

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.]*

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Report Approved

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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)