



Agenda Item No:

13

Report to:	Humber and North Yorkshire Integrated Care Board
Date of Meeting:	11 September 2024
Subject:	Chief Operating Officer Place Report
Director Sponsor:	Jane Hazelgrave Deputy Chief Executive/Chief Operating Officer
Author:	Alex Seale, North Lincolnshire Place Director

STATUS OF THE REPORT:

Approve Discuss Assurance Information A Regulatory Requirement

SUMMARY OF REPORT:

The paper provides and update on progress towards delivery of key strategic ICB priorities.

RECOMMENDATIONS:

Members are asked to:

- i) Note the developments of the Board report and progress towards delivery of key strategic ICB priorities through Place delivery.

ICB STRATEGIC OBJECTIVE

Managing Today	<input checked="" type="checkbox"/>
Managing Tomorrow	<input type="checkbox"/>
Enabling the Effective Operation of the Organisation	<input checked="" type="checkbox"/>
Voice at the Heart	<input checked="" type="checkbox"/>

IMPLICATIONS

Finance	Integration and effective use of resources is one of the core areas in the report.
Quality	Performance and delivery are one of the core areas in the proposed place report.
HR	NA

Legal / Regulatory	The Place objectives support the delivery of the 'triple aim' of ICBs as set out in the 2022 Health and Care Act.
Data Protection / IG	NA
Health inequality / equality	Health inequality/ equality is one of the 'triple aim' of ICBs as set out in the 2022 Health and Care Act and therefore is part of the proposed place report.
Conflict of Interest Aspects	NA
Sustainability	NA

ASSESSED RISK:

The Place report will provide transparency and oversight to the ICB board. Progress will be managed through the Chief Operating Officer.

MONITORING AND ASSURANCE:

Actions and progress set out in the place report will be monitored through the ICB governance processes that are in place including System Oversight and Assurance Board

ENGAGEMENT:

Place Directors have contributed to and supported the development of the place report.

REPORT EXEMPT FROM PUBLIC DISCLOSURE No Yes

If yes, please detail the specific grounds for exemption.

Chief Operating Officer – Place Report

1. INTRODUCTION AND BACKGROUND

1.1. The six Places in Humber of North Yorkshire provide leadership across the system focussing the following objectives delivered at Place:

- Integrated health and care and effective use of resources
- Population health improvement
- Delivery and transformation to improve performance
- Strategic relations and system integrator – working with partners to deliver the premium of Place

This focus on Place based leadership aims to support delivery within the wider Integrated Care System (ICS) and Integrated Care Partnerships (ICP) to support the delivery of the strategic aims and objectives within the Integrated Care Strategy

1.2 The aim of this report is to provide assurance on progress to deliver key partnership priorities and transformation of services.

2.0 ASSURANCE AND DELIVERY

2.1 The attached report gives an account of the work that has been happening in each of the Places to focused on the overarching objectives described above, and the specific priorities within each of the Places and how the Place Partnerships have been working together to deliver these.

2.2 The report also describes the “cross cutting” strategic priorities where Places have been working collectively to tackle the key challenges in performance and outcomes of the integrated care system such as integrated urgent care by working collaboratively to engage partners and make to best use of skills and resources and sharing best practice focusing on system transformation and integration and impact on patients.

2.3 The report also gives a summary of the work that is being undertaken across the ICS strategic programmes which are closely aligned with the work in Place so that this report is complementary to quality reporting and assurance systems.

2.4 As part of the work on the evolving operating model for the ICS, In June the ICB signed off the Place Framework which describes how Places will operate to drive our aim of narrowing the gap in health inequalities and increasing healthy life expectancy and the ambitions of enabling equity, improving outcomes and experience of services across the life course.

A Place Design Group has been established under the authorising environment of the Leaders Forum. The Place Design Group is taking forward the implementation of the Place Framework focusing on system priorities including the socialisation of the Design for the Future Blueprint, working arrangements between Places and Collaboratives in the context of greater delegated resources and accountability and the development of a peer review approach across Places.

2.5 Places have continued to drive forward the delivery of Place and ICB priorities within identified plans including:

Integrated urgent care including discharge, patient flow and frailty - Leading the system approach to discharge and UEC pressures including leadership into the system escalation response. Establishment of out of hospital options and response that reduce acute pressures and establishing end to end frailty pathways focused on prevention and admissions avoidance to enable flow through hospital and support the delivery of key UEC targets.

Population health management and preventative approaches using population health data and focussing the work plans on reducing health inequalities with a specific focus on vulnerable population cohorts e.g. impact of rurality and access to services for inclusion groups and areas of deprivation working closely with partners including the voluntary and community sector

Delivering our integrated community offer Developing out of hospital options that support people in their own home and communities and avoid the need for hospital admissions and effective discharge including single points of action (SPA), community alternatives and alternatives to admission. Development of out of hospital pathways to support planned care pathways and out of hospital alternatives

Primary care transformation including development of integrated neighbourhood teams Improving access in primary care including management of demand across the system. The development and roll out of integrated neighbourhood teams focusing on or more vulnerable populations reducing demand pressures and improving outcomes for people.

Managing our most complex and vulnerable populations Complex case management to ensure the best outcomes for our most vulnerable populations, adults and children with more complex needs and high intensity users. Working with partners to develop and manage the provider market to provide the best support options and best use of resources

Best use of resources Place are sharing learning across all the areas above to maximise impact and engaging in productivity programmes. Place Partnerships are focused on opportunities for more effective joint working and use of resources across workforce, estates and digital and integration and joint commissions approaches with local authority partners.

2.6 In addition, some of the specific key highlights from the Places are

- In York, the first community based multi-disciplinary Mental Health hub opened in May, with non-recurrent funding recently secured to open a second hub in the city. The hub model has been developed and implemented by York Mental Health Partnership, offering a model of integration across health, social care and the voluntary sector, while connecting service users to their local communities.
- In East Riding the Bridlington and Holderness virtual Frailty services are now operational. The Bridlington Neighbourhood Team will use the Brazilian model to focus on specific deprived neighbourhoods in the Town. Bridlington also sees the start of focussed work to improve cancer screening rates. This starts with Breast Cancer screening and will be supplemented by targeted investment from the HNY

Cancer Alliance to focus on those people with Learning Disabilities. Targeted Lung Health Checks have now started in the Goole locality and will continue across East Riding heading towards Bridlington for April 2025.

- In North Yorkshire the Afghan Relocations and Assistance Policy (ARAP) scheme: from August 19th c 250 people, 64% of whom are children, will begin arriving at Catterick in North Yorkshire. All individuals will be registered as new patients with the local practice, Harewood, and receive health checks and vaccination review and update. The business case has been developed at short notice and includes extensive work with local partners to ensure the needs of this vulnerable group are met. Funding model submitted to NHSE, and funds will flow from the MoD through to the ICB supporting delivery of the relocation scheme
- The NEL People and Skills Pledge, established by the H&C Partnership to support workforce initiatives for health and care organisations across NE Lincolnshire has extended its support to Yorkshire Ambulance Service. YAS required funding to support training and development of new staff through apprenticeship to secure levy transfer funds to finance ambulance support workers. The NELC Development and Growth Board were approached to source necessary funds. This successful collaboration resulted in securing £98k apprenticeship levy transfers, which will enable YAS to train 14 new ambulance support workers.
- In Hull a VCS scheme providing settling in calls has commenced. This new 5-day service supports people who are at risk of readmission or escalation following discharge. This complements a new role VCS co-ordinator embedded in the hospital discharge team and enhanced dementia support available to people with dementia (and their carers and families) on discharge.
- In North Lincolnshire, Integrated Locality Working is a 'team of teams around the person' model. It supports people by being proactive in identifying and providing them, their families and their carers with high-quality, person-centred care and support in the setting that is most effective for them – for example, this could be their home, their school or a community based setting such as their G.P. surgery. Centred around collaborative learning to best support people, this approach is leading to improved health and social care interventions for the 510 people within the Scunthorpe South Locality that are living with severe and enduring mental illness (SMI).

3. RECOMMENDATIONS:

Members are asked to:

- i) Note the developments of the Board report and progress towards delivery of key strategic ICB priorities through Place delivery.