# A Health Prospectus for York 2022 and beyond

# Part I: Introduction to this Prospectus

# Purpose of this prospectus

This is not a strategy.

Strategies are helpful, and have their place. This, however is a deliberately short and readable 'prospectus' which has been written at the start of a new stage for York's health and care system. It describes the state of that system in 2022, the changes we are currently putting in place, and what people have told us they would like to see in future years.

> ***Prospectus*** (noun)
> a) a preliminary printed statement that describes an enterprise
> b) something (such as a statement or situation) that forecasts the course or nature of something
>
> **Merriam Webster**

This document was published in the first few months of a new organisation which plans healthcare in our region: **Humber and North Yorkshire Health and Care Partnership.**

Within this partnership, York sits as one of six 'places'. A group of leaders from has been meeting in preparation for these changes since the start of 2021 but we have only been a formal committee (the **York Health and Care Partnership**) since July 2022.

During this preparation year, we have been doing a number of things:

- focussing on improving the relationships between health and care partners
- using data to understand population health need better, with the establishment of the York 'Population Health Hub'
- collaborating on improving care
- engaging with citizens and our partners

This work has culminated in the production of this document, which is a preliminary statement that describes:

**Where we are**
**Where we want to be**
**How we start the journey**

# How we made this prospectus

The production of this document drew on a number of opportunities for conversation in the York health and care system, and the events summarised below form the basis of the rest of this document, in its language and content.

## York Big Question engagement exercise

We asked our partners in the voluntary and community sector in York to run an engagement exercise for us across winter 2021/22, which involved them hosting a conversation with people around a very simple question: ***What helps you live a happy and healthy life?*** The participants were asked to consider the question in a number of contexts: in the community they live, within health and care services, and through other city services. Additionally, when this document was finished, it was assessed by the Healthwatch York Readability panel for their view on how we have presented things.

## Coproduction Workshop

In April 2022 we hosted an open-invite co-production workshop to help us write this prospectus. Participants were asked to focus on a number of areas of health: children and young people's mental health, social isolation/ connectedness, living with long term conditions, and health and care services, and asked two key questions: ***'In ten years, if nothing has really improved, describe what York looks like'***; and ***'In ten years, if things are radically different, describe what York looks like'***

## Academic input

We are grateful to several senior academics within York's higher education sector for their input into the process. They talked through with us a number of international **models for health-generating city systems**, including the Marmot City approach, the WHO Healthy Cities indicators, the Preston Model (community wealth building), Doughnut Economics, and the Welsh 'Future Generations' Act.

## Strategic Inquiry

The York Health and Care Partnership also held a workshop where a number of well-recognised 'strategic inquiry' questions were posed, aimed at generating meaningful, deep and challenging conversation about the issues we will need to tackle through the newly reformed health and care system. These questions were: **Where is the system now? Where does it need to be? Where are you in your own practice?**

# Part II: Where are we now?

# Challenges and strengths

Our work so far has highlighted a number of things to be proud of, and to build on. But it has also brought to light a number of hard and difficult realities we face in our York health and care system, which need to be acknowledged.

## Strengths for health and care in York

| | | |
|---|---|---|
| **Improved links** between primary care and wider social interventions, e.g. through social prescribing | Many wonderful NHS and care **staff,** and commitment shown in e.g. the vaccination rollout | An abundance of **health assets** – green space, access to culture and heritage, community venues |
| An emerging aligned set of **prevention services** / practitioner networks | **Research and innovation** – the potential from clinical trials and operational insight | Use of **technology** to enable care and improve ways of getting help (but guard against digital exclusion) |
| The depth and togetherness of the **voluntary sector** | The power of **involvement** – seen in several 'coproduced' initiatives | Geography, in terms of our **aligned** providers, VCSE and council |

## Challenges for health and care in York

| | | |
|---|---|---|
| An overstretched, tired and burdened **workforce** where morale is low | **Demand** for healthcare seems to only ever head in one direction (upwards) | A challenging **financial** situation for all providers of care in York |
| The **short-term** nature of VCSE investment hinders sustainable capacity building | The long shadow and collective trauma of **COVID** | A '**crisis management**', system, not a 'preventative' system |
| Huge **backlogs** in care and long waits, across hospital care but also GP, community and social care. | A young **people's mental health crisis**, apparent even before the pandemic made it worse | Labyrinth **systems** – people feel they bounce from one gatekeeper to another |
| People often report ending up in the **wrong place** for too long, be it a hospital bed or the wrong service | **Access issues** to several services, including urgent care, primary care and dentistry | A reversal of **inequality** gains - people in poorer parts of York are dying earlier than they should |

# Current changes in health and care

The organisations which deliver health and care services in York are **not changing overnight**.

What is changing are the organisations which organise and plan this healthcare – essentially, those who allocate the resource and ensure the quality, safety and adequate provision of services to the whole population ('commissioning'). This is all part of a **national reorganisation** of the NHS and care.

This is not the first time these organisations have changed! As a city, York has been covered by various geographies of commissioning over the last decade:


YORK AND SELBY PCT

2006-2009

NORTH YORKSHIRE AND YORK PCT

2009-2013

VALE OF YORK CCG

2013-2022

YORK 'PLACE'

2022-

What is different this time – and potentially a huge advantage – is that **York will have its own local body** focussing solely on the city and its needs and strengths, rather than in combination with other local areas.

Our **York Health and Care Partnership** will be a formal committee of the NHS Humber and North Yorkshire Integrated Care Board (ICB), and as such is charged with the local delivery of the four Integrated Care System goals.

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

This local group brings together senior leaders from all NHS organisations (including **GPs**, **the hospital**, and our **mental health trust**), **local government, St Leonard's Hospice, Healthwatch York,** the **education** and **higher education** sectors, to function as the ICB's decision-making body at place level for health and care.

# Part III: Where do we want to be?

*The following pages build on what people have described to us through the engagement exercise we have undertaken. They use the language, ideas and 'voice' of those who took part.*

*They tell a story, looking ahead to York's health and care system in a decade's time – 2032.*

*The first imagines that nothing has really improved ('the same old story')*

*The second imagines a radical transformation ('a better story').*

# 2032…the same old story…

Its 2032, and York is a pleasant enough place to live. The relative affluence of our city ensures that some of the worst health outcomes seen by neighbouring northern towns (as a result of the pandemic and the cost-of-living crisis) are avoided.

The **seeds of good health**, however, are not being planted. A decade of budget constraints have meant that our local partnerships have mainly focussed on acute care and 'bailing out the boat'. Health and care services still tend to operate under a '**medical model**', placing an emphasis on procedures or packages of care which can be measured, rather than investing in the things which create good health.

We can see this most clearly in the health of our children and young adults. This is **generation COVID**. The disruptions of lockdown and the collective trauma of a pandemic meant that those learning to toddle and talk in 2020 are now starting secondary school; but we haven't proactively supported them. In addition, we've allowed increased pressures on young people, and worries such as isolation, career and housing prospects, and unemployment, to stack up. When this results in mental and physical health issues, it means more **costly interventions are needed**, with higher rates of young people accessing services.

The educational impacts are increasing inequalities in York's young adults, and with the cost of housing still a huge issue, **market forces** become destiny: York's mobile younger generation seek their future in other cities, while the less mobile stay, but struggle to find higher paying work, and to pay the bills.

Social isolation remains a big issue in the city. Parity of esteem in our system for issues like **loneliness or debt** (when A+E is full to-bursting more often than not) seems a luxury. Yet an increasing amount of healthcare demand is driven by inequalities and social factors. Fuel poverty leads to people living in colder houses increasing preventable long-term conditions. Some struggle with bills and budgeting for food, with clear impacts on physical and mental health.

Most people who are being seen by health and care services have more than one condition, but our system hasn't caught up.

The **divides** between primary and secondary care, between treatment pathways for single diseases, and between children's and adult's services, are still with us, and patients aren't getting anywhere near what we'd call a holistic or integrated service. This is true in our approach to the workforce, with the same clinical and professional **staffing structures** meaning a coherent and flexible approach to moving staff to the bit of the system which needs them is difficult.

Our work in clinical research, workforce development and innovation is still fragmented, and ad hoc; whilst we have world-class universities and colleges they are not strategically focused on local impact or really part of the partnership - so **we underplay our strengths**.

Out in the community, we haven't taken the opportunity to **involve people in services**, which (again) felt like a luxury we couldn't afford; but in fact designed out the power of people and community to make services higher quality. And our social prescribing services – while helpful, are running out of things to prescribe/refer to, with a number of key voluntary and community groups becoming unviable due to short-term contracts and lack of resilience.

# 2032…a better story…

Its 2032, and York is recognised as the healthiest and fairest city in the North of England. Life expectancy gaps between the richest and poorest – whilst still with us – are now **starting to close** rather than widen.

Having taken the decision to make improving health and wellbeing for all **a fundamental standard** by which we measure every decision in the city, we now only do things that support this vision, and are starting to reap the rewards.

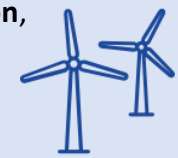
A large part of this involves a relentless shift in all areas to a **prevention and early intervention** model. At one end of the scale, communities are now defined by the depth of relationships and associations that exist, and not only do we use our health assets, but we grow them. At the other, people with long term conditions all have proactive care plans, and the most complex have a **multi-professional** team which isn't bound by disease area, sector, or the child/adult service division.

We utilised the COVID generation's experience of mental health issues and **turned it for good**, creating a more sensitive, compassionate and kinder culture and building the workforce of the future from people with lived experience. Models of community support based around **local 'hubs'** have arisen which are preventative, meaning people don't need to seek professional help so often, and can find mental wellness in connections and communities.

Children are at the centre of our city life, starting with the most vulnerable. Much better work across all partners involved in the care system, including **better transition** into adult services, means that children in care have better health outcomes, whilst the involvement of education leaders in our health partnerships mean that pioneering work is being done to raise **a healthy generation of children**, most of whom are now growing up accustomed to getting around the city using active travel methods such as walking, cycling and public transport.

Workforce difficulties are still with us, but since the introduction of a city-wide **workforce plan** and collaboration on flexible training in health and social care, we now have the right number of district nurses, carers, mental health practitioners and social workers. Our collective capability in universities and colleges has given us innovative solutions in this area, as well as creating higher-paid research and teaching jobs which boost our economy and wage growth.

In terms of our local health partnerships, York is now really starting to maximise its maturity – building on the closeness, informal and strong relationships and honest conversations needed to sort problems out quickly. Not everything is done by committee (though governance is strong and robust); our niche is to be **nimble, compact and adaptable**; we are starting to get a reputation for pioneering new models of care, and so we attract the clinical and professional leaders needed to make this a reality.



Our NHS is basically now **zero carbon**, and in fact works with the council to identify patients whose homes need insulating. Fewer people are in fuel poverty (since we have a more environmentally sustainable way of heating houses), and those struggling with debt are **quickly identified** by, for example their GP and given support. All of this is slowly reducing pressure on the NHS and social care, who have long moved from focussing on patient flow and discharge, and now **collaborate** on making care more personalised.

# Part IV: How do we start the journey?

# Develop our behaviours

Over this last year, the York Health and Care Partnership has agreed a Charter of Behaviours. Learning from other high performing health and care systems who have worked hard to behave as one team, we have agreed that as a set of senior leaders:

**We are in it together**

We agree that we will have a robust airing of views, but that once our team has reached a decision, we will all abide by that decision and support it publicly.

**We will trust in people**

We agree to openly discuss all matters that affect our ability to make firm decisions, including any conflicts of interest and any limits on our mandate (where we carry these from participant organisations), so that all members of our team are fully aware of any restrictions, caveats or further authority that may be required.

**We will be permission-giving and empower staff**

We will support our teams, and in particular professional/clinically-led service development. We will deliberately try to enable decisions to be made by 'front-line' staff by saying 'yes' to their solutions. We will promote an environment of high quality and low bureaucracy. We will recognise that Health and Care rises and falls on staff wellbeing.

**We are person-centred**

Recognising the diversity of our population we will develop solutions that are 'bespoke by default' focussing on understanding the needs of our residents. We will put people at the centre of decision making and be able to question where we think this is not the happening.

**We will free the power of the community**

People/patients will be actively involved in the system, providing feedback, supporting and leading change.

**We are committed to improving population health**

We recognise the significant health inequalities experienced across the city. We recognise the upmost importance of working to address these inequalities and support vulnerable individuals and populations when participating in our activities.

**We will connect clinicians and professionals**

We are committed to restoring the connections between clinicians and professionals from primary and secondary care, nursing and social care, and the voluntary sector. Staff are empowered to make the right decisions without bureaucracy getting in the way, and will understand the system as a whole.

**Our finances will align**

We will explore ways in which we can use our collective resources to the best possible effect for the population. We will strive to understand the consequences of our decisions on all partners and manage any repercussions so as not to destabilise any organisation and managing risk collectively.

# Build on our framework for a health generating city

## GROW
the things which keep us healthy

*for example: cookery classes, the NHS procuring local goods, offering apprenticeships, more keyworker housing, capacity building in the third sector, cycling skills courses, smokefree hospitals, social prescribing, reduced air pollution*

## ACT
early and prevent ill health

*for example: help to achieve a healthy weight, identification and brief advice for alcohol,, self-management technology, home blood pressure monitoring, peer support groups, population health management, dementia coordination, falls prevention*

## CARE
with compassion and quality

*for example: meeting healthcheck targets, reducing elective waiting lists, supporting maternal health, preventing hospital-acquired infection, advance-care planning, timely care packages, primary care access, trauma-informed care*

## CONNECT
things into one York team

*for example: shared care records, integrated discharge arrangements, co-location of services, locality working, multi-disciplinary working, better treatment of dual-diagnosis, personalisation, involvement of carers*

# Establish and mature our partnership

The following is our equivalent of a 'to do list' for our first year in operation as York' place within Humber and North Yorkshire ICS:

- Strengthen the foundations of our place partnership, including its governance
- Streamline workstreams and health sub groups in York, building a fit-for-purpose partnership model
- Support the development of a city 10 year strategy, with three key documents – the Economic Strategy, the Climate Change Strategy, and the Health and Wellbeing Strategy, at its centre.
- Lead the health and care sector response to the above strategies, including the development of action plans and associated partnership structures
- Press for a maximal model of delegated functions from Humber and North Yorkshire Integrated Care Board, to further integration plans
- Start work on joining up the health and care research and innovation potential in York, collaborating with higher education sector leaders on joint priorities e.g. workforce supply, clinical research, operational insight
- Develop our co production approach to decision-making
- Produce a realistic future workforce strategy for the city based on the concept of a York 'health and care team'
- Understand the financial challenge for York 'place' within the integrated care system, and develop plans to underpin good long term decision making
- Keep 'alliancing', including modelling the behaviours listed in this document
- Work collaboratively on a York and North Yorkshire footprint on things that make sense within the health and care system, for instance urgent and emergency care

Thank you for reading this Prospectus

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