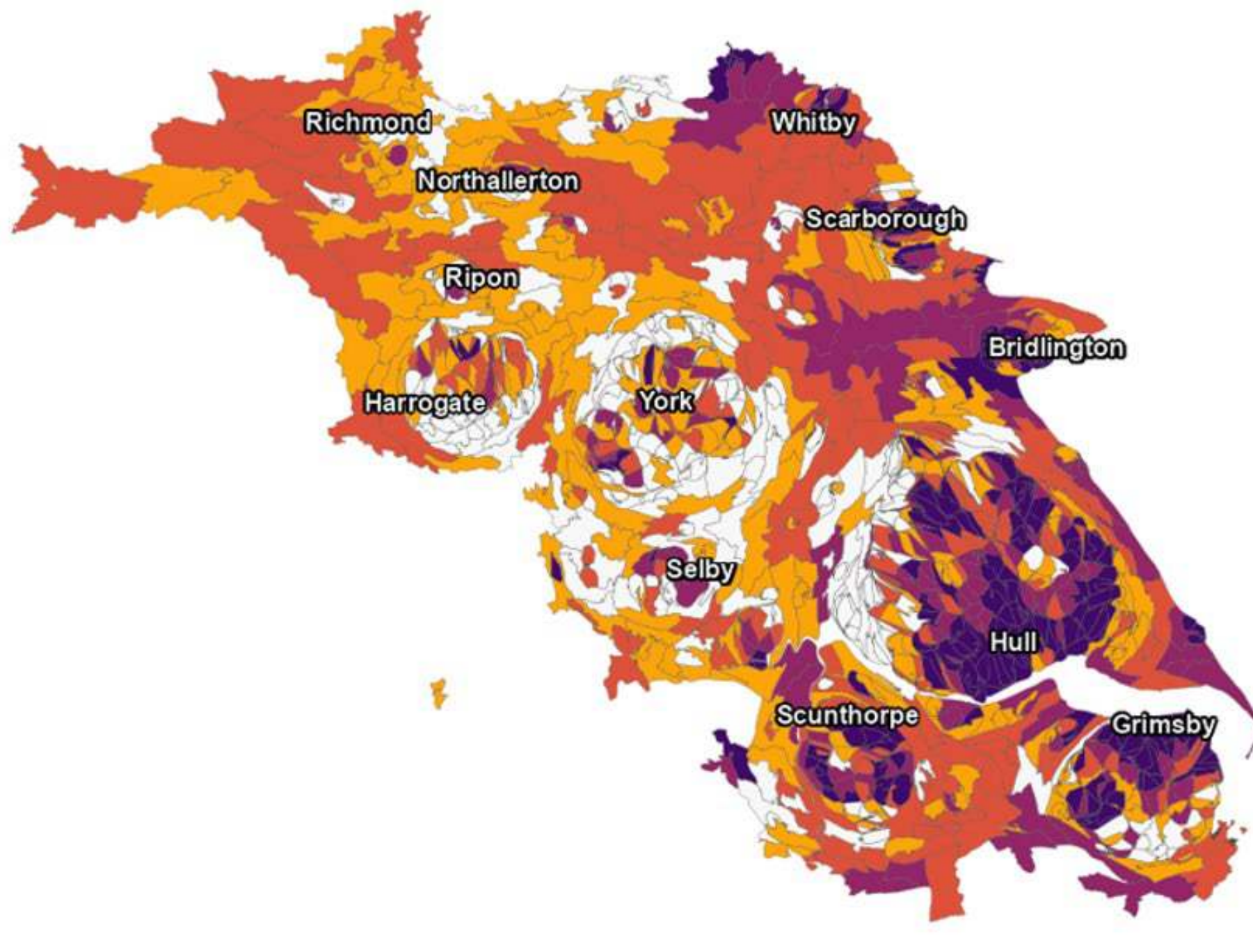
# Standardised all-cause mortality ratio for inclusion health groups, compared to the general population by deprivation decile



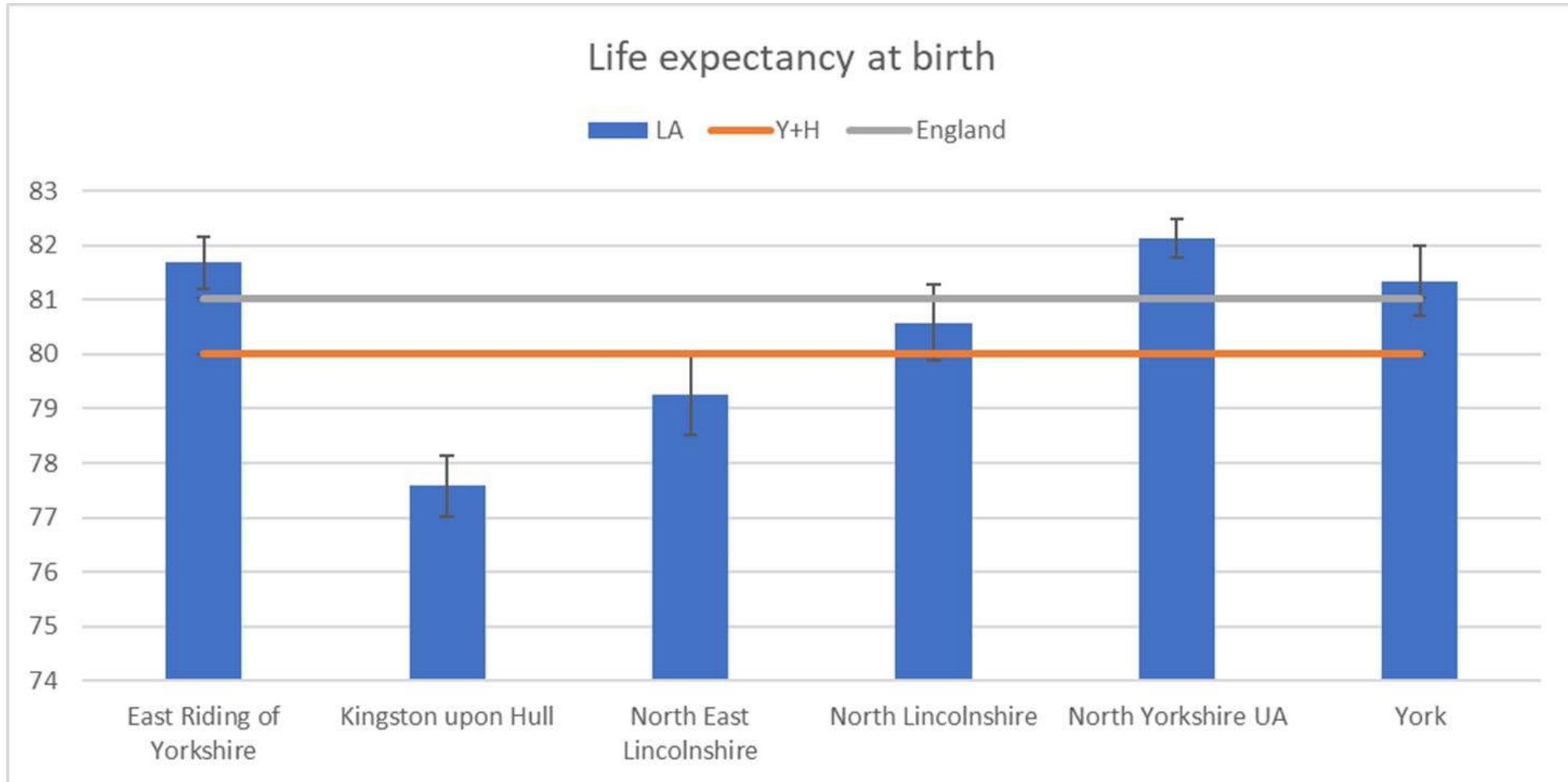


# Population in 40% most deprived nationally



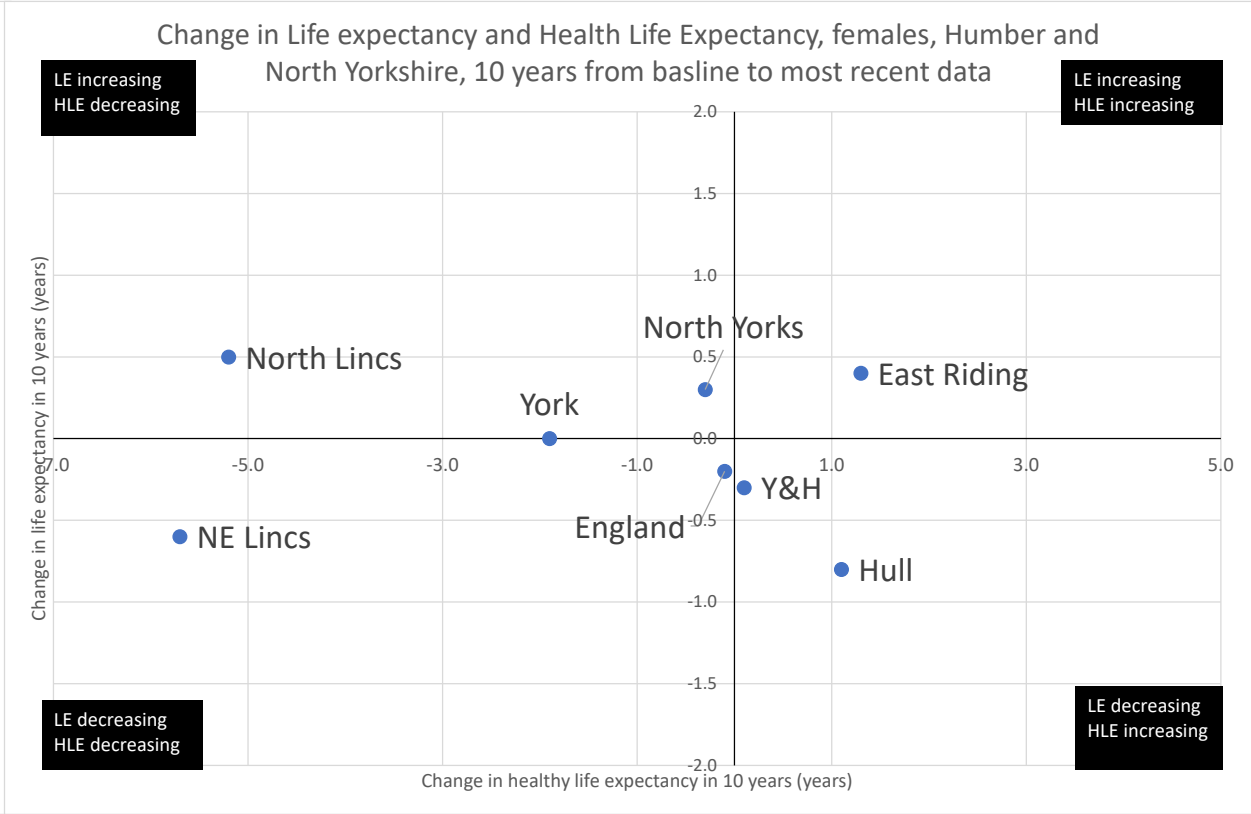
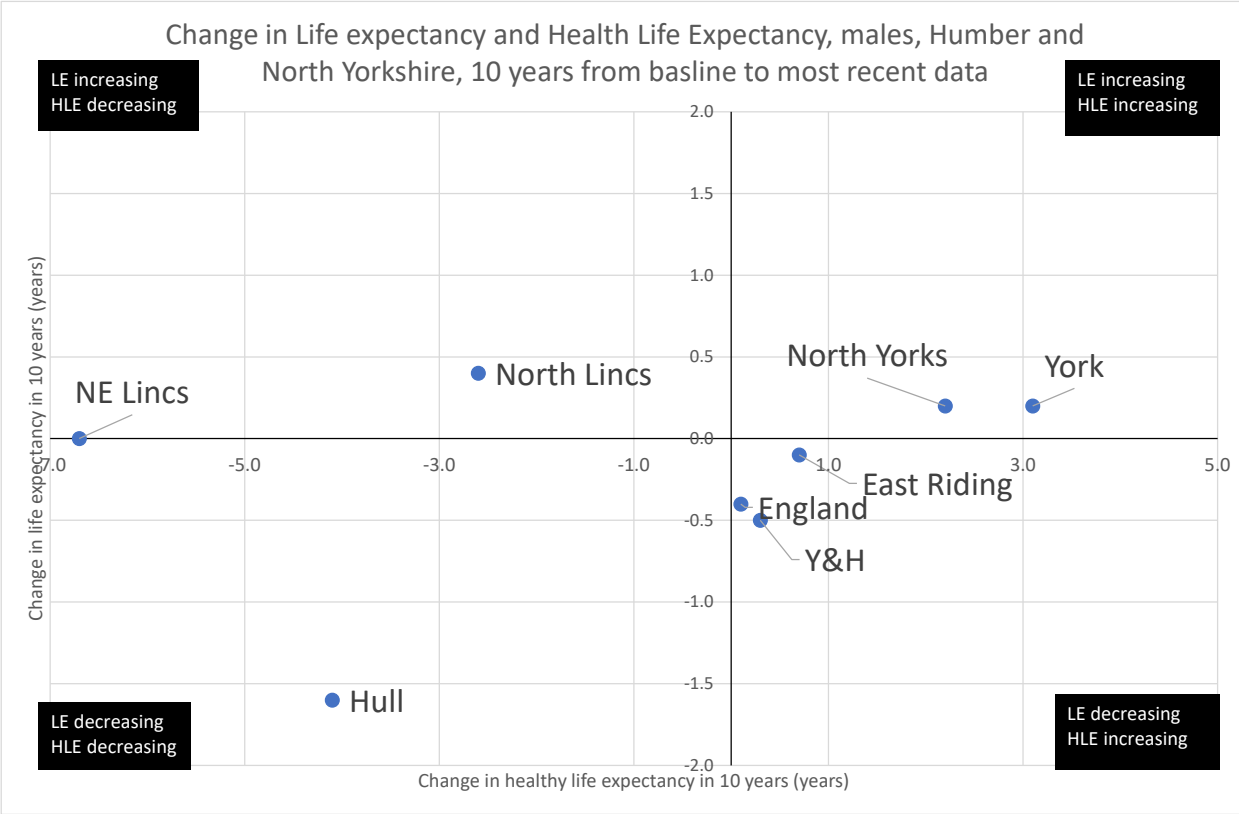


# Life Expectancy



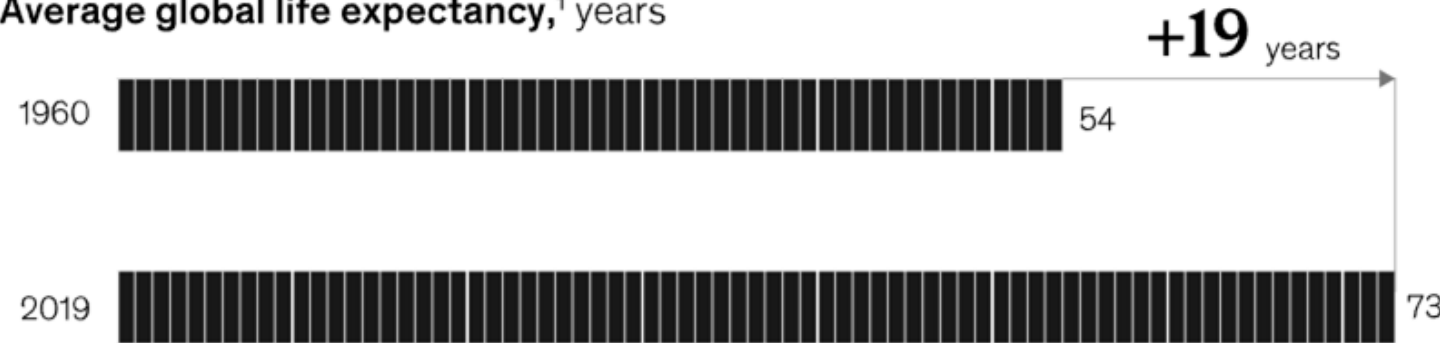


# Challenge 1: Widening Inequalities



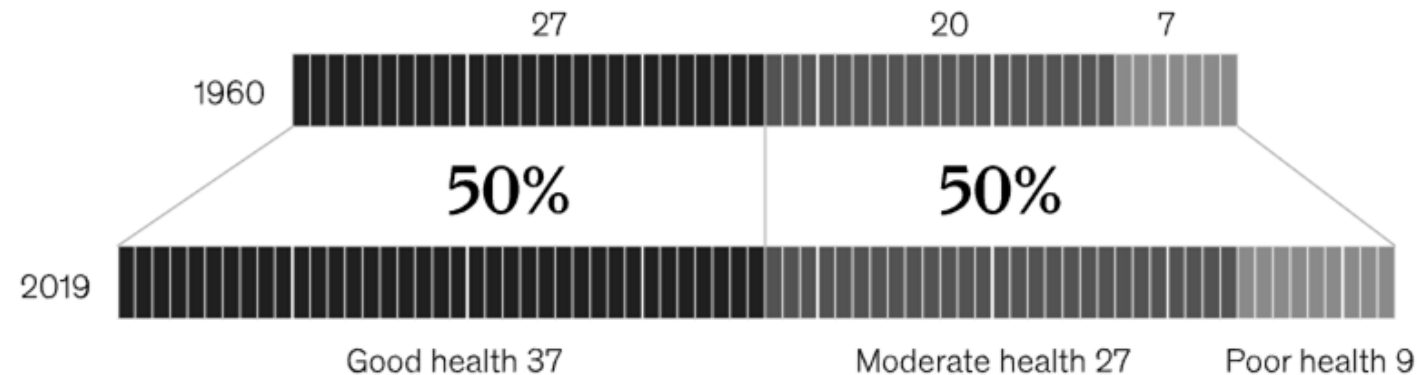
# People are generally living longer but in poorer health - on average people 'pay' for each additional year of life with 6 months in less than good health

Average global life expectancy,<sup>1</sup> years



*Between 1960 and 2019, average global life expectancy increased from 54 years to 73 years<sup>1</sup>...*

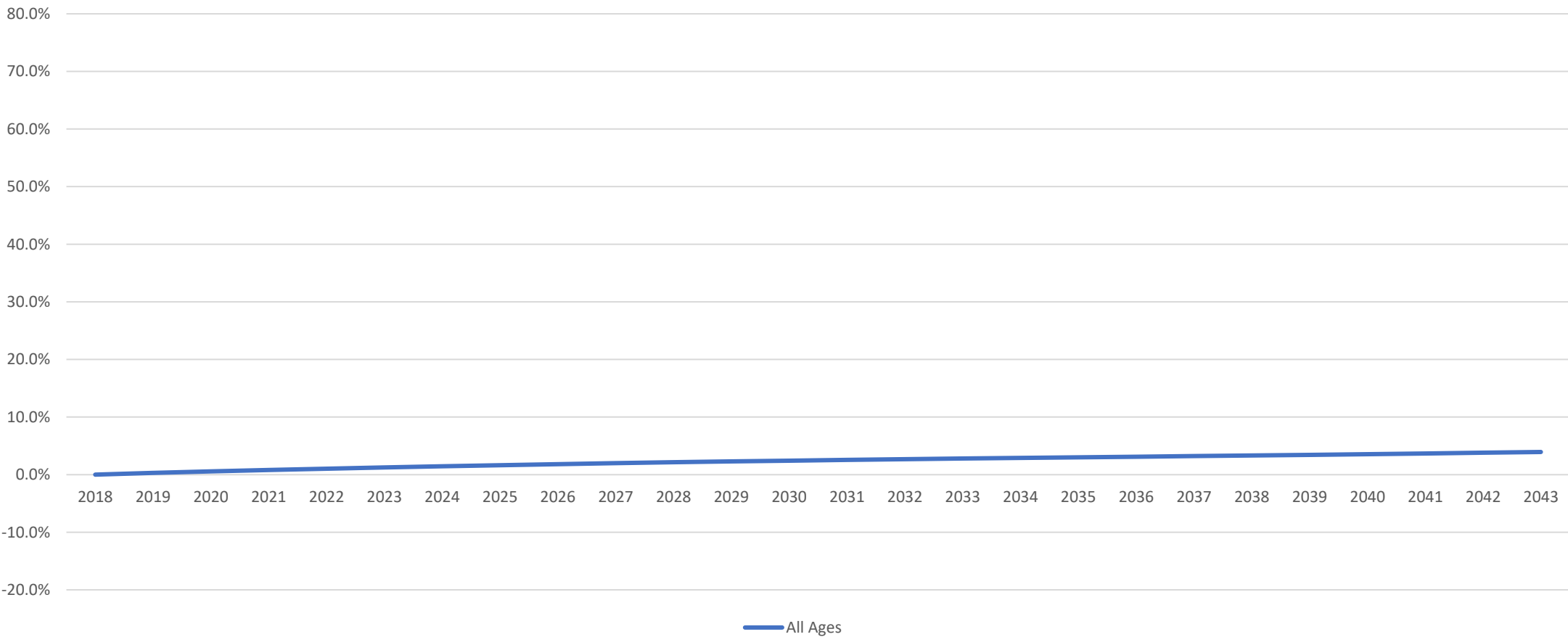
Life expectancy by health status,<sup>1</sup> years



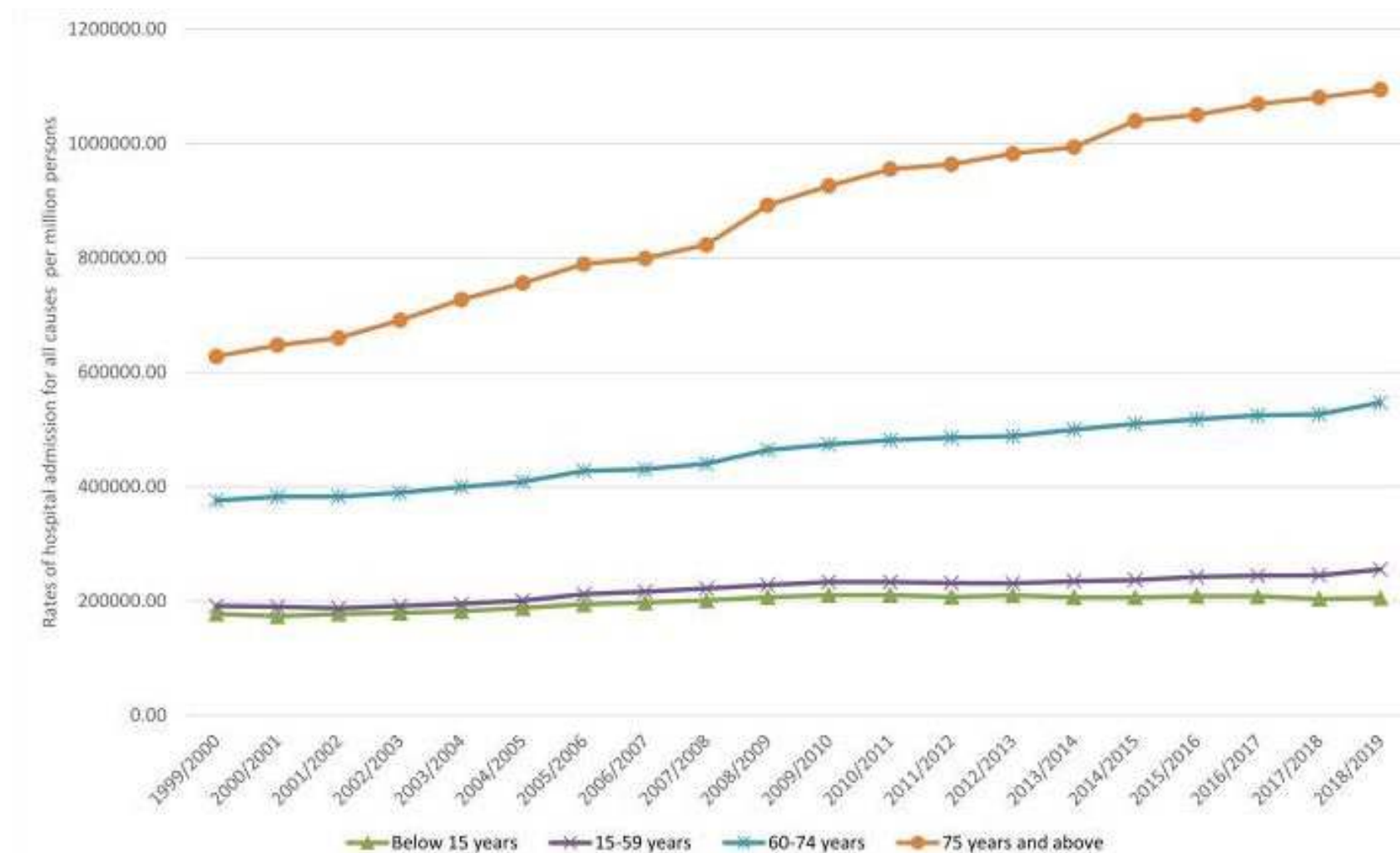
*... but the proportion of life spent in less than good health has not changed*

<sup>1</sup>Based on global life expectancy by health, years.  
Source: Institute for Health Metrics and Evaluation data; World Bank data; McKinsey analysis

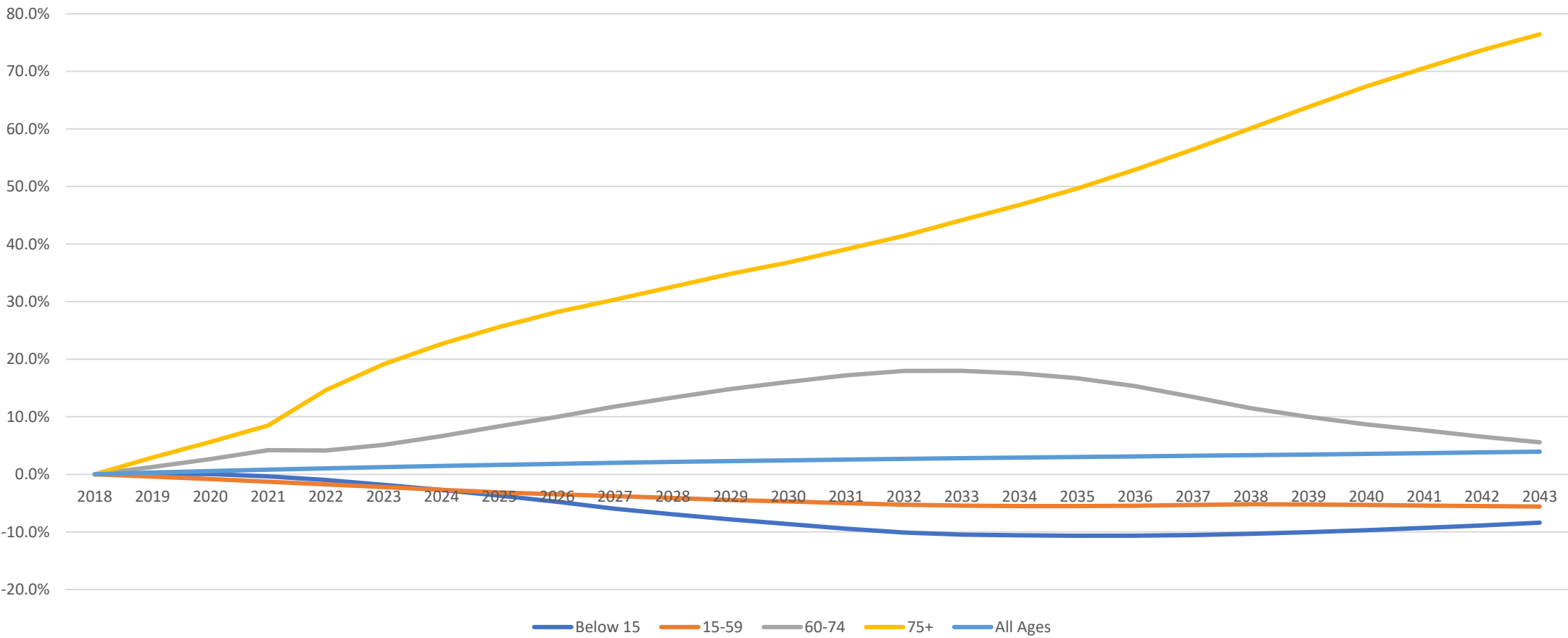
# HNY Population Growth



# Hospital Admission Rates by Age



# HNY Population Growth



# HNY Population Growth

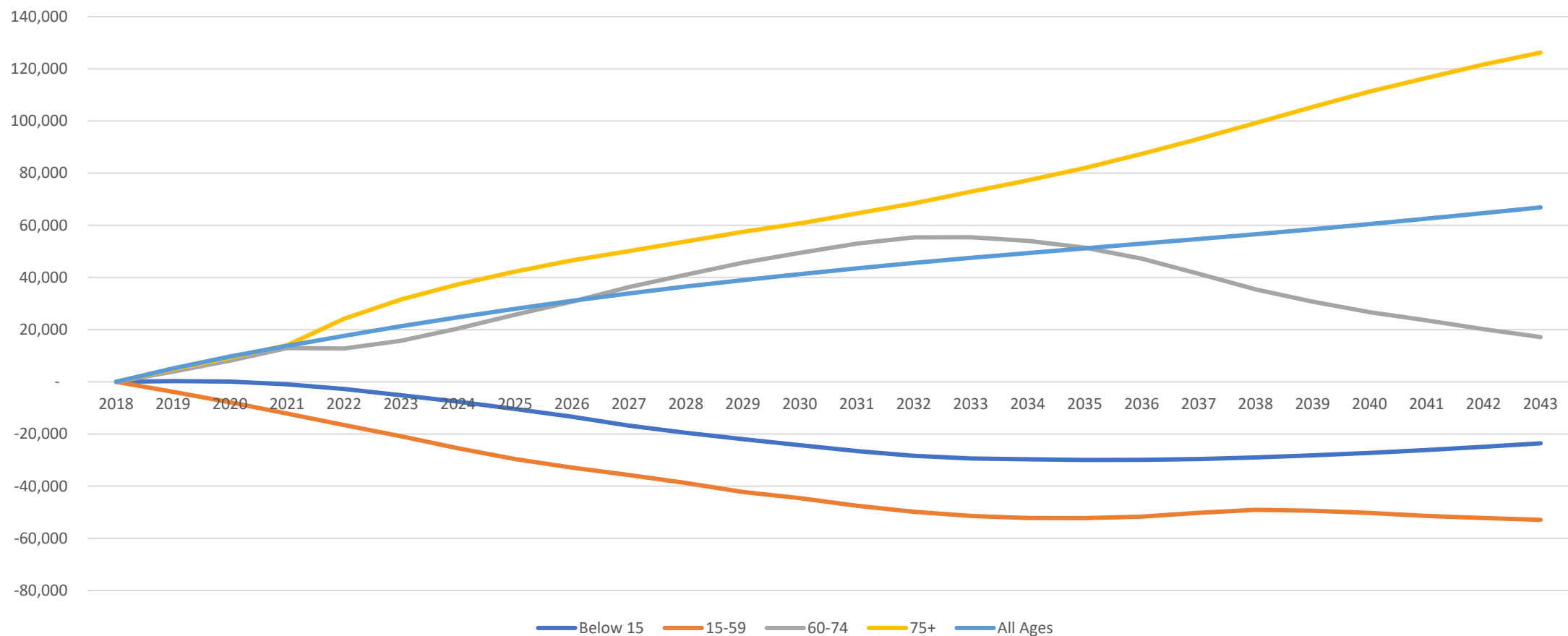
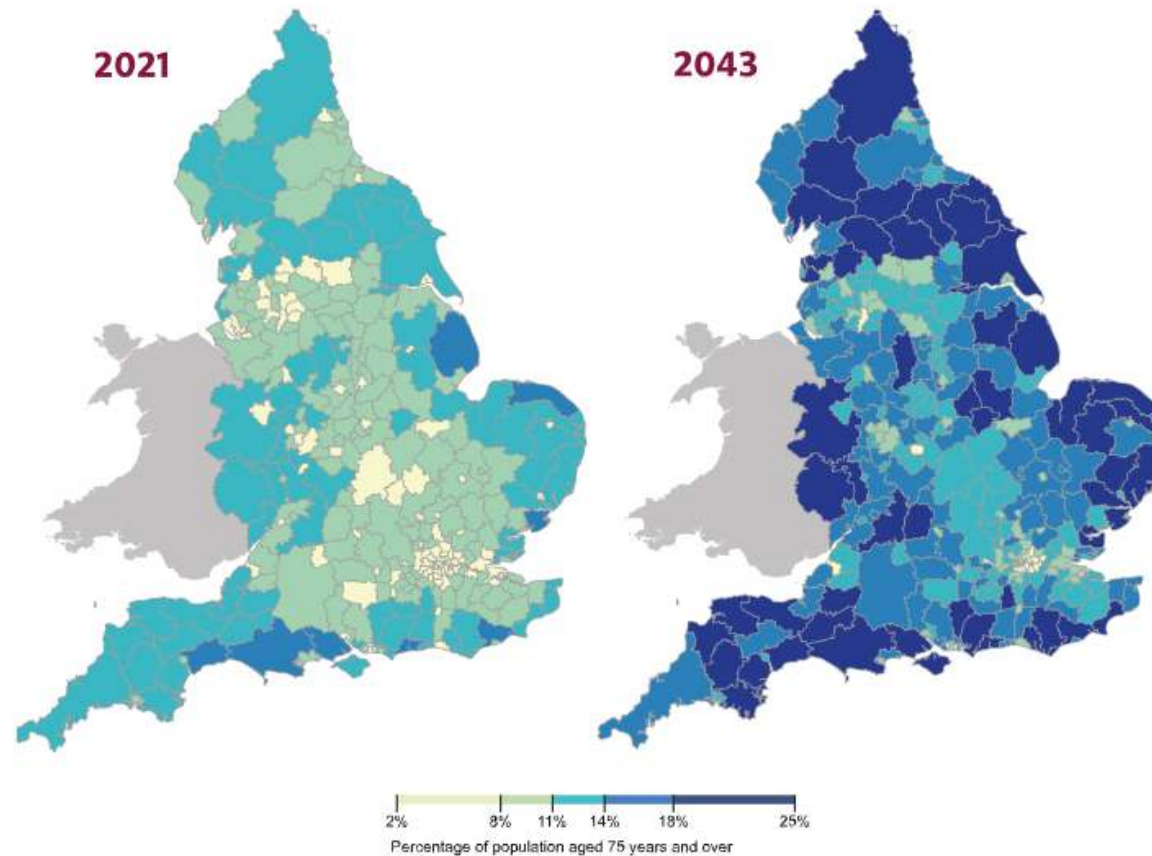


Figure 1: map of England showing the projected rise in the percentage of the population aged 75 years and over

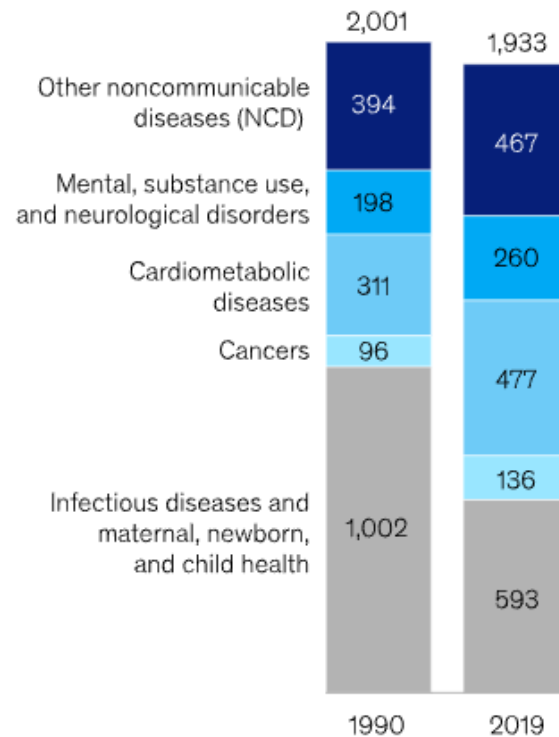


Source data: Office for National Statistics (ONS), 2021 mid-year estimates by local authority,<sup>[\[footnote 3\]](#)</sup> and 2018-based subnational population projections for 2043<sup>[\[footnote 4\]](#)</sup>.

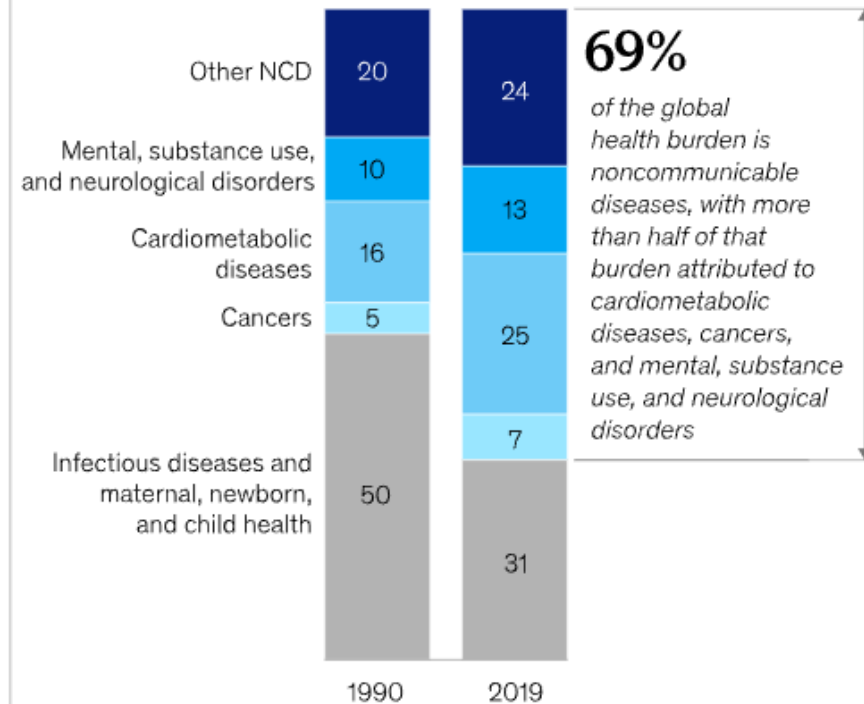
# A changing disease burden.....

In aging populations, the disease burden shifts to three areas:  
cardiometabolic diseases, cancers, and mental, substance use, and  
neurological disorders.

Global health burden, millions of DALYs<sup>1</sup>



Global health burden, % share

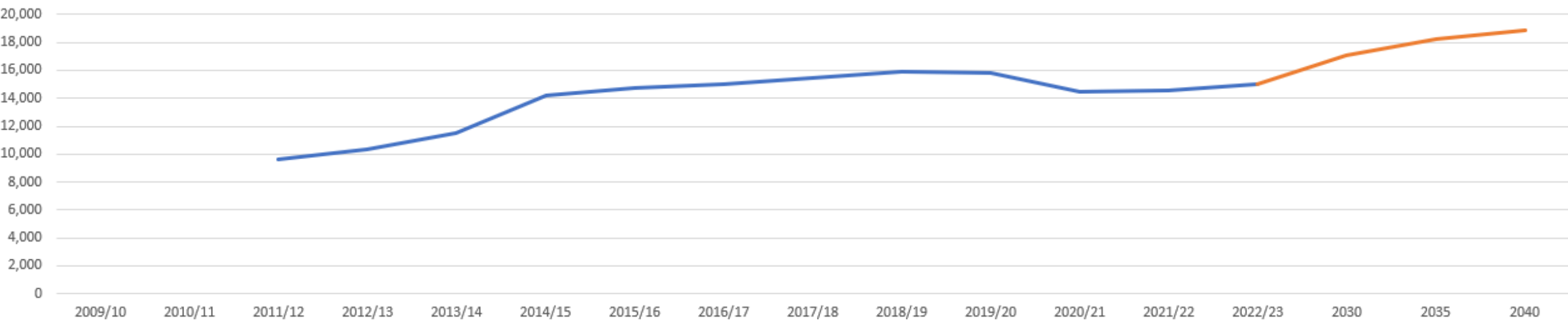


<sup>1</sup>Disability-adjusted life years.

Source: Institute for Health Metrics and Evaluation data; World Bank data; McKinsey analysis



Dementia Cases Trend - HNY



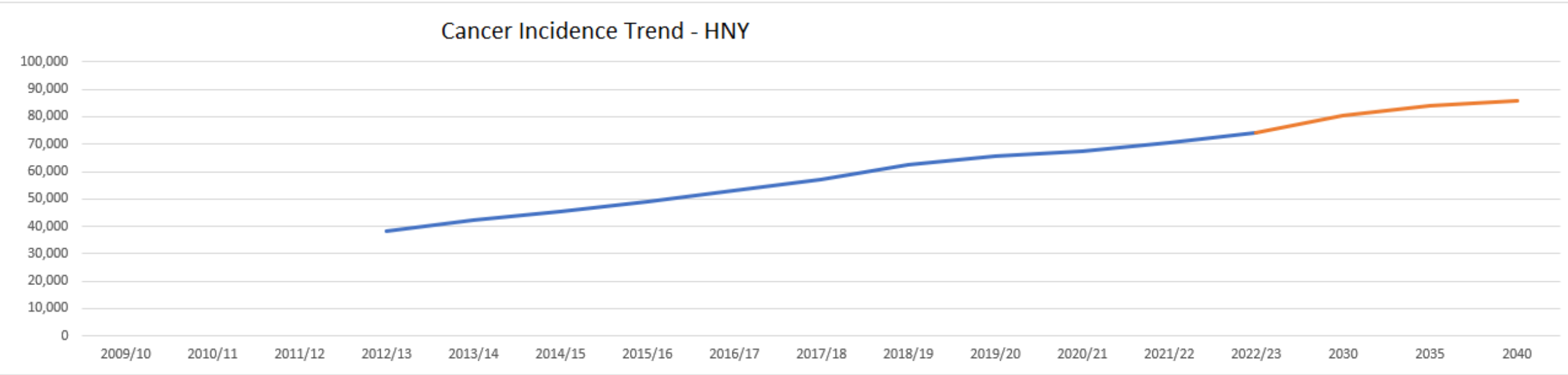
Dementia is a main cause of late-life disability. The prevalence of dementia increases with age and is estimated to be approximately 20% at 80 years of age (Alzheimers Research UK). ONS projections suggest that the numbers in this age group could increase by 57% by 2040.

By 2040, HNY is projected to be supporting **18,840** patients with dementia (almost 4,000 more than in 2023).

Prevalence in the population will rise from 0.8% to 1.03% by 2040.

Increase in cases compared to 2023:			
	2030	2035	2040
East Riding of Yorkshire	432	698	835
Kingston upon Hull	231	349	390
NE Lincolnshire	183	289	337
North Lincolnshire	205	333	385
York	317	507	600
N Yorkshire	671	1,074	1,278
HNY Total	2,038	3,250	3,825

Cancer Incidence Trend - HNY



Here, we show Cancer Incidence – the number of new cases per year. This differs from the previous slides which refer to the number of cases of a condition at a particular time point.

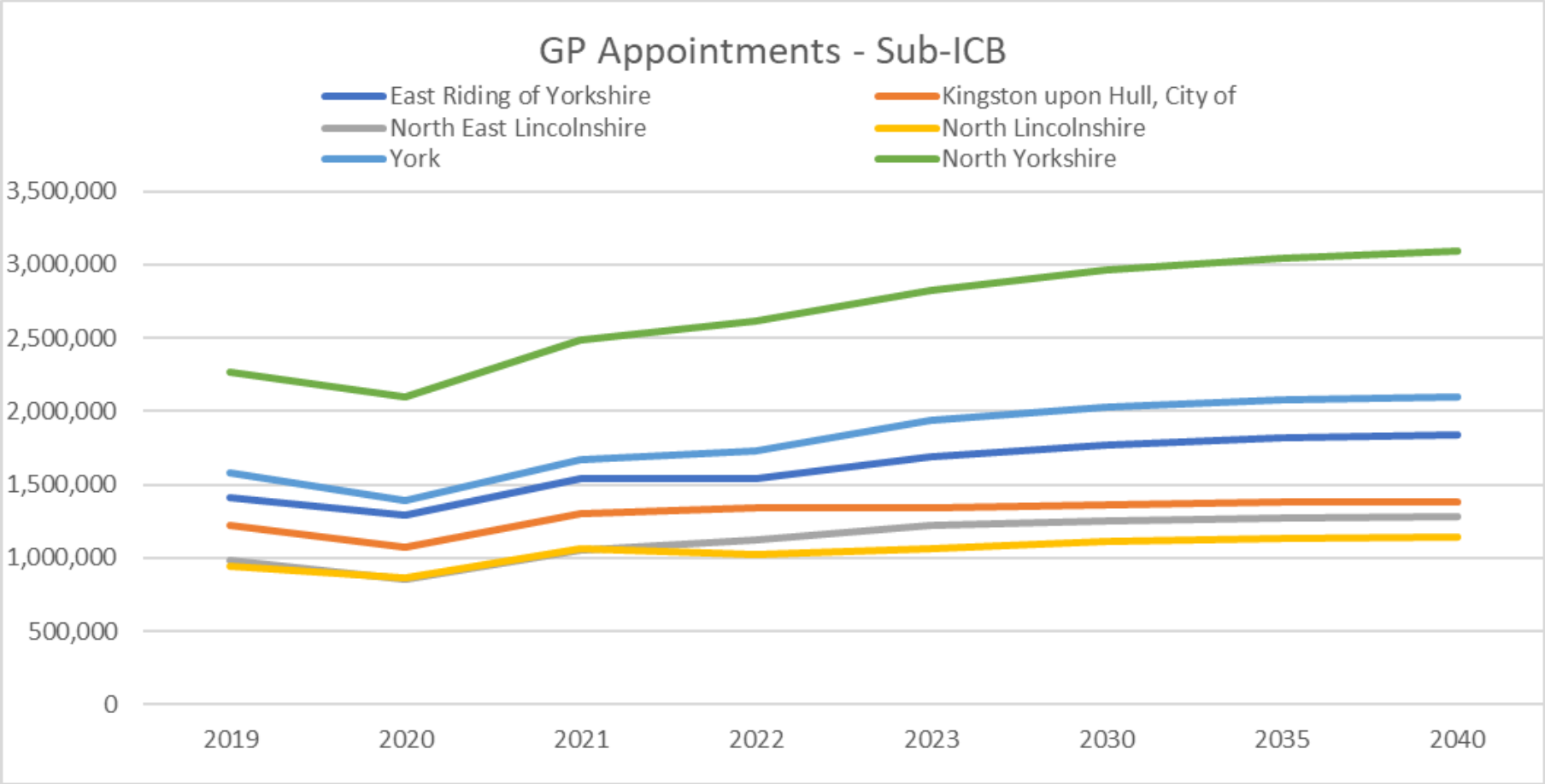
Cancer Incidence rates are strongly related to age, with the highest incidence rates being in older people.

In 2023, there were 74,067 new cancer cases diagnosed in HNY. By 2040, this is projected to **grow by 16% to 85,752 new cases per year**.

The Incidence rate in the whole population will rise from 4.1% currently to 4.7% by 2040.

Increase in cases compared to 2023:			
	2030	2035	2040
East Riding of Yorkshire	1,340	2,145	2,584
Kingston upon Hull	692	1,049	1,175
NE Lincolnshire	503	796	932
North Lincolnshire	594	963	1,121
York	1,115	1,761	2,066
N Yorkshire	1,981	3,166	3,809
<b>HNY Total</b>	<b>6,225</b>	<b>9,879</b>	<b>11,685</b>

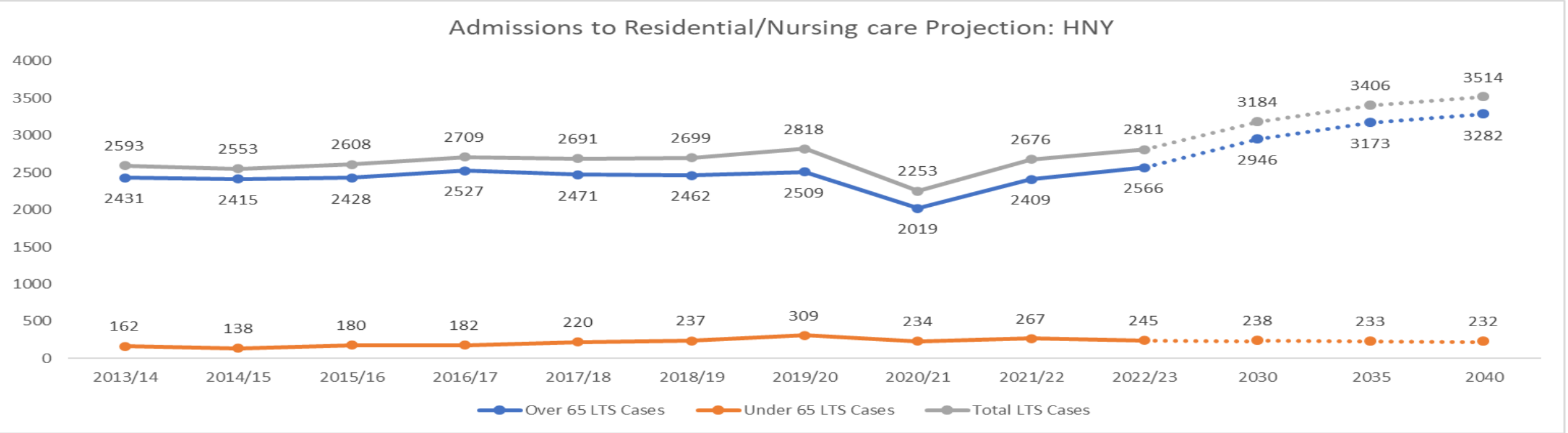
# GP Appointments



Although the age profile of registered patients is readily available, there is limited published data on the age profile of patients attending general practice consultations. For this reason, the age profile for outpatient attendances has been used to develop projections for GP appointments attended.

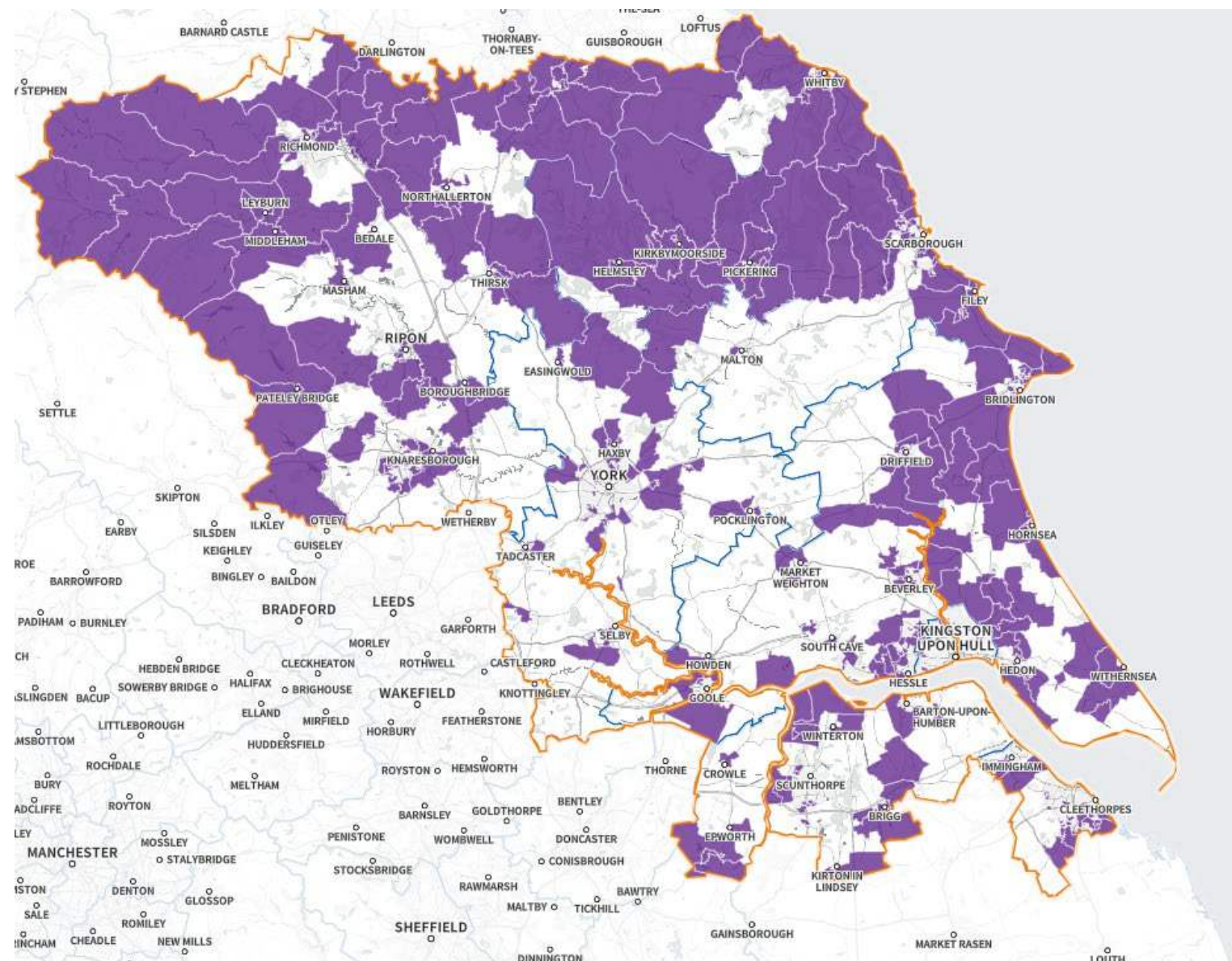
An **additional 800,000 attendances** per year are projected by 2040.

# Admissions to Residential/Nursing care



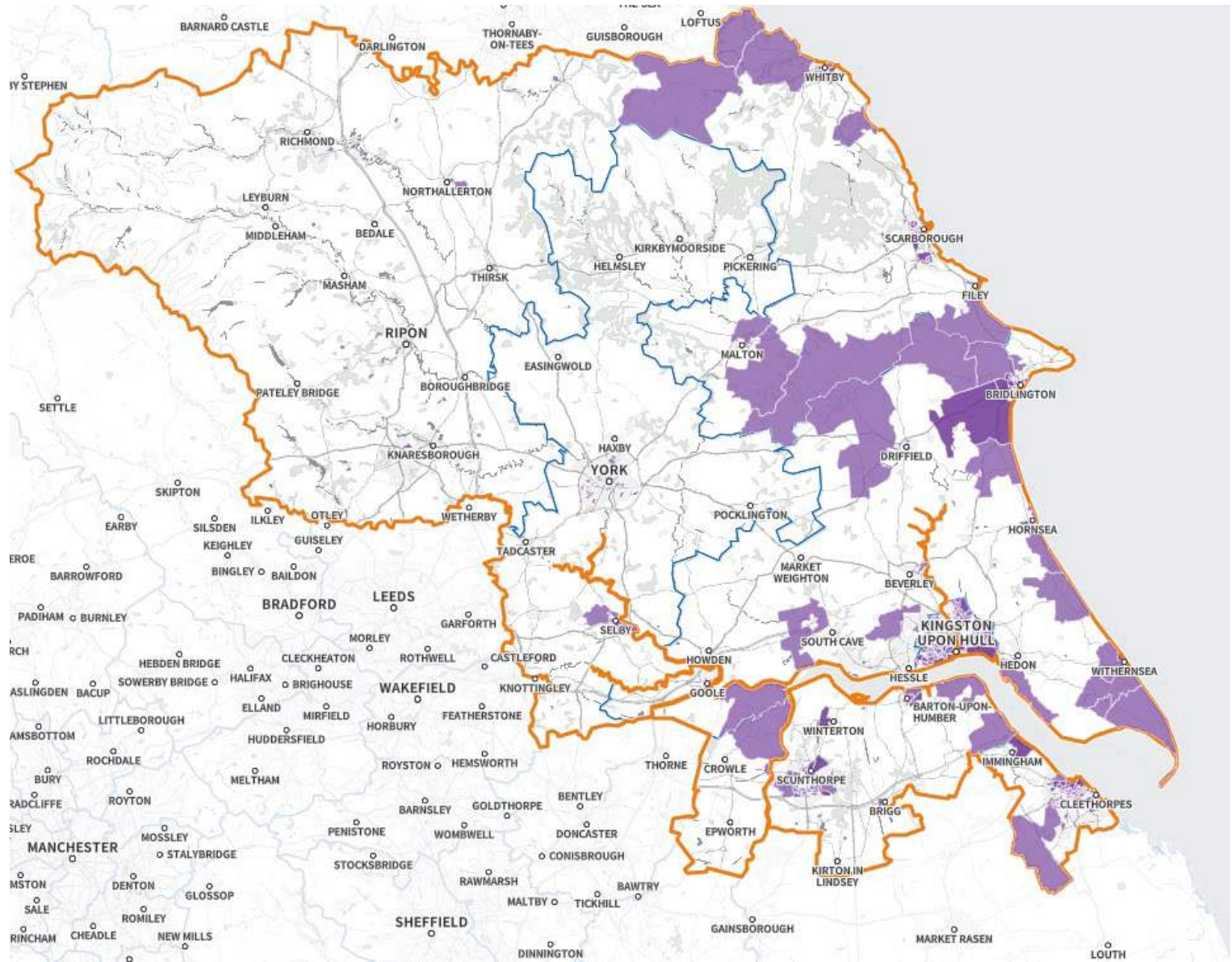
Those admitted to long term residential or nursing care require ongoing, significant health and care support. The number of people aged under 65 years admitted to long term residential or nursing care is not expected to increase due to limited projected increases in the population overall and policy priorities to enable alternatives to maintain independence. In 2022/23, there were 2566 older people in HNY admitted to long term residential or nursing care. By 2040, this is projected to **grow by 28% to more than 3,282 people**. The figures above include only those people who are eligible for financial support from the local authority for their residential or nursing care .

# Challenge 2: areas where >20% of population is 70+, and growing





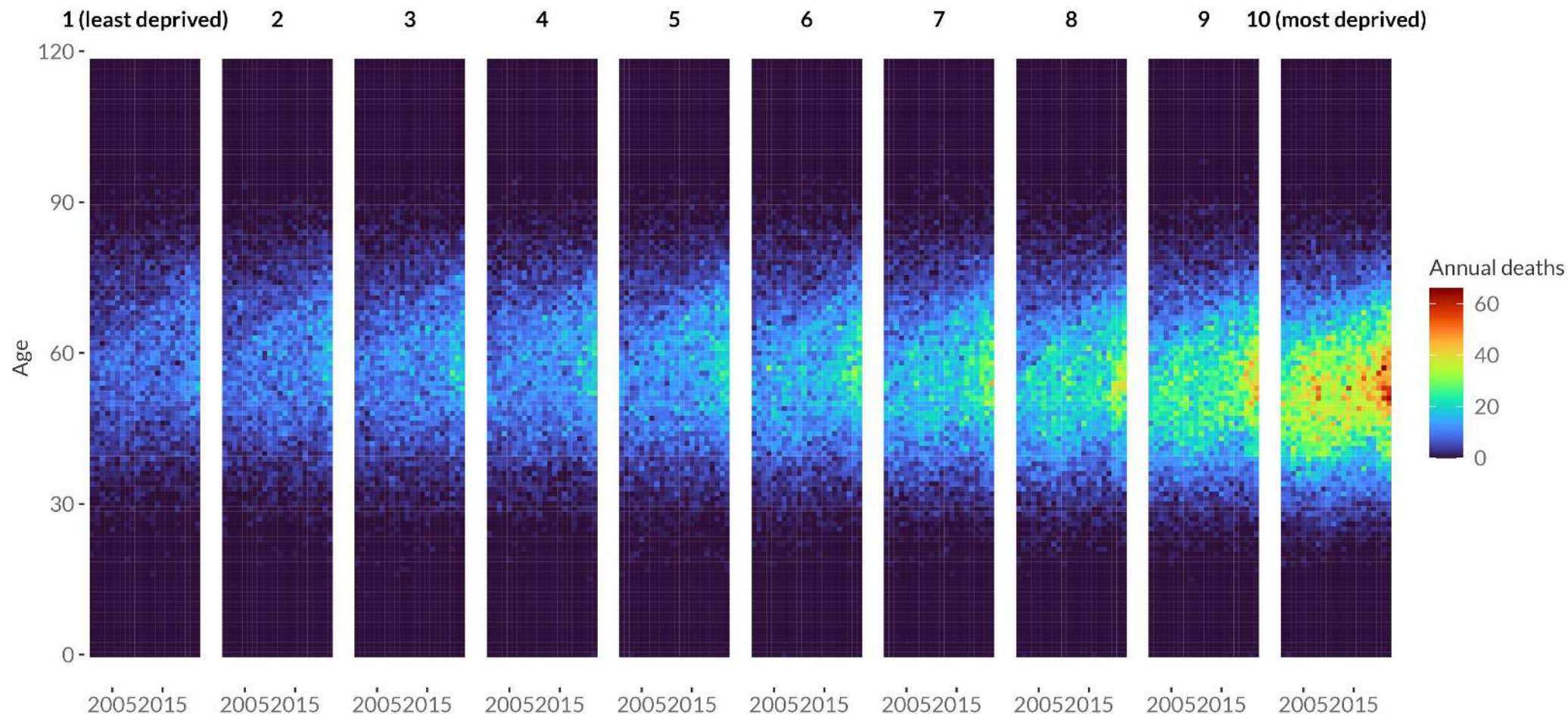
# Challenge 1: Population in 40% most deprived nationally



# Alcohol Deaths

## The burden of alcohol deaths falls disproportionately on the most vulnerable

Rates of mortality from conditions only caused by alcohol in England by decile of the Index of Multiple Deprivation



Data from ONS | Plot by @VictimOfMaths





# How do we respond to these challenges?

# Four broad areas to consider.....

Increase capacity



Right place right time  
(rebalance health and care  
sectors)



Improve productivity/  
efficiency



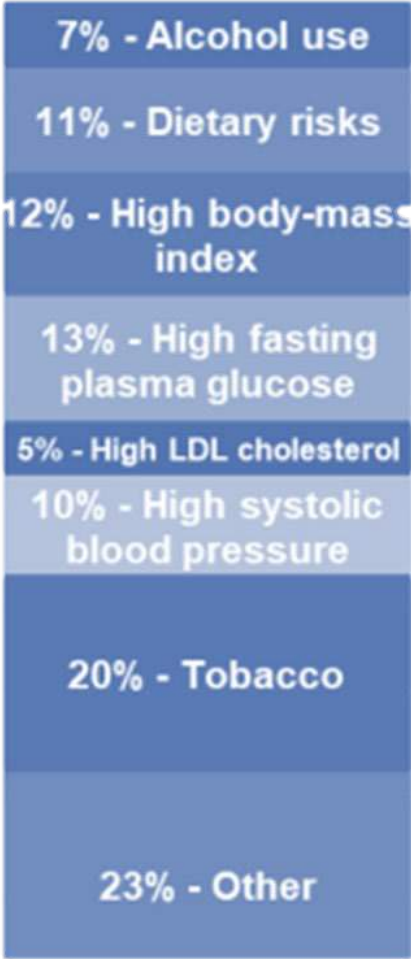
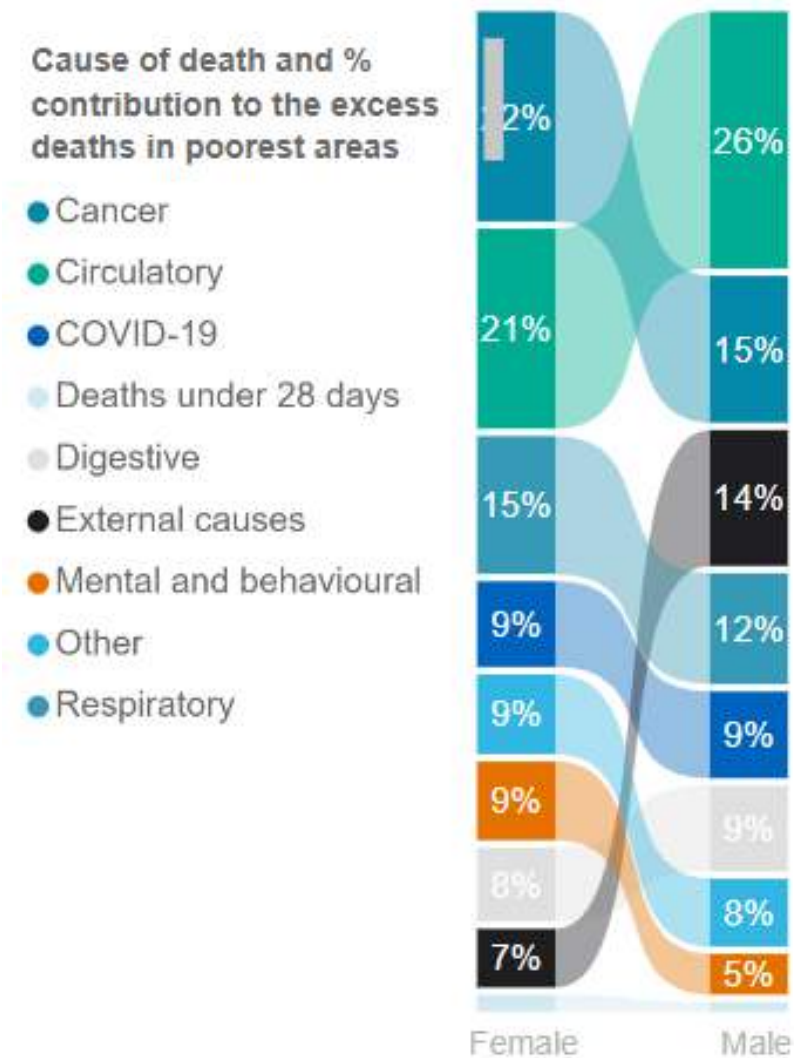
Focus on prevention



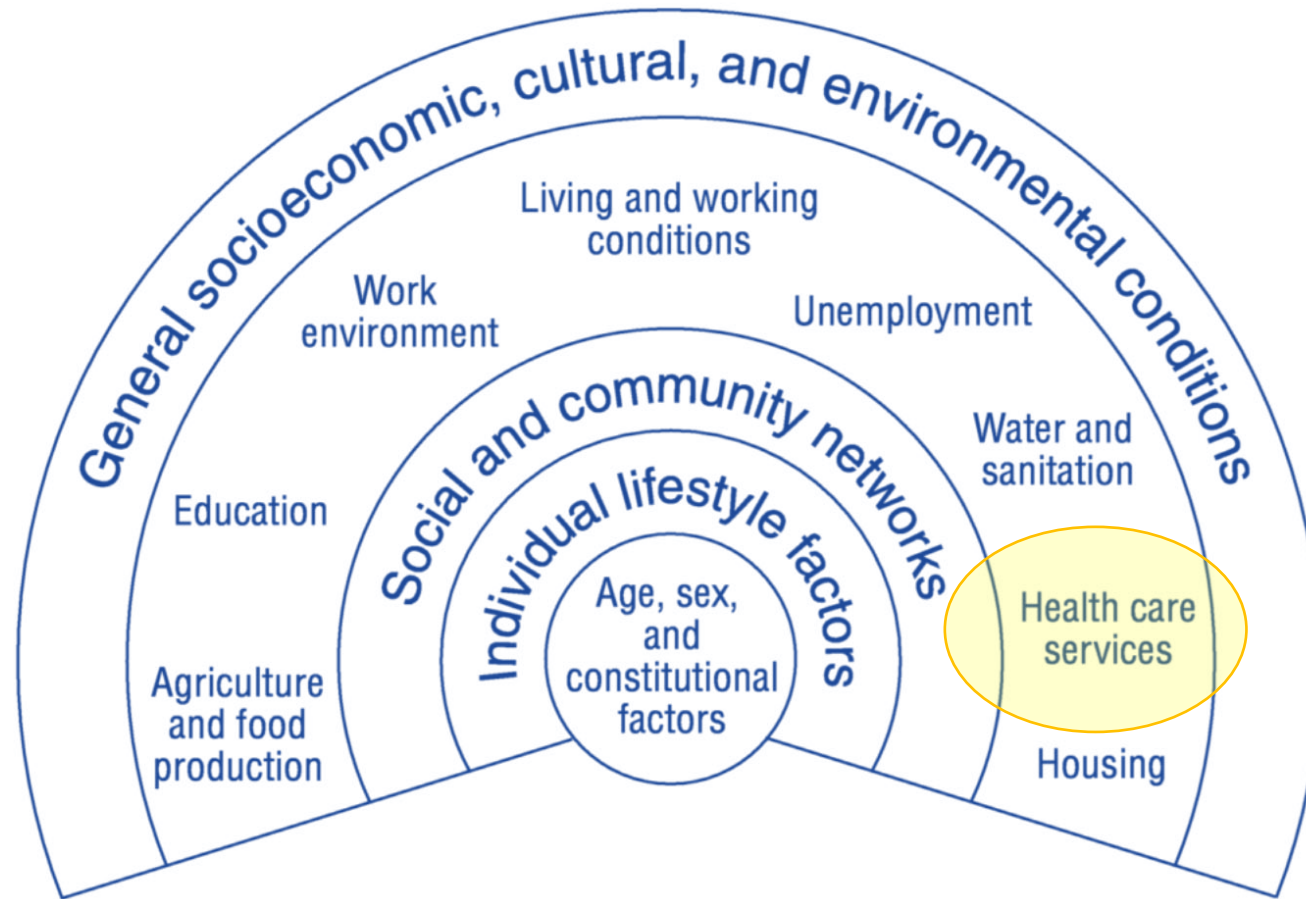
# Unhealthy ageing isn't inevitable.....

The life expectancy gap in HNY is driven by preventable and manageable diseases

Around 42% of the burden of poor health and early death in England is attributable to modifiable risk factors



# Recognising the wider determinants of health



Canadian Institute of Advanced Research (2012)

