



Notice of a public meeting of Health and Wellbeing Board

To: Councillors Steels-Walshaw (Chair), Runciman, Webb and Mason
Siân Balsom – Manager, Healthwatch York
Dr Emma Broughton – Joint Chair of York Health & Care Collaborative
Zoe Campbell – Managing Director, Yorkshire, York & Selby - Tees, Esk & Wear Valleys NHS Foundation Trust
Sarah Coltman-Lovell – NHS Place Director for the York Locality - Humber & North Yorkshire Health and Care Partnership
Tim Forber – Chief Constable, North Yorkshire Police
Martin Kelly – Corporate Director of Children’s and Education, City of York Council
Simon Morrill – Chief Executive, York & Scarborough Teaching Hospitals NHS Foundation Trust
Mike Padgham – Chair, Independent Care Group
Peter Roderick – Director of Public Health, City of York Council
Alison Semmence – Chief Executive, York CVS
Sara Storey – Corporate Director of Adults and Integration, City of York Council

Date: Wednesday, 25 September 2024

Time: 4.30 pm

Venue: West Offices - Station Rise, York YO1 6GA

AGENDA

- 1. Declarations of Interest** (Pages 1 - 2)
At this point in the meeting, Members and co-opted members are asked to declare any disclosable pecuniary interest, or other

registerable interest, they might have in respect of business on this agenda, if they have not already done so in advance on the Register of Interests. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

[Please see attached sheet for further guidance for Members].

- 2. Minutes** (Pages 3 - 14)
To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on **Wednesday, 24 July 2024**.

- 3. Public Participation**
At this point in the meeting members of the public who have registered to speak can do so. Members of the public may speak on agenda items or on matters within the remit of the committee.

Please note that our registration deadlines have changed to 2 working days before the meeting. The deadline for registering at this meeting is at **5.00pm on 23 September 2024**.

To register to speak please visit www.york.gov.uk/AttendCouncilMeetings to fill out an online registration form. If you have any questions about the registration form or the meeting please contact the Democracy Officer for the meeting whose details can be found at the foot of the agenda.

Webcasting of Public Meetings

Please note that, subject to available resources, this public meeting will be webcast including any registered public speakers who have given their permission. The public meeting can be viewed on demand at www.york.gov.uk/webcasts.

During coronavirus, we've made some changes to how we're running council meetings. See our coronavirus updates (www.york.gov.uk/COVIDDemocracy) for more information on meetings and decisions.

4. Children and Young People's Health (Pages 15 - 38)

The Board requested a report on the work of the Humber and North Yorkshire Integrated Care Board. The purpose of this report is to:

- a. Set out current work to improve children and young people's health at a system and York place level by the Humber and North Yorkshire Integrated Care Board and the York Health and Care Partnership;
- b. Share proposals to build on this and to improve governance to strengthen and improve collaboration and partnership and evidence-based planning working across the health and care system. This will deliver improvement against priorities in key Integrated Care Board and York strategic plans;
- c. Ensure the Board is aware and can contribute to the development of forward plans to continuously adapt to change, taking bold action by trialling new and emerging ways of working to improve early intervention and access to services for those who need it, reduce waiting times, and improve outcomes. This will include addressing health inequalities for vulnerable groups and will ensure the voice of Children and Young People with lived experience informs developments, delivery, and improvements in provision.

5. Report of the York Health and Care Partnership (Pages 39 - 54)

This report provides an update to the Health and Wellbeing Board (HWBB) regarding the work of the York Health and Care Partnership (YHCP), progress to date and next steps.

This edition of the report introduces a proposal developed by the Humber and North Yorkshire Health and Care Partnership which was discussed by the YHCP at their August meeting.

The report is for information and discussion and does not ask the Health and Wellbeing Board to respond to recommendations or make any decisions.

[Annex B to the report to follow].

6. Healthwatch York Report - Exploring Access to GP Services in York - Interim Report September 2024 (Pages 55 - 108)

This report is for the attention of Board members, sharing a Healthwatch report which looks at the results of a survey exploring people's experiences of accessing GP services within the city of York.

7. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972.

Democratic Services Officer

Ben Jewitt

Contact Details:

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For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting:

- Registering to speak
- Written Representations
- Business of the meeting
- Any special arrangements
- Copies of reports

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এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim (Polish)
własnym języku.

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)

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Declarations of Interest – guidance for Members

- (1) Members must consider their interests, and act according to the following:

| Type of Interest | You must |
|---|--|
| Disclosable Pecuniary Interests | Disclose the interest, not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation. |
| Other Registrable Interests (Directly Related) OR Non-Registrable Interests (Directly Related) | Disclose the interest; speak on the item <u>only if</u> the public are also allowed to speak, but otherwise not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation. |
| Other Registrable Interests (Affects) OR Non-Registrable Interests (Affects) | Disclose the interest; remain in the meeting, participate and vote <u>unless</u> the matter affects the financial interest or well-being: (a) to a greater extent than it affects the financial interest or well-being of a majority of inhabitants of the affected ward; and (b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest. In which case, speak on the item <u>only if</u> the public are also allowed to speak, but otherwise do not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation. |

- (2) Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.
- (3) Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.

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City of York Council

Committee Minutes

| | |
|-----------|--|
| Meeting | Health and Wellbeing Board |
| Date | 24 July 2024 |
| Present | <p>Councillors Steels-Walshaw (Chair), Runciman, Webb and Mason Siân Balsom – Manager, Healthwatch York Brian Cranna - Director of Operations and Transformation, Tees, Esk and Wear Valleys NHS Foundation Trust (Substitute for Zoe Campbell) Sarah Coltman-Lovell - York Place Director Sara Storey – Corporate Director of Adults and Integration, City of York Council Martin Kelly - Corporate Director of Children’s and Education, City of York Council Alison Semmence - Chief Executive, York CVS Peter Roderick - Director of Public Health, City of York Council</p> |
| Apologies | <p>Zoe Campbell – Managing Director, Yorkshire, York & Selby - Tees, Esk & Wear Valleys NHS Foundation Trust</p> |
| Absent | <p>Dr Emma Broughton – Joint Chair of York Health & Care Collaborative Simon Morritt - Chief Executive, York & Scarborough Teaching Hospitals NHS Foundation Trust Mike Padgham – Chair, Independent Care Group Tim Forber - Chief Constable, North Yorkshire Police</p> |

1. **Declarations of Interest (4:35pm)**

Board Members were invited to declare any personal, prejudicial or disclosable pecuniary interests, other than their standing interests, that they had in relation to the business on the agenda. None were declared.

2. Minutes (4:35pm)

Resolved: That the minutes of the Health and Wellbeing Board meeting held on Wednesday, 8 May 2024 be approved as a correct record.

3. Public Participation (4:35pm)

It was reported that there was one registration to speak under the Council's Public Participation Scheme.

Ben Ffrench spoke on item 8 concerning the delivery of mental health services and the importance of lowering thresholds for access and coproduction and also on item 9, specifically on the importance of Action A23 of Goal 9 of the Joint Health and Wellbeing Strategy 2022-2032, and the consequential vitality of investment in green spaces and local parks.

4. Presentation: Poverty Truth Commission (4:39pm)

The Poverty Truth Commission Coordinator (PTC Coordinator) introduced the role of the Community Commissioners and discussed their presentation entitled "TOGETHER: Promoting dignity and respect for those facing poverty" introducing the newly created Charter for Organisational Standards. He stated that the top three issues identified by Commissioners as a priority when drawing up the Charter were:

- Understanding; linked with kindness and respect
- Communication
- Digital exclusion/inclusion

The Community Commissioners proceeded to discuss their individual lived experiences and how these fed into the work of the Commission and the theme of the presentation.

In response to questions to the PTC Coordinator's questions, they also discussed ways in which the Commission had already made a difference; such as changing the way in which letters from the council are worded, and the police presenting a monthly kindness award.

They also proposed changes to health and social care to improve experiences for end users. The Board recognised this point, and confirmed that they would take away from it, acknowledging the way Commissioners had discussed being treated by health and social service staff. While the Commissioners had understood there must be mitigating factors for this, it was instructive for the board to see how this impacted on end users.

The Board queried the concerns that Commissioners had regarding communications and they explained that a lack of detail and explanation on a computer generated council bill could cause a great deal of worry, particularly if sent in error or unexpectedly. The example given billed for “Adult Social Care” which was a generic explanation and not something the commissioner had recognised; someone with mobility issues or financial/digital exclusion may find it difficult to follow up on correspondence to request further explanation. Commissioners also noted that the average literacy level of someone in poverty is age 13 and the communications sent generally have an expectation of GCSE level literacy. The Commission were happy to offer a service to confirm correspondence was comprehensible to the intended audience.

The board acknowledged commissioners points regarding digital exclusion and asserted that in addition to poverty and education, there were also generational accessibility issues, and access to services should never be locked behind a gatekeeper of technology. The PTC Coordinator noted that commissioners were contributing to a digital inclusion panel.

Board members asked whether there were any lessons to be learned from other Local Authorities, and the PTC Coordinator stated that York was the first authority to produce such a charter and was essentially leading the way in putting something together like this. The board acknowledged that multiple partners had received feedback regarding correspondence, and Healthwatch utilised a “readability” panel, but it was vitally important that partners not create unnecessary concern.

The Board asked the Chair what the chances were of City of York Council adopting the Charter proposed by the Poverty Truth Commission, and the Chair confirmed that many organisations had already taken up the charter, and the Board

was asking partners to return to their organisations, consider the principles, and decide within their organisations whether or not they wished to sign up.

The board acknowledged LGBTQ residents, disabled residents and residents experiencing dementia had all fed back that they too greatly appreciated the key principles of kindness and respect from health and social care providers, and the charter would provide benefit more widely than just those experiencing poverty.

The board acknowledged that the changes to legislation regarding prescription charges put the onus on the recipient to declare that they were in poverty or otherwise unable to afford to pay for their prescription in order to be offered assistance, and it was felt that the guidance offered by the charter was helpful for situations like this.

The Chair thanked the presenters on behalf of the board for the work they, and the Commission were doing, and urged organisations to sign up for the charter if they had not already done so.

Resolved: That the Health and Wellbeing Board noted the Report and Presentation, and endorsed the Commission's Charter.

Reason: To provide the Health and Wellbeing Board with an update on the work of the Poverty Truth Commission and their Charter for Organisational Standards.

5. Better Care Fund (5:16pm)

The report was presented by the Assistant Director, Community Integration Humber and North Yorkshire ICB (York Place) and the Finance Manager, Corporate Finance Team, City of York Council. They advised the Board of the recent Better Care Fund (BCF) annual planning template, which is a national requirement.

The planning submission template collects data on the use of BCF funding and ambitions for performance on BCF metrics (performance objectives) and activity to achieve these as well as on capacity and demand planning.

The Assistant Director, Community Integration further explained that it was a requirement to provide a summary of the strategic approach to integration of health and social care to support further improvement of outcomes for people with care and support needs. Included in this we provide narrative on specific schemes, outcomes and what they are trying to achieve.

Acknowledging the current direction of travel and the shift towards a more joined up approach to commissioning, we have also included detail on how City of York Council and NHS Humber and North Yorkshire Integrated Care Board (ICB) will work together to further join up commissioning and develop the care market.

The board asked whether rising inflation had impacted the ability to afford services, since this had the potential to reduce support offered to some organisations. The Finance Manager, Corporate Finance Team confirmed that this had been difficult; the amount contributed to the Better Care Fund by the Council had remained static for the last two years. Whereas in the past a surplus pool had provided the option to “bid” for funding, leading to new services like the Local Area Coordinators and the York Integrated Care Team; the ability to do this had now been limited. The emphasis had shifted to effective management of existing resources rather than new investment.

The Assistant Director, Community Integration proceeded to take the group through some of the schemes contributing to the performance objectives, including admission avoidance, discharge improvement and early support at home. In response to questions from the board she clarified some anticipatory care also aimed to prevent people going into hospital in the first instance.

The board asked about the process from diagnosing a need for a service to sourcing a provider to delivering an outcome, as well as the associated challenges. The Assistant Director, Community Integration explained that consideration was given to prior years BCF submissions, since little variation tended to occur year on year, it was also similar with contracts and

specifications so schemes were scrutinised to ensure they provided best value and met key performance indicators. Performance was monitored throughout the year, and the spending forecast was put forward annually. In terms of challenges, they needed to take into account what was reasonable from providers, if providers came to her in the middle of a year and said that they were unable to provide a service due to inflationary uplift, a financial driver etc these factors would be considered on a case by case basis by the performance delivery group.

The Chair of York CVS stated that she had been on the delivery board for six years, and there had been a review every one of those years. She felt that this year would be different because the report was more thorough and really addressed some of the challenges within a really challenging environment. She felt that excellent work had been done, and was grateful as she felt CVS was seriously disadvantaged when cuts were made in the past. She proposed ring fencing funding when funds were as tight as they currently are.

In response to queries from the board The Assistant Director, Community Integration stated that the BCF wished to hold itself accountable and acknowledged that these are not just figures on paper but funding that has a real impact on people's lives. The BCF would consider reintroducing case studies, which they had used in the past.

Resolved: The Health and Wellbeing Board considered the content of this report and supported the ongoing oversight of the planning and implementation of the Better Care Fund. The Board also noted the next steps with agreement that the findings and any associated proposals be discussed at a future meeting.

Reason: To keep up to date with the work of the Better Care Fund and monitor progress regarding recommendations.

6. Report of the Chair of the Health and Wellbeing Board (5:40pm)

The Chair presented the report.

The board raised a question about support and education on the issue of domestic violence based on responses to the Children and Young Peoples Survey, in which only 50% of respondents had recognised coercive factors to be “wrong”.

The Director of Public Health responded that the Children and Young People’s Service was commissioned through Independent Domestic Abuse Services (IDAS), and was therefore directly supporting children who are victims directly or through witnessing abuse. He also noted that the Healthy Schools program now had a stronger take up in York (with 25% of schools working toward the Healthy Schools award) and this program contained information on healthy relationships/boundaries and where to get support. This formed part of the curriculum around health and wellbeing/sex and relationships in schools. He acknowledged that the survey data was worrying, and acknowledged the public health concern, admitting positive efforts in this area were an uphill battle against unhelpful social media influences.

The board queried why independent schools were not covered by the survey, and the Director of Public Health clarified that this was an administrative issue as the survey was managed through the school support team within the council, who had stronger links with the state sector but were other schools keen to participate, there was no reason why independent schools in the city couldn’t be included going forward. The 200+ children who were home schooled in York would be harder still to capture, but the board had an interest in the health and wellbeing of all children and young people within the authority.

The board discussed the “I am” statements and SEND Hub, stressing the importance of parents knowing where they could go for help, noting that SEND offer needed effective and clear communication to ensure people were connected to the appropriated service. Board members noted that parent feedback suggested a desire for someone to guide them through the first steps on this journey and to walk with them, which a website cannot do and a more in-person approach could.

The Corporate Director of Childrens and Education responded that there was a planned extension to the Local Offer’s web-based services awaiting Executive approval. He clarified that it was not necessarily only about the local offer but about the

whole national picture, where funding was short by £6.4billion to deliver the 2014 SEND Act. York was developing a physical SEND centre of excellence bringing together professionals from across different organisations, providing better support for families.

Resolved: That the Health and Wellbeing Board noted the report.

Reason: So that the Board were kept up to date on: Board business, local updates, national updates, and actions on recommendations from recent Healthwatch reports.

7. Report of the York Health and Care Partnership (5:59pm)

The York Place Director presented the report, which included an update regarding the work of the York Health and Care Partnership (YHCP).

The board raised a query regarding the appointments mentioned on paragraph 21 of the report; concerning the “Assurance Report”. Board members asked whether the statistics given concerned hospital or GP appointments, and whether they included phone appointments, as well as in-person ones. The York Place Director clarified that the statistics in the report reflected 119,917 General Practice appointments both in-person and by phone had taken place in the month of April within York within 14 days, thus if residents commented that they “could not get an appointment” but had spoken with a clinician by phone this *would* be included in the figures.

The board also asked for clarification on the Improvement to A&E waiting times and working towards achieving a minimum standard of 78% of patients waiting no more than four hours in the Assurance Report, given the delays mentioned in the report, and board members queried whether achieving this target by March 2025 was still realistic. The York Place Director advised that some improvement had been observed here, but the trajectory had been revised in order to meet the intended target.

The board asked for clarification on the progress of the recruitment laid out in paragraph 22 of the report, on “Social care workforce priorities update” and the York Place Director explained that this varied by sector/organisation across the

partnership but generally “retention was the new recruitment” and the financial priority was to ensure qualified staff remained before taking on new staff.

The board raised that it would be useful in the interests of getting the right staff to have a more detailed breakdown of recruitment and retention across the partnership and the York Place Director stated she would refer to the report that came to the Place Board which had more detail on numbers, and bring this back to the board.

Resolved: That the Board note the report of the YHCP.

Reason: So that the Board were kept up to date on the work of the YHCP, progress to date and next steps.

8. Healthwatch York Annual Report & Update on Recommendations from Previous Reports (6:15pm)

The Manager, Healthwatch York, presented the annual report and updated the Board on recommendations from previous reports. She began by reading out feedback from members of the public, noting that there was a need for better communication about the role of Healthwatch.

The board were unanimous in their praise for the this report, particularly noting its accessibility and depth, and the hard work and diligence of Healthwatch’s staff.

The board asked for further clarification about achievement section of page 141 of the agenda, wherein the CORE20PLUS5 initiative was discussed.

The Healthwatch Manager advised that this would be discussed in detail within the next annual report, but that York had recently received some funding from Humber and North Yorkshire ICB and NHS England, which was initially due to be allocated only to coastal areas of the region, but York had successfully negotiated to join this scheme to discuss what matters to children and young people with regard to oral health, mental health and chronic conditions. She encouraged partners to get in touch if they were aware of any cohorts that may wish to become involved.

The Corporate Director of Childrens and Education discussed care leavers at 18, advising that he had recently brought care experienced people together to speak with senior colleagues within the ICB; one of the main points raised by this discussion was the shift at age 18 from being considered a young person to an adult.

As a result of this discussion, York had led (through the ICB) a successful £1.4 million bid to develop a central ICB Clinical Psychologist with an apprentice Advanced Clinical Practitioner in each leading care team across all six areas. This would particularly benefit the mental health of 18-25 year olds.

The board further discussed the issue of 18-25 years olds, querying the participation of students in higher education. The Healthwatch Manager noted that Healthwatch had core connections studying within both of York's universities and also York College. Board members also suggested Askham Bryan College be included as the cohort attending there were often distinct from the other higher education bodies, both in terms of the syllabus and the demographic of the students.

The Director of Public Health noted with regard to Annex C "Emerging Issue – Gender Health" that it was his intention to undertake a health needs assessment around womens health, followed by one for trans/non-binary health and one for men's health at some point in the future and he would be happy to liaise with Healthwatch on these topics.

The Healthwatch Manager responded that this report only covered the period to March 2024, and further work had since been undertaken. Their next report would be the interim report on Access to GP Services, for which Healthwatch received over 1300 responses. This report was drafted and awaiting fact checking, the Healthwatch Manager proposed to bring the item before the board in September.

She also noted that Healthwatch had progressed with work on York's all age neurodiversity strategy and she would be happy to liaise with the Director of Public Health on this, particularly as it applied to gender. Furthermore, she noted that Healthwatch had received £4000 grant funding, made available by the ICB to fund five in-depth conversations with women regarding sexual and reproductive health which may also be useful to discuss with him.

In response to a query from the board, the Healthwatch Manager clarified that under the “Independent Evaluation of the pilot Pathway for Adult ADHD and Autism” in Annex C (E7); what was there referred to as an “All Age Autism Strategy” should have been updated to “All Age Neurodiversity Strategy”.

Resolved: That the Board noted Healthwatch York’s Annual Report 2023/24 and commented on the updates provided within the report and its associated annexes.

Reason: To keep up to date with the work of Healthwatch York and monitor progress regarding recommendations.

9. Update on Goals 8 & 9 of the Joint Health and Wellbeing Strategy 2022-2032 (6:30pm)

The Director of Public Health presented an update on Goals 8 and 9 of the Joint Health and Wellbeing Strategy 2022-2032; Goal 8: “Improve diagnosis gaps in dementia, diabetes and high blood pressure to above the national average, and detect cancer at an earlier stage and Goal 9: “Reduce sedentary behaviour, so that 4 in every 5 adults in York are physically active”.

Got to goals 8 and 9 this time, focus in goal 8 on early diagnosis. Make space for girls championed in Rowntree park (eg. festival in June).

Regarding Goal 8, the board asked whether or not diagnosis was helpful regarding dementia – previous work undertaken by Healthwatch had suggested that GPs and other professionals were reluctant to diagnose dementia, since there is not a lot doctors can do for patients once diagnosed but people with dementia had disagreed feeling that a diagnosis opened up a gateway for other services, greater choice and control. The Director of Public Health noted that therapeutics around dementia were at a lightening pace and some recently trialled drugs, about to be approved by NICE can really slow things down re dementia, making dementia all the more important. A great deal can now be done vs just a few years ago once someone is diagnosed with dementia, but he did not feel best placed to judge whether this was something which primary care could currently help with, suggesting the Joint Chair of York

Health and Care Collaborative would be better placed to advise on this.

The board supported the “Make Space for Girls” initiative highlighted within Goal 9 to which had been a great success to date, in fulfilling the aims of this goal, specifically with regard to girls and women.

The board noted, regarding Goal 9 and the earlier Public Participation, that partners should support negotiation and release of Section 106 money from developers, particularly the timing and conditions for release of funds; since it was not uncommon for money earmarked for playgrounds, sports clubs and other green spaces to take in excess of a decade to release, under which circumstances a whole childhood had passed without the goal having being fulfilled.

Resolved: That the Health and Wellbeing Board noted and commented on the updates provided within this report and its associated annexes.

Reason: To ensure that the Health and Wellbeing Board fulfilled its statutory duty to deliver on two of the ten big goals within the Joint Local Health and Wellbeing Strategy 2022-2032.

Cllr Lucy Steels-Walshaw, Chair
[The meeting started at 4.32 pm and finished at 6.43 pm].



Health and Wellbeing Board

25 September 2024

Report of the Humber and North Yorkshire Integrated Care Board.

Children and Young People's Health

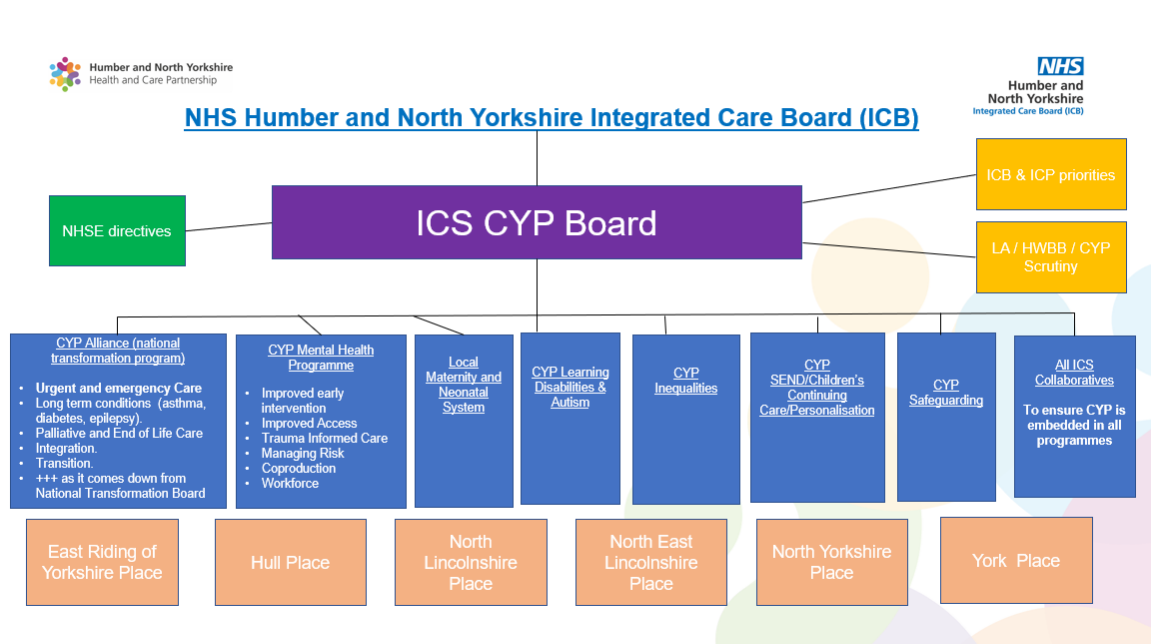
Summary

1. The Board requested a report on the work of the Humber and North Yorkshire Integrated Care Board. The purpose of this report is to:
 - a. Set out current work to improve children and young people's health at a system and York place level by the Humber and North Yorkshire Integrated Care Board and the York Health and Care Partnership
 - b. Share proposals to build on this and to improve governance to strengthen and improve collaboration and partnership and evidence-based planning working across the health and care system. This will deliver improvement against priorities in key Integrated Care Board and York strategic plans.
 - c. Ensure the Board is aware and can contribute to the development of forward plans to continuously adapt to change, taking bold action by trialling new and emerging ways of working to improve early intervention and access to services for those who need it, reduce waiting times, and improve outcomes. This will include addressing health inequalities for vulnerable groups and will ensure the voice of Children and Young People with lived experience informs developments, delivery, and improvements in provision.

Background

2. In York, the number of children and young people (age 0-19yrs) equate to around a fifth (21.7%) of our population, but they are 100% of our future. Children and young people are the workforce of the 2020's and 2030's. They are the parents of the next generation. We have a responsibility to make sure all children and young people have what they need right now, and in the future.

3. The right to grow and develop, to have access to good quality health care and education are among just a few of all children's rights (United Nations Rights of the Child). Our legal duties to provide them are laid out in numerous Acts including Children and Families Act, Health and Social Care Act and Working Together to Safeguard Children Act.
4. There is also a fiscal case as we know that countries that invest in child health gain impressive economic rewards, with each £1 spent on children's health returning over £10 to society over a lifetime. The converse is that poor health in childhood leads to reduced workforce participation and productivity and lowers national wealth.
5. Improving the health of children and young people is a key priority across all our strategies and plans, which are set out at paragraphs 13-19 below. Key is the Humber and North Yorkshire Integrated Care Board Integrated Strategy for Wellbeing, Health and Care that includes the "Golden Ambition" to drive a generational change for the wellbeing, health and care of our children, including:
 - Prevention and early intervention: asthma, dental health, improved data.
 - Learning well: speech and language support.
 - Emotional resilience and mental health: enabling resilience and meeting need early, equity of access and reduced waiting times and improved crisis care to prevent admission to inpatient services.
 - Care experienced children and young people.
6. This Golden Ambition is delivered through the Humber and North Yorkshire Start Well Board, which has members from system partners across the Integrated Care Board, including local authority and public health in addition to health commissioners and providers (please refer to the Glossary for abbreviations in diagrams):



7. The remainder of this report outlines how Integrated Care Board partners work to deliver these priorities.

Children and Young People's Mental Health

8. The Integrated Care Board Children and Young People's Mental Health Strategic plan 2021 – 2024 aims to drive improvement across the national Thrive Framework for children and young people's Mental Health.
9. The current priorities, which aim to build on local Place priorities are listed below. Work is underway to produce a new system wide 3 year forward plan that builds on this current work and addresses new, emerging issues such as new forms of eating disorder. The new forward plan will focus on need and capacity in the system to meet it. It will also undertake a gap analysis and identify priorities for funding moving forward to improve access, waiting times and outcomes.
- Improved prevention and early intervention to help people stay healthy and reduce demand on clinical services:

In York there is the universal offer of the School Well-being Service in all schools, jointly funded by the Integrated Care

Board and City of York Council. There are now two Mental Health Support Teams (Well-Being in Mind) in targeted schools, those with links to areas of higher deprivation. Short term funding supports an emotional intervention model for York Mind. However, consideration needs to be given as to how this is sustained to develop a mixed model of delivery including counselling, social prescribing and groupwork is essential to build on existing provision and meet need, intervene early and reduce need for clinical services. Capacity is currently insufficient, with increased levels of need and longer waiting times to access support since the pandemic and holding higher levels of acuity with increased pressure on all children and young people's mental health services including specialist children and adolescent mental health service. Additional investment to increase capacity in early intervention services and reduce need for clinical intervention has not been possible due to the significant financial challenges faced by the Integrated Care Board. In 2024/2025 service development funding is likely to be available to develop an improved offer in the child and adolescent mental health services single point of access but the financial position continues to have a bearing on this.

b. Improved/Expanded access to Mental Health services for those who need them:

In York there is Integrated Care Board funding into the Youth Justice Service (enabling provision of a speech and language therapist and a child and adolescent mental health services practitioner), alongside funding for the Together We Can offer for children and young people in or at the edge of care: this funding supports speech and language and psychology support. This year, the Integrated Care Board has approved a care leavers mental health project led by the six directors of children's services in partnership with the Mental Health and Learning Disability Collaborative. This project will embed improved mental health support for care leavers in all six leaving care teams through a hub and spoke model of delivery. This will test a new model of care to improve access, enable early intervention, reduce clinical need and improve efficiencies and outcomes. Funding for care leavers across the Integrated Care Board that includes free prescriptions, eye tests and dental care has also been

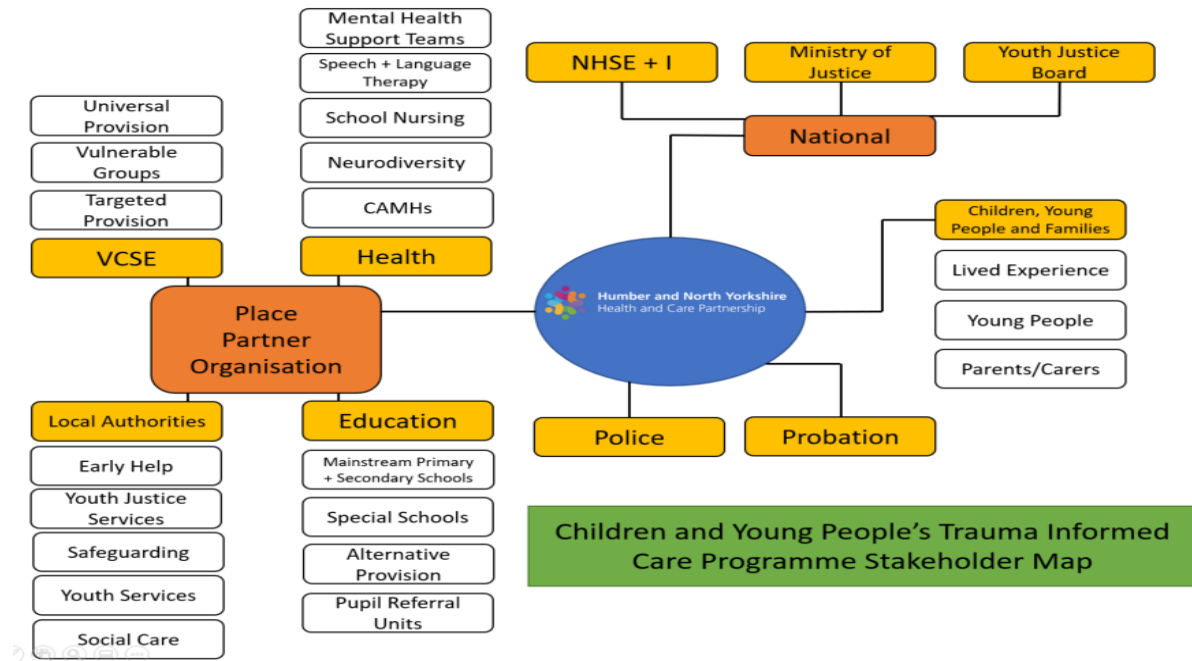
secured. At Integrated Care Board level, work continues to develop a single map and provision statement for children in care and care leavers. LGBTQ+ children and young people and ethnic minoritised young people are an identified priority inclusion group in line with Core20Plus5. Work with children and young people from these communities will result in several animations capturing lived experience which can be used as a training resource.

A Humber and North Yorkshire Task and Finish Group is working to improve processes to ensure seamless transition from children and young people to adult services – needs led not age led in line with the National Institute for Health and Care Excellence Quality Standards and the National Health Service England key lines of inquiry.

A children and young people mental health data dashboard has been developed which is able to provide accurate and timely data at a system and place level to evidence access, waiting times and outcomes. This will inform levels of need to help plan future provision. At present the national data is still based on previous Vale of York Clinical Commissioning Group footprint but from the end of October 2024 we will have accurate data for City of York.

c. Systems Approach to Trauma Informed Care.

Trauma-informed practice is an approach to health and care interventions which is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological, and social development. This programme aims to work across the system to develop and embed a trauma informed approach across all organisations working with children and young people so that it becomes business as usual. This includes the following stakeholders:



The delivery of the multi-agency Attachment, Regulatory and Competency training across the whole Integrated Care Board area by our Framework of Trainers is going well, along with Champions training to embed training in organisations through a train the trainer model as well as training for Senior Leaders. Community of Practice meetings along with a toolkit provide ongoing support to organisations to embed this work in policy and processes with 127 people and 44 organisations being involved in them.

d. Effective management of risk.

Work is underway to develop a children and young people mental health specific suicide prevention plan which will include work to pilot a “waiting well” offer to ensure those waiting for child and adolescent mental health services are supported and issues do not escalate. The Integrated Care Board is working in partnership with the Humber and North Yorkshire Inpatient provider collaborative to develop an implementation plan for the new National Health Service England Inpatient Commissioning Guidance which aims to improve the offer in the community to reduce the need for admissions. The recent opening of the Willow Suite at Mill Lodge child and adolescent mental health services inpatient unit in York has 8 'day beds' which enables more children

and young people to be treated, for eating disorders whilst remaining at home, reducing distress and facilitating earlier recovery.

The child and adolescent mental health services eating disorder home treatment service is now operational in York, supporting return to regular eating for children and young people in the care of the community eating disorder team to reduce need for admission. Risk remains a significant concern: the child and adolescent mental health services community crisis team lacks capacity whilst acuity in child and adolescent mental health services community service remains challenging for some children and young people.

e. Improved engagement and coproduction with Children and Young People.

The Humber and North Yorkshire Integrated Care Board Engagement and Coproduction Manager has worked with system partners to develop an ICB children and young people's engagement and coproduction strategy based on the national Lundy model which is being finalised. This will support partners to provide a consistent and evidence-based approach to engagement and coproduction. Communities of practice will be established to support Place to embed this. The Coproduction manager worked with *Nothing About Us Without Us*, the children and young people's mental health advisory group to hold a successful system wide event in York in August 2024 to bring together senior system leaders and co-produce solutions to the 50 recommendations raised by children and young people in recent consultations around design and delivery of emotional and mental health support.

f. Workforce Development.

In 2024, work continues to map current mental health staffing across the system and to develop an Integrated Care Board plan to deliver against the national National Health Service England Workforce Plan. This plan has been coproduced with partners across the system and will be implemented over the next year to deliver improvements against the priorities of recruit, retain, reform and train staff.

This is intended to ensure we have a workforce that possesses the skills required to meet need and reflect our diverse communities across all National Health Service funded children and young people's mental health services.

Children and Young People's Physical Health

The Children & Young people's system wide transformation programme has a developing portfolio that incorporates the broader expectations around integration of services and addressing health inequalities. It provides strategic leadership, direction and support to services and organisations which support children and young people with long term conditions including epilepsy, asthma, and diabetes in line with the national National Health Service Core20Plus5 programme. The children and young people's transformation programme has governed this work through a system wide alliance, which is a collaboration of provider and partner organisations across health, local authority and the voluntary, community and social enterprise sector.

10. The transformation programme has developed and continues to support the clinical networks for children and young people with long term conditions. The purpose is to network, advise and support clinicians with implementing guidance and policy.
11. The programme includes projects funded by National Health Service England for children and young people with long term conditions such as an epilepsy psychology pilot and asthma pilot that are given as examples below. These pilot projects are delivered by clinicians embedded within practice with support and oversight by transformation programme to deliver seamless delivery of the National Health Service England deliverables.

a. Asthma:

Risk stratification has been undertaken and identified those children and young people in York who need urgent review of treatment due to the high number of inhalers prescribed. Appropriate triage and clinical input have been arranged for these children and young people. Primary care records and community diagnostics are being considered and proposals are underway to support diagnosis of children and young people with likely asthma.

This includes ongoing work with Community Diagnostic Centres leads to understand the capacity, demand and workforce for children and young people asthma diagnostics across Humber and North Yorkshire. The modelling will evaluate solutions to improving access to diagnostic testing. Improvements to inhaler prescribing have also been introduced.

Plans are underway for an Asthma Friendly Schools nurse post to work in partnership with schools in York, public health, primary care and the specialist respiratory team in secondary care to ensure support is available and suitable to enable children and young people to fully participate in school life and that their asthma is managed safely and proactively. This commences in January 2025 and is funded from the York Health and Care Partnership health inequalities fund and aims to support young people to fully participate in school.

b. Epilepsy:

Approximately one third of children and young people with epilepsy have a co-morbid mental health disorder. A time limited pilot will deliver:

- Children and young people epilepsy services across the Integrated Care Board are now able to undertake mental health screening and children and young people in York have bespoke access to specialist psychology support if any needs are identified.
- Clinical epilepsy network and epilepsy peer review network supported by the Integrated Care Board Transformation programme, and a gap analysis is underway across the Integrated Care Board against the National Health Service England 'Epilepsy bundle' which outlines the standards of epilepsy care and outlines key recommendations for systems to consider.

c. Diabetes:

The diabetes component of the programme has rolled out a poverty proofing approach to support children and young people in York. This approach was originally developed in Hull and Grimsby and learning from this has been incorporated into local practice with a focus on the uptake of technology to manage the disease.

This is the optimal treatment and reduces complications in the short and longer term as children grow up.

d. Healthier Together website:

The Integrated Care Board has developed a new website dedicated to children and young people's health, providing advice and information including locally produced resources and advice on a range of health conditions to encourage attendance at the right place first time. In addition, it provides social and public health signposting on the basis of making each contact count, and health information, support and resources for chronic conditions. Professional pathways and resources are also provided publicly on the site to encourage transparency and consistency. A children and young people's facing website will be a requirement of Integrated Care Boards going forward. Clinical leadership develops specific content in relation to current issues and seasonal advice and advice is also linked to local services at place and also programmes such as mental health.

e. Speech, Language and Communication transformation.

Improving the universal and targeted offer in relation to speech and language therapy and occupational therapy sensory processing advice is a priority for the Integrated Care Board. There is no easy solution, particularly in relation to the reducing workforce to support expansion and therefore alternative models are required.

Given the capacity challenges and concern about adverse outcomes in relation to long waits, a helpline has been set up where a 'concerned person' (teacher, social worker, parent/carer) can get direct advice from a Speech and Language therapist without need to submit a paper referral. This has resulted in 25-30% of the 'referrals/ discussions' being signposted to more appropriate support /advice provided on how to support children and young people with universal or targeted services.

The speech and language therapy teams have developed a suite of training sessions based on feedback from schools/settings on greatest need and from reviewing the referral reasons.

The service has just concluded a 'summer of speech' where they have focused on those children and young people who have been waiting the longest. They have contacted 314 children and young people /families on the waiting list and undertaken impact-based questionnaires to determine current need and implement appropriate programme of care or discharge as appropriate.

f. Occupational Therapy transformation.

The Occupational Therapy team have been developing a new service '*Let's Make Sense Together*' approach and resources to support this service, and this will be launched in January 2025. This will see a similar approach to the speech and language advice line and will benefit from locally made videos and resource packs to support children and young people with sensory processing differences. This has been developed in coproduction with Parent Carer Forum and various stakeholders including special educational need colleagues, National Health Service England and representation from some schools/settings.

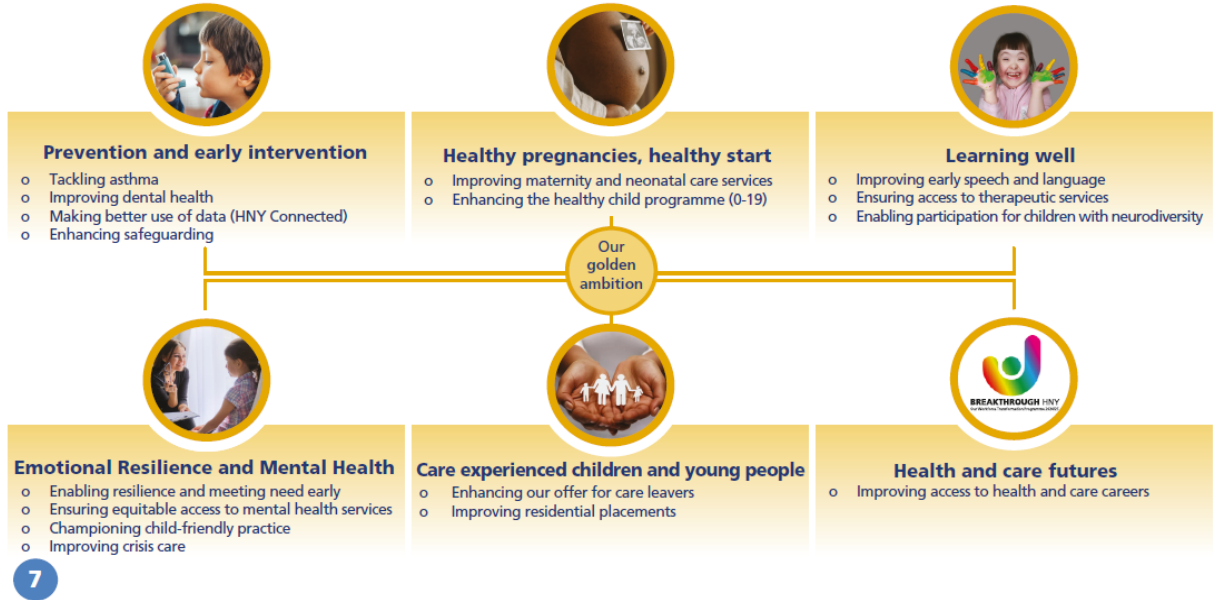
Strategic Plans

12. The Humber and North Yorkshire Integrated Care Board Integrated Strategy for Wellbeing, Health and Care includes the “golden ambition” to drive a generational change for the wellbeing, health and care of our children. This Golden Ambition is delivered through the Humber and North Yorkshire Start Well Board, as well as through place-based partnerships to drive forward plans to transform services.

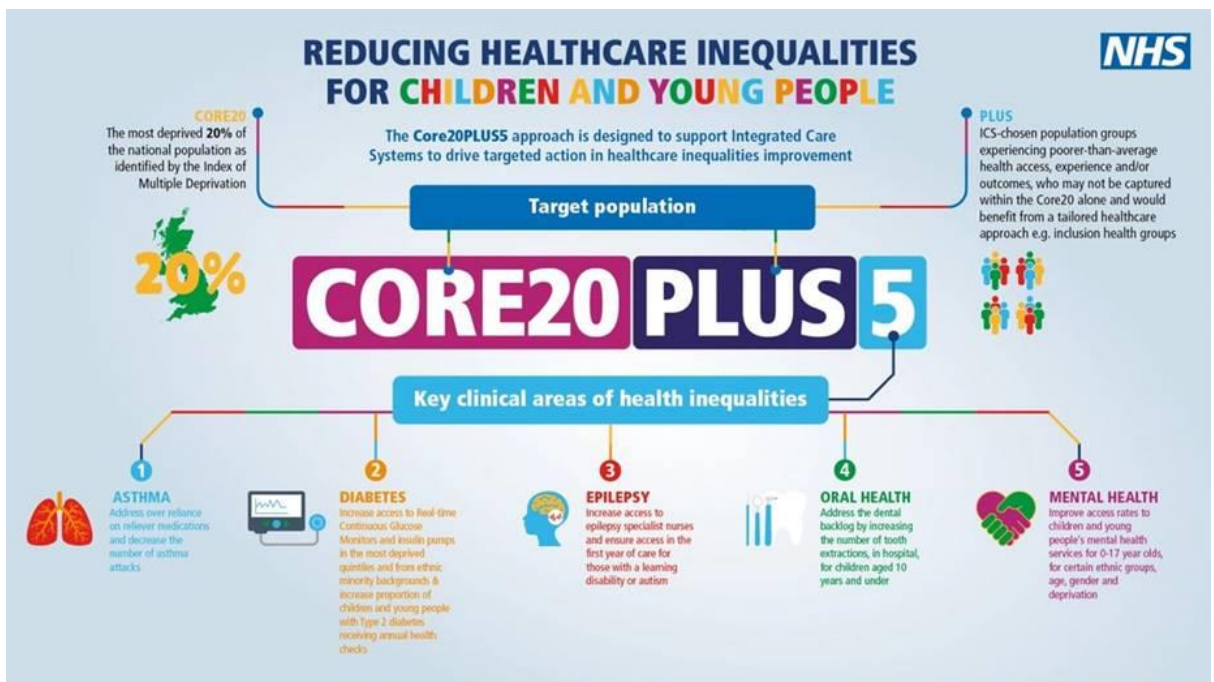
Our golden ambition

Focusing on children and young people is our hope for the future. Only by making 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 focussing on:



13. Work is also underway to address health inequalities using the national Core20Plus5 framework which works across physical and mental health.



14. A priority for York Health and Care Partnership Executive Committee and reflected in the 2024 Annual Report and Joint Forward Plan is to develop a partnership based, inclusive model for children, young people and families. The aim is that children are at the centre of our city life, and work is done in partnership to raise a healthy generation of children. In July the Health and Wellbeing Board members received a presentation about the work undertaken by the partnership.

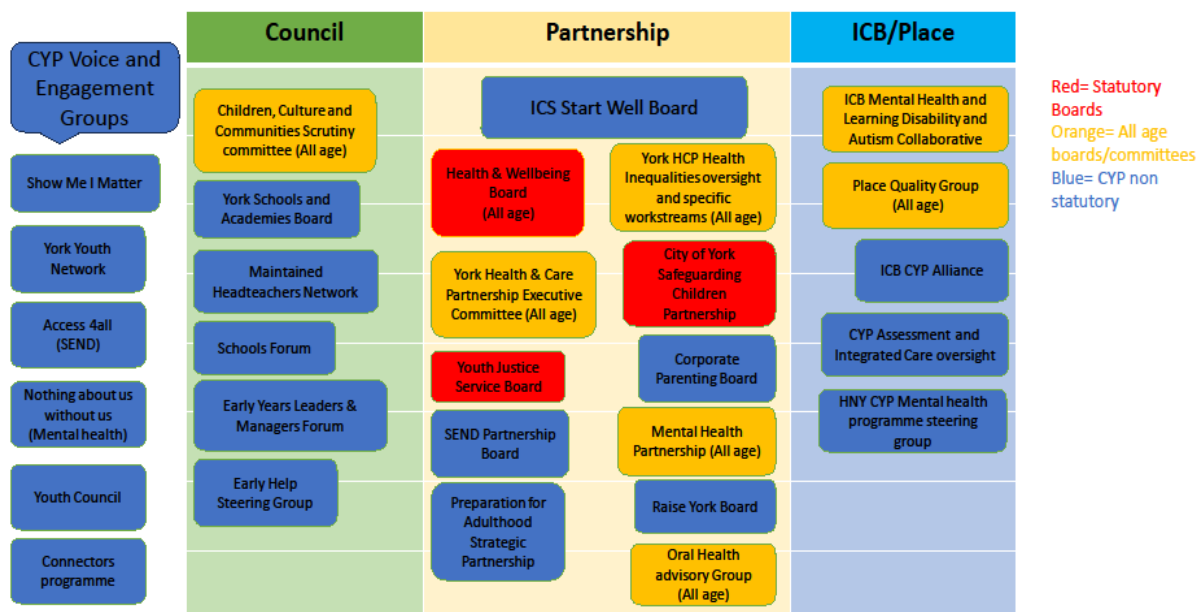
15. One City, for all, the City of York Council's Plan (2023-2027), sets a strong ambition to increase opportunities for everyone living in York to live healthy and fulfilling lives. It states: "we want every child to be safe, healthy, and happy in strong resilient families, living in diverse inclusive communities, with equal opportunities to ensure they achieve their full potential and the best possible outcomes".

16. Our work at place and across the system also aims to deliver health and wellbeing priorities of the York Children and Young People's Plan, with health a priority.



17. There are several boards, committees and partnership arrangements in York where children and young people are the

sole focus of the boards work, and some where children and young people are part of an all-age Board.



18. There is further work to be done to integrate our arrangements as commissioners which will help to facilitate integration between providers of health, care and education which benefits all of our children, young people, and families, particularly those in greatest need.

Implications

Financial: there are no financial implications

Human Resources (HR): there are no HR implications: there are general references to workforce development as a priority across the Integrated Care Board.

Equalities: matters of equalities are referenced in the report, in relation to minoritised communities and LGBTQ+ children and young people

Legal: there are no legal implications: there are general references to statutory duties within the report.

Crime and Disorder: there are no implications for crime and disorder

Information Technology (IT): there are no IT implications

Property: there are no property implications

Other: None identified

Risk Management:

19. This report makes clear that there is ambition and commitment to ensure that the health and well-being of our children and young people is secured and prioritised in planning and delivery. However, there has to be a realistic assessment of the wider context within which public sector currently operates and its impact on children and young people, in particular funding and the reduction in staffing resources as significant numbers of clinical and support staff have exited since 2020 and fewer are coming through training.
20. These are inter-related and present challenges for how all York partners work together. We have some excellent examples that demonstrate the work progressing to inform and shape the future of health provision, including the Mental Health Support Teams in schools, the transformation of speech, language and communication services, the 'Making Sense Together' films for the universal occupational therapy offer and the schools asthma project.

Recommendations

21. The Health and Wellbeing Board are asked to:
1. Note the current provision and future plans to deliver against priorities and the gaps that need to be addressed to improve outcomes for children and young people;

Contact Details

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Chief Officer Responsible for the report:

Sarah Coltman-Lovell, National Health
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Report Approved



Date: 10.9.24

Integrated Care Board)

Louise Wootton:
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Children and Young
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Integrated Care Board

Susan De Val:
Senior Commissioning
Manager Children and
Young People Humber
and North Yorkshire
Integrated Care Board

Wards Affected

ALL

Annexes

Annex A: Extract from York Health and Care Partnership Report and joint Forward Plan (May 2024) [Annex A - YHCP annual report and joint forward plan final May 2024.pdf \(york.gov.uk\)](#).

Glossary of Abbreviations

| | |
|-------|---|
| CAMHS | Children and adolescent mental health service |
| CYP | Children and young people |
| HNY | Humber and North Yorkshire |
| ICB | Integrated Care Board |
| ICP | Integrated Care Partnership |
| ICS | Integrated Care System |
| NHS | National Health Service |
| VCSE | Voluntary community and social enterprise |

Background Papers

- York Health and Care Partnership Report and joint Forward Plan (May 2024) [Annex A - YHCP annual report and joint forward plan final May 2024.pdf \(york.gov.uk\)](#).
- York Health and Care Partnership Report and joint Forward Plan (May 2024) [Annex A - YHCP annual report and joint forward plan final May 2024.pdf \(york.gov.uk\)](#).
- York Children and Young People's Plan - [Children and Young People's Plan – City of York Council](#)
- Humber and North Yorkshire Children and Young Peoples Mental Health Strategic Plan (2021 – 2024) [Humber-and-North-Yorkshire-HCP-Children-and-Young-Peoples-Mental-Health-Strategic-plan-2021-2024-FINAL-.pdf \(humberandnorthyorkshire.org.uk\)](#)
[Humber-and-North-Yorkshire-HCP-Children-and-Young-Peoples-Mental-Health-Programme-Strategic-priorities-workplan-22-23-Final.pdf \(humberandnorthyorkshire.org.uk\)](#)
- Humber and North Yorkshire Children and Young Peoples Trauma Informed Care Programme - [Children and Young People's Trauma Informed Care Programme - Humber and North Yorkshire Health and Care Partnership](#)
- Health Inequalities – [NHS England » Core20PLUS5 infographic – Children and young people](#)

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Extract of York Health and Care Partnership and Joint Forward Plan (May 2024)

Delivery against priorities in 2023/2024

Develop a partnership based, inclusive model for children, young people, and families

The aim of this priority is to ensure that children are at the centre of our city life, and work is done in partnership to raise a healthy generation of children.

| What we said we would deliver | What we have delivered in 2023/24 |
|---|--|
| <p>Embed prevention and early intervention models through an integrated offer across the system for children and young people</p> | <p>Children and Young People (CYP) plan developed by City of York Council (CYC) with health input from CYP quality lead and CYP Mental Health commissioner.</p> <p>Family Hubs implementation commenced, and proposal being submitted for health inequalities funding to support a health practitioner role within family hubs.</p> <p>System wide communication and input into the ICB wide Healthier Together webpage/resources including locally produced resources for professionals working with children and young people and parents/carers</p> <p>Development of the Yormind mental health website for young people to include a new series of chat chat mental health podcasts which are coproduced with young people.</p> <p>Development of the new YorChoice Mental Health Drop In for young people aged 14 – 21 (up to 25 if have SEND) which runs twice a week across the city by York Mind</p> <p>Integrated Bowel and Bladder workshops for CYP co- designed and co-delivered by Healthy child service and specialist Bowel and bladder nurses.</p> <p>Recommissioned initial health assessments (IHA) for CYP who are looked after to improve timeliness of assessments.</p> <p>Commissioned a second school Mental Health Support Team (Well-Being in Mind) delivered by TEWV.</p> <p>Jointly recommissioned the School Well-Being Service across all York state schools.</p> <p>Baby Friendly Initiative (BFI) funding from York's health inequalities funding led by Public Health – infant feeding lead appointed, and plan being developed to achieve BFI status in city.</p> |

Tackle health inequalities using the CORE20PLUS5 approach

Early talk for York and More talk for York approach to identifying speech language and communication needs in children and young people.

Developing resources to support 'Waiting Well' approach for CYP who are waiting on Speech and Language Therapy (SaLT) or Occupational Therapy (OT) waiting lists.

Developed an integrated model of residential and edge of care support for young people who have or at risk of developing complex care and health needs. This 'Together We Can' service is based on a 'no wrong door approach' and benefits from jointly funded and commissioned clinical psychologist and speech and language therapist.

Special educational needs and disability (SEND) operational plan coproduced and implemented by partners and stakeholders across the city.

Consultations developed and coproduced with CYP on:

- Improving access to mental health support for CYP across Humber and North Yorkshire
- Improving support for CYP admitted to acute paediatrics for mental health issues
- Improving outcomes recording in CAMHS

These consultations produced 50 recommendations currently being implemented at place through the Nothing About Us Without Us CYP Advisory group including improving mental health support for neurodiverse children and young people, LGBT young people and minoritized ethnic children and young people

CYP Health inequalities delivered to primary care protected learning time.

Childrens Alliance and Transformation work:

- Asthma-Risk stratification undertaken by ICB CYP asthma team with primary care to identify those CYP locally who need review due to number of short acting beta-agonists, useful medications for supporting people with asthma.
- Primary care records and community diagnostics to be used to support diagnosis of CYP with likely asthma but no formal diagnosis yet.
- Asthma friendly schools post funded by York's health inequalities money- post currently out to advert with York & Scarborough Teaching Hospitals

Work across the partnership on models of care, for example establishing a primary care led model for Children and Young People's Mental Health with Nimbuscare, Tees, Esk and Wear Valley and the York & Scarborough Teaching Hospitals Foundation Trust, and the development of family hubs.

Foundation Trust.

- Epilepsy Mental health screening and psychology intervention pilot locally.

School attendance support worker jointly commissioned by York Place and CYC.

Family Support Worker jointly commissioned by York Place and CYC to work with children with most complex autism presentations and their families.

Joint Forward Plan Priorities for 2024/2025

| What will we deliver? | How will we deliver this in 2024/25? |
|--|---|
| <p>Support for our schools to support CYP with Asthma to fully participate in school life and manage symptoms to ensure CYP can achieve optimal outcomes</p> | <p>Commissioned Asthma Friendly School (AFS) project nurse to work in partnership with CYC LA and Multi Academy Trusts to become accredited as AFS.</p> |
| <p>Continue to develop the integrated offer for support to children who experience difficulties with bowel and bladder function</p> | <p>Develop additional workshops and targeted support for CYP with additional needs or who are neurodiverse and need more bespoke advice and support.</p> <p>Continue to work with colleagues in primary care and healthy child service to ensure they have the right knowledge and support to deliver the Tier 1 level of advice and support in the community.</p> |
| <p>Review of commissioning arrangements for Speech and Language Therapy services (SaLT) and consideration of joint commissioning possibilities to ensure Speech, language and communication needs (SLCN) of CYP are supported throughout childhood and assessment and intervention is undertaken using the iThrive approach – ensuring all workforce and community can support children with their SLCN</p> <p>Early Talk for York approach to reducing SLCN disadvantage that is experienced by children living in areas of deprivation. This could be upscaled and its reach extended if additional funding agreed by system partners.</p> | <p>Review current arrangements for SaLT commissioning which is majority NHS commissioned including service specification for NHS SaLT and consider potential for joint commissioning between LA/education/settings and NHS.</p> <p>Work with partners to agree a model for joint commissioning of SaLT services that will meet local needs.</p> <p>Health inequalities funding being utilised to develop universal resources for speech and language support.</p> <p>NHS SaLT service transformation to continue including the introduction of a SaLT early help and support telephone line for parents/carers and education.</p> |
| <p>Reduce barriers that CYP who are neurodiverse experience in relation to school attendance</p> | <p>Roll out the Partnership for Inclusion of Neurodiversity (PINS) in selected York Schools alongside CYC commissioned Neurodiversity in Schools' support.</p> <p>Complete the transformation of Making Sense Together service (Occupational Therapy dept Y&SFT) which includes developing resources to support CYP with sensory processing difficulties.</p> <p>Health inequalities funding towards the joint commissioning of family and school link worker when CYP are experiencing school attendance issues (1 year proof of concept to be evaluated and jointly determined, if possible, to expand and continue joint commissioning).</p> |

| | |
|--|--|
| <p>Consider an improved integrated approach to SEND (special educational needs and disabilities) using a Family Hub approach and coproducing services with children and families</p> <p>Increase support for children and young people with autism with the most complex needs</p> | <p>Senior leaders across York Health and Care Partnership will work collaboratively to review current arrangements and consider joint commissioning possibilities to support CYP who have SEND using Childrens and Families Act and SEND Code of Practice to inform decisions.</p> <p>Autism Service Development Funding to pilot a family support worker based at the Beehive to work alongside the psychology- led FIRST: Family Intensive Rapid Intervention Service with the aim of improving participation at school and in community settings.</p> |
| <p>An ICS approach to ensuring CYP have the best start in life and enable everyone to be safe, grow and learn as outlined in the HNY ICB Strategy.</p> | <p>Continue to build on the newly established ICB CYP Integrated Start Well Board, developing an operation model which clearly defines strategies across the ICB footprint with those which are best delivered at Place. A clear governance and meeting structure will be developed.</p> |

What will this mean for our population over the next five years?

- We are making progress towards becoming a health generating city focused on prevention where children, young people and their families are supported, care is seamless and early intervention is prioritised.
- Children and young people are at the heart of our city life, where good health and wellbeing is priorities from birth.
- CYC Schools will be AFS accredited and CYP in York with diagnosis of asthma will have a Personalised Asthma Action Plan
- CYP will be supported throughout their developmental stages to develop SLC skills with a workforce that is skilled and trained in early intervention and assessment thus reducing need for individual specialist intervention.
- Parents/carers/education staff have timely access to specialist SaLT advice.
- CYP who are neurodiverse feel supported in education settings to thrive and achieve their desired outcomes and parents report that they are confident in schools/settings managing their child's needs.
- Increase in school attendance for CYP who are neurodiverse or experience anxiety in attending school.
- Education staff and parents/carers have training and resources to use to support CYP to improve school attendance.

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Health and Wellbeing Board

25 September 2024

Report of the York Health and Care Partnership**Summary**

1. This report provides an update to the Health and Wellbeing Board (HWBB) regarding the work of the York Health and Care Partnership (YHCP), progress to date and next steps.
2. This edition of the report introduces a proposal developed by the Humber and North Yorkshire Health and Care Partnership which was discussed by the YHCP at their August meeting.
3. The report is for information and discussion and does not ask the Health and Wellbeing Board to respond to recommendations or make any decisions.

Background

4. Partners across York Place continue to work closely together to integrate services for our population.
5. The meeting of the HWBB on 24th July 2024 heard about the YHCP's Joint Forward Plan which outlines the long term, transformational priorities of York Place. These are:
 - Strengthen York's Integrated Community Offer
 - Implement an integrated Urgent and Emergency Care Offer
 - Further develop Primary/Secondary shared-care models
 - Embed an integrated prevention and early intervention model
 - Develop a partnership based, inclusive model for children, young people, and families
 - Drive social and economic development

A workplan shared at the last meeting outlined specific actions under each priority to be undertaken in partnership by the organisations represented in 2024/25. These support the ambitions and goals contained within York's Joint Local Health and Wellbeing strategy and the Humber and North Yorkshire Health and Care Partnership Strategy.

6. YHCP has an Executive Committee (shadow) which is the forum through which senior Partnership leaders collaborate to oversee the delivery of the Partnership priorities. The Executive Committee meets monthly, and minutes from the last 2 meetings held in July and August are included as **Annexes** to this report.

Update on the work of the YHCP

Mental Health Hub Progress and Next Steps

7. At the July York Health and Care Partnership Committee members discussed the progress being made with the first mental Health Hub at 30 Clarence Street in York, and how it provides a blueprint for integrated community-based offers which broaden the definition of what we traditionally see as health and social care. Healthwatch York have already received positive feedback from a user of the hub who had been seen straight away and received appropriate support. Further discussion highlighted the commitment from the voluntary sector and the need to clearly communicate the hub offer and its phased opening.
8. The Hub at Clarence Street continues to follow the phased plan of opening and will be fully integrated with the mental health recovery service at Clarence Street from the beginning of September. The team have initially been working with individuals from the TEWV Access team and have already seen some really positive outcomes. Plans are in place to open access further over the coming months, working with adult social care and primary care. The next key steps for the hub are to evaluate the data and outcomes from the first phases of opening and use this to inform the development of the offer. We also have a priority action around implementing a joint recording system. The monthly conversation cafes continue to be a great way for people to get involved in shaping the hub developments.
9. Since the HWBB last met the Mental Health Partnership has been notified that it has been successful in a bid to establish a 24/7 Hub

offer. York will be one of 6 pilot sites across the Country. These pilots will be closely supported by NHS England and evaluated thoroughly to inform national priorities.

10. York will receive £2.4m over 2 years to fund an open access 24/7 neighbourhood mental health centre, based in the West of the City. This will build on the principles and learning from the successful community mental health hub opened at 30 Clarence Street, in May 2023 after being piloted. In addition to the multidisciplinary and multiagency team operating during core hours (8am-9pm), there will be personalised support on an overnight basis, including for those in significant distress. We do not envisage repurposing premises for the inclusion of beds, but aim to have calm, comfortable spaces where people can be appropriately supported at all times of the day or night.
11. The 24/7 centre will be codesigned and codeveloped in collaboration with people with lived experience, local residents and those with community connections. A codesign process, facilitated by the Innovation Unit, will begin at the beginning of October with a codesign team made up of people with lived experience, carers, police, practitioners from health and social care and the voluntary sector. Meanwhile an implementation group has been established, reporting into the Joint Delivery Board. The primary focus currently is commissioning and accommodation for the hub. We currently have two potential options for the site and are evaluating both.
12. Finally, the Mental Health Partnership hosted a celebratory event on 17th September where a wide variety of stakeholders convened to discuss innovative mental health including the hubs, good practice in coproduction and the work of the 7 voluntary sector organisations that have received transformation grant funding as part of the Connecting Our City project. We are delighted that several people who have been supported by the voluntary organisations were able to attend and talk about their stories and the benefits of the support received. The event was attended by over 70 people from across health, social care and the voluntary sector and chaired by the Co-Chairs of the Mental Health Partnership. *[Please note that this event will take place on the same day as the agenda for the HWBB meeting is published and therefore a verbal update on this event will provided at the HWBB meeting.]*

13. Place Development Progress and Next Steps
14. York Health and Care Partnership Executive Committee members discussed the plan to mature and develop the Partnership to achieve its full potential on behalf of people. The discussion and actions focused on two elements of the plan:
15. Firstly, an update on the joint commissioning forum, established recently to oversee preparations to form a Joint Committee which would evolve from the existing Executive Committee through which senior leaders collaborate.
16. Secondly, a proposed approach to working together to drive out avoidable cost to help facilitate a shift towards prevention, better care, and sustainability. Committee members agreed to share information about how their organisation is tackling financial challenges and opportunities on how they could work with other constituent partners in York to reduce waste and cost.
17. The need to drive out avoidable cost was starkly illustrated at the August meeting of the YHCP, at which the ICB Place Director of Finance provided an update on the NHS financial position.
18. The Integrated Care System financial plan displays the position of the Integrated Care Board plus the 5 main NHS providers within its boundary. The planned deficit for our system in 2024/25 is £50m, with significant risks such as rising acuity and demand at the same time as developing and delivering multiple new efficiencies required to achieve this. At the meeting, quarter one information was presented and discussed. This demonstrated a year to date position of £47.2m deficit, c£7m away from the expected year to date position, although a verbal update was given indicating the system was back on plan in month. This demonstrates the scale of delivery and savings required in the latter half of the year. The focus is on maintaining grip and control (for example managing agency spend), whilst focusing on major transformational schemes across the system, for example improving flow through enabling changes in community care.
19. Collectively the City of York faces unprecedented financial challenges in the face of rising demand, when taking into consideration the collective position of statutory and non statutory organisations organising or providing care to local people. Whilst there is no easy solution, Committee members noted that the

YHCP, now more than ever, is essential to support strategic, well considered decision making to avoid parts of the system unknowingly impacted by the actions of another.

20. Future Model for Services and Estate (City of York)
21. Partners across York Place have exchanged perspectives about how services could look and feel different as we progress with ambitions to integrate commissioning and service delivery for our population. This culminated in a discussion at the Place Committee in August: “Shaping our Future for a Health Generating City”. The narrative begins to describe how we will work together to re-shape health, care and prevention services and related estate over the next 10-15 years, in the context of changes to the housing and infrastructure brought about partly by developments such as York Central.
22. The work is at the stage of generating ideas to build collective understanding and commitment and will be subject to extensive dialogue in the coming months and years. The focus is on general practice and community-based health and local government services. Taken together these represent the vast majority of daily contact people have with health, care and prevention services that contribute to the determinants of health for our population.
23. One idea introduced as part of this work is the Integrated Neighbourhood Team model, which could pave the way for health care, social care, voluntary sector and schools to be better connected, loosely organised around communities of c50,000 people. There is much evidence internationally that this scale is ideal for organising services to best meet the needs of people, particularly those with rising / high complex needs which span multiple conditions or circumstances benefitting from a multi-agency approach. Integrated Neighbourhood Teams operate with a different organising principle from hospital pathways, which are organised around a single condition, and could provide an environment for general practice and community services to flourish.
24. Local professionals are continuing their discussions about how this could work in practice in and around the distinct local communities of York – recognising how the housing and infrastructure landscape of the City will change over the next 10-15 years.

25. Committee members also received a design proposition from the Humber and North Yorkshire Health and Care Partnership, developed with and by system leaders from the ICB and constituent partner organisations of the Humber and North Yorkshire integrated care system. It was acknowledged that the local and regional work are complimentary. The next section introduces the Humber and North Yorkshire design proposition and summarises the Committee discussion on this.
26. Design for the Future (Humber and North Yorkshire)
27. Across Humber and North Yorkshire there is a recognition that we face a perfect storm of issues:
 - Our population is aging at a faster rate than anywhere else in the country (by 2043, there will be 75% more people aged 75 and over) and healthy life expectancy is actually decreasing in some parts of Humber and North Yorkshire. As our population gets older but with more people living in poorer health (particularly people living in deprived coastal communities and some rural areas), we know many of these people will need much higher levels of health and social care support in the coming years.
 - Our system needs to create better links between physical and mental health and make sure patients with mental health issues get the same attention of those with physical illnesses.
 - Many of our specialist and most experienced staff are going to be retiring in the next 10 years.
 - Some of our buildings will continue to deteriorate and this could mean, in some cases, having to close them completely.
 - Medical breakthroughs will continue at pace and we need to be flexible so we can offer these procedures and treatments as well as care for those we already know will need our services.
 - Inequalities between different groups of patients will only worsen if we don't take action, which isn't fair for many vulnerable people.
 - There are too many people in the Humber and North Yorkshire area who are having to wait longer to see a professional and get the advice, support, or treatment they need.

28. Health services locally are responding to this and are making changes to provide the best services they can, but we know what we have done so far is not enough. We are concerned about the impact on people's health and care. This is not inevitable though, especially if we act now.
29. We will want to hear everyone's views, including the public and stakeholders, and staff in thinking through any proposals we make.
30. There are three main areas where we are making the following commitment in relation to the future design of services.

1. Local Integrated Primary, Community and Social Care (including social based and de-medicalised mental health and neurodiversity services)

We want people to be able to access primary, community, mental health, long-term conditions management, outpatients, social care and end of life care in a joined-up way that is local to their place.

2. Mental Health Learning Disability and Autism

We want people to be able to receive the specialist health and mental health services that they require least often when they need it, which may mean they are provided at scale and could be from a single location.

3. Acute and Specialist services and care

We want people to be able to receive best quality planned treatment in a timely way, this may require people to travel to receive access to health expertise in specific centres of excellence that maximise productivity and improve people's outcomes.

31. The 'perfect storm of issues' present a case for change, to have a health and care system that is better able to respond to today's challenges and better designed to meet the demands of the future. There are supportive measures we can take steps to take, including incremental increases in the proportion of ICB budget / resources to prevention and out of hospital services and maximising the utilisation of the best spaces from which to provide services.

32. The place health and care partnerships are key to realising the ‘premium’ of collective leadership and collaboration (doing things more effectively together at lowest cost and in ways that meet needs earlier leading to better outcomes).
33. The York Health and Care Partnership Executive Committee members discussed the design proposition from the Humber and North Yorkshire Health and Care Partnership, recognising the case for change. Areas for further consideration have been highlighted to the ICB; including population growth, potential areas of tension or trade off, the role of voluntary and community sector organisations in prevention, and shift to social based models to meet needs earlier. The importance of hearing people’s voices and being honest about the severity of the finance and workforce challenges was emphasised by Committee members and it is noted that public engagement is planned to help form a response to the case for change.
34. Committee members agreed that the local work on future models of services and estate for health, care and prevention (section 20 of this report) supports the proposition for Integrated Primary, Community and Social Care in York. Based on this, members agreed to support professional engagement at pace with a broad range of leaders drawn from health, local government and partner agencies.
35. *[Please note that on the 12th September 2024, Lord Darzi published a report on the state of the National Health Service in England. The independent investigation was commissioned by the Secretary of State for Health and Social Care in July 2024. The review will undoubtedly drive and shape the local response to the challenges facing the healthcare system.]*

Contact Details

Authors:

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Chief Officer Responsible for the report:

Sarah Coltman-Lovell, NHS Place Director

Report Approved



Date: 12th September 2024

Wards Affected

ALL

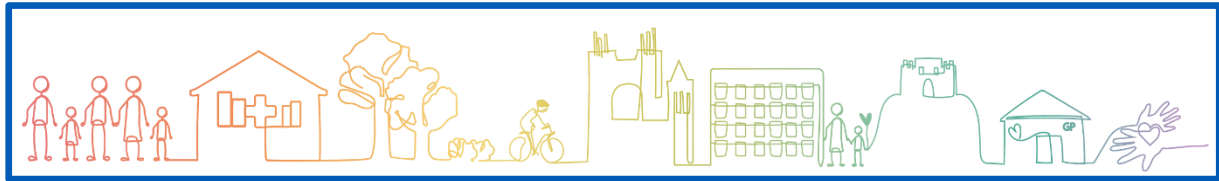
For further information please contact the author(s) of the report

Annexes

Annex A: Minutes from the July 2024 meeting

Annex B: Minutes from the August 2024 meeting (to follow)

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York Health and Care Partnership

Thursday 11 July 2024, 10:00 - 12:30
Severus Meeting Room; First Floor, West Offices
Chair: Ian Floyd

| Present | | |
|--|---|---|
| Ian Floyd (Chair) (IF) | Chief Operating Officer | City of York Council (CYC) |
| Sian Balsom (SB) | Manager | Healthwatch, York |
| Zoe Campbell (ZC) on Teams | Managing Director North Yorkshire and York | Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) |
| Sarah Coltman- Lovell (SCL) on Teams | York Place Director | Humber and North Yorkshire Integrated Care Board (H&NY ICB) |
| Brian Cranna (BC) on Teams | Director of Operations and Transformation, North Yorkshire and York | TEWV |
| Cllr Claire Douglas (CD) | Leader of City of York Council | CYC |
| Dr Rebecca Field (BF) | Joint Chair of York Health and Care Collaborative | York Medical Group |
| Professor Mike Holmes (MH) on Teams - part | Chair | Nimbuscare |
| Melanie Liley (ML) | Chief Allied Health Professional | York and Scarborough Teaching Hospitals NHS Foundation Trust (YSTHFT) |
| Peter Roderick (PR) | Director of Public Health | CYC |
| Alison Semmence (AS) | Chief Executive | York Centre for Voluntary Services (CVS) |
| Cllr Lucy Steels-Walshaw (LSW) | Executive Member for Health, Wellbeing and Adult Social Care | CYC |
| In Attendance | | |
| Natalie Caphane (NC) | Assistant Director of System Planning and Improvement | York Place, H&NY ICB |
| Professor Lynne Gabriel (LG) | Co-Chair | York Mental Health Partnership |
| Caroline Johnson (CJ) on Teams | Place Deputy Nurse Director | York Place, H&NY ICB |
| Michele Saidman (MS) | Executive Business Support Officer | York Place, H&NY ICB |
| Tracy Wallis (TW) | Health and Wellbeing Partnerships Co-ordinator | CYC |
| Dr Stephen Wright | Co-Chair | York Mental Health Partnership |
| Apologies | | |
| Mark Bradley (MB) | Place Finance Director, North Yorkshire and York | H&NY ICB |
| Gail Brown (GB) | Chief Executive | Ebor Academy Trust |
| Professor Karen Bryan (KB) | Vice Chancellor | York St John University |

| | | |
|--------------------------|--|----------------------|
| Michelle Carrington (MC) | Place Director for Quality and Nursing, North Yorkshire and York | H&NY ICB |
| Dr Helena Ebbs (HE) | Clinical Place Director, North Yorkshire and York | H&NY ICB |
| Emma Johnson (EJ) | Chief Executive | St. Leonards Hospice |
| Martin Kelly (MK) | Corporate Director of Children and Education | City of York Council |
| Simon Morritt (SM) | Chief Executive | YSTFT |
| Sara Storey (SS) | Director Adult Social Care and Integration | CYC |

1. Welcome, apologies for absence and minutes

The Chair welcomed everyone to the meeting. Apologies were as noted above.

There were no declarations of interest in the business of the meeting.

The minutes of the meeting held on 20 June 2024 were approved subject to amendment on page 3 item 2 *The future health of the population – building our population health management approach across Humber and North Yorkshire* where the action to read:

'PR to lead on development of an improvement programme for York's preventative services for presentation at a future meeting'

Discussion ensued in the context of maximising available resources through working together, including the perspectives of the York Health and Care Collaborative and the development of Integrated Neighbourhood Teams with recognition of prevention in terms of primary, secondary and tertiary services. SCL referred to discussion at the previous meeting about arranging dedicated time and proposed an informal session to gain an understanding of the remit of each organisation with expert input to support a "time out". PR additionally noted that he would circulate a slide pack with explanations of various definitions around prevention (*circulated 16 July*).

Action

SCL to lead on development of a "time out" proposal.

Matters arising

Formation of a Joint Committee: IF advised that, subsequent to the meeting he and SCL had attended with the ICB on partnership working, further discussion in the context of lessons learned was being planned. The work of Professor Donna Hall was also noted in this regard.

2. Mental Health Hub Update

BC presented the report that described the partnership working to embed a multi-agency model of open access, community based mental health support through the Connecting our City Project. The first Mental Health Hub, based at 30 Clarence Street, had opened on 23 May 2024, with planning under way for two more later in the year in Acomb and Burnholme/Tang Hall for which potential venues were being scoped.

BC detailed: the phased opening and initial referrals approach; the multi-disciplinary team; the location and whole team approach; systems and governance; coproduction and appointment of Ben Hutchinson as Coproduction Champion; integration and the system change needed to

support the model long term; the commissioning and finance perspectives; and future hub developments. He commended the partnership working across agencies that had been key to the success of the hub model to date and noted that the phased approach to access would continue.

Detailed discussion commending the progress achieved included:

- Emphasis of the hub being a crisis prevention offer but with links to crisis services as required and the principle of ensuring appropriate support for both mental health and physical health needs.
- The Mental Health Hub as a blueprint for integration for aspects of health and wellbeing.
- The context of maximising existing resources across the partner organisations, realignment of services and progress towards sustainability.
- Relationships with primary care.
- The commitment of the voluntary sector.
- The need for clear communication about the hub offer as the phased opening and availability of clinical and specialist interventions progress.
- Concerns about management of capacity and demand with emphasis on the need for transparency.
- Noting that details were being finalised for an event later in the year celebrating the opening of the hub.
- Potential opportunities for support from City of York Council in relation to communications and venues.

SB noted that Healthwatch had already received positive feedback from a user of the hub who had been seen immediately and received appropriate support.

York Health and Care Partnership Executive Committee:

- i) Noted the content of the report.
- ii) Noted the need to secure venues for future hubs and for support to achieve this.
- iii) Noted the need to prioritise future commissioning arrangements of this model.
- iv) Noted the requirement for additional funding to support hub expansion.

3. Update on York Health and Care Partnership Place Development in 2024/25

BC and MH left the meeting during this item

In introducing this item NC referred to discussion at previous meetings, the York Health and Care Partnership strategic intentions for 2024/25 and set of seven actions (a. to g. below) for their delivery to progress collaboration and integration at Place, and the outline of the next steps in the report.

- a. Develop a shared narrative of what we are doing and why.
- b. Behave as one leadership team and help our workforce do the same, at every level.
- c. Create the bandwidth in our organisations to engage in dialogue that finds better ways of delivering services across physical and mental health, social care and wider determinants of health.
- d. Enable our communities to shape, participate in, and take ownership of their services.
- e. Conduct quality impact assessments of proposed changes to adopt a consistent approach, hold ourselves to account and promote continuous learning.

- f. Establish a joint commissioning forum (without formal delegated powers in 2024/25) to oversee preparations for a Joint Committee and co-opt expertise from ICB/LA as required.
- g. Establish how, by working differently, we can drive out avoidable costs, and shift allocation to support prevention, better care, and sustainability. Start with open communication on how each partner is reducing waste and optimising costs. This is an example of practice from North East Lincolnshire and will support YHCP to create a financially healthier system in readiness for transfer of responsibilities and decision-making.

PR explained that the Joint Commissioning Forum had been meeting monthly since January 2024 as a first step towards potential joint commissioning initially in early intervention and prevention with a view to becoming a vehicle for formally pooling available resources. Proposed services for inclusion, currently being identified, would require approval through the ICB and Local Authority governance structures and would then be presented to the York Health and Care Partnership. A number of joint posts were also being considered.

NC referred to the report appendix which described a methodology tested with St Leonard's Hospice to progress understanding across the partnership on the approach of each partner to reducing waste and optimising costs. It was proposed to replicate this approach across partners to allow compilation of a partnership view including system opportunities and a series of proposed actions. This would also support the intention to align system resources to integrated services by building on the opportunities identified, and to consider how as a partnership the existing resource can begin to be utilised to prioritise prevention and early intervention, highlighted at the June meeting as a priority. Reconfirmation of each organisation's commitment to share information to progress this was sought.

Discussion, mainly relating to the significant challenging financial position across the system, included:

- The need to manage expectations of joint commissioning and integration focusing on improving quality outcomes.
- The respective savings plans of each organisation, including a request for an update on the NHS position.
- The context of transparency and sharing of financial and resource challenges as key to improving services and outcomes through joint decisions on investment.
- Adoption of a co-production approach, including the voice of the patient, to maximise utilisation of health and care resources and avoid duplication through alignment to joint principles.

York Health and Care Partnership Executive Committee:

- i) Noted the updates on progress against the place actions.
- ii) Agreed that the approach and format of the partner financial briefing in appendix 1 of the report be replicated across partner organisations to inform a picture across the partnership.
- iii) Reconfirmed organisational commitment to sharing this information with a view to producing a similar overview for each organisation by the end of August.

Action

An update on the NHS financial position to be presented.

4. York Place, Primary Secondary Care Interface Update

This item was deferred.

5. Perinatal Mental Health and Parent-carer/infant Relationships

This item was deferred.

6. Any Other Business

IF advised that it appeared the August meeting would be quorate but prior confirmation of attendance would be sought.

SB advised that the Healthwatch Annual Report 2023/24 had been published, available at: [Healthwatch-York-Annual-Report-2023-24.pdf \(healthwatchyork.co.uk\)](https://www.healthwatchyork.co.uk/Healthwatch-York-Annual-Report-2023-24.pdf)

Item for Information

The Bereavement Alliance report was noted as received.

Next Meeting: Thursday 8 August 2024

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Health and Wellbeing Board
Report of the Manager, Healthwatch York

25 September 2024

Healthwatch York Report: Exploring Access to GP Services in York – Interim Report September 2024

Summary

1. This report is for the attention of Board members, sharing a Healthwatch report which looks at the results of a survey exploring people's experiences of accessing GP services within the city of York

Background

2. Healthwatch York provides information and advice about health and care services, signposts people to support, and listens to their experiences when accessing health and care services. One of the areas of health and care we hear most about is accessing GP services. We have committed to working during this financial year to explore this issue further.

Main/Key Issues to be considered

3. Our report's key findings are:
 - Many people shared information about what they value from their local GP, including friendly staff, ease of access, continuity of care, good communication, and priority access for those who need it.
 - The survey also highlighted patient concerns regarding access to GP services. These included difficulties making appointments, challenges with communication and administration, quality of care, inclusivity and equality, emergency response and responses to mental health concerns, staff attitudes and behaviours, and problems with continuity of care.

Consultation

4. In producing this report, we worked with local GP practices to consult the public through a short, simple survey.

Options

5. As this is an interim report, we have not made formal recommendations but there are some next steps and suggestions for the Board to consider.

Implications

6. There are no specialist implications from this report.

- **Financial**

There are no financial implications in this report.

- **Human Resources (HR)**

There are no HR implications in this report.

- **Equalities**

There are no equalities implications in this report.

- **Legal**

There are no legal implications in this report.

- **Crime and Disorder**

There are no crime and disorder implications in this report.

- **Information Technology (IT)**

There are no IT implications in this report.

- **Property**

There are no property implications in this report.

- **Other**

There are no other implications in this report.

Risk Management

- 7. There are no risks associated with this report.

Recommendations

- 8. The Health and Wellbeing Board are asked to:
 - i. Receive Healthwatch York’s report, Exploring Access to GP Services in York – Interim Report September 2024.
 - ii. Agree the best route to take forward the suggested next steps.

Reason: To keep up to date with the work of Healthwatch York and be aware of what members of the public are telling us

Contact Details

Author:

Siân Balsom
Manager
Healthwatch York
01904 621133

Chief Officer Responsible for the report:

Report Approved

| |
|---|
| x |
| |

Date 11.09.24

Wards Affected: All

All

For further information please contact the author of the report

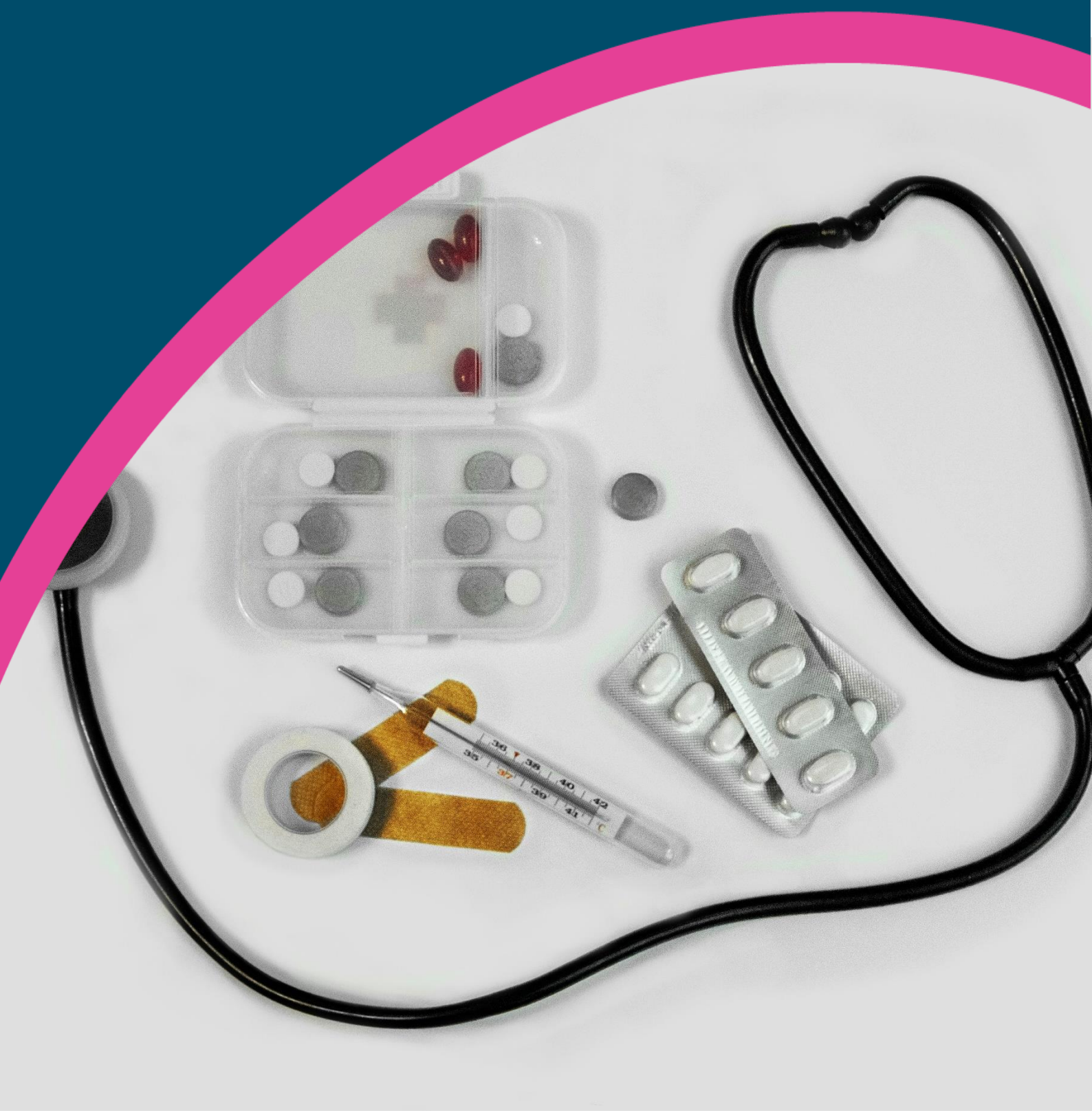
Background Papers:

Annex A – [Exploring access to GP services in York - September 2024](#)

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Exploring access to GP Services in York

Interim Report September 2024



Contents

Content warning: Contains reference to mental ill-health and distress.

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Acknowledgements

We understand the challenges faced by GP practices in the current climate. Throughout our research, we heard from a wide range of people to build a picture of access to healthcare and the challenges faced by both GP practices and patients. We are thankful to everyone who has shared their experiences, and we aim to provide a balanced view of the current situation.

We recognise that GPs and practice staff are working incredibly hard during these challenging times. The dedication and commitment shown by healthcare professionals are highly commendable, and their efforts are crucial in ensuring continued high quality patient care.

We are committed to working collaboratively with healthcare professionals, patients, and stakeholders to achieve these improvements. Thank you for your continued hard work and dedication to patient care.

We want to extend our sincere gratitude to everyone who took the time to complete our survey. Your responses are the heart of this report. We also extend our thanks to all colleagues in Primary Care who supported us and helped share the survey.

Every voice matters. Thank you for speaking up and for listening.

Cover image from Julia Zyablova via unsplash

Executive Summary

Our report examines people's experiences of accessing GP services in our city. Many respondents highlighted areas of good practice within the city.

What people value about their local GP practice are:

- Friendly, caring, listening staff at every level of the organisation providing quality care
- When practices provide a range of contact options including being able to make appointments face to face, phones being answered, email, and online options that make it easy to ask for what you need
- Access to appointments when you need them including same day if needed and face to face without phone triage
- Prioritised care for children, providing reassurance to parents
- Continuity of care, seeing the same doctor who knows you
- Good communication – quick responses, getting in touch when promised, proactive and responsive
- Convenient locations making it easy for people to access care
- Providing vaccinations

The survey also highlights several critical issues affecting patient experiences in GP practices. These are:

- Access and appointment issues
- Communication and administration
- Quality of Care
- Inclusivity and equality
- Mental health and emergency response
- Staff attitudes and behaviours
- Continuity of care
- Systemic issues

A message from our Chair

Healthwatch exists to be the voice of local people in our health and care system. We wanted to look at general practice as this is one of the issues we hear about most from people in York. The bulk of this report is direct quotes from individuals who completed our survey. There are many very positive comments about the service that people received from general practice. I am however struck by how disappointment and dissatisfaction is not limited to patients. Many of our GPs, practice nurses and other practice staff are also far from happy.

In this report (as in several reports that Healthwatch York have published over the last few years on areas of health and social care important to people in York) issues of access, communication and information have been highlighted. According to NHS England, the solution is the pursuit of “Modern General Practice”¹. This encourages primary care to follow five principles in tackling the challenge of capacity versus demand, namely:

1. Optimising contact channels
2. Structured information gathering
3. Using one care navigation process across all access channels
4. Better allocating capacity to need
5. Building capability in general practice teams.

In other words, Modern General Practice is about embracing technology, a wider range of roles in our GP teams, and seeing the person the system wants you to see.

¹ [NHS England » Modern general practice model](#)

The first two items on the Primary Care Recovery Plan are investment in IT systems and telephony. When we shared this at one of our voICeS meetings², there were audible groans from the people present. No one is denying that good IT and good phone systems can improve administration. However it seems to ignore that millions of people remain digitally excluded, for a number of reasons. It also ignores that what people really want hasn't changed. Through our survey people have told us they want to see someone who knows them, knows their medical history, and wants to help them manage their health in a way that works for them.

This highlights one of the key challenges facing general practice – it risks falling into the void that exists between what people tell us they want, and what NHS England believes it has to become.

We don't have the answers, but we want to work with people in York who use GP services and those people who work within practices to see if we can develop solutions together. Are we brave enough in York to encourage local practices and people together to design and try out our own solutions to the problems general practice is facing?

Janet Wright, Chair of Healthwatch York
September 2024

² Our voICeS network and meetings are for everyone in York who wants to share their views on health and social care. These are usually themed around a particular topic. For more information or to join our mailing list please get in touch with us.

Background

GPs, or General Practice, are one of the four pillars of primary care services alongside pharmacies, dentistry and eye care. Access to GP services is one of the most common issues Healthwatch York hears about. Because of this, we have chosen access to GP services as a priority for our work in 2024.

National context

Recent years have seen GP services under significant pressure. Even before the pandemic, it was clear that there were significant challenges for GP practices in meeting demand. In June 2024 alone GPs across the UK provided 28.7 million appointments, including 51,000 Covid-19 vaccinations. 44% of these were same day appointments. 68% were face to face³.

There have also been significant concerns about GP wellbeing, with higher levels of stress and anxiety in the GP workforce than are seen in the wider population⁴. In 2022, a study found just over a third of GPs were considering leaving the profession⁵. In June 2024 there were 37,643 fully qualified GPs working in the NHS in England, working the equivalent of 27,670 full time GPs based on a 37.5 hour working week. This represents 1,694 fewer full time GPs than in 2015⁶.

The Covid-19 pandemic increased these concerns – a University of York study considering its impact ⁷ highlighted growing dissatisfaction, isolation, stress, anxiety and burnout of GPs during this time. One GP is quoted reflecting on the change to their working life: “It's a different world,

³ [Appointments in General Practice, June 2024 - NHS England Digital](#)

⁴ [What are the sources of stress and distress for general practitioners working in England? A qualitative study - PMC \(nih.gov\)](#)

⁵ [Third of GPs to quit within five years – study | The Independent](#)

⁶ [Pressures in general practice data analysis \(bma.org.uk\)](#)

⁷ [Finalreport_ExploringGPwellbeingduringCOVID_070921.pdf \(york.ac.uk\)](#)

isn't it? I mean I think I thought I was busy [before COVID], but I didn't have a clue what busy was, basically. I just can't believe the workload explosion since COVID. I just don't know what the situation is. I mean, it's bizarre. So it was busy, it was stressful [before COVID], but I had my head above water."

Another continues this theme, stating: "Now it feels like the system's creaking, and people are creaking as well... it's a marathon, not a sprint... it becomes a lot more difficult to kind of keep focusing that energy."

And others highlight the wave of seriously unwell people that didn't seek help during the pandemic: "We are seeing really serious pathology... nine months of rectal bleeding or coughing up blood for the last six months and three or four stone weight loss, don't know why. You're thinking goodness me, why haven't these people come in?"

"...people sitting on cancers, literally, and then presenting with late diagnosis. So that has been stressful and sad... we know a lot of our patients haven't been coming in with certain symptoms. And in the last few months we've had quite a big influx of these patients who've come in with a ten-month history of this... haven't come 'cause they didn't want to put a burden on the NHS. And actually have gone on to have pretty bad, if not terminal diagnoses. And it's that sort of thing that actually you fear. It's the stress of knowing that's probably going to happen more and more. And then the worry that actually, that's going to just be blamed on GPs when actually a lot of that's unfortunately been unavoidable just because of what's been going on."

The Fuller Stocktake Report (May 2022) makes it clear that the current model of primary care is unsustainable.

In March 2023, when publicising their 'Fit for the Future'⁸ report, the Royal College of General Practitioners warned that a quarter of GP practices could close because of workload pressures⁹. There are concerns that closures that have been increasing since 2013 are now escalating, with recent announcements of a planned closure in Hyson Green Nottingham¹⁰, the closure due to bankruptcy of Hawes Lane Surgery in Rowley Regis¹¹, and a closure of the only practice in St Davids in Wales¹².

In May 2023 NHS England published the delivery plan for recovering access to primary care. This provided an update on support to practices and Primary Care Networks, alongside checklists of actions. The key elements of this recovery plan are:

- Emphasis on digital technology at GP practices
- Offering appropriate care through an increase in non-GP roles within practices
- People will be encouraged to manage their own health at home
- More services will be offered through community pharmacy¹³

There are evident tensions between urgent and routine care, leading to growing frustrations among both patients and healthcare professionals (National Patient Survey Results 2023). There are also continuing concerns about the safety of a digital first approach and the risks of misdiagnosis¹⁴.

On 17 June 2024 the BMA announced they had opened a ballot for GPs around taking collective action¹⁵. Although GPs are not being asked to strike, they are being asked to take one of ten actions¹⁶.

⁸ [RCGP-Fit-for-the-Future-A-New-plan-for-General-Practice.pdf](#)

⁹ [A quarter of GP practices could close because of workload pressures, warns Royal College of GPs \(rcgp.org.uk\)](#)

¹⁰ [Fears of 'worrying' trend amid Nottingham GP practice closure - BBC News](#)

¹¹ [GP practice closes following 'bankruptcy order' - Pulse Today](#)

¹² [The Welsh city that doesn't have a GP surgery \(msn.com\)](#)

¹³ For more information about the increased role see [Healthwatch York Community Pharmacy Report February 2024](#)

¹⁴ [Online GP consultations have led to harm and death, investigation finds | NHS | The Guardian](#)

¹⁵ [Ballot for collective action opens for GPs in England - BMA media centre - BMA](#)

¹⁶ [GP contract 2024/25 changes \(bma.org.uk\)](#)

These include limiting the number of patients they see, withdrawing from voluntary contracts, delaying sign up to data sharing agreements, and switching off some local and national software. The Chair of the BMA's General Practitioner Committee, Katie Bramall-Stainer said:

"Over 99% of our members who responded, that's more than 19,000 GPs and GP trainees, rightfully rejected the Government and NHS England's 2024/25 GP contract changes. Despite numerous warnings and their refusal to improve the contract we've been left with no choice but to take action to save general practice. I urge all GP partner and contractor members to vote 'yes' and show the next Government that GPs can no longer tolerate running practices with less and less funding as demand continues to spiral. We want to provide patients with a quality service but it's increasingly clear, and our patients can see for themselves - we simply cannot do that without sufficient investment and more GPs in our surgeries."

GPs have not staged action since 1964 when family doctors collectively handed in undated resignations to the Wilson government. Dr Clare Gerada, former president of the Royal College of General Practitioners stated that "It is dangerous to see 60-70 patients a day - it really is... I have been a GP for 34 years and I have never seen it as bad."¹⁷ According to the Royal College of GPs, practices dealt with 20% more appointments in August 2023 compared to August 2019, with 883 fewer fully qualified full-time GPs working. It has now been confirmed that GP Partners have voted in favour of this collective action¹⁸.

¹⁷ [Overworked GPs are dangerous for patients, says doctor's spokesperson as strike threat looms | The Independent](#)

¹⁸ [GP partners vote in favour of taking collective action - Pulse Today](#)

Local context

Reflecting the national picture, local GPs have shared their concerns about the future of General Practice. In November 2023 a number of York's GPs published Protect and Recover¹⁹. This report, based on data from many of York's practices, outlines concerns about the increasing demand for urgent care, which leads to further delays in essential routine care that supports people to manage long term health conditions. It highlights the capacity gap that exists. For the 31 weeks of the study they identified 264,370 appointment requests, but only 215,765 contacts made. This leaves 48,605 requests for contact that did not lead to an appointment. To put this in simplistic terms, if a GP did nothing but 10 minute appointments for them all, this equates to over 8,000 hours of GP time needed.

New models of care, such as the Frailty Advice and Guidance Hub at Acomb Garth Community Centre and the Children's Ambulatory Treatment (CAT) Hub, are being developed. These initiatives offer new approaches, but evaluations are not yet available so it is uncertain how these models could be adapted to meet the diverse needs of different communities.

Both patients and healthcare professionals agree that change is necessary, though consensus on what that change should be has yet to be reached. In the longer term, we aim to bring together patients and healthcare professionals to develop practical, pragmatic, and mutually beneficial solutions to the identified issues. These solutions could be piloted or implemented at practices in York.

Our survey highlighted some significant challenges in accessing primary care services in York, revealing widespread dissatisfaction among patients who are struggling to obtain care due to overwhelming demand. However, we also heard from people who were very happy with their GP

¹⁹ Currently not published online. Please contact us for further information.

practice, and we saw significant variation within the responses we received, including not only differences in larger practices between surgeries but also for individual surgery sites.

What we did to find out more

We developed a simple online patient survey to explore people's experiences of GP practices in York. We publicised it throughout March 2024, taking it out to engagement events and activities across the city. We asked people to score their practice out of ten, and asked three simple questions; 'What is the best thing about your GP practice?', 'Is there anything you are unhappy about at your GP practice? If yes, what is the main thing?' and 'What would make it better?'

Thanks in large part to our team of volunteers and the support of GP practices, we heard from 1,349 people from York and its immediate surroundings. This report outlines the initial findings of our survey.

Key findings

Out of 1,349 survey responses, the overall average score was 5.5 out of 10, with 10 being excellent. Nearly a third (29%) of respondents scored their practice at 8 or more out of 10.

We worked with our research volunteers to analyse and theme the responses to the survey. Our report highlights several critical issues affecting patient experiences in GP practices, namely:

Access and appointment issues

For some respondents there were a range of contact options (in-person, telephone, email, online forms) and they described a system that they felt worked effectively. There was praise for the availability of same-day and face-to-face appointments without phone triage. Also, the prioritisation of care for children was reassuring for parents.

However, many other respondents described situations in which high demand and limited availability led to difficulty in booking appointments. Long wait times were felt to delay treatment and exacerbate health problems. People raised concerns with online portals for booking appointments, accessing records, and communication. People felt their preference for in-person consultations was not being met.

Communication and administration

Some respondents described good communication with quick responses and proactive staff. However, many described inefficient telephone systems with long hold times and a lack of email communication options. There were also instances of perceived poor administrative follow-up causing missed or delayed tests and treatments. These inefficiencies sometimes led to patients having to handle administrative tasks themselves. In addition, gaps in communication between GPs and hospitals sometimes led to disjointed care. Issues with the poor administration of prescriptions were also reported.

Quality of Care

Generally good clinical care was reported by many patients. However, there was a perception of GPs treating symptoms in isolation rather than considering holistic health. Some problems with prescription accuracy and timeliness were shared, as were concerns about being treated by unqualified or inadequately trained staff. A significant number of people raised concerns about patient privacy in busy or poorly designed reception areas.

Inclusivity and equality

We found some disparities in healthcare access and treatment for marginalised or vulnerable populations including accessibility issues for

disabled patients and some specific issues of concern for female patients. In addition, some respondents described a lack of regular health checks due to administrative oversights or resource and capacity limitations.

Mental health and emergency response

There were some instances where there was felt to be an inadequate response to acute mental health problems including suicidal thoughts and depression, and mixed experiences with the NHS 111 service for urgent medical advice. We also heard about inadequate or incorrect diagnoses and treatment plans.

Staff attitudes and behaviours

Friendly, caring, and attentive staff were described by many patients, however, there were some complaints about rude or dismissive behaviour from staff and varying quality of in-person consultations affecting patient satisfaction.

Continuity of care

Some patients described consistent care from the same GP and how much they valued this. Many others had difficulty in regularly seeing the same GP, disrupting the continuity of their care and leading to time consuming repetition of symptoms and patient history.

Systemic issues

There was positive feedback about the provision of vaccinations. However, there was a feeling from some respondents that resource constraints or policy decisions were affecting treatment availability and limiting some patients' access to locally-based care. There was feedback concerning constrained appointment times and some specific challenges in accessing blood tests. The complaints processes were sometimes reported as cumbersome and ineffective.

Findings in more detail

Access and appointment issues

Some patients reported having access to appointments when they needed them including same day if necessary and face-to-face without phone triage. Some felt that they were provided with a range of contact options: booking an appointment directly at the practice, telephone, and email and had experienced practices that have online forms that work well and offer a quick response. Some felt that care for children was prioritised, which was reassuring for parents. However, others often struggled to book appointments due to high demand and limited availability, leading to frustration and delayed care. Respondents felt that long waiting times for securing a GP appointment can exacerbate health issues and delay treatment. There was significant concern about the difficulty in securing face-to-face consultations, which many patients prefer over virtual or phone appointments and frequent problems with online portals for appointment booking, records access, and communication.

Positive comments:

“They are excellent. I was quite ill and have been given my own designated GP who I see every time. He got me an appointment with the hospital within two weeks. If I need to see him, I ring up and he arranges an appointment or rings me back. I've also seen the physiotherapist at the GP, they are very good.”

“When I have ticked the urgent appointment option, I have always been offered an appointment really quickly. Within the next day or two and sometimes on the same day. Even when I haven't considered it urgent, I have often been offered a much sooner appointment than I expected. I think their triage system works really well.”

"I think the online form is a great idea. They are fantastic at prioritising children, I have four-year-old twins who have continuous illness and we have had to contact the surgery a lot of the past year, they have always been given a same day appointment which has been brilliant!"

"They are responsive when something can be dealt with quickly and easily. They also pick up quickly anything needed for my children."

"Use of the Klinik system allows for effective triage and, in my experience, has ensured that I/my family have been able to speak to or see a practitioner within a reasonable timescale."

"Online triage system mostly works for me. I can spend time documenting my problem in detail, which is more efficient."

"They can give you a doctor contact on the same day if you have an urgent problem and you can arrange this over the phone."

"Contact via the website is excellent. They get back to you promptly and provide good follow up."

Negative comments:

"The only way to book an appointment is through an online system that does not reflect the things you need to communicate to the practice, often ends up with the wrong team, and takes weeks to get a response. It relies on the patient being able to guess the correct combination of answers to questions to get their enquiry to the correct team, and often the reply if your enquiry goes to the wrong team is a simple text message saying 'this team can't deal with that issue' with no ability to reply, leaving your only route to be to log another enquiry and wait another four to six weeks for a reply."

“It is near impossible to get an appointment other than a telephone call. They don't tell you the time or even the day of the call just a vague text message telling you it could be up to six weeks. If you miss that call due to being at work, for example, you have to go through the whole process again.”

“Booking appointments when you have a chronic health condition is very difficult. I have regular injections and book them in advance. For almost every time since I joined this practice, they get in touch the week before to cancel the appointment, change the time or location. They know I don't drive and have mobility issues; the injections are also time sensitive. Ideally, I need to go to the local practice, but they always send me to another practice that I will struggle to get to.”

“Unable to get through on phone and using their website is a nightmare as it assumes you are tech savvy. It needs to be clear using easy to understand language.”

“The receptionist also told me that no one else had any problems getting through by phone but I kept getting ‘we are busy, ring back later’ and was then cut off. This happened eight times spread across one day.”

“It is very difficult to get an appointment. I've very nearly given up calling the GP because it's such a faff to get through and to get an appointment scheduled. I have, in the past, also felt as if I've been brushed off and my concerns not listened to.”

“Trying to get an appointment is impossible for anything urgent. Likewise, if you've got something that needs to be seen but not immediately the wait is over a month; there's no wonder A&E is absolutely packed.”

“Trying to make contact. Making an appointment for a suitable time is impossible. Routine appointment timescales are far too long, therefore you have to choose urgent.”

“When I have managed to get an appointment the waiting room is empty, which I find bizarre as I know people find it difficult to get appointments, especially face-to-face. I am also unhappy about the practice not functioning at all as this was my local and easy to get to.”

“Availability of appointments outside of 9-4pm. I teach, so getting to appointments during the week and during the school day is very difficult.”

“Not being able to get an appointment even when really ill and/or symptoms are impacting on daily life and work (and fall into the category of something that should be checked quickly) - often having to wait at least six weeks.”

“When you do get an appointment there is no choice in day/time/location (even when you have notes on your file due to needing to be on a public transport route and not being able to easily take time off work at certain times), and the tone of the messages is too harsh (with the subtext saying that if you can't make the appointment you have been given you will be sent back to the bottom of the list no matter how ill you are, or what chronic illnesses you are living).”

“Sometimes the triage system flags an issue as urgent, but all the urgent GP slots are taken. In these cases, text messages have asked me to call NHS 111, and NHS 111 has unnecessarily referred me to A&E with big wait times.”

“Lack of privacy in reception areas.”

“Having to justify one’s need of an appointment to a non-medical receptionist, often having to divulge deeply personal details of one’s problem and condition is demeaning and embarrassing. When a request is then followed by a text saying it will be considered in three to six weeks, this is disrespectful.”

“The terrible online patient portal / triage system and the wait times for an appointment. Often you have an issue that’s not A&E worthy, but you can’t wait for more than a few days and you’ll get an automated message telling you a clinician won’t even look at the case for six weeks – i.e. that doesn’t even guarantee an appointment at six weeks.”

“The fact it’s nearly impossible to actually SEE a GP. The online triage system will generally categorise an issue as not urgent without any medical expertise.”

“No appointments to book. I work and have young children. Waiting six weeks for a phone call at their convenience just isn't good enough. And if you miss it, you have to start all over again. They refuse to text you to confirm when simple things have been done.”

“Difficult to get an appointment. Often waiting weeks for a phone call and expected to be available to attend surgery if required despite not having any warning of when the call will be.”

“Making you wait six to eight weeks for an appointment, which then takes place by phone. When they realise you need to be seen face-to-face you have to wait again. By that point the problem is much, much worse and requires greater treatment.”

“Appointment wait times are ridiculously long if available at all. Was recently told I needed a medicine review but NO appointments available!”

"I have had cause to contact the GP for things such as passing blood and persistent coughs that have had advice advertised on the radio campaigns to get in touch with a GP and the GP has taken up to 12 weeks to do anything about it."

"Klinik [online form] is frankly not fit for purpose and clearly hasn't been tested by real people often enough for it to be the first point of contact when you have an issue."

"The Klinik Form! I pity anyone who doesn't have a computer/smart phone, etc. and who isn't computer literate. The form is designed to frustrate you. The questions are badly framed, and you learn not to put all your symptoms down as you have to write a mini essay about each one!"

"I'm beyond frustrated by the Klinik system [online form]. I feel defeated by it. There has to be a better way."

"It's impossible to get an appointment, it's impossible to speak to anyone on the phone about really anything including to do with appointments. Everything is done online and by filling in forms which makes the service even less accessible."

"They actively shy away from dealing with you face-to-face. You get vague times for a call - case in point my daughter will be contacted 'Friday afternoon' this week. She's in school. Will it be at 1, 4, 5pm? And then it's your fault when you can't take the call."

"The main thing is the booking system. It's all online, it's not flexible enough. You have to pick from a list of symptoms and body parts and that's not always relevant. And then list times when you can't be contacted. Well, sometimes you're waiting weeks, things change, you can't be expected to keep your whole calendar free in case someone phones."

“It feels like every attempt to get you to avoid using the service is made and you have to advocate for yourself and keep pushing to see a doctor until eventually they cave and give you a telephone appointment.”

“The appointment system is not fit for purpose. For example, I have waited six weeks for an appointment. I received a text yesterday to say a GP would phone me sometime next Wednesday afternoon. Unfortunately, I will be unable to receive a call that afternoon so I spent all afternoon trying to get through on the phone to be told they couldn't change my appointment and I must request a new appointment online! So back to square one. This appointment follows blood tests where a GP has noted on my records that I need an appointment to discuss abnormal results. I have a blood cancer, and this is just one example of many as to how frustrating their appointment system is.”

“...having to suffer the long-winded introductory message which is totally unhelpful and far too long. It's totally soulless and heartless and makes the patient feel they are just an inconvenience. It feels like it's an exercise in deterring people, if at all possible, from accessing any service. It is demoralising and makes your heart sink at the prospect of having to ring the doctors.”

Communication and administration

Whilst some patients described good communication with quick responses, practices getting in touch when promised, staff being responsive and proactive, others resorted to handling administrative tasks themselves due to inefficiencies at GP practices. The desire to communicate with surgeries via email is growing, but many practices still lack this facility. Poor administrative follow-up can result in missed or delayed tests, treatments, and other essential services. Many problems were reported about getting prescriptions. Inefficient telephone systems often led to long hold times and increased the difficulty in people talking

to someone. Gaps in communication between GPs and hospitals were seen to lead to disjointed care and missed follow-ups.

Positive comments

"Can call, email in or complete a simple google form that doesn't require me to remember log in details! Also, a text messaging service."

Negative comments

"The communication between the hospital and GP is very poor and the same between GP and health visitors. Everyone always says it is someone else's responsibility or tells me different things."

"Always have to chase for test results and further action if required."

"With test results, there are lots of hand offs/lack of communication. The staff seem to assume patients know what to do next to get results, when to call, who to speak to, etc. when it is generally an infrequent event and the patient doesn't know. Provide clear information."

"...receiving a letter inviting me to phone to make an appointment, then phoning, to be told I will be phoned back, which I never was."

"...being told I had missed an appointment when I had not been notified of it."

"Poor communication as regards contact for any medicine review or blood tests which are needed regularly."

"Communication is a big problem. I have witnessed elderly people turning up at the surgery to make an appointment and being told to go home and make an appointment online."

“Tried before to ring and the message is aggressive and felt to tell me to get off the phone as someone else is more important and I have to do it all online.”

“The telephone system is bad. Three responses are possible when calling the surgery.

1) the call is answered (very rarely)

2) you are asked if you want to join the queue for a call back. An excellent system but sadly not always available

3) a message says our lines are busy call back later and you are disconnected. Very frustrating, happened to me four times in a day. No wonder patients become aggressive after experiencing this.”

“Getting through on the phone is a nightmare! Call at 8.00am and if you are lucky enough to speak to someone, the appointments are already gone. I was on hold once for so long, I was able to drive across town go into the practice and then found it so quiet and two ladies on reception with no patients around. I then hung up my phone and was able to make appointment directly with them. They could give no explanation why nobody was answering the phone!”

“It is extremely difficult to contact the practice by telephone - often waiting in a queue of several people - and when using the online appointment request system it takes a long time (20 minutes or more sometimes) to complete the request form to even be considered for an appointment.”

“There is no follow-up appointment after tests if they do not indicate need for immediate treatment so there is no way of asking questions about borderline results or obtaining advice on stopping an issue from getting worse.”

“Any test results received by the surgery don’t get uploaded onto the NHS app.”

“The communication is pretty rubbish. I have access to my NHS records, so I read them to find out everything.”

“The administration needs to be much better run. At the minute, services are delivered in the way that is most convenient for the staff delivering them, rather than for the patients receiving them. I feel that little thought is given to what it's like to be on the receiving end of some of the services and the text messages. What you are told will happen needs to happen rather than something else or nothing at all. Staff stop needing to send text messages which don't contain full information.”

“Receiving texts from doctors etc., about bookings that I cannot reply to. Having to send messages back and forth via Klinik is painfully inefficient and slow. Again, previously a quick call to the surgery would resolve problems very efficiently.”

“I've been trying to resolve a health concern for three years, the delays between appointments, request for referrals, worrying confusion over mis-reported test results, and a general apathy and acceptance that this is how the system is, are leaving me feeling like a child that they need to occasionally pacify.”

“I needed a repeat prescription of HRT and was told I needed an appointment as a review. Then I was phoned back saying I shouldn't have made an appointment and they've cancelled it. Then I was phoned again saying I do need an appointment? Ridiculous.”

“Just tried to order a repeat prescription of my son’s epilepsy medication. I can’t use the NHS app as that doesn’t let you have dependents. I can’t

drop it off at any group as it's Saturday morning and the door is locked. I can't use their online system as it is also closed on a weekend. I can't get hold of anyone. This is appalling."

"We heard about the closure of the site in our village via the village magazine, not the practice."

Quality of care

Many people reported good clinical care, but there is a perception amongst some that GPs often treat symptoms in isolation rather than considering the patient's overall health. There were concerns about being treated by unqualified or inadequately trained staff members. Ensuring patient privacy can be problematic, particularly in busy or inadequately designed practices. Some respondents reported problems with getting prescriptions filled correctly and in a timely manner.

Positive comments

"I have a chronic condition and the GP practice are always very responsive when I seek help. They are also very efficient at organising my repeat prescriptions when I request them."

"After some terrible 'care' during 2022, our family have got a much better feeling about the practice over recent months ... hopefully things will continue to improve."

"We have found the care co-ordinator and social prescribing services extremely helpful in assisting us to cope with my wife's dementia."

"At a recent appointment, I was given over 20 minutes to discuss my health needs which was so good - I felt heard, and able to develop some self-care strategies. I don't know if this was just the GP I was seeing or a

general new approach but more of this can only help - especially where there are other people involved such as carers."

Negative comments

"I have felt very dismissed and felt like I am a burden/hassling the practice for simple things such as trying to get appointments, request follow up appointments, even when trying to order prescriptions."

"If you do get an appointment, they always feel rushed and quite frankly the doctors and practitioners seem not to care. They don't listen and just want to rush through. I never feel like I've been listened to or have their full attention. It seems they would much rather deal with you through text messages which is very impersonal. In fact, the messages I assume are automated."

"The GP has so little time. Phone consultations feel rushed and impersonal."

"It feels like firefighting with no dialogue about maintaining health so I don't feel I can do my best to take responsibility for doing all I can."

"Lack of help regarding a chronic painful and debilitating condition they diagnosed. Was told to self-medicate and if it got any worse, to go to hospital A&E."

"Many people feel let down by care. They are now told to change their own catheter bags. One man in his 90s with memory problems can't do this and thought he had to change the catheter. He also couldn't remember if or when he'd changed the bags."

"I have seen my own dying family members care be absolutely dreadful, from lack of communication, lack of consistency, lack of follow ups, lack of

reading their case notes ahead of appointments meaning my family had to re-explain their palliative care needs, especially around prescription mistakes (wrong doses and huge gaps in sending prescription orders over, leaving family member in extreme pain) when caring for a dying person is already highly stressful and emotional.”

“I was told my son had eaten something funny, but he had appendicitis. I phoned four days in a row, being told maybe it’s a sickness bug. I was refused appointments day after day. When I said I’ll take him to A&E an appointment became available. Unfortunately, it was too late, the appendix burst, emergency surgery needed, Peritonitis, Sepsis and nearly three years on he has multiple health issues.”

“They failed to refer me for tests with a lump in my neck for months, it finally was diagnosed as cancer.”

“Medication is constantly being changed for cheap alternatives which are inferior. It is also confusing to older patients when the size, shape and colour of tablets are constantly changing.”

“Medical negligence, prescribed gabapentin when trying to conceive and had a miscarriage.”

“I was seen by a nurse practitioner at the beginning of lockdown and diagnosed as having acid reflux. Two months later I had a stent after suffering a heart attack.”

“My husband was ill so I phoned the GP and couldn't get through. I tried three times and then phoned NHS 111. They got a doctor to phone back. In the meantime, I tried the GP again to get an urgent appointment. I was told there weren't any and to phone NHS 111. NHS 111 said they had no right to say there were no urgent appointments and they arranged for a GP to

visit. The GP said my husband should go to hospital, but he didn't want to. The next day medics came and took him to hospital, and he died a week later."

"Failed to refer or diagnose endometriosis in time."

"Currently, un-trained receptionists are making clinical decisions not just about how urgent cases are but also completely blocking people from seeing GPs even when patients try to argue and explain why they really need to see a GP. This is incredibly dangerous and could lead to harm coming to patients or even patient death."

"Completely ignored NICE guidelines regarding treatment for ME."

"Most GPs do not seem to understand or care about illnesses such as ME and fibromyalgia."

Inclusivity and equality

A priority for some respondents was to address disparities in healthcare access and treatment for marginalised or vulnerable populations. We also received challenging individual complaints from female patients regarding specific procedures including smear testing and the fitting of coils. The lack of regular health checks for all patients, which can be overlooked due to administrative oversights or resource limitations was raised as were overall accessibility issues, including physical access to GP premises for those with disabilities.

Positive comments

"I was diagnosed with ADHD and they were excellent, treating me with care and understanding. They referred me to the Tuke Centre."

“The GP will always look for a consulting room on the ground floor when I have an appointment, so I don't have to struggle with the stairs, it is much appreciated.”

“I am blind and they either phone me about things or send me a large print letter.”

“They were excellent on menopause. The nurse practitioner was great, and I didn't have to wait long to see her.”

“They have been very good about medication for my son who has additional needs and offering learning disabilities health checks.”

Negative comments

“I run some menopause socials in York and the stories I hear about women's experiences at their GP surgery is quite disturbing. They receive misinformation, it can take weeks to get an appointment and the lack of face-to-face appointments offered when they do, the fact they are often given HRT with no proper discussion about symptoms and then not given advice on how to use it, and also the lack of knowledge GPs have around menopause.”

“They are too dependent on online services; you can't even book an appointment at reception...it has to be done online. I think that this is discriminatory and a barrier to care.”

“With my autistic son, a GP said, ‘if you cannot tell me what is wrong, I'm sorry I cannot help you.’ Despite having a diagnosis of autism on his records, there are no adjustments with communication due to time pressures. Now I understand why autistic people have such poor health outcomes as they struggle to access health services. No reasonable

adjustments or even any direct questions other than 'how can I help you?' to which both myself and my son could only answer 'I don't know'."

"I have elderly parents who are not tech savvy and get so frustrated with this system. I believe it discriminates against elderly and vulnerable people who do not have anyone to support them with this."

"I had a smear test done by a nurse who made me feel incredibly uncomfortable, silly and vulnerable. There was no consideration for dignity (being asked to get ready without explaining what get ready means, not closing the curtains around the bed or providing anything to cover myself with as is usual practice)."

"That they fit coils in people without numbing, proper pain relief is absolutely barbaric, horrific, cruel and unnecessary."

"I often feel as a woman, any medical issue is brushed over as 'just being a woman' or 'it's because you're on birth control'."

"Getting my, female, health issues taken seriously. There seems to be an anti-female bias. My husband and I had the same symptoms. We both went to the GP to see different doctors. He was told that it was difficult for him, was given seven days of antibiotics and told to come back if things got worse. I was told that this was usual for women, I should get over it and was given three days of antibiotics. One male GP told me I'd have to see a female GP. Another said, 'you don't know how much is in your head'."

"Communication is nigh on impossible, and they don't listen to complaints at all. They make no adjustments to invisible disabilities, and I am constantly facing prejudice and ignorance, especially with regards to the complex comorbidities which come with my disabilities. I have had to endure ridicule, dismissal, gaslighting and fat shaming from clinicians and

GPs on a regular basis. I can't remember when I last had a meaningful, helpful consultation."

"The distance we have to travel now is fine for people like myself with a car but puts elderly and others without transport at a disadvantage. [Since local practice in Stockton on the Forest closed]."

"The assumption that everyone has a smart phone. I do not. So replying to texts and booking via Klinik is difficult for me. Similarly, there seems to be an assumption that everyone has a car or can afford taxis. Perhaps doctors are just completely out of touch with the challenges their patients face?"

"At 90 I can't cope with a smartphone and can only do basic things on my computer, so I want to be able to phone the surgery. I get a horrendous succession of menus, often repeating what previous menus have said, and not always clearly audible. My easiest option is to get on a bus and go there, but what about the people who aren't capable of that - including perhaps me in a year or two?"

"It's taken me two months (including three surgery visits, an online request, a letter and two emails) to sort out proxy access to the NHS app for my learning-disabled son. It really shouldn't be that hard."

"...some staff still get pronouns of transgender patient wrong, after three and a half years, despite it being on front page of notes."

"Klinik software is NOT compliant with the Gender Reassignment Legislation - it should NOT expect me, as a 20+ transitioned woman to have to state my birth gender on a routine online form to request an appointment for example, a chest infection. It is offensive and I have no

idea if the world and his wife can see that information which should remain private between me and my GP.”

“Been dealing with dementia for my mum. Slow process. Now admitted into care before diagnosis reached.”

“Most GPs do not seem to understand or care about illnesses such as ME and fibromyalgia.”

“I dislike having to travel to Acomb Garth for many appointments, especially MSK appointments, as it is difficult when using mobility aids and expensive by bus (two buses each way) or taxi (£25+).”

“It is a medical group, and they always try to send me to other surgeries rather than my nearest one. I don't drive! And when I'm ill, or my daughter is ill, I don't want to be getting two buses across town just to be seen.”

“I've had to pay a private GP for some worthwhile menopause advice.”

“Everything done online / on the phone which is hard as I am deaf.”

“I am blind, and they always send me information in standard print. It is as much use as a chocolate teapot. I need Braille. Instead, my son has to read everything for me.”

“I need large print but don't get it. I get standard print which I can just about read.”

“I have to attend GP appointments with my family members to translate for them as they don't speak English and no interpreters are provided.”

Mental health and emergency response

A number of responses raised concerns about inadequate responses to people with suicidal thoughts, depression, and other mental health concerns. People reported mixed experiences with the NHS 111 service, which is intended to provide quick medical advice and support. Some people also shared instances where they felt their diagnosis or treatment plan was inadequate or incorrect.

Positive comments

“I have a child who sees one particular GP who is amazingly patient and caring with mental health.”

“I have received good support over the last few years for my mental health.”

“They regulate my medication due to my mental health which is something my old GP did not do.”

Negative comments

“Waiting times for some appointments- offered four week wait for suicide.”

“I had great talking therapy for my mental health needs after I self-referred to IAPT. When I went to my GP six months earlier, despite my pleas for talking therapy and being suicidal, I was given a prescription, which only made me feel worse, and told I would be placed on a waiting list for talking therapies, but it would be over a year’s wait. I now know I was never put on any waiting list. No one ever followed up regarding my suicidal nature and the fact I wasn’t taking what I’d been prescribed. If I hadn’t heard about IAPT self-referral who knows what would have happened.”

"I suffer from depression and instead of giving me appointments, I get generic texts asking if I'm suicidal. [It] seems very thoughtless and if I was worse, probably feel no one cares and do something stupid."

"I have been struggling with my depression just lately, (having suffered for 15 years on and off with it) I rang up to try and get some anti-depressants and was told I had to wait three to six weeks for the doctor to get in touch with me. I pleaded and pleaded for help as I really couldn't manage to wait that long, and the staff hung up on me! This pushed me to the edge and luckily, I was with someone at the time to help me. I ended up ringing 111 who booked me a phone appointment for the next day, but they never rang. I then had to ring 111 again and again they booked me an appointment for the next day. It's took me three days and five phone calls to get some tablets. A total waste of the NHS time and someone who is suffering from depression doesn't need the extra stress of having to go through all of that as it's hard enough to manage to make the call in the first place."

"The process puts you off trying to see a doctor. You try to do what you can at home, so you don't need to go. I turn to NHS 111 when I'm ill now. It is a really helpful service."

"The last time I told someone at the surgery I was having a difficult time, the phone call was immediately followed up by a text listing all the other places I could go for help. There wasn't a 'Hello' or a 'Sorry to hear you're having a hard time, here are some numbers which might be useful' - just the list on a text without introduction and that had a very negative impact on me. It felt as if someone thought I might take my own life, so was covering their own back by sending the Samaritans contact details."

“Difficult to express myself and contact others when my mental health is not doing well. I feel it's pointless getting in touch as there no practical support offered, just tablets.”

“I rang them up about my mental health and I was told I have a three to six week wait for a phone call. Also, I have been signed off work with mental health and I only spoke to a doctor once, which I think is disgusting.”

“When someone is in crisis a proper care plan needs to be in place. I have no faith in my GP to provide basic care for me or my children and have learned I have to fight for everything. That means hours on the phone and driving to surgeries to try and speak to someone!”

Staff

The attitudes of staff can significantly affect patient experience, with complaints about rude or dismissive behaviour. Varying quality of in-person consultations, with some patients finding friendly, caring, listening staff at every level within practices and to others feeling their concerns were not adequately addressed.

Positive comments

“All of the doctors I've met have been compassionate and taken me seriously.”

“The practice nurses are wonderful. Really kind, understanding and helpful when you manage to get to see them. I imagine that their workload is huge, but they still make you feel as you are the important one and give you time.”

"The doctors and all staff seem to genuinely care and are always compassionate and caring in their approach. They proactively make contact to check in on my welfare."

"Wonderful caring doctors, can get an appointment, immediate attention when required."

"Staff always polite and very helpful, will go the extra mile for patients. The nurses at the practice are brilliant. When promised a call from a GP this is always within an acceptable time. I can't fault them!"

"The best thing about the GP practice is that the majority of the time, when you actually manage to see a doctor, they're excellent at what they do and are incredibly helpful. Almost all of them are sympathetic to the situation with the service at the minute and you rarely feel like you've wasted their time."

"Having moved recently to York from the South Coast I have been impressed with the sympathetic helpfulness of the staff from receptionists, nurses and doctor. I have been able to consult the same doctor each time I have requested this which makes such a difference to me as a patient. My medical difficulties have been listened to and tests arranged at York hospital."

"The reception team are excellent. Always friendly, helpful, efficient...listen to your issue and try to help as best they can."

"Lovely staff but terribly under resourced, overstretched and underfunded."

"The people who work in the surgery, especially the reception staff, get the brunt of people's frustration and that's not fair. They end up being defensive and unhelpful and so the cycle continues."

Negative comments

"I went in to get copies of my husband's death certificate (this was 28 days after my daughter died). They just said they couldn't help and didn't acknowledge the reason I was there and that I might need support after my husband's death. The library and tax people were more helpful than my GP practice."

"The practice seems to be more and more for the convenience of the medical personnel and not the patients."

"At the minute, services are delivered in the way that is most convenient for the staff delivering them, rather than for the patients receiving them. I feel that little thought is given to what it's like to be on the receiving end of some of the services and the text messages."

"The receptionists can be exceptionally rude and unhelpful – I try to be sympathetic to this as I work for the NHS myself and have a feeling for what they must experience day in and day out, but it feels as though you're assumed to be a difficult patient until you prove otherwise and are immediately met with defensiveness and sometimes hostility the moment the phone is answered."

"The staff on the phone are extremely rude and will not help you in any way. Some of the receptionists even try to diagnose you over the phone or tell you just to call 111. They will not let you have an appointment."

Continuity

Whilst some reported seeing the same doctor 'who knows you'. For many there was difficulty in seeing the same GP consistently, which disrupts continuity of care.

Positive comments

"Having a named GP who knows the family, always get an appointment when needed; amazing GP."

"One particular doctor has been my contact for over a year which means he knows all about me so that has been really good after years of getting different doctors every time."

"It's good to be able to see the SAME GP on multiple occasions and feel relaxed with them, and that they know my background and understand my particular issues."

Negative comments

"Always see someone different. You don't feel known. When I joined the practice, during Covid, I expected some kind of initial introductory interview with a doctor, at some point. But this has never happened. I guess resources don't permit. At my previous practice I felt they knew me."

"There is zero continuity of care every time you see a GP. They have failed to look through your records, so you're spending the full 10 minutes repeating your medical history."

"Two different GPs gave different advice about same symptom."

"...being sent to a series of different doctors (often extremely inexperienced it would seem) over a single condition happening over several months - such a disjointed service. No-one appears to talk to another. They're happy to fob you off easily if you become a persistent patient who has chronic issues."

“The almost total lack of continuity of care. One rarely, if ever sees the same doctor or nurse twice, even about the same condition. This I am sure means that they are not familiar with your medical history and do not know you as a person. I have only seen my 'nominated doctor' once and that was well over two years ago.”

“Requests to have an appointment with a specific doctor being persistently ignored. I find dealing with other doctors very stressful and traumatic because of previous difficult and verbally abusive experiences with unknown doctors.”

“I've seen 12 different doctors since 2018 and have only seen the same GP twice. For the first five minutes of an appointment, they are reading your notes as they know nothing about you.”

“Have a named GP for people with long term conditions and particularly those with dementia.”

Systemic issues

Practices are in a convenient location for some patients, whilst others experience limitations in accessing care based locally. Some treatments may be limited or unavailable due to resource constraints or policy decisions and some felt that appointment time was being constrained. In addition some patients reported finding complaints processes cumbersome and ineffective. Many people felt that the provision of vaccinations was effective and efficient. There were challenges for some people accessing blood tests.

Positive comments

“It's local and I can walk to the surgery.”

“Presence of Nimbuscare at Acomb Garth offering a range of skills and home visits at Frailty Hub is very welcome. Should be replicated in Tang Hall/Heworth.”

Negative comments

“Having to go to Monks Cross for blood tests is really inconvenient and time consuming.”

“Having to travel miles on two buses for a blood test when my practice is less than ten minutes’ walk from my house.”

“Closing of our local surgery. Cost and inconvenience of travel to various other surgeries. We have been asked to travel to Huntington, Haxby and Acomb. No Haxby Group surgery is on a direct bus route.”

“I feel bounced between the pharmacy and the surgery. Access to the surgery is difficult as the phone number directs you online and the online system only accepts requests under certain headings. I've used it to report this problem and got no response.”

“There are hardly any consultations at Poppleton. It appears that Old Forge Surgery is being run down and will close. We have to travel to Acomb. There are no transport links between the two.”

“Closing of GP Practice in Poppleton is contrary to all common sense, with all the new housing and with many retired residents.”

“They closed the Stockton on Forest GP practice and now I have to go to Wigginton even if I don't have transport.”

“They closed the Clementhorpe site for almost all purposes, so now I have to travel to either Cornlands Road, Fulford or one of the other sites, which

can be inconvenient. I would prefer to have a GP in reasonable walking distance.”

“Wanting an appointment nearer to our homes not the other side of York, I don't drive, and I am 82 so rely on buses.”

Recommendations

As this is an interim report, we are not making formal recommendations. However, we hope our initial research can contribute to local service improvement plans. We believe GP practices can enhance patient experience, reduce waiting times, and provide more personalised care through the implementation of practical and achievable solutions. These must take into account the huge pressures faced by healthcare providers. We are very pleased that some local practices are already taking action to improve waiting times and access, such as changing triage processes and making referrals into Pharmacy First where appropriate.

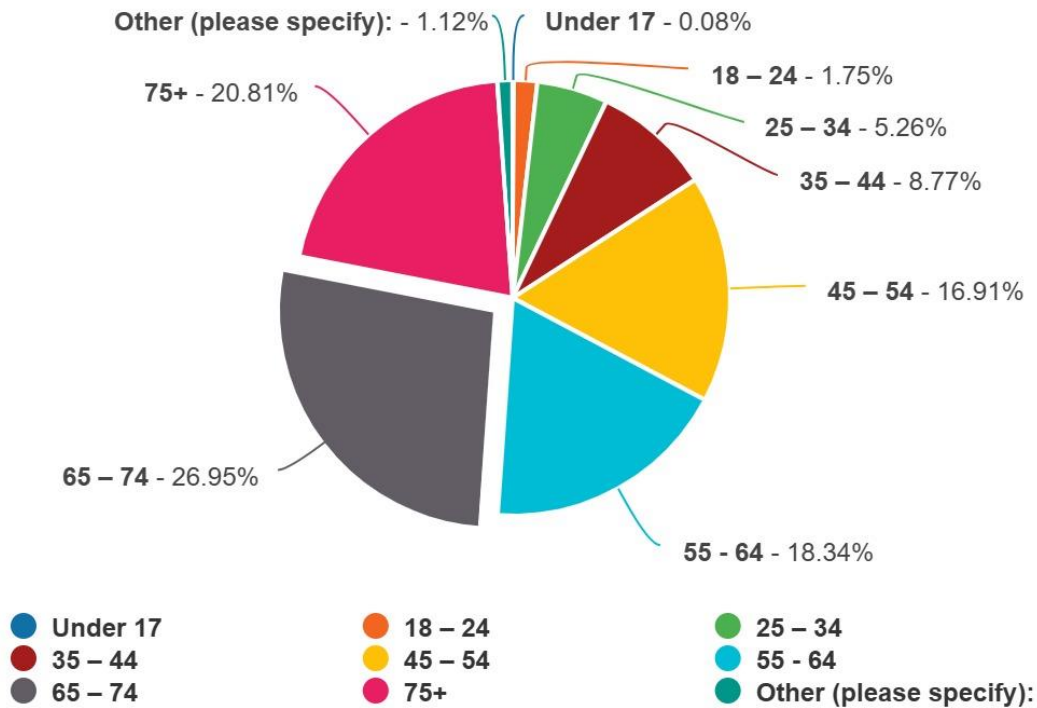
Next steps:

- We propose to work collaboratively with a GP practice to pilot a new approach that helps to move towards more a preventative model of care.
- We will feedback directly to all York's GP practices to share the feedback specific to that practice and work with them to explore opportunities for positive change.
- We will develop and facilitate focus groups to explore specific aspects of people's experiences or the experiences of a particular group of people.
- We will work to identify GP practices who are currently meeting part or all of the Accessible Information Standard and work with them and other practices to share and implement good practice and to ensure those who need interpreters, including British Sign Language, get the support they need to access healthcare independently.
- We propose the creation of a team of volunteers to assess GP websites and surgeries against agreed local and national criteria, such as the York Poverty Truth Commission's Organisational Charter, and the Accessible Information Standard.

Demographic information

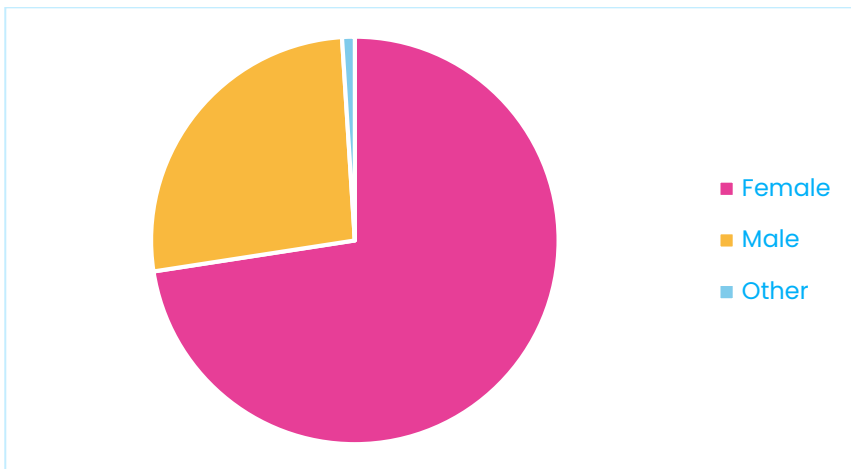
At the end of the questionnaire there was an optional section offered for respondents to tell us more about themselves.

What is your age?



1,254 respondents answered this question

Gender:



1,192 respondents answered this question. Other included trans, responses reflecting sexual orientation, and variations on "mind your own business".

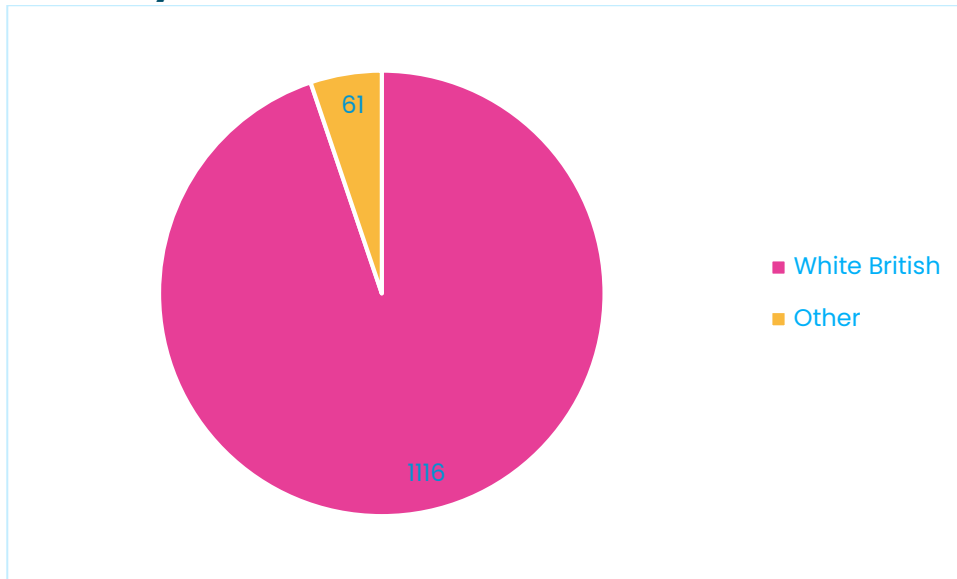
Council Ward:

Where do you live?

| Ward | Percentage of respondents |
|-------------------------------|---------------------------|
| Acomb | 8 |
| Bishopthorpe | 2 |
| Clifton | 5 |
| Copmanthorpe | 1 |
| Dringhouses and Woodthorpe | 5 |
| Fishergate | 3 |
| Fulford and Heslington | 5 |
| Guildhall | 4 |
| Haxby and Wigginton | 11 |
| Heworth | 6 |
| Heworth Without | 2 |
| Holgate | 5 |
| Hull Road | 2 |
| Huntington and New Earswick | 11 |
| Micklegate | 6 |
| Osbaldwick and Derwent | 6 |
| Rawcliffe and Clifton Without | 2 |
| Rural West York | 6 |
| Strensall | 3 |
| Westfield | 2 |
| Wheldrake | 1 |
| Other | 4 |

1,263 respondents answered this question

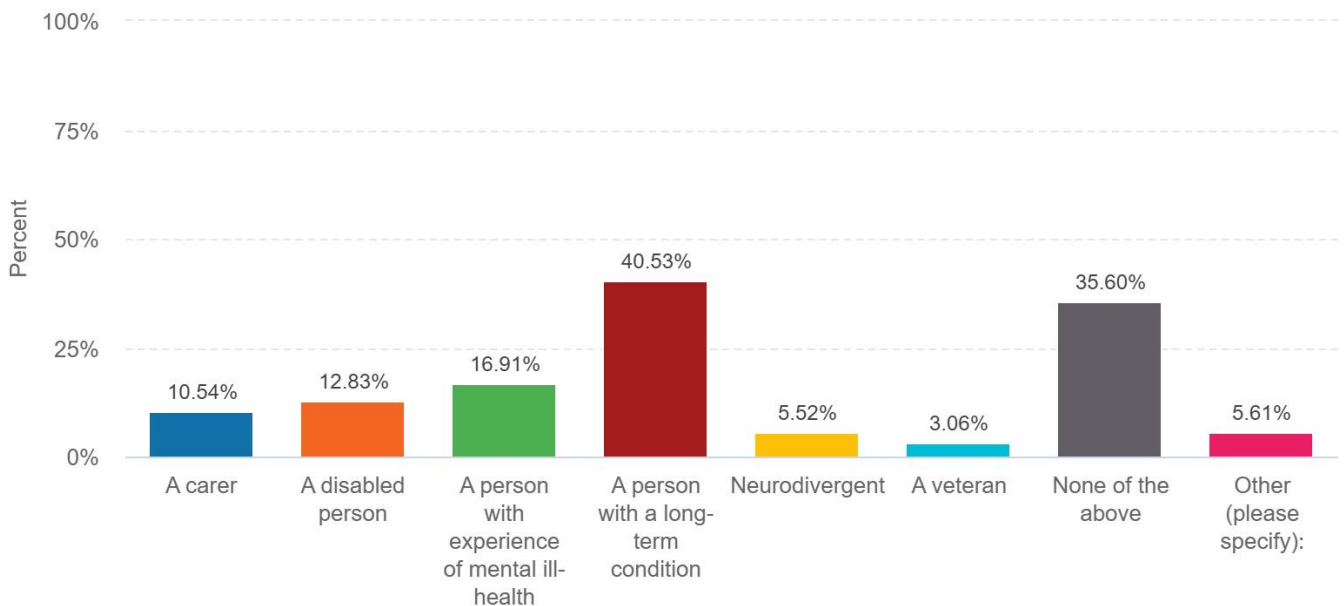
Ethnicity:



Other included 61 respondents, 5% of the total, who selected Asian, mixed, European, Black African, Irish, Afghan, British Indian, British Pakistani and Chinese.

1,177 respondents answered this question

Do you consider yourself to be:



1,177 respondents answered this question

Appendix 1 – Survey

Primary care survey

We want to hear what you think about your local GP practice. What is working and what you would like to change?

This short survey is the start of a wider Healthwatch York project about primary care services across our city. Your answers will help us understand the situation and prioritise topics for further investigation and discussion.

The survey is anonymous. It takes less than 10 minutes to fill in.

The closing date is Friday 5 April.

Thank you in advance for your time and help. We really appreciate it.

Please return this survey to:

Freepost RTEG-BLES-RRYJ

Healthwatch York

15 Priory Street

York YO1 6ET

1. What is the name of your GP practice? Please include the geographical location if your GP practice is part of a group

2. How would you rate your GP practice? Please give a rating between 0 (very poor) and 10 (excellent).

3. What is the best thing about your GP practice?

4. If there is anything you are unhappy about at your GP practice? If yes, what is the main thing?

5. What would make it better?

6. Is there anything else you want to tell us?

About you

The next few questions ask about you. You do not need to answer any of these. But it helps us if you do.

7. Which Council ward do you live in?

8. What is your age?

Under 17

18 - 24

25 -34

35 - 44

45 - 54

55 - 64

65 - 74

75+

9. How would you describe your gender?

10. How would you describe your ethnicity?

11. Do you consider yourself to be:

- A disabled person
- A carer
- A person with experience of mental ill-health
- A person with a long-term health condition
- Neurodivergent
- A veteran
- None of the above
- Other (please specify)

Thank you for completing our survey.

Got more to say? Call us on 01904 621133 or email us at

healthwatch@yorkcvs.org.uk



healthwatch York

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