

Humber, Coast and Vale Health and Care Partnership

Partnership Operating Arrangements

(summary version)

The Humber, Coast and Vale Health and Care Partnership was established in 2016 and comprises 28 organisations from the NHS, local councils, other health and care providers including the voluntary and community sector.

The Humber, Coast and Vale Health and Care Partnership achieved Integrated Care System (ICS) status in April 2020, a year ahead of the requirement set out in the NHS Long Term Plan. Through the ICS, partner organisations have two key responsibilities to:

- 1) Co-ordinate the transformation of health and care across settings; and
- 2) Collectively manage system performance.

Our Shared Purpose

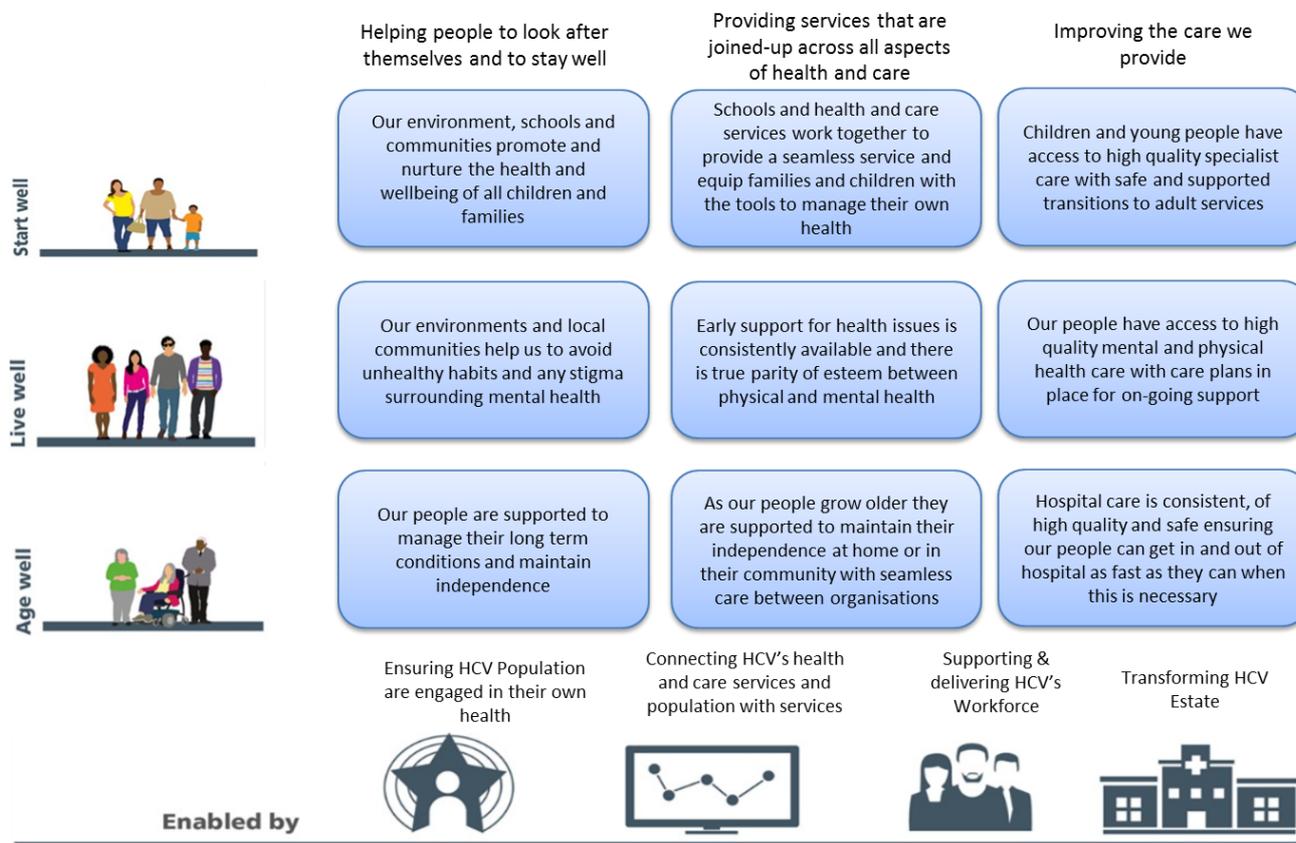
The collective purpose of the Partnership is ***“to improve the health and wellbeing of our people and address inequalities in our communities.”*** This collective purpose is described through the framework set out below.

	Together we will...
Population health	Design, facilitate and deliver a population health and care system that improves the lives of our people and strengthens our commitment to and investment in public health by making evidence-based decisions using the best available data from across all sectors.
Prevention	Put the prevention of ill-health and improving the health and wellbeing of our population at the front and centre of all our activities, with an emphasis on reducing inequalities.
Partnership	Ensure in a shared endeavour across agencies, with communities, and with the people who use our services to listen to and involve them in delivering and making decisions on the shared purpose, vision and priorities.
Place	Ensure subsidiarity and reinforce the primacy of place in all of our activities by working together at the right level for the decisions and actions required.
Politics and the public	Work closely with our local politicians in ensuring maximum engagement and public ownership of our strategies, plans and actions. In so doing, use our collective strength to influence policy-making regionally and nationally.
Pace	Create a culture and an environment for swift and agile implementation of our plans.
Pandemic	Collectively use our resources at every level to combat COVID 19 and limit its impact and to be able, as a system, to manage both response and recovery.



Our Shared Vision

The following diagram is intended to describe our vision of “start well, live well and age well” alongside our priorities as set out in our [Partnership Long Team Plan](#).



Our Shared Operating Principles

The Partnership’s operating arrangements are underpinned by the following core principles. Through the operation of the Partnership (ICS), we will:

- Ensure that the needs of our population are at the heart of all of our activities, redesign and delivery of services;
- Deliver the vision through the Humber Partnership and North Yorkshire & York Partnership;
- Implement our plans through Place and our organisations;
- Through a strategic commissioning approach, enable the conditions for change to be led and implemented by our health and care providers and the redesign to be professionally led, wherever possible;
- Support Local Government in their leadership of societal and economic response to COVID-19;
- Fully embrace the voluntary and community sector at every level;
- Work in partnership with our staff and their representatives at every level;
- Work with Non-Executive Directors and Elected Members to ensure they play a key role in our leadership, governance and our development;



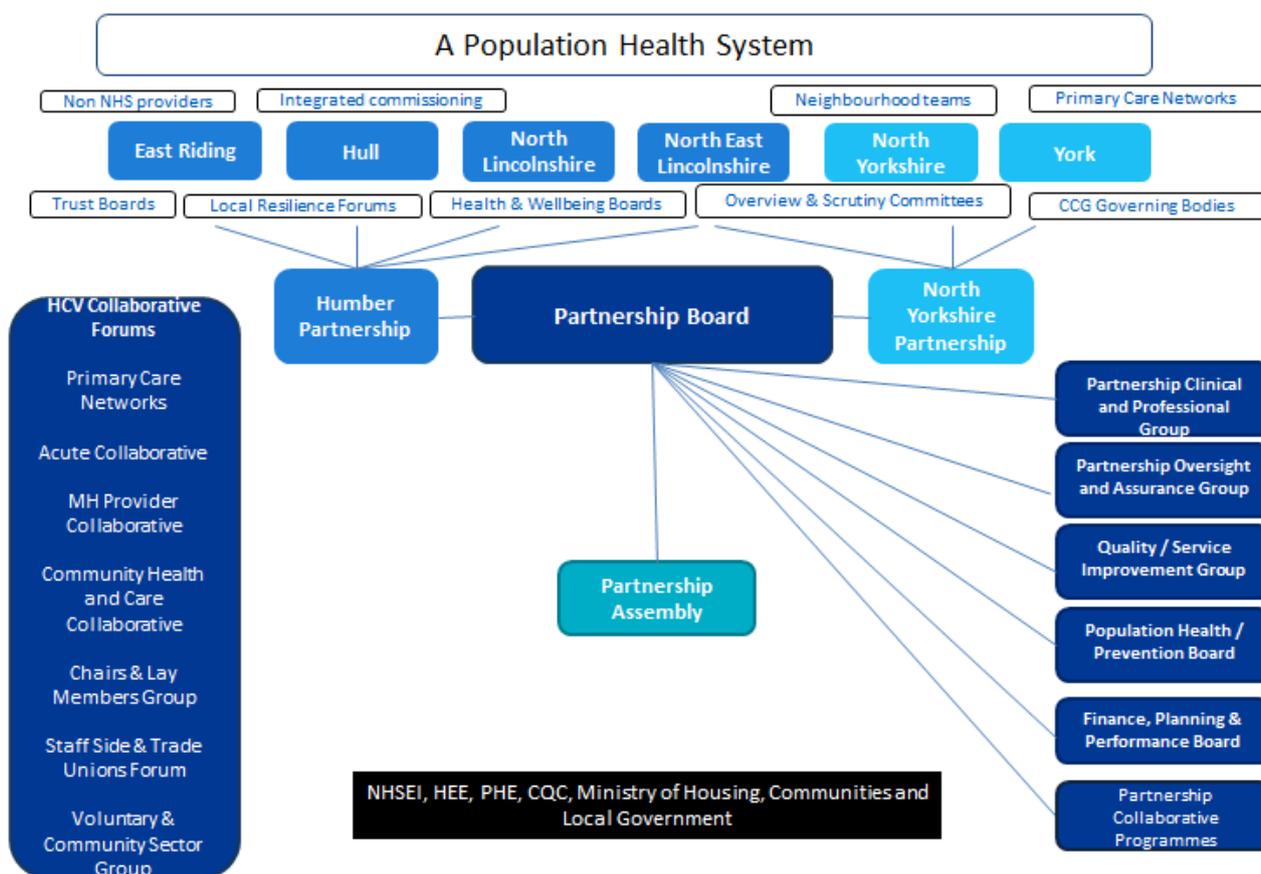
- i. Enable the public and, in particular, people who use services, to have an active role in shared decision-making about their lives and care and help to shape our plans and services for the future, as well as providing feedback on what we do now;
- j. Consciously adopt a “less is more” approach so that we actively minimise duplication of effort and bureaucracy at every level by avoiding layers of new governance on existing governance.

Our Shared Operating Arrangements

As partners work together through collaborative arrangements at Place, through the geographic partnerships and at scale across Humber, Coast and Vale, we will routinely apply the following tests to determine what is delivered most effectively and/or efficiently at scale, whilst having regard to any wider socio-economic impact arising:

- Best outcomes will be achieved as a result of critical mass beyond local population level;
- Sharing best practice and reducing variation; and
- Better outcomes will be achieved for people overall by operating at scale or by tackling ‘wicked issues collectively
- Best outcome for those that rely on our services and for those that fund our services locally and nationally

The diagram below sets out the key groups and arrangements that make up our Integrated Care System in Humber, Coast and Vale.



Broadly, the key responsibilities undertaken across each of the main groupings that make up the Partnership are as follows:

<p>Place (North Lincs, North East Lincs, Hull, East Riding, York, North Yorkshire)</p>	<ul style="list-style-type: none"> • Population Health led approach to determining the needs of our people and plans around segmented groups • Development of Primary Care Networks • Aggregating communities to a scale for agreeing wider service changes • Alignment with a local authority (Unitary/County Council) • Management of resources (buildings, technology, people and or money) aligned to make change happen • Delivery of provider led services, change and integration • Mutual accountability for outcomes and performance • Enabled to be part of the decision making, particularly through geographical partnerships and HCV Partnership-wide
<p>Geographical Partnerships (Humber; North Yorks & York)</p>	<ul style="list-style-type: none"> • Population Health led approach to determining the needs of our people and plans around shared health inequalities and / or where there is added value to bring the Places together • Act in the best interest of the populations, ensuring that no one Place is adversely affected or that health inequalities are increased as a result of any decision • Deliver strategic service changes / innovation where it adds value to Place(s) • Strategic commissioning and leadership and service planning • Enable conditions for provider led change and integration • Equal consideration of place, populations, providers: • Resources shifted to lock in / make change happen; shaped around needs of populations, communities and our shared challenges • Enabled to be part of the decision making, particularly Partnership-wide • Maximum allocation of resources and responsibility through the Partnership taking account of nationally, regionally agreed frameworks/policies.
<p>Partnership-wide (Humber, Coast and Vale)</p>	<ul style="list-style-type: none"> • Large scale transformation programmes e.g. Population Health, Green, Digital, Workforce, Estates & Capital, and Quality etc. • Assurance including significant service change, NHS financial control totals, • Big campaigns – public engagement, climate change, alcohol, smoking and obesity • Inward investment • Realising our ambition to be a national leader on clinical & professional engagement • Developing leadership capacity and succession planning • Enabling rapid improvement and innovation • Championing learning and best practice, locally, nationally and internationally • Enabling the development of top performing organisations and services • Managing upwards and outwards



Partnership Working Arrangements

The working arrangements to be established at a Partnership-wide level include a Partnership Board and Partnership Assembly as set out below.¹

- **A Partnership Board** – that brings together all Partnership Chief Executive / Accountable Officers together monthly. The option to convene virtually outside this schedule to make important decisions as required and /or endorse and sign off important items will also be available.
- **Partnership Assembly** – this will bring together the Partnership Board with Non-Executive, Elected Members, Clinical and Professional Leaders, Voluntary and Community Sector, patient or local community representative and other key stakeholders two or three times a year to guide the strategic direction of the Partnership through purposeful engagement.

Provider Collaboratives (sector-specific)

We will develop a number of sector specific provider collaboratives or networks (Acute, Community and Mental Health). The collaboratives should be seen as a formal part of the operating arrangements and are intended to add value by leading programmes of work across the Partnership relevant to their sector, providing expert advice and support to Place, geographic and partnership-wide plans and activities.

Clinical and Professional Group

The Clinical and Professional Group has been established to provide a multidisciplinary clinical and professional steer, constructive challenge, oversight and assurance to the Partnership Strategic Priorities and Areas of Focus including pathway and service redesign as well as issues and challenges escalated from Place or the Geographical Partnerships.

Population Health and Prevention Board

A Humber, Coast and Vale Population Health and Prevention Board has been established to enable a strategic and collaborative approach to Population Health, Public Health, Prevention and for tackling inequalities and to put this front and centre of our activities.

Non-Executive and Members Group

The Partnership has a Non-Executive and Members Group which includes Chairs of partner organisations and elected members (either Chairs of Health and Wellbeing Boards or executive members).

Existing/other proposed Forums

There are number of Partnership-wide forums that have been established for some time and some of their activities will need to be reshaped in the light of the changing operating arrangements. These include the Partnership Assurance and Oversight Group, the Strategic Finance and Planning Group, the Staff-side and Trade Union Forum and the Voluntary, Community and Social Enterprise Sector (VCSE) Leaders Group. A Primary Care Network (PCN) leaders group and a Quality Forum have also been proposed and these are currently under discussion.

¹ **Place, Geographical Partnerships and Provider Collaboratives** - will determine their own schedules of working.

