



MEETING OF THE INTEGRATED CARE PARTNERSHIP

WEDNESDAY 18 DECEMBER 2024 FROM 14:00 – 16:00 HRS

AGENDA

| Time | Item | Subject | Led By | Action Required | Paper |
|---|------|---|---------------|-----------------|----------|
| 14:00 | 1 | Welcome and Introductions | Chair | To note | Verbal |
| 14:01 | 2 | Apologies for Absence | Chair | To note | Verbal |
| 14:02 | 3 | Declarations of Interest In relation to any item on the agenda of the meeting members are reminded of the need to declare: 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 | Minutes of the Previous Meeting held on 25 September 2024 To receive the minutes of the previous meeting for approval | Chair | To Approve | Enclosed |
| 14:05 | 5 | Matters Arising and Actions | Chair | To note | Verbal |
| 14:10 | 6 | Notification of Any Other Business | Chair | To note | Verbal |
| HUMBER AND NORTH YORKSHIRE STRATEGIC PARTNERSHIP | | | | | |
| 14.11 | 7 | Futures Group Report To receive a verbal report from the HNY Futures Group | Karina Ellis | To note | Verbal |
| 14.30 | 8 | Local Government Partnership Report Update on key issues facing Local Authorities | Cllr Shreeve | To note | Verbal |
| 14.45 | 9 | Integrated Care Board Report Update on key issues facing health including an update on the design for the future work. | Sue Symington | To note | Verbal |
| HUMBER AND NORTH YORKSHIRE PARTNERSHIP OUTCOMES | | | | | |

| Time | Item | Subject | Led By | Action Required | Paper |
|-------|------|--|--|-----------------|--------------|
| 15:00 | 10 | Design for the Future To receive an update on the proposed future design of services in Humber and North Yorkshire including integrated core offer | Peter Thorpe/ Anja Hazebroek/ Karina Ellis | To discuss | Presentation |
| 15:25 | 11 | Integrated Neighbourhood Approach | Alex Seale | To discuss | Presentation |
| 15:50 | 12 | Children's Plan Framework Update | Peter Thorpe | To note | Verbal |
| 15:55 | 13 | Any Other Business To receive any business notified at the start of the meeting | Chair | To note | Verbal |
| 15:58 | 14 | Closing Remarks | Chair | To note | Verbal |
| 16:00 | | Date of Next Meeting: Wednesday 26 March 2025 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 25 SEPTEMBER 2024, AT 2.00 PM,
HEALTH HOUSE, GRANGE PARK LANE,
WILLERBY, HU10 6DT**

MEMBERS PRESENT:

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| Sue Symington (Chair) | 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 |
| Brickchand Ramruttun | Interim Executive Director of Adult Social Care and Adult Services, East Riding Council |
| Cllr Linda Chambers | Chair - Health and Wellbeing Board, Hull City Council |
| Cllr Richard Hannigan | Deputy Leader, North Lincolnshire Council |
| Erica Daley | NHS Place Director – Hull, Humber & North Yorkshire ICB |
| Helen Kenyon | NHS Place Director – North East Lincolnshire, Humber & North Yorkshire ICB |
| Peter Thorpe | Executive Director of Strategy and Partnerships, Humber & North Yorkshire ICB |

STANDING ATTENDEES PRESENT:

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| Lucy Phillips (Minute Taker) | Executive Business Support Lead, Humber & North Yorkshire ICB |
| Nicky Lowe | Head of Corporate Affairs and System Support, Humber & North Yorkshire ICB |

IN ATTENDANCE:

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|-------------|---|
| Jake Abbas | Deputy Director, Population Health Intelligence, Humber & North Yorkshire ICB |
| Jack Lewis | Consultant in Public Health, Humber & North Yorkshire ICB |
| Gary Sainty | Programme Director, Voluntary, Community, and Social Enterprise Collaborative, Humber & North Yorkshire ICB |

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| Louise Wallace | Director of Public Health, North Yorkshire Council (deputising for Richard Flinton) |
| Sara Storey | Corporate Director of Adult Social Care and Integration, City of York Council |
| Katie Brown | Director of Adult Social Care, North East Lincolnshire Council (deputising for Rob Walsh) |
| Denise Houghton | Parish Councillor, Redmire Parish Council |
| Phil Mettam | Strategic Advisor, Phil Mettam Leadership Solutions (deputising for Cllr Charlie Jeffery) |
| Jane Owen | Chief Executive, Humber and Wolds Rural Action |
| Liz Lockey | Chief Officer, Hambleton Community Action |
| Jane Evison | Community Development Officer, East Yorkshire Community Transport |
| Chris Dexter | Managing Director of Patient Transport Services, Yorkshire Ambulance Service |

APOLOGIES:

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|---------------------------|---|
| Alan Menzies | Chief Executive, East Riding of Yorkshire Council |
| Alison Barker | Chief Executive, North Lincolnshire Council |
| Amanda Bloor | Deputy Chief Executive/Chief Operating Officer, Humber & North Yorkshire ICB |
| Ashley Green | Chief Executive, Healthwatch North Yorkshire |
| Cllr Jonathan Owen | Vice Chair of Humber & North Yorkshire ICP |
| Cllr Lucy Steels-Walshaw | Executive Member for Health and Wellbeing, City of York Council |
| Cllr Michael Harrison | Executive Member for Health and Adult Services, North Yorkshire County Council |
| Cllr Stan Shreeve | Deputy Leader, North East Lincolnshire Council |
| Ian Floyd | Chief Executive, City of York Council |
| Jane Hazelgrave | Acting Deputy Chief Executive/Chief Operating Officer, Humber & North Yorkshire ICB |
| Julia Weldon | Director of Public Health and Adult Services, Hull City Council |
| Karen Pavey | Executive Director for People, North Lincolnshire Council |
| Karina Ellis | Executive Director Corporate Affairs, Humber & North Yorkshire ICB |
| Matt Jukes | Chief Executive, Hull City Council |
| Nigel Wells | Executive Director of Clinical and Professional, Humber & North Yorkshire ICB |
| Professor Charlie Jeffery | Vice-Chancellor, University of York / Chair of HNY Futures Group |
| Richard Flinton | Chief Executive, North Yorkshire Council |
| Rob Walsh | Chief Executive, North East Lincolnshire Council |

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| Rob Waltham | Leader, North Lincolnshire Council |
| 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 |

1. WELCOME AND INTRODUCTIONS

The meeting was chaired by Sue Symington, the Chair of the Humber and North Yorkshire Integrated Care Board (ICB) and Chair of the Integrated Care Partnership (ICP).

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

2. APOLOGIES FOR ABSENCE

Apologies received were noted as above.

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 26 June 2024 were taken as a true and accurate record and approved.

Outcome:

The minutes of the meeting held on 26 June 2024 were approved and taken as a true and accurate record.

5. MATTERS ARISING AND ACTIONS

The Chair highlighted the main matter arising from the previous meeting.

26 June 2024

The ICP was to receive a progress update on the significant programme of work examining Patient Transport Services within the region. These are contained within Item 14, 'Transport and Travel'.

Outcome:

The ICP noted the update provided to the matters arising.

6. NOTIFICATION OF ANY OTHER BUSINESS

The Chair noted one item of Any Other Business regarding the 'Start Well' programme, which will be included in Item 7, 'Futures Group Report'.

HUMBER AND NORTH YORKSHIRE STRATEGIC PARTNERSHIP

7. FUTURES GROUP REPORT

Phil Mettam and Peter Thorpe provided two main updates on behalf of the Futures Group Chair, Charlie Jeffery.

Peter Thorpe provided an update on the connected data plans for children and young people and noted the importance of joining up health and care data to enable earlier intervention. The development is in three phases, with the first phase focusing on establishing a core data structure.

Phil Mettam highlighted the Future Group's ambition and its focus on healthy ageing and longevity. The intent is to focus on coastal towns that are often harder to create impact in due to the location and quality of life.

The Partnership was asked to consider the concept of a Living Lab, led by the University of Plymouth's Centre for Health Technology, which focuses on co-creating and testing new digital health technologies in real-world environments to improve health outcomes and foster community engagement. Over autumn and winter, the focus will be on developing ways of adopting a living research methodology focusing on longevity and ageing well in Scarborough, Bridlington, Grimsby, and Cleethorpes, with a proposal to be delivered to the ICP in spring 2025. The importance of maintaining collaboration with non-NHS organisations and engaging communities to build trust was emphasised.

Cllr Richard Hannigan queried the NHS's role in sharing leadership of the project. Phil Mettam emphasised the importance of collaboration with other sectors to develop different frameworks for risks and opportunities.

Gary Sainty, Programme Director, Voluntary, Community, and Social Enterprise Collaborative, offered the support of the Research Engagement Network within the Voluntary, Community, and Social Enterprise Collaborative to assist in engaging communities.

Louise Wallace noted that the Futures ambition aligned with the North Yorkshire Public Health report which has a strong emphasis on healthy ageing.

Helen Kenyon emphasised the importance of building connections and linking strongly with Integrated Neighbourhood Teams, multifunctional, multi-organisational groups which coalesce around communities. Phil Mettam noted the potential for different models and approaches in different areas, due to the variety between neighbourhoods.

Cllr Linda Chambers highlighted the need for careful marketing to ensure the NHS's collaborative role with other organisations is made clear.

Outcome:

The Partnership supported the Futures Group approach to develop a proposal for coastal based 'living lab' research which is to be presented to the ICP in Spring 2025.

8. LOCAL GOVERNMENT PARTNERSHIP REPORT

Local Authority representatives provided an update in Cllr Jonathan Owen's absence.

Sara Storey noted that budget-setting is a current priority with consideration paid to growth and/or restrictions. Public engagement with a focus on prevention and ensuring fair access to healthcare is underway.

Brickchand Ramruttun highlighted that people in the same area may access health services differently due to varying expectations for health outcomes. The focus is on achieving the best outcomes for the money spent.

In Lincolnshire, Hull, and East Riding, preparation for devolution is a significant current focus. Cllr Richard Hannigan emphasised the importance of devolution for North Lincolnshire and noted the challenges of securing investment upfront. He also raised concern about a shortage of suitable social housing.

The Partnership discussed how resource can be spread in a cross-geographical manner, including Section 75 agreements with the potential to direct resources towards local authority areas.

Outcome:

The ICP noted the concerns and challenges faced by Local Authorities.

9. INTEGRATED CARE BOARD REPORT

The Chair provided an update on the current workstreams of the Integrated Care Board, highlighting the importance of integration.

The impact of the change of government was discussed, including the publication of the Darzi Report, which aligns with the ICB Design for the Future workstream in areas including a move towards community-focused care and focus on prevention. The 10-Year Plan is expected to be released in the Spring 2025.

There was an update on financial management and preparation for the increase in pressure on primary care and urgent and emergency care in the winter season, as well as a governmental focus on getting people back to work and strengthening ties between health, workforce, growth and efficiency.

The Chair highlighted the role of the Integrated Care Partnership, with the new government viewing these groups as central to strengthening the relationship between health and local authorities.

Outcome:

The ICP noted the update of the Integrated Care Board.

10. PLACE UPDATE

Peter Thorpe provided an update and noted that the draft document for the Place plan was approved at the previous ICP meeting in June.

There had been progress in empowering the Collaboratives, with the Mental Health budget for 2025/2026 allocated entirely to the Mental Health Mental Health, Learning Disability, and Autism Collaborative.

Peter Thorpe highlighted that establishing new relationships with Place is crucial, with a focus on trust, shared endeavours, and integrating services around population needs. The 'reset' purpose of the ICB's relationship with Place was described, with an emphasis on coordinating resources and decision-making

closer to the action. The vehicle for this includes joint committees and Section 75 agreements.

Brickchand Ramruttun noted the need to address institutional bias and highlighted the importance of support for staff around changing workplace cultures. Alex Seale emphasised focusing on key ambitions and distributed leadership to deliver health and care.

The Partnership received an update on Integrated Neighbourhood Teams as an example of the use of collective resources within defined localities to seek consistent patient outcomes. The concept includes aligning resource mechanics and governance to avoid over-medicalisation and support care as close to home as possible.

Sara Storey noted the need to create an offer that seeks consistency in outcomes for patients, and the continuation of conversations about removing barriers to healthcare and supporting needs. The Partnership noted the need to agree precise definitions of neighbourhoods and their role.

Stephen Eames noted that the benefits of collective working, consistent health checks and governance were shown within the NOA report for cardiovascular disease in Hull.

Erica Daley also noted the need to support the workforce and strive for a reduction in duplication through effective collaboration.

Outcome:

The ICP support the work at Place level, including developments of Integrated Neighbourhood Teams.

11. DESIGN FOR THE FUTURE

Peter Thorpe highlighted alignment with the recently released Darzi Report, including a strong shift towards Community Care and which also took note of the current right-drift of patients towards specialist care.

The Design for the Future is intended to focus on how the public experiences health and care, and what organisational changes are required to achieve ambitions around excellence and sustainability. Pre-engagement internal and public strategies are currently being developed.

By the new year, the System Leaders Forum aims to identify priority areas for formal public engagement and further development. Some changes may not

require public consultations if they involve internal service adjustments without altering access or provision. Ongoing work focuses on aligning services with community needs rather than predetermined structures.

Outcome:

The ICP received the update on the Design for the Future and supported the next steps.

HUMBER AND NORTH YORKSHIRE PARTNERSHIP OUTCOMES

12. INTEGRATED NEEDS ASSESSMENT

Jack Lewis, Consultant in Public Health, discussed the data analysis and highlighted the importance of both collecting and using data efficiently. The particular needs of coastal areas were highlighted when considering health and inequalities. The analysis also pointed out inconsistencies in allocation across sectors.

Stephen Eames highlighted the needs for a commonly agreed definition of integration and noted that the output may reflect varying priorities. The Partnership discussed the difficulties in demonstrating savings and measuring release resource improvements.

Erica Daley emphasised the need to dedicate resources differently to help manage demand and noted the usefulness of local models in providing data for consideration, including projects such as the Jean Bishop Centre of Excellence for Frailty.

Councillor Richard Hannigan urged the Partnership to prioritise the enhancement of the patient journey, emphasizing that its value extends beyond cost reduction. The Partnership further deliberated on how integration can mitigate demand and complexity, highlighting the importance of addressing existing data gaps.

Outcome:

The Partnership noted the outcome of the Integrated Needs Assessment.

13. OUTCOMES FRAMEWORK

Jake Abbas, Deputy Director of Population Health Intelligence presented the updated draft Partnership Outcomes Framework. It was noted that measures will be both quantitative and qualitative and will primarily focus around 5 priority outcome themes (CVD, CYP, frailty, cancer, and mental health). The focus is on

developing high-level outcomes in the four major health areas, along with a golden ambition around children's health. They will also consider the life course themes, as per the ICB's Strategy.

Key principles were identified as priority outcome themes, with measures chosen to reflect actions under each theme. The Partnership were informed that the next steps will be to continue to define and refine the measures used, as well as create a logic model to link metrics for various strategic programmes, such as inequality and population health management.

Measures will be followed to track shifts, and the intention is to be able to create a single-page overview with 4-5 measures per strategy included, also accounting for variance and benchmarking.

The life course approach includes looking at life course themes and incorporating a number of qualitative measures to reflect statements and the voice of lived experience.

Jake Abbas highlighted the significance of colleagues viewing their work as contributing to broader objectives, such as increasing healthy life expectancy, reducing mortality gaps for cancer, and enhancing early diagnosis. While additional data and robust data flows have not yet been established for pharmacy, the frailty index, or CYP mental health, efforts are underway to develop these areas.

The Partnership were informed that a dashboard is being developed to enable comparison and to show direction of travel. ASCOT measures are not yet included but are to be considered moving forward.

Outcome:

The ICP noted the progress of the Outcomes Framework.

14. TRANSPORT AND TRAVEL

Community Transport

Gary Sainty updated the Partnership on the progress of the Voluntary, Community, and Social Enterprise Collaborative's mapping of patient transport services, particularly highlighting the variation of funding sources, and the complexity of the current system. The full report will be presented at a future ICP upon its completion.

Jane Owen (Chief Executive, Humber and Wolds Rural Action), Liz Lockey (Chief Officer, Hambleton Community Action), and Jane Evison, (Community Development Office, East Yorkshire Community Transport) discussed the importance of community transport for health appointments. They emphasised that whilst the mapping does not cover every aspect of community transport, it highlights the significant role it plays in facilitating access to health services. The mapping revealed that 27 providers cover the entire area, with the majority based in North Yorkshire. The providers vary in size and structure, with costs ranging from £10,000 to £1m per year.

Liz Lockey noted the large variation in types of transport and the challenges in securing funding, as donors often have specific requirements. Collaboration with transport organisations aims to provide a comprehensive resource for available services. However, there are challenges such as limited services through volunteer drivers and the expectation for statutory providers. The Partnership discussed clustering appointments and improving communication between providers to enhance service efficiency.

Jane Evison highlighted the increasing demand for community transport to medical appointments and the proactive efforts to keep people away from hospitals longer through alternative means of care.

Gary Sainty concluded by emphasising the need for a framework to ensure appropriate transport is available for all patients equally and when required. The creation of a smaller working group is being considered to address the issue and improve the overall effectiveness of community transport services.

Outcome:

The ICP noted the challenges regarding patient transport and the mapping exercise currently underway. A more detailed report is to be brought to the Partnership in 2025.

Patient Transport Service

Chris Dexter, Managing Director of Patient Transport Services (PTS) at Yorkshire Ambulance Service, provided an overview of the Patient Transport Services (PTS) model, which delivers nearly 1 million journeys a year across Yorkshire, including 300,000 patient transport journeys in the HNY area. The service includes planned care and eligibility criteria, utilising both NHS staff and vehicles as well as private sector providers and the voluntary sector. Chris Dexter highlighted challenges with adhering to NetZero ambitions; this is partially due to increased costs to improve the lack of infrastructure in place for electric vehicles to operate in areas with large amounts of rural and coastal locations. Despite this,

11 fully electric PTS vehicles have been deployed across Humber and North Yorkshire ICB, which is a significant improvement.

The Partnership was informed about efforts to standardize contracts and service level agreements to address increasing demand and varying eligibility criteria. They were asked to support collaborative work for equitable access to avoid health inequalities. Stephen Eames highlighted using the Voluntary, Community, and Social Enterprise Collaborative's report to integrate community transport services with the Partnership. Gary Sainty stressed the need for unified resources. The Partnership discussed sourcing data on older populations to assess patient transport needs.

Chris Dexter noted the ongoing NHS review of new patient transport eligibility criteria from 1st April 2025 and highlighted it as an opportunity to consider future procurement of services.

The Partnership discussed the importance of not widening health inequalities and having assurance that the system supports all patients to access appointments equally. Peter Thorpe discussed a system approach to alleviating pressure on patient transport, including the potential to use other community and Local Authority resources such as school or football club minibuses. It was noted Combined Mayoral Authorities will have responsibility for public transport, and that this could be a useful tool in collaborating to reduce the impact of the eligibility changes.

Outcome:

The ICP noted the challenges regarding patient transport and the overview of the Patient Transport Services.

15. ANY OTHER BUSINESS

There were no items of Any Other Business.

16. CLOSING REMARKS

The Chair concluded the discussion and acknowledged the breadth of topics discussed within the meeting, and thanked colleagues for their time.

DATE AND TIME OF THE NEXT MEETING:

Wednesday 18 December 2024 at 14:00 - 16:00.