Humber and North Yorkshire Health and Care Partnership

York Health and Care Partnership Response to Health and Adult Social Care Policy and Scrutiny Committee 14 December 2022

Prof Mike Holmes

Stephanie Porter

Humber and North Yorkshire Health and Care Partnership

Humber and North Yorkshire Governance and Operating Arrangements

Humber and North Yorkshire
Health and Care Partnership

Our Mission/Purpose

To improve the lives of the people who live and work in Humber and North Yorkshire

We will do this by:

Improving outcomes
Tackling Inequalities
Enhancing quality and productivity
Supporting social and economic recovery

Our Vision

To ensure all our citizens

Start life well
Live well
Age well
Die well

Our way of working

- Establishing a collaborative culture based on trust
- Empowering place based and provider collaboratives
- Ensuring an honest public narrative
- Being a transformative with a clear appetite for innovation
- Placing a greater emphasis on prevention and demand management
- Using shared data and intelligence to support decision making
- Influencing national and regional policy
- Learn by doing

Statutory Arrangements

The following describes the four core elements of an Integrated Care System:

Place

Arrangements between local authorities, the NHS and providers of health and care will be left to local areas to arrange. The statutory ICB will work to support places to integrate services and improve outcomes. **Health and Wellbeing Boards** will continue to have an important role in local places. **NHS provider organisations** will remain separate statutory bodies and retain their current structures and governance but will be expected to work collaboratively with partners.

Integrated Care Board

Directly accountable for NHS spend and performance within the system. As a minimum, the ICB board must include a chair and 2 non-executives, the ICB Chief Executive and clinical and professional leaders, and representatives from NHS trusts, primary care and local authorities.
ICB board - 2 statutory committees – **Audit** and **Remuneration**. It also need to establish other committees to focus on oversight and assurance and provide the board with assurance on the delivery of key functions including system quality and finance.

Integrated Care Partnership

The ICP is a standalone statutory committee between the ICB and Local Government. It will develop an **integrated care strategy** to address the health, social care and public health needs of their system. The membership and detailed functions of the ICP is up to local areas to decide. Focus on the **wider connections between health and wider issues including socio-economic development, housing, employment and environment**. It should take a **collective approach to decision-making and support mutual accountability** across the ICS.

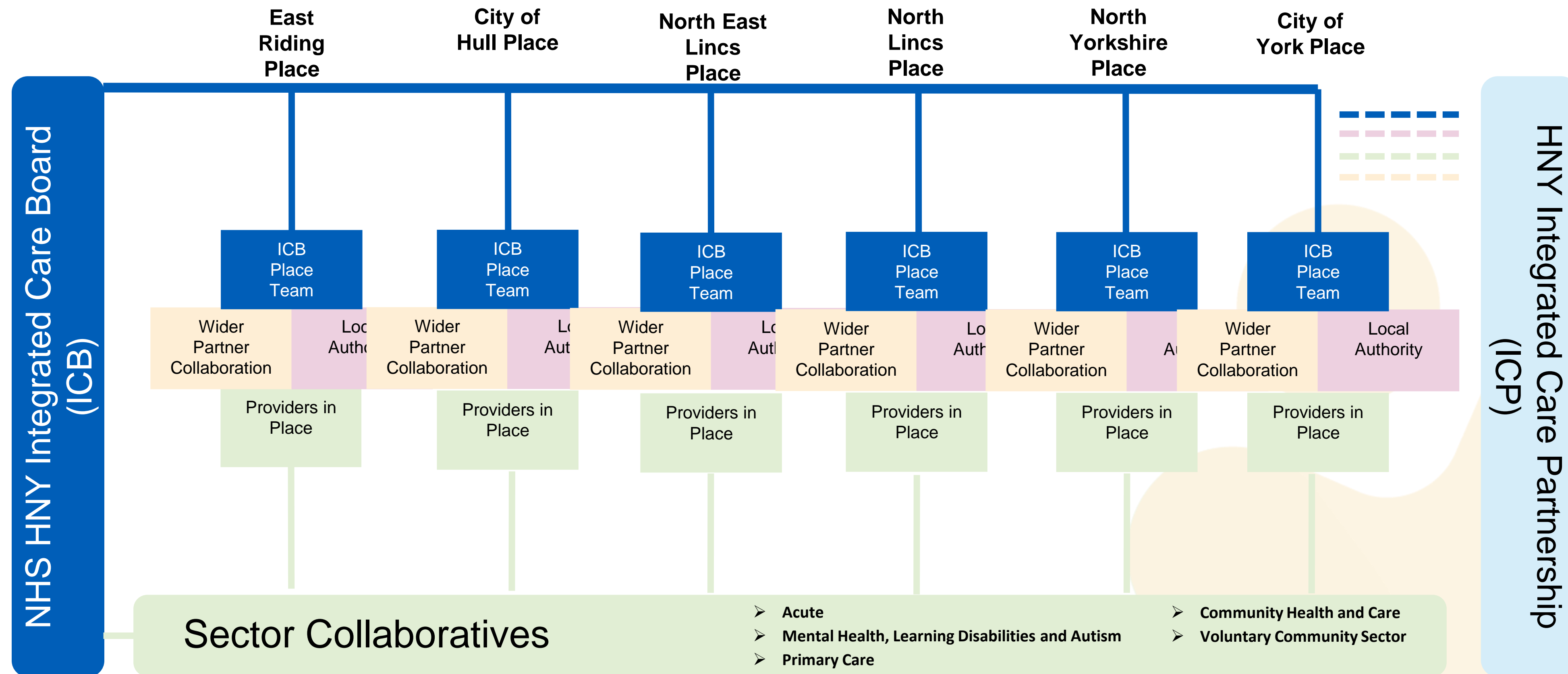
Sector Collaboratives

Arrangements to ensure **each provider is part of a collaborative** to deliver specific objectives with one or more ICB, to contribute to the delivery of that system's strategic priorities. The members of the collaborative will agree together how this contribution will be achieved. The ICB and sector collaboratives should define their working relationship, including participation in committees via partner members and any supporting local arrangements, to facilitate the contribution of the sector collaborative to agreed ICB objectives.

HNY Whole System Operating Model

Humber and North Yorkshire Health and Care Partnership

We have consistently emphasised the importance of place-based partnerships and our whole system operating model has been developed with Place at the core.



The ICB will be the employer for the current CCG and Partnership Staff. The majority of staff will continue to work in Place and continue to undertake similar roles as they do now and some will undertake functions wider than Place where that is appropriate

Providers of health and care working in collaboration and as sector collaboratives both in Place and across the system to ensure health and care needs are met for the population at Place and across the system.

Local Authorities working jointly with the NHS and with other partners in Place on population health and addressing health inequalities, community engagement and co-production, supporting local integration, provider collaboration and service transformation.

The ICP will enable the system partners to address the broader population health, socio-economic outcomes and inequalities. Working in partnership with the whole system (communities, public and private sector etc.) will be mutually accountable for the delivery of the agreed strategy.

Integrated Care Board and Health Overview and Scrutiny

Humber and North Yorkshire Health and Care Partnership

Health Overview and Scrutiny Committees

- Role is protected and preserved in the new system
- They retain their legal duties to review and scrutinise the following matters relation to health service in their area:
  - the planning,
  - provision and
  - Operation

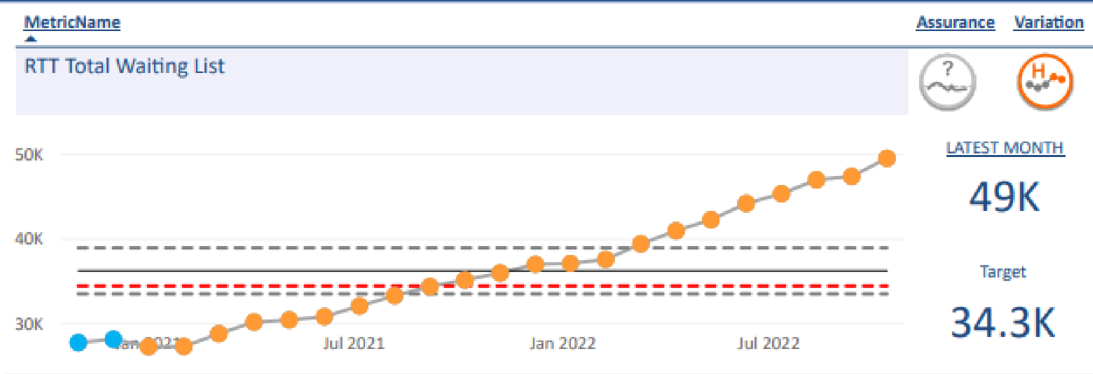
Relationship with ICB

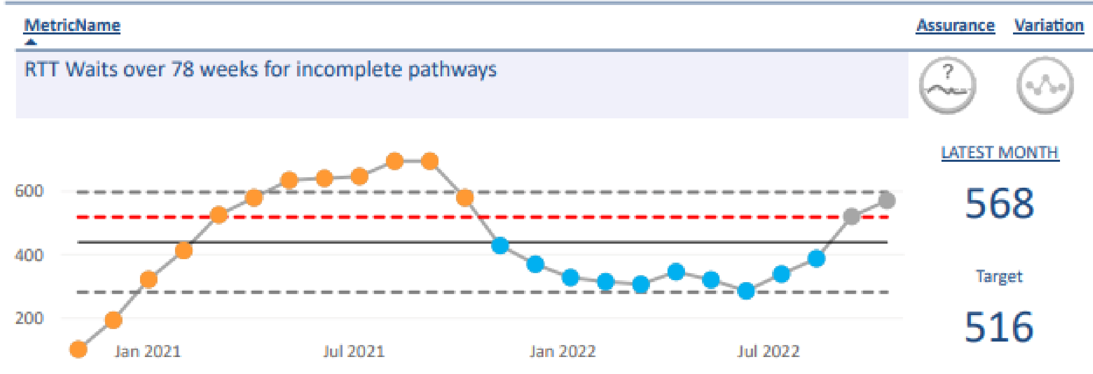
- Based on the operating model will be through Place and with Place Chief Executive and Place Director and attend HOSCs
- Ways of working will be supported by 5 principles
  - Outcome focussed
  - Balanced
  - Inclusive
  - Collaborative
  - Evidence Informed

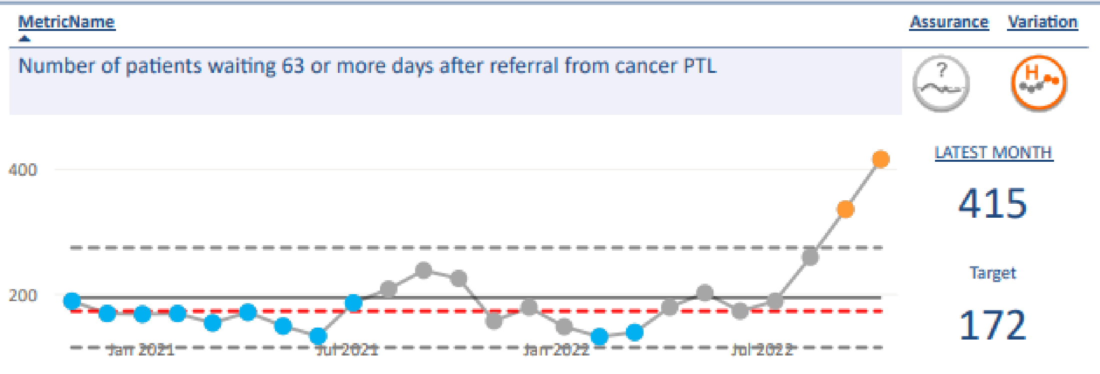
System Pressures in York and
elective care waiting times

TPR: Elective Recovery Priority Metrics

York and Scarborough Teaching Hospitals NHS Foundation Trust







DATA ANALYSIS:

- **RTT Total Waiting List:** This indicator continues to grow in a steady trajectory month on month and the number of incomplete clocks at end of Sep 2022 is 49,432. This exceeds the internal target of 34,343 for that month.
- **RTT Waits over 104 weeks for incomplete pathways:** This indicator has been improving since Nov 2021 and for Sep 2022 there were 0 waiters at Priority 6. The target was to reduce the number of 104+ week waiters to 0 by June 2022.
- **RTT Waits over 78 weeks for incomplete pathways:** This indicator was improving since Oct 2021. The national target is to reduce the number of 78+ week waiters to zero by March 2023, but the value is now above the target. Since Jul 2022, we have seen the trend increasing for 78+ week waiters.
- **Number of patients waiting 63 or more days after referral from cancer PTL:** This indicator has been showing variation within the upper and lower control limit since Sep 2020 to Aug 2022. The value is now above the upper control limit.

Please see next page for operational narrative.

Commentary on waiting times

Humber and North Yorkshire
Health and Care Partnership

Challenges:

- Theatre capacity affected by short notice sickness, vacancies and an influx of acute activity reducing the number of available theatre lists across the Trust
- Insufficient established workforce in MRI to meet demands on service.
- Gynaecology Nursing capacity to support delivery of planned care.
- Extended times to first appointment resulting in delays for patients and reduction in clock stop activity.
- The reduction of 'stop clocks' combined with pre-pandemic referrals levels has resulting in the waiting list increases
- The Trust has resubmitted a trajectory for 78 weeks, with 3857 clock stops required to meet the target by March 23, with Head and Neck specialities accounting for over 50%.
- The Trust has resubmitted a trajectory to return to plan for patients waiting over 62 days on a cancer pathway
- The 50 week SLA has been agreed, however is not yet mobilised due to job planning arrangements and the reduction in the Trust SLA.
- Mutual aid arrangements have not yet been able to offer significant support for the Trust.

Key Risks:

- The Trust may move to Tier 1 Elective Recovery support
- Potential further COVID-19 variants and/or waves
- Ongoing management of high levels of acute activity and delayed discharge impacting ordinary elective work
- Growth in the non-admitted waiting list
- Theatre staffing vacancy, retention, and high sickness rates
- Industrial action

Humber and North Yorkshire Health and Care Partnership

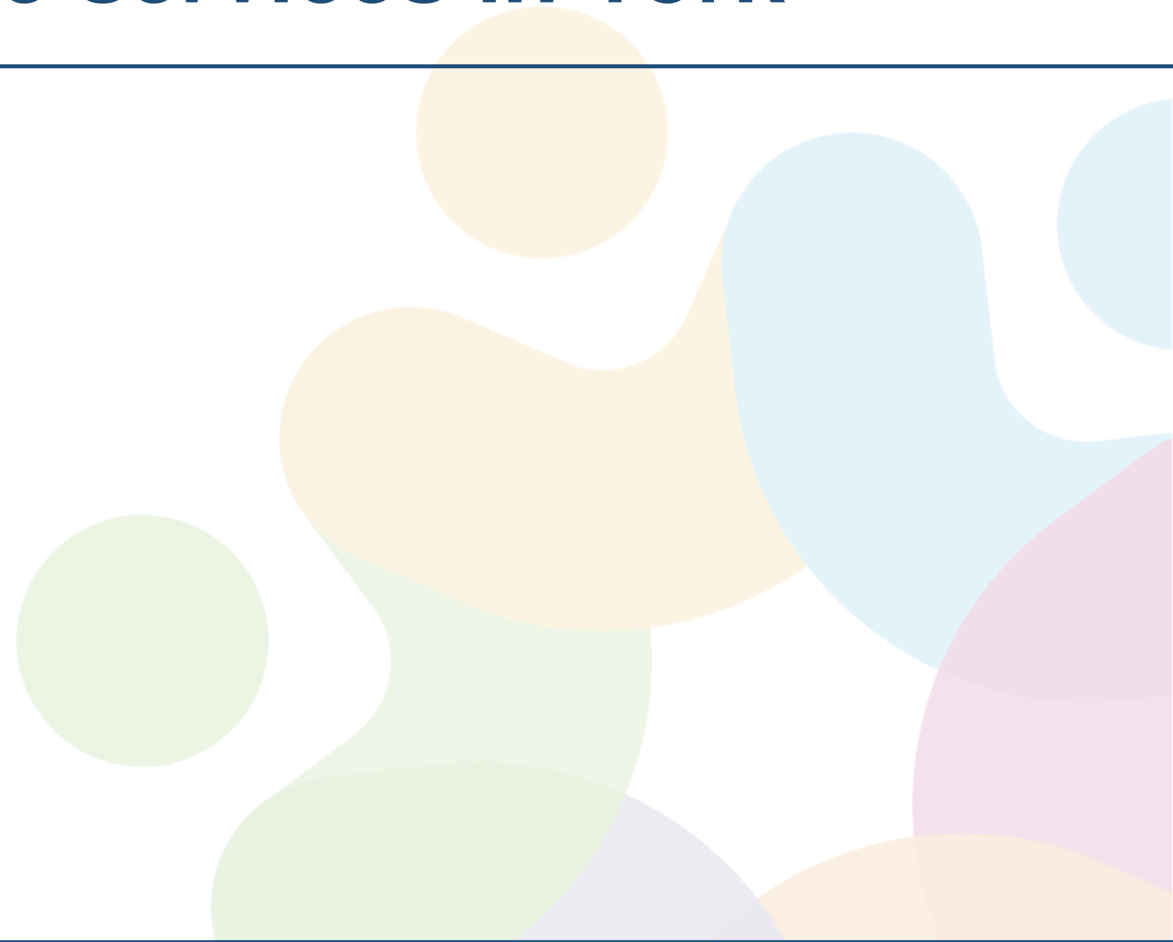
Elective care post pandemic - management of waiting lists

York health and Care Partnership is working with Nimbuscare on a 'waiting well' programme:

- Nimbuscare to identify patients who are on waiting lists who may benefit from support, whilst waiting.
- Nimbuscare ensure that patients who are waiting for an operation are as well as they can be when they're due to have their surgery. This means doing all we can to ensure that they are well enough to have their operation when the time comes.
- Patients across York waiting for treatment are being sent a single text message from Nimbuscare, on behalf of York City member GP practices, then patients can engage with support team to manage care going forward.
- The system is also engaging with the Advice & Guidance (A&G) platform - Primary Care clinicians can request advice from a Secondary Care Specialist in order to support a patient with any complex aspects of their care while they are waiting for a Hospital procedure or first outpatient appointment. A&G is being used to facilitate 2-way conversations between GP's and Consultants to enable more coordinated care with Specialist input in a Community setting.

Humber and North Yorkshire Health and Care Partnership

Access to Primary Care services in York



Access to GP practices

York City Practices

Practice	PCN	Practice List Size	*Practice Normalised Weighted List Size
Priory Medical Group	Priory Medical Group	57,298	51,172
York Medical Group	York Medical Group	44,080	39,716
Jorvik Gillygate Practice	York City	24,613	22,937
Unity	York City	19,491	13,996
Dalton Terrace	York City	8,968	8,921
Haxby Group Practice	West, Outer and NE	33,344	34,827
The Old School Medical Practice	West, Outer and NE	7,556	7,472
Front Street Surgery	West, Outer and NE	7,953	7,919
Pocklington Group Practice	York East	18,150	18,496
My Health Group	York East	19,329	19,821
Elvington Medical Practice	York East	7,241	7,526
Total Patients registered		248,023	232,802

***Global Sum / PMS contract value**

This is recalculated every three months based on a "normalised weighted" practice list size. The calculation is based on the Carr-Hill factors, including the local area average population, age/gender and rurality. For 2020/21 the GMS payment is £93.46 per weighted patient.

Humber and North Yorkshire
Health and Care Partnership

OPEL Reporting since 1 November 2022

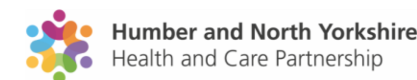
Name	01/11/22	02/11/22	03/11/22	04/11/22	07/11/22	08/11/22	09/11/22	10/11/22	11/11/22	14/11/22	15/11/22	16/11/22	17/11/22	18/11/22	21/11/22	22/11/22	23/11/22	24/11/22	25/11/22	28/11/22
BEECH TREE SURGERY	0	3	0	0	0	0	0	0	0	0	0	0	3	3	0	0	3	3	0	3
ESCRICK SURGERY	0	1	0	1	1	1	1	0	1	0	2	1	0	1	1	1	1	0	0	0
POSTERNGATE SURGERY	0	2	0	0	0	1	1	0	1	2	2	0	0	2	2	2	2	0	2	2
SCOTT ROAD MEDICAL CENTRE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	3
SHERBURN GROUP PRACTICE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SOUTH MILFORD SURGERY	0	2	0	2	2	0	0	0	0	0	2	0	0	0	2	0	0	0	0	0
TADCASTER MEDICAL CENTRE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DALTON TERRACE SURGERY	0	1	1	1	0	2	2	0	1	1	1	1	1	1	1	2	2	2	0	0
JORVIK GILLYGATE PRACTICE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
UNITY HEALTH	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FRONT STREET SURGERY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HAXBY GROUP PRACTICE	3	0	3	0	3	3	0	3	3	3	3	0	0	3	3	3	0	3	3	4
OLD SCHOOL MEDICAL PRACTICE	0	0	0	0	1	1	1	0	0	1	1	1	2	0	1	0	0	0	0	0
PRIORY MEDICAL GROUP	0	3	3	3	3	3	3	3	0	0	3	3	3	3	3	3	3	0	3	3
YORK MEDICAL GROUP	0	2	3	3	3	2	2	0	2	2	2	2	2	0	2	2	0	2	2	2
ELVINGTON MEDICAL PRACTICE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MY HEALTH GROUP	2	2	2	3	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3
POCKLINGTON GROUP PRACTICE	2	2	2	2	2	2	2	0	0	2	2	2	2	2	2	2	2	0	2	2
HELMSLEY SURGERY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
KIRKBYMOORSIDE SURGERY	0	0	0	0	0	0	2	0	3	2	2	0	0	2	0	3	3	3	1	2
MILLFIELD SURGERY	0	2	2	2	2	2	2	0	2	0	2	2	2	2	2	3	0	2	2	0
PICKERING MEDICAL PRACTICE	0	0	2	2	2	2	2	0	2	2	2	2	2	2	2	3	2	2	2	2
STILLINGTON SURGERY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TERRINGTON SURGERY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOLLERTON SURGERY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0
Daily average	0.28	0.80	0.72	0.76	0.84	0.84	0.80	0.32	0.68	0.68	1.04	0.64	0.80	0.96	1.04	1.08	0.96	0.84	0.80	1.04
Month Score																				
Indicative Covid Rate/100,000																				

Not Reported
Opel 1
Opel 2
Opel 3
Opel 4

The pattern of extremely busy Mon and Tue seems to becoming established. Given not all practices report, the primary care team use 1.0+ as a proxy measure of GP across our patch being busier than normal, i.e., to the extent most practices will be **rescheduling (delaying) routine appointments to prioritise same/next day (urgent) care.**

Covid outbreaks in practice staff
Despite the recent fall in reported Covid infection rates, we've seen an increase in practices reporting staff absence due to Covid. Working from home and undertaking telephone consultations helps manage demand, but staff do need to be off work when unwell.

Care delayed by Covid – Routine GP appointments



In General Practice, the Opel Framework prioritises urgent care by asking practices to reschedule routine care and so, like hospital waiting lists, waiting times for routine appointments are getting longer.

The whole system has more demand than capacity and patients are finding it harder to access the care they need and expect.

Call waiting times for 111, and even 999, sometimes reach unacceptable levels and, likewise, we hear the experience of people waiting in long General Practice phone queues, and struggling to get an appointment, not only from patients but increasingly from local councillors and in questions from MPs.

The public are more aware now of the scale of the problem than earlier in the year, thanks in part to some honest reporting in the national press and media.

But, when people personally experience a problem accessing care, it can be incredibly frustrating. Without more doctors, nurses, and staff across all parts of the NHS and social care, there's no quick solution.

Until the NHS gets a break from demand for urgent care, it will be difficult to catch up on all the care delayed by Covid. Hospitals and ambulance services are experienced in collecting and presenting the data that illustrates their problem; General Practice less so.

Recent NHSE data to extrapolate from GP booking systems to reflect waits for appoints is headline grabbing, particularly in the form of a league table, but the data is in its infancy and is far from reliable at this stage. Rather than same day, we think a more sustainable approach if to take a 28 day overview for routine access and understand clinical triage for same day urgent care.

Humber and North Yorkshire Health and Care Partnership

Vale of York GP practice activity data

NHSE GPAD data shows VOY practices delivered 182,220 appointments (total) of which 117,393 were face to face in Oct 2022.

This compares to 170,529 appointments (total) of which 138,335 were face to face in Oct ’19 (pre-pandemic).

Total appointments for Aug/Sep/Oct 22 are up each month this year compared to the same months pre-pandemic and for the three months:

- Aug/Sept/Oct 2022 487,429
- Aug/Sept/Oct 2019 447,859

+39,570

F2F appointments for Aug/Sep/Oct 2022 average 87% this year compared to the same months pre-pandemic and for the three months:

- Aug/Sept/Oct 2022 307,444
- Aug/Sept/Oct 2019 355,024

-47,580

As an approximate value, each lost F2F appointment is translating to 1.8 additional non F2F appointments

Humber and North Yorkshire Health and Care Partnership

What our practices are saying…

5 Dec – Priory Medical Group Same Day appointment list on Monday for hot site**, saw a 200% increase in demand** received **110 urgent requests** meeting **hot site requirements**- with a high F2F need, mostly febrile children

1 Dec – York City prepares to welcome the first cohort of Asylum Seekers, up to 450 couples and families before Christmas, single biggest site in ICS

PMG – over last 2 months same day appointment demand increased by nearly 200% In total **SDA demand for care hit 646 cases** (in October SDA numbers were circa 400)

Winter Plans in Place, but whole system is impacted, some opportunities are unfunded, but access to staff remains a key limiting factor

Humber and North Yorkshire
Health and Care Partnership

Approaches to supporting system pressures

- Strep A/Scarlet Fever – communications/public health approach in the City
- Winter Plan
  - Pre Hospital
  - In Hospital
  - Discharge
- Increase hours at the children CAT hub

Pressure remains with demand outstripping all parts of supply across all sectors. In Primary Care, the volume in same day/urgent care has an immediate impact on routine care and increasing the length of delay to access your GP and other healthcare professionals.