

## **Notice of a public meeting of Health and Wellbeing Board**

**To:** Councillors Runciman (Chair), Craghill, Looker and Waller  
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 Coultman-Lovell - York Place Director  
Jamaila Hussain - Director of Prevention & Commissioning, City of York Council  
Shaun Jones – Interim Director, Humber and North Yorkshire Locality, NHS England and Improvement  
Martin Kelly - Corporate Director of Children’s and Education, City of York Council  
Simon Morrith - Chief Executive, York & Scarborough Teaching Hospitals NHS Foundation Trust  
Mike Padgham – Chair, Independent Care Group  
Alison Semmence - Chief Executive, York CVS  
Sharon Stoltz - Director of Public Health, City of York Council  
Lisa Winward - Chief Constable, North Yorkshire Police

**Date:** Wednesday, 18 January 2023

**Time:** 4.30 pm

**Venue:** The George Hudson Board Room - 1st Floor West Offices (F045)

## **A G E N D A**

### **1. Declarations of Interest**

At this point in the meeting, Members are asked to declare any disclosable pecuniary interests or other registerable interests they might have in respect of business on this agenda, if they have not already done so in advance on the Register of Interests.

### **2. Minutes**

(Pages 1 - 14)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on 16 November 2022.

### **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 Monday 16 January 2023**.

To register to speak please visit [www.york.gov.uk/AttendCouncilMeetings](http://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](http://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](http://www.york.gov.uk/COVIDDemocracy)) for more information on meetings and decisions.

- 4. Healthwatch York Report: Cost of Living** (Pages 15 - 44)  
This report is for the attention and action of Board members, sharing a report from Healthwatch York which looks at the results of a survey exploring the health impacts of the rising cost of living.
- 5. Framework for Delivery and Performance Management of the new Joint Health and Wellbeing Strategy 2022-2032** (Pages 45 - 54)  
This report presents a suggested framework for an Action Plan and Population Health Outcomes Monitor for the new Joint Health and Wellbeing Strategy 2022-2023.
- 6. York Health and Care Partnership Report** (Pages 55 - 78)  
This report provides an update to the Health and Wellbeing Board regarding the work of the York Health and Care Partnership (previously the York Health and Care Alliance), progress to date and next steps.
- 7. Humber and North Yorkshire Integrated Health and Care Strategy** (Pages 79 - 136)  
This report sets out the approach taken to develop an Integrated Health and Care Strategy for Humber and North Yorkshire, which has been informed by the legislative requirements, statutory guidance, policy and a broad range of engagement and discussions with Place at the heart.
- 8. Progress on Appointment of Independent Chair to the Mental Health Partnership**  
This is a verbal update on the progress on Appointment of Independent Chair to the Mental Health Partnership.
- 9. Urgent Business**  
Any other business which the Chair considers urgent under the Local Government Act 1972.

## **Democracy Officer:**

Margo Budreviciute

Telephone No – 01904 551573

Email – [margo.budreviciute@york.gov.uk](mailto:margo.budreviciute@york.gov.uk)

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

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

Contact details are set out above.

**This information can be provided in your own language.**

我們也用您們的語言提供這個信息 (Cantonese)

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

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

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

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

 **(01904) 551550**

.City of York Council

Committee Minutes

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Meeting	Health and Wellbeing Board
Date	16 November 2022
Present	<p>Councillors Craghill, Looker and Waller          Siân Balsom - Manager, Healthwatch York          Brian Cranna - Director of Operations and Transformation, Tees, Esk &amp; Wear Valleys NHS Foundation Trust (substitute for Zoe Campbell)          David Harbourne - Chair of York CVS (substitute for Alison Semmence)          Jamaila Hussain - Corporate Director Adult Social Care and Integration, City of York Council          Martin Kelly - Corporate Director of Children's and Education Services, City of York Council          Stephanie Porter - Interim Executive Director of Primary Care and Population Health, NHS Humber &amp; North Yorkshire Health and Care Partnership (substitute for Simon Bell)          Peter Roderick - Consultant in Public Health, City of York Council/NHS Vale of York Clinical Commissioning Group (substitute for Sharon Stoltz)          Lisa Winward - Chief Constable, North Yorkshire Police</p>
In Attendance	<p>Carl Wain - Information and Social Action Manager          Joe Micheli - Head of Communities, City of York Council          Tracy Wallis - Health and Wellbeing Partnerships Coordinator, City of York Council</p>
Apologies	<p>Councillor Runciman          Simon Bell - Interim Place Director, NHS Humber &amp; North Yorkshire Health and Care Partnership          Dr Emma Broughton - Joint Chair of York Health &amp; Care Collaborative          Zoe Campbell - Managing Director - Yorkshire, York &amp; Selby - Tees, Esk &amp; Wear Valleys NHS Foundation Trust</p>

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Shaun Jones - Interim Director Humber and North Yorkshire Locality, NHS England and Improvement

Simon Morrill - Chief Executive, York & Scarborough Teaching Hospitals NHS Foundation Trust

Alison Semmence - Chief Executive, York CVS

Sharon Stoltz - Director of Public Health, City of York Council

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### **109. Chair (16:33)**

In the absence of the Chair and Vice Chair, the Board needed to elect a Member to act as Chair of the meeting.

Resolved: That Cllr Waller be elected to Chair the meeting.

### **110. Declarations of Interest (16:37)**

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.

Cllr Waller declared a personal interest in that he is a Governor for Westfield Primary School and York High School, and his partner is employed by NHS England.

### **111. Minutes (16:38)**

Resolved: That the minutes of the last two meetings of the Health and Wellbeing Board held on 18 May and 20 July 2022 be approved as an accurate record.

### **112. Public Participation (16:39)**

It was reported that there had been four registrations to speak under the Council's Public Participation Scheme.

Flick Williams spoke about agenda item 6 – Approval of Application for WHO Friendly Community Status, and item 10 –

COVID-19 Update Report. She questioned York's Age Friendly City status while Blue Badge holders remain excluded from York City Centre. She then spoke about the social model of disability and the effects of both COVID-19 and the exclusion of Blue Badge holders on people's mental health.

Marylin Crawshaw also spoke on item 6 and the 'Reverse The Ban' campaign. She argued the ban jeopardises key parts of the Health and Wellbeing Strategy before highlighting the 27 organisations participating in the campaign. She then provided some comments from the 2700 postcard petition submitted to the full Council meeting on 20 October 2022 describing how the ban affects them.

Diane Roworth also spoke on the 'Reverse The Ban' campaign. She explained that the ban causes isolation, exclusion and unhappiness, which contribute to physical and mental ill-health before providing some further comments from the petition submitted to the Council.

James Cannon also spoke on item 6 and welcomed the progress made so far, including investments to improve pavements and installation of extra seating. He argued against Blue Badge exemption and how this, alongside COVID-19, has impacted the elderly and their mental and physical health.

### **113. Ratification of Decisions made by the Health and Wellbeing Board outside of a Formal Meeting (16:56)**

The Board considered a report that asked members to formally ratify four decisions which were made outside of a formal meeting via email following the cancellation of the September meeting. The Consultant in Public Health for City of York Council/NHS Vale of York Clinical Commissioning Group detailed the decisions that needed approval:

1. Joint Health and Wellbeing Strategy 2022-2032
2. Pharmaceutical Needs Assessment (PNA) 2022-2025
3. Review of York's Health and Wellbeing Board
4. Chairship of the Mental Health Partnership

He also confirmed that the PNA has been approved by the NHS.

Members commented on the Joint Health and Wellbeing Strategy and questioned how strategic decisions are made to ensure that they are realistic. They discussed issues, such as black mould in houses, accessibility for the elderly in the city centre and support in schools, as factors which affect people's health and wellbeing.

Resolved: That the Health and Wellbeing Board ratify the decisions made in relation to the four items on the published agenda for September 2022.

Reason: To ensure that the decisions made by the HWBB are lawful.

#### **114. Report of the York Health and Care Partnership (17:04)**

Board Members considered a report that provided an update regarding the work of the York Health and Care Partnership since the last report provided in July 2022 (formally the York Health and Care Alliance), the progress to date and next steps.

The Corporate Director of Adult Social Care and Integration, City of York Council, outlined the paper and provided an update on the Place Board. She noted that:

- The Integrated Care Board now has a transitional operating plan to ensure consistency but there is still work to be done in the Place Board regarding delegation authority around finance, spending, and NHS funding.
- The membership of the Board is complete, and the terms of reference were agreed at the 24 October 2022 meeting.
- The Health and Care Prospectus was completed.
- The Place Board set overarching priorities and ways of delivering health and agreed to the following priority areas:
  1. Quality of Services; quality, safety, experience of care
  2. Population Health: health generation, prevention, early intervention
  3. Access to Services: general practice, dentistry, planned care



4. Resilient Community Care: preventing admissions, in-and-out of hospital care, effective discharge
  5. Urgent and Emergency Care: capacity, resilience, responsiveness
- Governance was agreed so there are now specific groups to look at delivering and achieving priorities.

The Interim Executive Director of Primary Care and Population Health, NHS Humber & North Yorkshire Health and Care Partnership stated that the Board is also populating priority areas with actions that form performance measures.

In response to questions from Members, The Corporate Director of Adult Social Care and Integration explained that the Place Board has different tiers of governance in relation to making decisions and budgets so local authority and community partners play a key role in these.

Resolved: That the Health and Wellbeing Board:

- i. Noted the content of the report and progress made.
- ii. Support the dissemination of the York Health and Care Prospectus across partners.

Reason: To keep the Board updated about the developments at Place.

#### **115. Approval of Application for WHO Age Friendly Communities Status (17:13)**

The Health and Wellbeing Board considered a report which asked Members for permission to apply for World Health Organisation (WHO) Age Friendly Communities Status. The Information and Social Action Manager outlined the report and noted that the Council consulted with residents and stakeholders to understand the key issues, and recommendations that can be implemented. He also outlined some recent projects that the Council have been involved in to improve services, which includes community transport and accessibility in community venues.

There were three options available to the Board in relation to applying for WHO status:

1. Apply for WHO status

2. Remain part of the Age Friendly Community but not apply for WHO status
3. Withdraw from the Age Friendly Community through the Centre for Ageing Better and determine an alternative method to deliver against the ageing well arm of Health and Wellbeing strategy.

The recommendation was changed to pause the application for WHO status in order to engage with community groups who have expressed concern, and work with the Access Officer to find a positive and constructive way to proceed. He also noted that the Council has an ongoing consultation process to choose priority areas.

Members were supportive of this amended recommendation and highlighted areas where York fails to be age friendly, including through pavement cafes and mobility problems, accessibility to online services and parking issues.

Resolved: That the City of York remain part of the Age Friendly Community but the application for WHO status be paused.

Reason: In order to engage with community groups and the Council's Access Officer to find a positive and constructive way to proceed with the WHO status application.

#### **116. Healthwatch York Report: York Voices - What you Have Told Us So Far in 2022 (17:27)**

This report was for information, where Healthwatch York shared details about what they have heard recently from York residents to the Health and Wellbeing Board. The Manager of Healthwatch York summarised the report and noted that it was used in creating the Health and Care Prospectus.

Resolved: That the Health and Wellbeing Board received Healthwatch York's report.

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

**117. Healthwatch York Report: Accessible Information Update Report (17:28)**

Members considered a report which provided an update to the Board following the presentation of the joint report from Healthwatch North Yorkshire and Healthwatch York on Accessible Information presented to the July 2022 meeting. The Manager of Healthwatch York summarised the report and noted that they are still awaiting some responses from members and the York Health and Care Partnership before they are added to the report as part of a formal response.

Resolved: That the Health and Wellbeing Board:

- i. Received the update report
- ii. Considered the recommendations made

Reason: To make sure there is continued focus on how well our health and care system meets the Accessible Information Standard.

**118. Healthwatch York Report: Children's Mental Health - A Snapshot Report (17:29)**

Members considered a report which provided a summary of what people have recently told Healthwatch York about accessing children's mental health support. The Manager of Healthwatch York detailed the report and explained that it is a discussion around the City's approach to children's mental health and how it is able to make people feel more confident to access the help and support they need. She also discussed the need to analyse how the system works to ensure children get help and support, but that they are also aware of the options available to them.

The Director of Operations and Transformation for Tees, Esk and Wear Valleys NHS Foundation Trust welcomed the feedback from the report before acknowledging communication issues mentioned by families in accessing support and noting that partnership working and having numerous routes of access is very important. He also explained that long waiting times continue to be an issue with young people waiting 12 weeks for a mental health assessment, 2-3 weeks for an urgent referral, and 1-2 years for a neurodevelopmental assessment.

Members discussed the report and argued that the iThrive model and the Child and Adolescent Mental Health Services are not communicated, and not understood well by parents and that further support is necessary by the NHS. The Director of Operations and Transformations for NHS explained to Members that there have been changes in the Trust so there will be a focus on improving the services provided alongside giving families and schools increased support. He then agreed to provide a projected timeline of when these changes would occur and when results will be seen to the Board.

The mental health of students was discussed, with Members stating that York needs to pay closer attention to them due to their vulnerability, with particular support necessary for ethnic minorities and those part of the LGBTQ+ community. Members discussed the need for the prevention of some of the causes of mental health issues too.

Resolved:

- i. That the Healthwatch York's report, Children's Mental Health: A Snapshot Report is received by the Board.
- ii. That the Board Members are reminded to respond directly to Healthwatch York within 28 days regarding the recommendations made to their organisation.
- iii. That Healthwatch York provides an updated report to the Board following the end of their consultations.

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

Resolved:

- i. That Tees, Esk and Wear Valleys NHS Foundation Trust provide a projected timetable for changes and results to Members of the HWBB.

Reason: To keep the Board updated with the NHS's projects and policies in relation to children's mental health.

### **119. Better Care Fund Update (17:49)**

Board Members considered a report that provided them with a quarterly update on the Better Care Fund (BCF), which is a

national mechanism that aims to reduce admissions, delays and long term care in hospitals.

The Corporate Director of Adult Services and Integration, City of York Council, presented the report and explained that the 2022/23 BCF plan, which has a new focus on early intervention and prevention, has been updated and sent to the BCF national team. She noted that £20 million was awarded in funding and that the Council will review the schemes funded to ensure that they are effective in meeting the BCF goals. She also confirmed that NHS England has received the report and has agreed with the recommendations and monies within the BCF.

Resolved:

- i. That the contents of the report are noted by the Board
- ii. That the information within the attached appendices are noted.

Reason: To keep the Board updated in relation to the Better Care Fund.

## **120. Health Protection Annual Report (17:54)**

Members considered a report that provided an update on health protection responsibilities within City of York Council and builds on the report from November 2021. The Consultant in Public Health for City of York Council/NHS Vale of York Clinical Commissioning Group provided an overview of the report and explained that it gives the Board assurance about work going on in York and covers sexual health services and vaccinations, amongst others. He also noted the ongoing work from the Health Care Acquired Infections group, oral health services and screening programmes before explaining that Infection, Prevention and Control (IPC) measures are delivered through the Harrogate and District IPC team.

In response to questions from Members, the Consultant in Public Health confirmed that:

- The uptake of some vaccinations for children is lower partly due to vaccination programmes in schools being disrupted due to the pandemic but that this is a nationwide issue and the Council are working to fix this backlog.

- The HPV vaccination has been expanded to both sexes and the Council are working closely with school vaccination services.

Further to statements from the Board, they;

Resolved:

- i. That the report is noted.
- ii. That further information on dentistry services for children and flexible commissioning programmes is provided to Members at the next Board meeting.

Reason: to keep the Health and Wellbeing Board updated in relation to health protection arrangements.

### **121. Director of Public Health Annual Report (18:03)**

Members considered a statutory report of York's public health and it focuses on the City's response to the pandemic and covers the two year period of 2020-2022. The Consultant in Public Health for City of York Council/NHS Vale of York Clinical Commissioning Group provided an overview of the report and explained that it details the timeline and impact of the COVID-19 outbreak but also highlights the voices of healthcare professionals and York residents to understand the pandemic in the City. The report also makes historical comparisons between COVID-19 and three different epidemics that York faced to show how and why the City responded accordingly.

As a result, the report lists four recommendations for the City which include:

1. Public Health should seek to build on the city-wide partnerships that were formed and lead the development of a 'living with Covid' approach.
2. Establish a York Health Protection Committee to respond to large scale events such as future pandemics and disease outbreaks, amongst others.
3. Children and young people have been particularly badly affected over the past two years and the 2022 school survey has identified a number of needs that have to be addressed. It is recommended that the findings of the school survey are used to inform the development of a

new Children's Plan for York to be adopted by the Safeguarding Children Board Executive and the Health and Wellbeing Board.

4. The pandemic has had wider impacts of physical and mental health on residents. Preventable health issues, such as alcohol consumption, reduced levels of physical activity and mental health problems, should be focussed on. It is recommended that the public health team take on a preventative approach to some of these issues across York.

Resolved:

- i. That the Health and Wellbeing Board received the report.
- ii. That the Board agreed to support the recommendations.
- iii. That the progress made on the recommendations of the 2019 Director of Public Health Annual Report is noted.

Reason: It is a statutory requirement of the Director of Public Health to produce an annual report and the Board need to be aware of the recommendations within it.

## **122. HWBB Report COVID-19 update report (18:08)**

Members considered an information only report that provides them with an update on COVID data for York.

In response to questions from Members, the Consultant in Public Health for City of York Council/NHS Vale of York Clinical Commissioning Group noted that:

- The Public Health team are monitoring COVID-19 infections through weekly ONS figures and are analysing excess death graphs and their causes.
- Primary Care is developing approaches to try and test for COVID and flu at the same time, which may give better protections in the future.
- It is difficult to predict future rises in COVID cases, so currently, it is encouraged to continue washing hands, ventilating public spaces, wearing masks in vulnerable settings, and getting vaccinated.

- There are some social disparities between people who take up vaccinations and those who are slightly more resistant to them but work has been done to overcome barriers to vaccinations and vaccine inequality.

The Interim Executive Director of Primary Care and Population Health, NHS Humber & North Yorkshire Health and Care Partnership also explained that there are weekly trackers with GP services alongside escalation ratings that are reported to Primary Care to monitor rates. She also noted that staff absences are monitored and that there is ongoing work with vulnerable groups and people who may be more resistant to vaccines.

Resolved: That the report is received and any key issues for further consideration are highlighted.

Reason: To keep the Board updated in relation to COVID-19.

### **123. Report of the Chair of the York Health and Care Collaborative (YHCC) (18:22)**

Members considered a report on the work of the York Health and Care Collaborative, which is a multi-agency group that brings together a range of organisations involved in health and care in the City. The Consultant in Public Health for City of York Council/NHS Vale of York Clinical Commissioning Group presented the report and noted the 2022/23 priorities for the collaborative which cover prevention, ageing well/frailty, mental health and children and young people, all of which align with the Joint Health and Wellbeing Strategy.

He also provided an overview of some of the work completed by the collaborative, including:

- Frailty work and the use of the Rockwood Scale to prevent hospital admissions.
- Work around deprivation and the cost of living with action plans on how health care services can be better at supporting people with cost of living issues and how deprivation affects health.
- Improving staff wellbeing, for example by funding Blue Light cards for lower paid staff so that they can access discounts.



- Introduction of the Children's Ambulatory Treatment Hub which is trying to prevent avoidable admissions in hospitals for children.

The Board discussed some of the results from the workshop group and;

Resolved:

- i. That the Report of the Chair of the York Health and Care Collaborative is noted.
- ii. That the question and responses provided by Board members in relation to deprived communities in York, and comments on social work services and poverty numbers are circulated to the Collaborative.
- iii. That the Board will circulate an email, inviting Members to comment on health and non-health related anxiety.

Reason: There is a shared objective of improving the health and wellbeing of the population. The York Health and Care Collaborative is unique in bringing together; providers and commissioners of health and social care services (from the NHS and City of York Council), colleagues from City of York Public Health together with the voluntary sector as a means of working on joint priorities to achieve this objective. The York Health and Care Collaborative agreed to provide regular updates on its work and progress.

Councillor Waller, Chair

[The meeting started at 4.33 pm and finished at 6.30 pm].

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**Health and Wellbeing Board**  
Report of the Manager, Healthwatch York

18 January 2023

## **Healthwatch York Report: Cost of Living: The impact of rising costs on people in York**

### **Summary**

1. This report is for the attention and action of Board members, sharing a report from Healthwatch York which looks at the results of a survey exploring the health impacts of the rising cost of living.

### **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. Recently there has been an increase in mentions of the cost of living when discussing health and care concerns.
3. We developed a survey and reached out through our local engagement activities and our partner organisations to share the survey widely.
4. We aimed to produce a report highlighting the day-to-day impact on local people's health and wellbeing as a direct result of rising living costs and have shared this report to encourage further discussion of these challenges and consideration of ways we can collectively address them. We acknowledge the significant partnership work already underway to provide help, advice and information to those most directly affected. This partnership work is being coordinated and supported by City of York Council.

### **Main/Key Issues to be considered**

5. Our report's key findings are:

- People are struggling to heat their homes, often resulting in the worsening of existing physical and/or mental health conditions
  - People are reducing the amount of nutritious food that they buy and are skipping meals due to rising food costs
  - People with specific dietary requirements report an inability to afford the specialist foods they need
  - Money is not stretching as far as it used to and people are already having to use their savings to pay bills
  - People have less money for non-essential items and feel as though they are surviving rather than living
  - People report increased isolation due to a lack of money to spend on social and leisure activities
  - There is a general increase in anxiety around money and the uncertainty of the future often resulting in loss of sleep
  - Many spoke of their worries about managing the cost of Christmas. This is negatively impacting people's mental health as they feel they are letting their children down
  - People report a sense of failure in not being able to support themselves and/or their families
  - Those who are not personally struggling as a result of the rising cost of living are feeling worried about those who are
6. In addition to this work, the York Population Health Hub has produced [analysis of the health impacts](#) of the increased cost of living, including analysis of the most likely clinical areas affected (respiratory health, falls, hypothermia, CVD) and most likely communities in York, concluding geographical areas, to see the largest impact.

## **Consultation**

7. In producing this report, we consulted the public through a short, simple survey. We also used the experiences people had already shared with us.

## Options

8. There are no recommendations within this report, and no specific options for the Board to consider. However, when read alongside the Population Health Hub data pack around the cost of living, and the feedback from the Council's cost of living summit, we hope it can help in the development of future options.

## Implications

9. 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

10. There are no risks associated with this report.

## Recommendations

11. The Health and Wellbeing Board are asked to:
- i. Receive Healthwatch York's report, Cost of Living: The impact of rising costs on people in York

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:**

Siân Balsom  
Manager  
Healthwatch York

**Report  
Approved**

✓

**Date** 05.01.2023

**Wards Affected:** All

All

**For further information please contact the author of the report**

**Annexes:**

**Annex A – [Cost of Living: The impact of the rising cost of living on people in York](#)**

**Background Papers**

<https://www.healthyyork.org/media/77761/anonymised-phh-cost-of-living-health-data-pack-002-.pptx>



# Cost of Living

The impact of rising costs on people in York  
December 2022

# Contents

Content warning: Contains reference to mental ill-health, suicide, distress

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## Acknowledgements

Most of this report’s content are the responses people gave to our survey. We want to thank every single person who took the time to complete it. This report is for every single person who is struggling to safely navigate these difficult times.

This report is an uncomfortable read. But we make no apology for sharing so many of the responses. There is power in these words and they deserve to be heard. Thank you for taking the time to listen.

Front cover picture from Tierra Mallorca, taken from Unsplash



# Background

## Introduction

Healthwatch was set up in 2013 to hear people's experiences of health and care services. Healthwatch is your health and social care champion. We make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. There is a local Healthwatch for every part of England. Healthwatch York covers the City of York area.

Healthwatch York at York CVS is based on a very simple idea – that the best people to help shape our health and care system are those who use (or struggle to use) health and care services.

In this report, we share the work we have done to understand how the rising cost of living is impacting people living in York. In particular we wanted to get a better idea of how it is affecting people's health, both mental and physical.

## Why is Healthwatch York looking at this?

Understanding how people are being affected by the rising costs of living will help the health and care system in York to direct resources and information to those in most need. It will also help to understand any gaps in existing support. In addition, using the feedback from the survey, we can highlight the true impact of the rising cost of living on the health of York residents and feed in to national work on the health impacts of rising costs.

## What we did to find out more

We released a short survey and distributed it across York. We ran the survey from the 6th October to 5th November and received 200 responses.

## National picture

The Institute of Health Equity<sup>1</sup> report on Fuel Poverty, Cold Homes and Health Inequalities highlights the health impacts of living in fuel poverty. Fuel poverty results in people living in cold homes.

Cold homes can cause and worsen a range of health conditions such as:

- Respiratory conditions
- Cardiovascular disease
- Poor mental health
- Dementia
- Hypothermia

They can cause or increase problems with child development, and also contribute to excess winter deaths. Some estimates suggest 10% of excess winter deaths are as a direct result of fuel poverty, and 21.5% due to cold homes.

Fuel poverty poses the greatest risk to babies, children, older people and those with existing health issues. According to this report, 28% of young people living in cold homes have four or more negative mental health symptoms whilst only 4% of young people who had always lived in warm homes experienced this number of symptoms. Additionally, mothers living in fuel poverty are 64% more likely to suffer from maternal depression.

Living in cold homes is also associated with lower strength and dexterity as well as exacerbated symptoms of arthritis. This can be especially damaging for older people as it can increase the risk of falls and unintentional injury.

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<sup>1</sup> [Fuel Poverty, Cold Homes and Health Inequalities in the UK \(instituteofhealthequity.org\)](https://instituteofhealthequity.org) 2022

The report also concludes that without effective measures to prevent it, 66% of UK households will be in fuel poverty by January 2023. This will have significant negative consequences for health.

Alongside the human costs, there is a significant financial impact. In 2019 it was estimated that the NHS spends at least £2.5 billion per year on illnesses that are directly linked to cold, damp and dangerous homes.

### **BBC News coverage of the cost-of-living crisis**

This BBC report<sup>2</sup> uses first-hand accounts to demonstrate the impact that the rise of living costs is already having on people's mental and physical wellbeing.

People are having to take on extra shifts in order to cover the extra costs, which takes a toll on their wellbeing. The rise in the cost of living is forcing people to choose between cooking for their children and heating their homes.

In this earlier report<sup>3</sup> the BBC provide details around the negative impact that the rising cost of living is having on people's health.

People are being forced to miss meals and skip prescriptions as they can no longer afford them. They give the example of a woman who relies on kidney dialysis; she can no longer afford to run this machine from home due to increased cost of bills. This has meant that she has had to uproot her care and change her medical team so that she can do dialysis in hospital.

They also report that people are suffering from chronic stress as a result of worrying about bills and money. This can lead to mental health issues such as depression and anxiety, as well as physical health issues such as

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<sup>2</sup> [Cost of living: How the crisis is affecting our health - BBC News 6 Jul 2022](#)

<sup>3</sup> [Cost of living: Soaring bills damaging people's health, say medics - BBC News 9 Jun 2022](#)

increased blood pressure and metabolism. Due to increased costs, people also are increasingly unable to afford nutritious food which impacts their physical health.

These issues are, unfortunately, issues which have long been associated with those in poverty. However, due to the recent rising costs of living, these issues are now also affecting those who have never considered themselves to be on a low income before.

### **Managing the cost of living**

National Voices and 63 members including the Royal Pharmaceutical Society have signed a letter<sup>4</sup> calling for prescription charges to be paused to support people with the cost-of-living crisis. The letter referenced research from health bodies showing access to treatment has been affected by the cost-of-living rises.

### **Local Picture**

These impacts are also being seen locally.

### **Pressures reported within the local health and care system**

York Health and Care Collaborative ran a survey about the impact of the rising cost-of-living targeted at those working in health and care. 95 people working in our health and care system responded, mostly from within primary care.

They reported that their patients were:

- increasingly struggling with their mental health due to increased worries about money.
- struggling with the rising costs of fuel and food.
- having difficulty paying for prescriptions.

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<sup>4</sup> [Pause prescription charges to help hardest hit by cost-of-living crisis, says RPS - The Pharmacist](#) 15 Nov 2022

This included a report of a patient choosing only to take half a dose of prescriptions to reduce costs.

The rising cost of living is also having an impact on those who work within the healthcare system. The questionnaire found that healthcare staff in York are struggling with the rising fuel costs, resulting in multiple responders considering leaving their job in the NHS in order to work closer to home or in a higher paid role. A large proportion reported having difficulties with the rising cost of food with some reporting that they are having to skip meals and that they cannot afford nutritious food.

Alongside this, Community Pharmacy North Yorkshire are joining other pharmacy networks in reporting significant challenges for local pharmacies.<sup>5</sup> They highlight that they remained open throughout the pandemic, making sure people had access to medicines, advice and services. But pharmacy funding has been frozen since 2016. Many staff have had minimal pay increases as a result of this flat funding, leaving them earning close to the minimum wage. Pharmacies are seeing staff leave to take up roles within GP practices as part of the increase in Advanced Health Practitioner roles in primary care teams. Others are leaving to take up less stressful and less skilled roles elsewhere. Although there was some funding released to pharmacies during the pandemic to support delivery of medicines, this has now ceased. To survive, some pharmacies have reduced their staff teams, operating hours, or no longer provide some previously free services such as deliveries and medicine trays. Healthwatch York has already received feedback from the public about these issues.

Many of these issues are reflected in the findings of our survey below. Additionally, through our Signposting and Information service we are increasingly hearing that people are struggling with money and the rising cost of living. People have told us that with the increased cost of living

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<sup>5</sup> [Why your local pharmacy may be struggling and how you can help - Cheshire Live \(cheshire-live.co.uk\)](https://www.cheshire-live.co.uk/news/why-your-local-pharmacy-may-be-struggling-and-how-you-can-help-2022-10-07) 7 October 2022

combined with the lack of NHS dentistry, they cannot afford to go to the dentist. We have heard concerns about the need to pay privately for ear wax removal due to problems accessing this service through the NHS. We have also heard concerns about finding affordable care, both within the home or within a care home setting.

We have also seen more people sharing their financial concerns via social media. For example:



*Everything costs so much money I want to cry. Wish there was a direct bus to my doctors' surgery because taxis are gonna bleed me dry.*



With growing local and national interest in the impact of the increasing cost of living we released our survey to find out more. Our findings are detailed below.

# Key Findings

A summary of our findings:

- People are struggling to heat their homes, often resulting in the worsening of existing physical and/or mental health conditions
- People are reducing the amount of nutritious food that they buy and are skipping meals due to rising food costs
- People with specific dietary requirements report an inability to afford the specialist foods they need
- Money is not stretching as far as it used to and people are already having to use their savings to pay bills
- People have less money for non-essential items and feel as though they are surviving rather than living
- People report increased isolation due to a lack of money to spend on social and leisure activities
- There is a general increase in anxiety around money and the uncertainty of the future often resulting in loss of sleep
- Many spoke of their worries about managing the cost of Christmas. This is negatively impacting people's mental health as they feel they are letting their children down
- People report a sense of failure in not being able to support themselves and/or their families
- Those who are not personally struggling as a result of the rising cost of living are feeling worried about those who are

# Our Findings

## Q1: Have you been affected by the rising cost of living?

199 responses. 88.44% said that they had been affected by the rising cost of living.

People are struggling to afford food and bills, despite, in many cases, having previously been financially comfortable. People have told us that the lack of wage increases in line with inflation means that people are struggling to afford as much as they used to. They have had to cut back to just buying necessities.

Of the 22 people who said that they had not been affected by the rising cost of living; none of them were carers and only one of them considered themselves to be a disabled person.



I earn a low wage and am only able to work part-time for health reasons, so my income was barely enough to meet my living costs before the cost-of-living crisis and energy price increases. Now, I have to put all of my money into paying bills and buying food, there's nothing left for anything else. The boiler in my rented flat is very old and

inefficient, so it costs more to use than it really should, and I have it on for a maximum of one hour a day. My thermostat is set to 13 degrees. I can't afford to run a car which means I'm stuck at home almost all of the time and leaves me very isolated; my health conditions impact on my mobility and energy, and the medications I take suppresses my immune system so public transport is a risk at the moment too. There is the constant stress of knowing that energy prices will go up again in April, inflation is continuing to rise, and I'm at risk of losing my job because of the impact of my health on work and travel. I don't know how I would cope if that were to happen.





## **Comments reflecting key themes:**

*"I feel sometimes I work to live. Food prices seem higher as well as bills"*

*"Skipping meals to cut costs. Keeping the heating off. Eating cold food like sandwiches instead of cooking."*

*"Single income getting a 1% pay rise this year. Money isn't stretching as far."*

*"More mental strain working out finances, food shopping and household bills. I feel like I have an increased worry about my rent going up or having an emergency because it is harder to save money. I am able to spend less money on leisure/self-care or seeing friends which can lead to guilt and feelings of isolation."*

*"I am disabled and reliant on benefits. Food, gas electricity and petrol have all gone up so much. I already live as frugally as I can. My health issues mean that I can't bear being cold without being in awful pain."*

*"I am among the very fortunate few who are financially secure at this time. However, I feel anxious about the effect on our society as a whole."*

*"Me and my husband work full time - yet I still find that I am struggling living hand to mouth each month"*

*"I started buying my toddler's Christmas gifts in the summer. I work full time in quite a good job, but the cost of everything rising is very scary. I've just received a huge bill for my energy and I'm actually scared to keep the heating on. I'm eating into my very limited savings to pay bills. If it continues, I'm going to have to sell the house or something"*

*"I don't have enough money to get through each month. I'm skipping meals, only having the heating on for half an hour a day. I have asthma and have ended up with a chest infection requiring antibiotics."*

*"My wife and I are just above the threshold for any financial assistance and with the cost-of-living increase our finances are extremely stretched but we cannot claim anything."*

*"It is more the fear of the unknown, not knowing what the impact is going to be - not being able to plan ahead. I think the fear of what might happen is the worst thing for me"*

*"Nursery prices have gone up twice in 6 months and general food shop is more and more expensive."*

*"Nursery prices increased beyond what we could afford resulting in a change in nursery. Have had to request work from home once a week due to increased travel costs. Have had to consider partner finishing maternity leave earlier due to rising bills and costs."*

*"Single parent to a child with additional needs. Bills rising, one income. Mostly having to rely on benefits to help pay rent etc."*

*"My electricity costs have more than doubled this month. Caught Covid meaning I was only on statutory sick pay. My NHS dentist has closed down, so I'm now having to pay privately as there are no NHS dentists taking new patients."*

*"I am in my 30s, working 40-hour weeks and I have to rent a room because nothing else makes any bloody sense in York apart from maybe moving to a tent in a park. I don't even drive."*

*"I was already on the edge of poverty and now am closer to falling over"*

*the edge. I use a food bank once a month. The energy increase even with the current cap will leave me with under £100 per month for food etc."*

## **Q2. Have changes to the cost of living affected your physical and / or mental health?**

197 responses. 69.54% said that their physical and / or mental health had been affected by the changes to the cost of living.

The stress and uncertainty around the rising cost of living is having damaging effects on people's mental health. People have told us that the rising cost of living has caused increased depression and anxiety.



*Mental health has taken a huge nose dive. I've had a massive nervous breakdown this year as a result of home and work factors and pressures of being a one income household*



### **Comments reflecting key themes:**

*"Depression has come back heavy. Feeling like a failure to my kids! Not being able to provide them with the basics in life. Not being able to afford school trips, or to even do anything as a family!"*

*"Made me feel depressed as I'm struggling to keep on top of bills etc. constant feel of drowning."*

*"I am worried sick that my children won't eat and they get cold and sick it's sending me mad"*

*"What is happening is causing me to worry especially in the night resulting in increased blood pressure. I'm already suffering from hypertension."*

*“Very stressed. Not sleeping well. Often hungry. I’m worried about how to cope this winter and beyond.”*

*“My mental health is gradually getting worse due to this crisis. I’ve have previous debts from my ex-relationship and I’m trying to pay them and manage food shop, gas & electric. Most days I contemplate suicide as I can’t see any way out of this. I have a good mental health team around me which I use.”*

*“I am suffering from severe anxiety and panic attacks worsened by financial insecurity and worry for the future. This in turn is limiting my ability to work.”*

People can no longer afford to socialise and treat themselves, increasing feelings of isolation.



*I have no money for little treats anymore just the basics. Can't afford any time away from work. This narrows all the little joys in life that keep you uplifted and replaced with worry about how I will cope if things get worse.*



### **Comments reflecting key themes:**

*“Deciding whether or not to take various trips, cancel plans to meet friends etc. to save money has made me and my partner feel a little more isolated. I think the long-term impact will be more evident if this continues to happen.”*

*“It is depressing having little money and not being able to afford many days out for my children.”*

People's physical health is also being affected by the rise in living costs. Many people have told us that they cannot afford to heat their homes despite the fact that this will likely exacerbate the symptoms of existing health conditions. The increase in food prices is also resulting in a decrease in physical and mental wellbeing.



*The rise has led to me eating non nutritious food. I am now contemplating coming off GF food so that I can buy cheaper alternatives although gluten food will make me incredibly unwell.*



### **Comments reflecting key themes:**

*"The rise has led to me eating non nutritious food. I am now contemplating coming off GF food so that I can buy cheaper alternatives although gluten food will make me incredibly unwell."*

*"I am under a lot more mental stress knowing that there is more bills coming and this is now the stress is starting to show physical signs like warts and discoïd eczema."*

*"I feel constantly stressed about how I will survive the winter in the cold as I have arthritis? Stress exacerbates my Crohn's disease and has caused a flare of my symptoms"*

*"I am stressed and exhausted frozen I can't afford heating my body aches with the cold aggravating my osteoporosis."*

*"I can't bring myself to turn the heating on which is affecting my asthma badly. The cold is also causing pain and inflammation in my knees which affects my walking, and quality of sleep. The stress is affecting my pain and every aspect of life. The rising costs of electricity and food have changed the way we eat, using the slow cooker to make more hearty cheap stews and casseroles. Sometimes though the stress is too much*

*and I need to make meals from freezer pizza or chicken burgers because I am in so much pain.”*

*“Because I’m recovering from a bleed on the brain it’s making my recovery so difficult.”*

*“My teeth have broken badly but I hesitate to make a dental appointment due to cost.”*

### **Q3. Are you worried about how you will manage over the winter?**

199 responses. 62.31% told us that they were worried about how they will manage over the winter months. Many are concerned that they cannot afford the extra expense of Christmas.

Of the 33 carers who responded to our questionnaire, 31 were worried about how they would manage over the winter.

Of the 26 disabled people who responded to our survey, 23 were worried about how they would manage over the winter months.



*We are in financial hardship now I’m losing sleep worrying where we will be in a few months’ time! Christmas around the corner. And this year my children won’t have any presents to open.*



### **Comments reflecting key themes:**

*“I’m struggling now and it’s only going to get worse, this is the tip of the iceberg of winter”*

*“All my spare money will go on gas & electricity, I’m worried that I won’t have money to live. I don’t get any help as I work and been told I don’t have any qualifying benefits.”*

*"I worry about how I'm going to cope over winter months every day and I'm worried about how cold it will be in my flat. If I can't use my central heating, I will probably just live in one room to keep warm. There will be no point using other rooms because they will just be freezing cold."*

*"Mostly about heating our home (we have a young child) we've got lots of blankets and we've got a camping stove to cut down on using the oven as it's so much cheaper. We don't have any other way of heating our home so we're trying to be so careful for when we use the heating - but we have to dry clothes."*

*"We are in financial hardship now I'm losing sleep worrying where we will be in a few months' time! Christmas around the corner. And this year my children won't have any presents to open."*

*"We've got Christmas coming, weather going to get worse. I don't know what to do. I go to bed and cry when no one (is) listening."*

*"I don't think I'll be able to afford to have the heating on for long. I need to have it on as I have a young baby and need to keep them warm. Don't know how I'm going to afford Christmas."*

*"No idea how I'm affording Christmas for the kids and keeping on top of bills etc."*

*"Yes, it's not winter yet and are already quite cold in the house. We have made the house more energy efficient which has increased our debts and it is disappointing how expensive such measures are nowadays. The working from home allowance has not increased and neither has the mileage which makes it harder to for day to day working costs to be viable."*

*"This winter we have survived our room at 14 degrees but towels never dry."*

People are concerned that their health conditions will worsen due to being unable to heat their homes:

*"I'm at home all the time and have rheumatoid arthritis and if my home is cold I have more pain"*

*"Not sure I can heat the house as warm as I need it to keep physical health problems getting worse."*

*"I'm a carer for my son and we are at home most of the time. I need to keep the heating off but I worry about the impact on him."*

Those who are not worried for their own personal situation are worried about how others will manage:

*"I worry for myself and my family, but we will be ok we have enough. I worry more for those that don't have what they need, whose basic needs are not being met and who do not know where they can get help and support"*

*"Not financially, we should be ok, but emotionally I am worried about living through such bleak times."*

#### **Q4. Can you share any examples of ways you are managing your living costs?**

192 responses



*I don't put any heating on. I have my washing days when I know it's going to be a dry day so I can line dry my laundry. I only use electrical items I need. I tend to use the microwave more for cooking rather than the gas cooker. I just wish the government would send a voucher for my gas instead of electric as it the central heating that will keep me warm.*





## Comments reflecting key themes:

*"I don't heat water except for a weekly bath. I wash in cold. I don't have heating on, use blanket and hot water bottle. I go to two food banks."*

*"Buy reduced foods. Start using slow cooker. Not having meals as such just have something on toast. Don't buy fruit and veg often."*

*"Skipping meals. Cutting back on fruit. Not replacing worn out clothes or shoes."*

*"Fleece blankets, hot water bottles, buying cheaper and less food and making it go further"*

*"Have bought an electric throw - to heat the person and not the house. Have also bought a tiny plug-in heater."*

*"Working more to earn more, leading to stress and not spending as much time with my family/little boy"*

*"Slept in car. Multiple sleeping bags. Spent a week in Spain because it's cheaper than England"*

*"I'm not, I worry for those living on caravan sites or those on low incomes. How are they even getting through the day right now? Bottled gas is now nearing £100 a bottle, that will last 1 week in the winter (if and when you can find someone to deliver it) the sites have no green energy or option to not be on prepayments, so are paying higher rates. One lady this summer was paying £15 per day on average in electric. How do you continue to pay that? It's frightening."*

*"Eating less, reduced hot meals to 2 times a week, not going out, not buying anything like clothes or takeaway."*

*"I go without food every other day so baby can eat."*

*“Have cancelled holiday plans (this year and for 2023) Cancelled various subscriptions (a newspaper; streaming services; an exercise class) Being very strict about day-to-day spending (e.g., never buying lunch; meeting friends at each other's houses rather than in cafes / pubs). Christmas spending will be very scaled down.”*

*“We would like to have another child but can't. We have the heating set to come on only if it falls below 16c. We are reducing use of dishwasher and washing machine (we have a small child and both work so this is difficult).”*

*“Stopped buying alcohol. Stopping going out with friends Stopped taking my children swimming. Being very careful with gas & electricity use. Selling old clothes.”*

*“Citizens Advice helped me deal with debts and advise on what benefits I can get. Changing (my) bank has helped me monitor my spending easier.”*

**Q5. Can you give examples of ways other people you know are managing their living costs? This could be people you work with, family, friends or neighbours.**

193 responses



*I know my grandma is only heating her house for short periods of time & cutting down on her food shopping. My step mum is in a similar position to my grandma, not using her heating, staying in one room to keep warm, cutting back on food shopping.*



## **Comments reflecting key themes:**

*"My elderly parents are having to use a food bank at times when they have to decide between food or buying a bottle of gas for their heater."*

*"Not eating three meals. Not turning on heating. Not collecting routine medicines or making them last longer by not taking full doses. Some good green initiatives- more lift sharing"*

*"Showering at the leisure centre after swimming to save doing it at home. Going to the library to stay warm. Taking on extra work. Cancelling plans with friends and dates."*

*"Not cooking proper meals. Sitting in the dark. And some know they'll go into debt and can't do anything about it"*

*"Only bathing children every other day. Boiling kettle once in the morning and filling a thermos."*

*"I literally don't know anyone as poor as me"*

*"At our office we are trying to create a space where people can be warm and get a bit of food if needs be. But how long the organisation can afford to do that? I just don't know."*

*"We try to support a community cafe where we can but that is increasingly difficult. We also teach our grandson by buying food and a drink for those with less than ourselves."*

*"My parents have bought a gas heater in case of electrical power cuts, candles and even a solar powered phone charger generator for keeping in touch with people."*

*"Shorter showers / turning off water to shave in the shower. Not turning the heating on. Using food banks / clothes banks. Buying Christmas gifts*

*from charity shops, cutting back on Christmas plans. Not buying treats / luxuries. Fewer or no holidays. Using the car less."*

*"Using family for childcare to come back to work, not working full time because childcare is too expensive, cutting back on Christmas presents."*

*"Some of my younger family members are cutting down on food expenditure and have ltd chances to spend money socialising now. Negotiating with employers to work from home to save on travel to work costs."*

*"Old lady I know has asked her son - who doesn't live with her- to pay her bills."*

*"Cancelling socialising, cancelling charity donations, skipping breakfast."*

*"Many of my friends are also struggling and have said even with cutting back (they) won't have enough to live on. One friend is considering leaving their home to move into (their) parents with (their) husband and children as (they) may come to not be able to afford their mortgage."*

*"I know a woman who won't use her oven. She is planning to sell her house to move to one that needs a lot doing therefore going cheap, but she won't do the work. She doesn't buy food at all but uses different food banks. I've heard of two people asked to live by landlords because they want to sell the houses. Neither of them can afford the much higher current rents. Both are stressed out, one has moved back in with his elderly mother. The other is begging her landlord to reconsider as she's a single parent."*

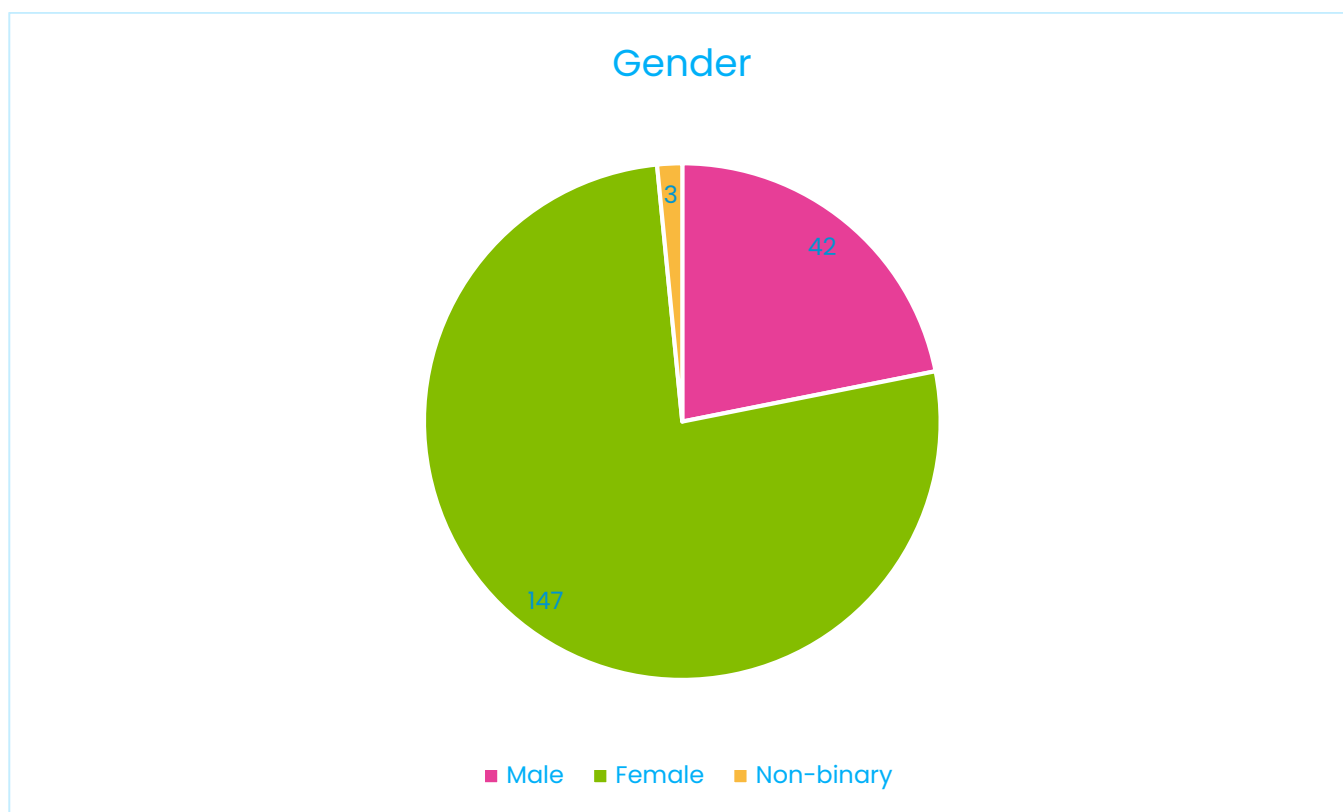
*"By just living. I work for the NHS and everyone has worked really hard throughout Covid. People are trying not to discuss it as they feel sick just thinking about money, bills and food."*

# Demographic Information

At the end of the questionnaire there is an optional section in which we asked people to tell us about themselves.

## Gender:

193 told us how they would describe their gender. 147 described their gender as female (76.17%), 42 as male (21.76%), and 3 as non-binary (1.55%).



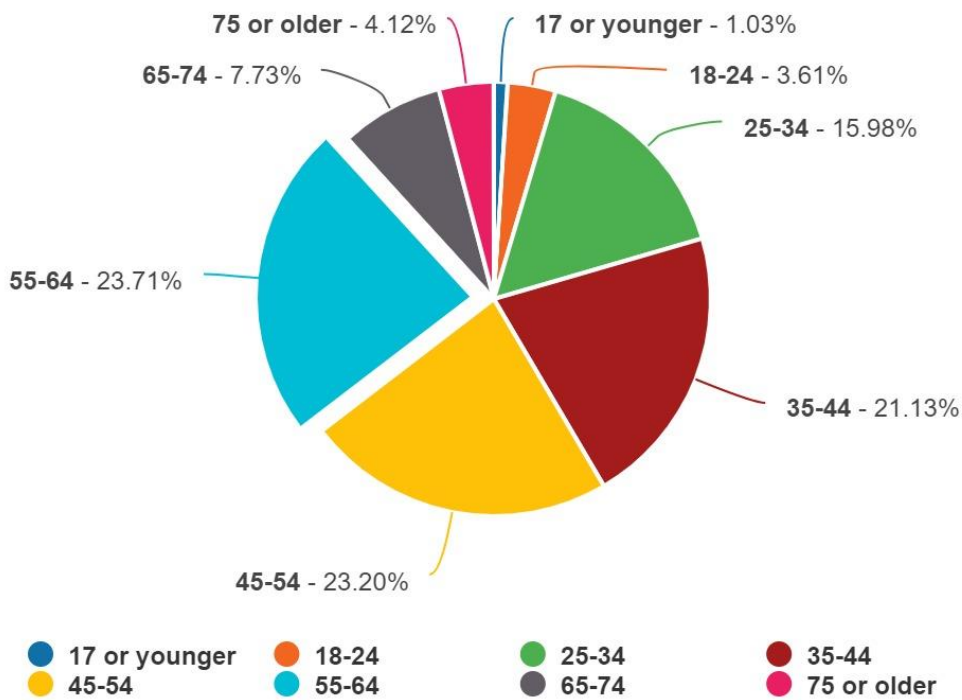
## Postcode:

We asked people to tell us the first half of their postcode, 189 people responded. The main postcodes that we received responses from were: YO31 (33), YO24 (20), YO30 (19), YO23 (19), YO26 (18), YO10 (13), YO32 (12), YO1 (11) and YO19 (10).

**Age:**

194 people responded to this section

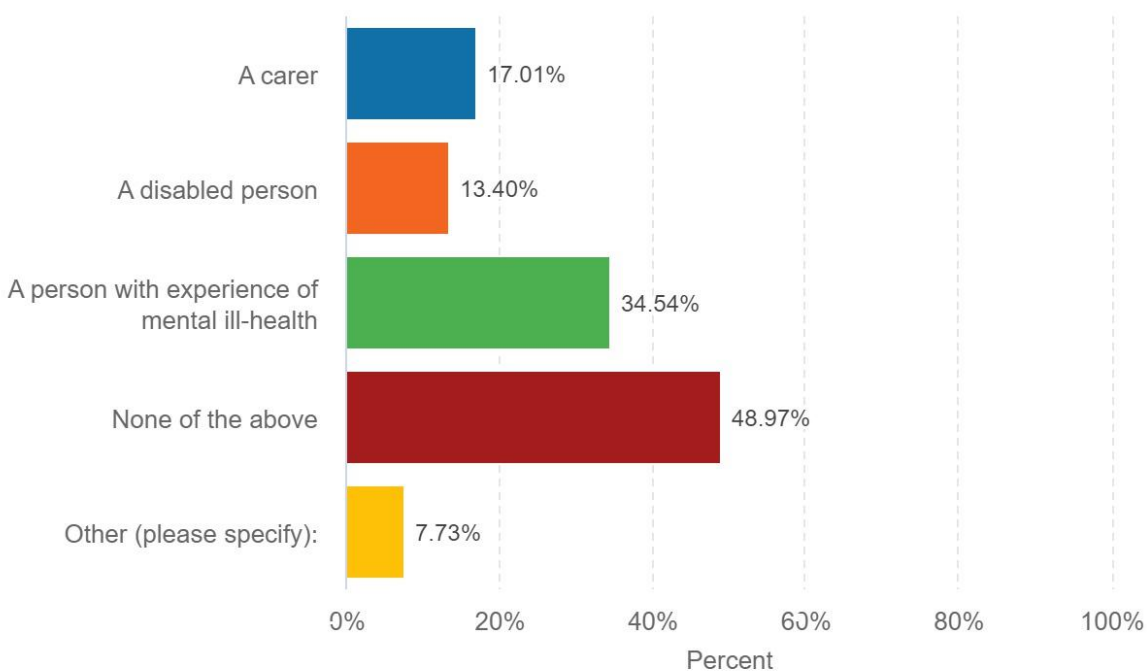
Please tell us your age



**Other:**

194 people responded to this section

Do you consider yourself to be



# Conclusions

The responses to the survey make for difficult reading. It is clear that many are already feeling the impact of the rising cost of living. Many are anxious about what the future holds, with specific concerns about what Christmas will look like for them and their families.

Against a backdrop of increased demand for mental health services post-pandemic, the rising cost of living is causing an increase in stress and anxiety. The uncertainty about what the future holds fuels these fears, with a lack of options to control the external factors increasing living costs. Some of the responses received highlighted feelings of failure for not being able to manage, despite the perfect storm of issues leading to rising prices. Making it clear that people are not to blame, but should receive help and support to get through these difficult times, is essential. We will play our part in signposting people to help available.

Within the responses are also indicators of future challenges for people and families – and particular concerns around the impact of the rising cost of living on disabled people and those with caring responsibilities. There is increased focus from NHS England and others on steps to tackle health inequalities – clearly understanding the impact of the rising cost of living will be vital to any local plans to address them.

We intend to rerun this survey in early 2023 to see how people managed over the winter period, explore some of the challenges indicated here, and find out whether people feel more or less concerned about the future.



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**Health and Wellbeing Board****18 January 2023**

Report of the Consultant in Public Health, City of York Council

**Framework for the Action Plan and Population Health Outcomes Monitor of the new Joint Health and Wellbeing Strategy 2022-2032****Summary**

1. This report presents a suggested framework for an Action Plan and Population Health Outcomes Monitor for the new Joint Health and Wellbeing Strategy 2022-2023.
2. HWBB members are asked to consider and comment on this framework, prior to it being populated for the first time at the March 2023 Health and Wellbeing Board

**Background**

3. The HWBB's new Joint Health and Wellbeing Strategy 2022-2023 was developed throughout 2022. Its high-level goal is to reduce the gap in healthy life expectancy between groups in the city.
4. Ambitions and Goals in the Strategy were identified using the evidence in the JSNA, through workshops and through public engagement, a process which is explained directly in the Strategy itself ('How we made this Strategy').
5. The strategy sits alongside two other major city strategies for the city (the Economic Strategy and the Climate Change Strategy).

**Next steps**

6. In order that the HWBB can be assured that the strategy is making a difference, we propose two documents are regularly produced:
  - i. Action Plan
  - ii. Population Health Outcomes Monitor

7. Action Plan: the suggested framework for the action plan is at **Annex A** to this report. It is proposed that it covers the first two years of the strategy's lifespan. The plan is focused around the ten big goals set out in the Joint Health and Wellbeing Strategy. Once populated it will also show how identified actions link to the six big ambitions contained in the strategy. Additionally, there are columns to show timescales for an action, the lead HWBB member for the action, and if the action has cross over benefits with the Economic and Climate Change strategies.
8. The action plan will be a living document with lead HWBB members for the actions being asked to provide regular progress updates. At this stage it is suggested that each of the ten big goals should have 2 or 3 actions identified for delivery in the first 2 years of the strategy.
9. Actions will be identified in conjunction with the relevant HWBB members and other colleagues they identify across the first months of 2023.
10. Population Health Outcomes Monitor: a draft scorecard has been developed and is at **Annex B** to this report. This is linked to the ten big goals and is designed to provide board members with a holistic view of whether the strategy is making a difference to the health and wellbeing of York's population, using outcome data rather than data on what health and care services are 'doing'. We have deliberately chosen a small but broad number of indicators, enabling board members to avoid either 'flying blind' (not enough data) or 'flying in a blizzard' (too much data).

### **Consultation and Engagement**

11. As a high-level document setting out the strategic vision for health and wellbeing in the city, the new Health and Wellbeing Strategy capitalised on existing consultation and engagement work undertaken on deeper and more specific projects in the city. Co-production is a principle that has been endorsed by the HWBB and will form a key part of the delivery, implementation, and evaluation of the strategy
12. If approved by the HWBB the draft action plan will be populated in consultation with HWBB member organisations and those leading on specific workstreams that impact the ten big goals.

13. The draft performance management framework has been developed by public health experts in conjunction with the Business Intelligence Team within the City of York Council.

### **Options**

14. There are no specific options for the HWBB in relation to this report. HWBB members are invited to comment on the draft action plan and performance management framework so that further work on these can take place. Specifically, we would like the board to consider:
  - i. Will the proposed action plan framework enable us to plan the right actions, and will the proposed outcomes monitor enable us to know if it's working?
  - ii. How many actions should be prepared for each of the 10 goals across the first 2 years of the strategy (suggestion is 2 or 3)
  - iii. How often would HWBB members like to be updated on progress against the actions and the status of the Population Health Outcomes Monitor?
  - iv. How do we ensure ownership of the actions in the plan by all organisations?
  - v. How do we maximise the co benefits between actions designed to improve health and wellbeing, and actions falling out of the Economic and Climate Change Strategies?

### **Implications**

15. It is important that the priorities in relation to both the current and any new joint health and wellbeing strategy are delivered. Members need to be assured that appropriate mechanisms are in place for delivery. The Terms of Reference for the Health and Wellbeing Board and its governance arrangements will be reviewed together with its relationship to the new NHS partnership arrangements in the coming months.

## Recommendations

16. Health and Wellbeing Board are asked to:

- i. Comment on the draft action plan at Annex A and the draft performance management framework at Annex B, specifically in relation to the questions outlined in section 13.
- ii. Overall approval to proceed with the two documents is sought so that final versions can be presented to the board in March 2023.

Reason: To ensure that the Health and Wellbeing Board fulfils its statutory duty to deliver on their Joint Health and Wellbeing Strategy 2022-2032.

## Contact Details

### Author:

Peter Roderick  
Consultant in Public  
Health, City of York Council

### Chief Officer Responsible for the report:

Peter Roderick  
Consultant in Public Health, City of York  
Council

Report  
Approved



Date 05.01.2023

### Specialist Implications Officer(s)

None

### Wards Affected:

All

For further information please contact the author of the report

### Annexes:

**Annex A:** Draft action plan

**Annex B:** Draft performance management framework

York HWB Strategy 2022-2032 Action Plan (Year 1 + 2)

		6 big ambitions						Delivery		
		Action	1. Become a health generating city	2. Prevent now to avoid later harm	3. Start Good Health and Wellbeing Young	4. Make good health more equal across the city	5. Work to make York a mentally healthy city	6. Build a collaborative health and care system	Timescale	HWBB Leadership
10 big goals	1. Reduce the gap in healthy life expectancy between the richest and poorest communities	<i>Overarching priority which will be achieved if all other priorities are successful</i>								
	2. Reducing anxiety scores and increasing happiness scores by 5%	A1								
		A2								
	3. Bring smoking rates down below 5% for all population groups	A3	<i>e.g. implement Tobacco Dependency Treatment services in York Hospital and across patients with a severe mental illness in York</i>	x	x	x	x	M	Director of Public Health	E
		A4								
	4. Reduce to 15% the proportion of York residents drinking no more than 14 units a week	A5								
		A6								
	5. Reverse the rise in the number of children and adults living with an unhealthy weight	A7								
		A8								
	6. Reduce health inequalities in specific groups	A9								
	A10									
7. Reduce both the suicide rate and the self-harm rate in the city by 20%	A11									
	A12									
8. Improve diagnosis gaps in dementia, diabetes and high blood pressure to above the national average, and detect cancer at an earlier stage	A13									
	A14									
9. Reduce sedentary behaviour, so that 4 in every 5 adults in York are physically active	A15									
	A16									
10. Reduce the proportion of adults who report feeling lonely from 25% to 20% of our population	A17									
	A18									

Timescale:  
 Immediate  
 Short  
 Medium  
 Long

Co-benefits:  
 Climate  
 Economy

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## Draft Population Health Outcomes Monitor – proposed indicators

York Local Health and Wellbeing Strategy 2022-2032	
Population Health Outcomes Monitor – proposed indicators	
Ten Big Goals	Suggested Indicators
1. OVERARCHING GOAL: Reduce the gap in healthy life expectancy between the richest and poorest communities in York	Slope index of inequality in life expectancy at birth - Female - (Three year period)
	Slope index of inequality in life expectancy at birth - Male - (Three year period)
2. Support more people to live with good mental health, reducing anxiety scores and increasing happiness scores by 5%	% of people with a self-reported low happiness score
	% of people with a self-reported high anxiety score
3. Bring smoking rates down below 5% for all population groups	Smoking Prevalence in adults (18+) - current smokers (APS) (2020 definition)
	Smoking prevalence among adults aged 18-64 in routine and manual occupations (APS) (2020 definition)
	% of women who smoke at the time of delivery - CYC
	Odds of current smoking (self-reported) among adults aged 18-64 with a routine and manual occupation (APS) (2020 definition)

4. Reduce from over 20% to 15% the proportion of York residents drinking above the Chief Medical Officer's alcohol guidelines (no more than 14 units a week)	Percentage of adults drinking over 14 units of alcohol a week
5. Reverse the rise in the number of children and adults living with an unhealthy weight	% of adults (aged 18+) classified as overweight or obese (new definition)
	% of reception year children recorded as being overweight (incl. obese) (single year)
	% of children in Year 6 recorded as being overweight (incl. obese) (single year)
	Absolute gap in % of Year 6 recorded obesity between highest and lowest York ward (3 year aggregated)
6. Reduce health inequalities in specific groups: people with a severe mental illness, a learning disability, those from an ethnic minority or a marginalised group, and gender inequalities in health	Excess under 75 mortality rate in adults with serious mental illness (New Definition Aug 2021)
	Gap in employment rate for mental health clients and the overall employment rate
	Gap in employment rate for those with learning disabilities and the overall employment rate
7. Reduce both the suicide rate and the self-harm rate in the city by 20%	Suicide rate - Female (per 100,000 population)
	Suicide rate - Male (per 100,000 population)
	Hospital stays for self harm, per 100,000 population
8. Improve diagnosis gaps in dementia, diabetes and high blood pressure to above the	Estimated dementia diagnosis rate (%) for people aged 65+ as recorded on practice disease registers
	Estimated diabetes diagnosis rate



national average, and detect cancer at an earlier stage	Estimated hypertension diagnosis rate (Vale of York)
9. Reduce sedentary behaviour, so that 4 in every 5 adults in York are physically active	Percentage of cancers diagnosed at stages 1 and 2
	% of adults (aged 16+) that are physically active (150+ moderate intensity equivalent minutes per week, excl. gardening)
	% of adults (aged 19+) that meet CMO recommendations for physical activity (150+ moderate intensity equivalent minutes per week)
10. Reduce the proportion of adults who report feeling lonely from 25% to 20% of our population	Loneliness: Percentage of adults who feel lonely often / always or some of the time

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**Health and Wellbeing Board**

18 January 2022

Report of the York Health and Care Partnership

Sarah Coltman-Lovell, Place Director, 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 (previously the York Health and Care Alliance), progress to date and next steps.

**Introduction**

2. Partners across York continue to work closely together to commission and deliver services for our population. The York Health and Care Partnership (YHCP) has a shared vision and aspires to raise our population health outcomes to become the healthiest city in Northern England. With a focus of population health in our Health and Wellbeing Strategy, we are theming our work using a life course approach of Starting Well, Living Well, Aging and Dying Well.
3. The YHCP has an Executive Committee (shadow) which is the forum through which senior Partnership leaders collaborate to oversee the delivery of the Partnership priorities, working in accordance with the Partnership's values and principles to achieve the aims and shared purpose across York Place. The Executive Committee meets monthly, and minutes from the November and December meeting are available in Annexes A and B.
4. This report provides an update to the York Health and Wellbeing Board on the YHCP's progress since the last report provided in [November 2022](#).

## **National, system and Local Context**

### National and system context

5. On July 1, 2022, the Health and Care Act enabled the dissolution of the Vale of York CCG and the implementation of the Humber and Yorkshire Integrated Care Board (ICB). The ICB has been established alongside 6 place executive committees (shadow) and 5 sector collaboratives (see Annex C for governance and accountability structure). The report provided in [November 2022](#) includes details on the responsibilities of Integrated Care Systems.
6. To meet the requirements of the Health and Care Act 2022 Humber and North Yorkshire ICB have been undertaking a process to develop an Integrated Health and Care Strategy. The strategy is covered in a separate paper to the HWBB.
7. Since the national guidance outlined in the November 2022 report, NHS England has published the following guidance documents to support ICBs:
  - [NHS England » Guidance on developing the joint forward plan](#)
  - [NHS England » Delivering a quality public health function in integrated care boards](#)

### Local context

8. The YHCP continues to work closely with HNY ICB in this dynamic environment to implement national guidance and support the health and care system through winter pressures and planned industrial action.
9. As referred to in the November 2022 paper, HNY ICB have developed a 'Transitional Operating Arrangement' between the ICB and each Placed Based Partnership. The Transitional Operating Arrangement is a statement about the arrangements and the ways of operating in the York Health and Care Partnership as further work is undertaken to understand delegation arrangements at system and place-based level.

### **Update on the work of the YHCP and Current position**

10. Since the November 2022 update the YHCP has developed the 2022/23 Winter Plan which is currently being implemented to support the system with winter pressures. To have a holistic view of these pressures, the YHCP has also produced a system pressures report which outlines key operational pressures across each partner organisation. The report is used as a basis for discussion and action planning in partnership at each Executive Committee meeting.
11. Building on the agreement of partnership priorities at the September YHCP meeting, the YHCP has agreed a series of strategic actions to support the delivery of each priority (see Annex C for further detail). The priorities and strategic actions are linked to the York Health and Care Prospectus and the York Health, and Wellbeing Strategy. The next steps are to produce a workplan and outcomes framework for these strategic actions, which will be developed with the Chairs of the YHCP sub-groups.
12. The YHCP has also strengthened its understanding of the HNY collaboratives and their work with each Place through a series of presentations delivered at the Executive Committee Meetings.
13. As a key enabler of the YHCP, the York Population Health Hub continues to bring together partners to enable, analyse and undertake population health management approaches to provide a clearer picture of the health of the population and the inequalities people face across York place. As part of work investigating the growing winter pressures and the cost of living crisis, the York Population Health hub created the Cost of Living Crisis in York: Understanding and Reducing the Health Impacts data pack (also see Healthwatch York's report on today's Health and Wellbeing Board agenda and Annex D (online only)). This provides information about people in York whose health is likely to be affected by the cost-of-living crisis, and the pack is being used across the YHCP as a resource to further service and practitioner understanding of the health impacts of the cost-of-living crisis.
14. The YHCP Executive Committee continues to provide reports on its work to the Humber and North Yorkshire ICB and to the City of York Council Health and Wellbeing Board through this report. It is intended by the Partners that as these arrangements develop, the Executive Committee will review how it works with existing

partnership engagement forums and the City of York Council Health and Wellbeing Board. The YHCP has recently agreed it's Terms of Reference which will also be subject to review as arrangements develop.

### Implications

#### Legal

15. The Health and Care Act (2022) is now in place, over the next 12 months the place board will further explore governance process as these will continually change as the ICB and place board develops.

#### Next steps

16. The YHCP continues to develop and mature partnership arrangements in preparation for future delegation arrangements. The YHCP will develop a workplan and outcomes framework for the strategic actions agreed at the December Executive Committee meeting.

### Recommendations

17. The Health and Well Being Board is asked to note the content of the report and progress made.

Reason: To keep the Board updated on the work of the York Health and Care Partnership.

### Contact Details

#### Author:

Anna Basilico  
Senior Programme  
Manager, Population  
Health and Partnerships  
Humber and North  
Yorkshire ICB

#### Chief Officer Responsible for the report:

Sarah Coltman-Lovell  
Place Director, York Health and Care  
Partnership  
Humber and North Yorkshire ICB

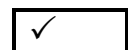
Report  
Approved



Date 6/01/2023

Wards Affected:

All



**Background Papers:**

None.

**Annexes:**

Annex A: 29.11.22 YHCP minutes

Annex B: 19.12.22 YHCP minutes

Annex C: Humber and North Yorkshire Governance & Accountability Structure

Annex D: PHH Cost of Living Health Data Pack (online only)

Annex E: York Health and Care Partnership Strategic actions

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**Monday 28<sup>th</sup> November 2022, 13:00-15:00**

**Severus Meeting Room; First Floor, West Offices**

**Chair: Ian Floyd**

**Minutes – draft**

<b>Present</b>		
Ian Floyd (Chair)	Chief Operating Officer	City of York Council (CYC)
Simon Morritt	Chief Executive	York & Scarborough Teaching Hospital Foundation Trust (Y&STHFT)
Professor Karen Bryan	Vice Chancellor	York St John University (representing higher education)
Rebecca Field	Joint Chair of York Health and Care Collaborative	York Medical Group (representing the York Health and Care Collaborative)
Gail Brown	CEO	York Schools & Academies Board
Emma Johnson	Chief Executive	St. Leonards Hospice
Sharon Stoltz	Director of Public Health	CYC
Michelle Carrington	Executive Director for Quality & Nursing	York Health and Care Partnership, Humber and North Yorkshire ICB
Alison Semmence	Chief Executive	York Centre for Voluntary Services (CVS)
Cllr. Nigel Ayre	Executive Member for Finance and Major Projects	CYC
Sian Balsom	Manager	York Healthwatch
Professor Mike Holmes	Chair	Nimbuscare (representing General Practice in York)
Zoe Campbell	Managing Director	Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)
<b>Present via MS Teams</b>		
Jamaila Hussain	Corporate Director of Adult Service and Integration	CYC
Denise Nightingale	Director of Transformation (Mental Health & Complex Care)	York Health and Care Partnership, Humber and North Yorkshire ICB
Simon Bell	Interim Place Director	York Health and Care Partnership, Humber and North Yorkshire ICB

Bryn Roberts	Director of Governance and Monitoring	CYC
<b>In Attendance</b>		
Peter Roderick	Consultant in Public Health	York Heath and Care Partnership, Humber and North Yorkshire ICB / CYC
Anna Basilico	Senior Programme Manager	York Heath and Care Partnership, Humber and North Yorkshire ICB
Michal Janik	Project Support Officer	York Heath and Care Partnership, Humber and North Yorkshire ICB
Victoria Mulvana-Tuohy	Head of AHP Standards	Y&STHFT
Gary Young	Lead Officer Primary Care	York Heath and Care Partnership, Humber and North Yorkshire ICB
<b>In Attendance via MT</b>		
Vanessa Burns	Deputy Director, Humber and North Yorkshire Community Health and Care Collaborative	Humber and North Yorkshire ICB
George Scott	Deputy Head of Analytics	York Heath and Care Partnership, Humber and North Yorkshire ICB
<b>Apologies</b>		
Stephanie Porter	Interim Director of Primary Care	York Heath and Care Partnership, Humber and North Yorkshire ICB
Brent Kilmurray	Chief Executive	Tees Esk and Wear Valleys NHS Foundation Trust
Amanda Bloor	Chief Operating Officer	Humber and North Yorkshire ICB
Michael Ash-McMahon	Acting Place Director of Finance York Health and Care Partnership	York Heath and Care Partnership, Humber and North Yorkshire ICB

Item	Title	Led by
1	<p><b>Welcome and apologies for absence</b></p> <p>The Chair welcomed everyone to the meeting and noted the apologies. The Chair was pleased to announce that Sarah Coltman-Lovell will take up the post of Place Director for York from 19 December 2022. Sarah is currently the Interim Director of Strategic Planning for the ICB and will take over from Simon Bell who has held the Place Director role on an interim basis since August 2022.</p> <p><b>Declarations of interest</b> No declaration of interest reported</p> <p><b>Minutes of the meeting held on 24.10.2022</b></p> <p>There were no matters arising from the last set of minutes and the Executive Committee. There were recommended changes to the '<b>Update from York CVS</b>' agenda item 3 noted by Alison Semmence:</p> <p><b>paragraph 2:</b> <i>AS emphasised the important role the VCSE can and does offer in the health and care sector and how crucial it is to involve the voluntary sector from the outset in collaborative work discussion and</i></p> <p><b>paragraph 3:</b> <i>The team works to wrap around existing services to provide support with the aim of supporting people to stay well and healthy in the community to prevent readmission to hospital.</i></p>	Chair

	<p><b>Actions from the meeting were marked as completed with some actions being carried forward as part of the November agenda items.</b></p>	
2	<p>Overarching priority:</p> <p><b>1. System Pressures report</b></p> <p>This report provides data on key metrics from partner organisations to demonstrate pressure levels across York Place. George Scott presented report and invited partners to provide an update on their organisation pressures. Update from each of the organisations:</p> <p><b>Public Health:</b></p> <ul style="list-style-type: none"> <li>• It was reminded that routine testing of Covid is no longer taking place and data on prevalence is problematic to predict. It was highlighted that on average there are 100 patients with Covid at York &amp; Scarborough Hospitals at a time.</li> <li>• In relation to flu vaccine uptake, significant effort is being made at Place to encourage the public to take up the vaccination. It was suggested to include data on children and pregnant women flu uptake in the pack.</li> </ul> <p><b>Quality: The Place Quality Group has held its first meeting which highlighted:</b></p> <ul style="list-style-type: none"> <li>• significant workforce pressures, waits in all pathways, lack of early intervention. Further discussion will be needed to refine the set of quality priorities.</li> </ul> <p><b>Emergency Activity:</b></p> <ul style="list-style-type: none"> <li>• The system is entering the peak of winter season and Partners were reminded about challenging site conditions due to ED development, scheduled for completion March/April 2023.</li> <li>• YSTH is working closely with the ICS and national team to reduce 78 week waits.</li> <li>• It was reminded that NHS pay dispute first nursing strike is taking place on the 15<sup>th</sup> and 20<sup>th</sup> December which could have an impact on capacity.</li> </ul> <p><b>Primary Care</b></p> <ul style="list-style-type: none"> <li>• It was highlighted that it is important to capture the right data on the number of GP practice appointments delivered. It was requested to include practice out of hours data and E-consultation to truly represent number of appointments being offered., It was also recommended to include in reporting narratives that would reflect pressure across Primary Care and General Practice.</li> <li>• It was noted that not all practices were reporting Operational Pressures Escalation Level (OPEL) in the same way.</li> </ul> <p>The YHCP requested to receive a monthly update on System Pressures.</p>	All partners

	<p><b>Action 1: GS/AB to update the System Pressures report to reflect discussion at the November meeting.</b></p> <p><b>2. Winter Plan</b> The plan was presented by GY highlighting current workstreams taking place to support winter pressures. The plan also includes short term actions to support Discharge; flow in and out Hospital; Efficiencies in Urgent Care (whole system) and additional capacity in Primary Care. Partners are reviewing options to work differently; increase funding to supplement existing services or procure additionality to support the system response.</p> <p>Partners appreciated the work that has gone into producing the plan and would like to receive a regular update. A request was made to start winter planning ahead of winter in March and to include as part of <i>Single City Wide Approach</i> with collective vision for the system. Partners also requested an evaluation of the winter schemes to identify what worked well and lessons learned for the future.</p> <p><b>Action 2. Winter Plan to be a regular agenda item to understand outcomes and learning.</b></p> <p><b>Action 3: SS to present a paper on partnership wide winter planning for 2023/24 next year.</b></p>	
3	<p><b>'Right to rehab' for York</b></p> <p>Vicky Mulvana-Tuohy delivered a presentation on <i>Right to recover/rehabilitation and impact on discharge</i>. One of the approaches highlighted in the presentation was in relation to accessing prehabilitation intervention (such as prior to surgery) at an earlier stage in the pathway. Consequently, this can improve functional outcomes, reduce length of hospital stay and enable timely return to work or occupation. It was emphasised that home should be always the first option for discharge to support patients' independence.</p> <p>Making the Right to Rehab a priority and a reality requires an overarching strategic focus which delivers reform and culture change, and the right to rehab should be central to service transformation. VMT requested that the YHCP undertake a mapping exercise to understand what provision is available and identify gaps.</p> <p>The presentation was well received by partners who were also interested to know what services were locally available for patients to access.</p> <p><b>Action 4: PR and AB to work with VMT on mapping rehab services across York and will bring back a report to the YHCP next year. This will highlight options available, gaps in York and how to deliver integrated services in the future.</b></p> <p><b>Action 5: VB to discuss with VMT on presenting the 'Right to rehab' work across ICB.</b></p>	Vicky Mulvana-Tuohy

4	<p>Update from HNY Community Health and Care Collaborative</p> <ul style="list-style-type: none"> <li>• Due to time constraints this agenda item has been rescheduled to January 23.</li> </ul>	Vanessa Burns
5	<p>Governance:</p> <ul style="list-style-type: none"> <li>• SB discussed the future committee arrangements with partners. Work is ongoing at an ICB level on this, and an update will be provided at the January executive committee meeting.</li> </ul> <p><b>Action 6: YHCP to receive an update in January on future delegation arrangements and resources at Place.</b></p> <ul style="list-style-type: none"> <li>• Meeting in public:</li> </ul> <p>Recommendations suggested in the paper have been approved by partners:</p> <ul style="list-style-type: none"> <li>○ to meet in public from Q1 2023/24.</li> <li>○ to add population stories as a standing agenda item from December 2022.</li> </ul>	Simon Bell
6	<p>AOB</p> <ul style="list-style-type: none"> <li>• No AOB was highlighted by attendees.</li> </ul>	Chair

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## York Health and Care Partnership

**Monday 19<sup>th</sup> December 2022, 12:30 - 15:00**

**Severus Meeting Room; First Floor, West Offices**

**Chair: Ian Floyd**

### Minutes – draft

<b>Present</b>		
Ian Floyd (Chair)	Chief Operating Officer	City of York Council (CYC)
Simon Morritt	Chief Executive	Y&STHFT
Professor Karen Bryan	Vice Chancellor	York St John University (representing higher education)
Simon Bell	Finance Director	York Place: Humber and North Yorkshire Integrated Care System (H&NY ICS)
Sarah Coltman- Lovell	York Place Director	York Place H&NY ICS
Alison Semmence	Chief Executive	York Centre for Voluntary Services (CVS)
Cllr. Nigel Ayre	Executive Member for Finance and Major Projects	CYC
Professor Mike Holmes	Chair	Nimbuscare
<b>Present via MS Teams</b>		
Jamaila Hussain	Corporate Director of Adult Service and Integration	CYC
Michelle Carrington	Executive Director for Quality & Nursing	York Place H&NY ICS
Zoe Campbell	Managing Director	Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)
Sharon Stoltz	Director of Public Health	CYC
Rebecca Field	Joint Chair of York Health and Care Collaborative	York Medical Group
Stephanie Porter	Interim Director of Primary Care	York Place H&NY ICS
<b>In Attendance</b>		
Peter Roderick	Consultant in Public Health	York Place H&NY ICS/CYC
Phillip Truby	Public Health Specialist Practitioner Advanced	CYC
Hannah Taylor	Team Administrator	York Place H&NY ICS
<b>In Attendance via MT</b>		
Gary Young	Lead Officer Primary Care	York Place H&NY ICS

Abigail Combes	Head of Legal and Regulatory functions	York Place H&NY ICS
Doug Flockhart	Head of Performance and Programme Delivery (Mental Health and Learning Disabilities)	Humber and North Yorkshire Health and Care Partnership
Anna Basilico	Senior Programme Manager	York Place H&NY ICS
Michal Janik	Project Support Officer	York Place H&NY ICS
<b>Apologies</b>		
Bryn Roberts	Director of Governance and Monitoring	CYC
Gail Brown	CEO	York Schools & Academies Board
Sian Balsom	Manager	York Healthwatch
Emma Johnson	Chief Executive	St. Leonards Hospice

Item	Title	Led by
1	<p><b>Welcome and apologies for absence</b></p> <p>The Chair welcomed everyone to the meeting and noted the apologies. The Chair was pleased to welcome and introduce Sarah Coltman-Lovell, the recently appointed Place Director for York from 19 December 2022.</p> <p>The minutes of the meeting held on 28.11.2022 were reviewed and there were no matters arising from the last set of minutes and the Executive Committee.</p> <ul style="list-style-type: none"> <li>Declarations of interest</li> </ul> <p>No declaration of interest reported.</p>	Chair
2	<p><b>York Population Health Hub</b></p> <p>Phillip Truby and Anna Basilico delivered a presentation on the York Population Health Hub's (PHH) purpose, achievements and what it can offer to support the delivery of YHCP priorities. The Hub is a multi-organisation group which brings together colleagues from the local authority, health, public health, and business intelligence to enable, analyse and undertake population health management approaches in York.</p> <p>PHH uses a tool called Population Health Management, which applies quality improvement methods to whole populations of people rather than individuals. Data packs exploring health inequalities in York that have been produced through the hub are available publicly from <a href="https://www.healthyork.org/population-health-hub.aspx">https://www.healthyork.org/population-health-hub.aspx</a></p> <p>The PHH is a resource for the system and Partners were encouraged to approach PHH for support when planning and designing services. The PHH tools were recognised as useful resources to support commissioning services for York population when planning, for example the York winter plan for 2023.</p>	Phillip Truby and Anna Basilico



	<p>It was pointed out that one of the PHH data packs on cost of living shared with GP practices require admin support to contact vulnerable people to offer support. It was brought to partner attention that currently GP practices are under pressure for admin support. When implementing population health management approaches partners should be aware of the current demand and pressure on services.</p> <p>The presentation was positively received by partners who were impressed by the work of the Hub and committed to become champions of PHH work. Partners positively acknowledged the examples of work focusing on prevention and were interested to know how data packs could support clinicians and front-line staff to improve outcomes for patients.</p> <p><b>Action 1: All partners committed to consider population health management approaches in services design and planning, reaching out to the PHH if any support is required.</b></p> <p>It was emphasised that information governance was a main enabler to link the data between partners and there was a need for change on how data sharing agreements are being applied across partners. To improve this, it was suggested that the PHH explore working with a Caldicott Guardian to understand how these agreements can be improved.</p> <p><b>Action 2: Peter Roderick and Anna Basilico to explore options with the Caldicott Guardian and report back to the YHCP Executive Committee.</b></p> <p><b>Action 3: York PHH to update the YHCP Executive Committee on progress twice yearly.</b></p>	
3	<p><b>Overarching priority: System pressures</b></p> <p>Partners provided individual update on the system pressure from the summary slide with main points listed below:</p> <p>Emergency and activity:</p> <ul style="list-style-type: none"> <li>• It was reported that last weekend was challenging due to increase in flu and COVID cases.</li> <li>• The hospital was planning and preparing for the strike actions from YAS with planned care and elective cases to be reviewed daily.</li> <li>• Work is ongoing on recovery position and the trust was working with partners on £500m discharge fund to access more capacity over the winter.</li> </ul>	Anna Basilico/ partners

Primary Care:

- Work is ongoing to make GP OPEL reporting more effective. There is increasing pressure on general practice, on average last week GP practices were reporting at OPEL 3, including high levels of staff sickness.

Adult social care:

- Another five agencies have joined the framework for domiciliary care to clear waiting list for reablement.
- Adult social care was reporting at OPEL3.

Quality:

- The Quality Group remit has been confirmed, focusing on initial health assessment on children entering care.
- There is a priority to focus on oral health for children and bladder and bowel pathway for children and adults.
- It was highlighted that secondary care referrals for children therapy were increasing.
- The Quality Group is looking at the quality of the discharges and learning to capture,
- The group is also supporting TEWV and the CQC action plan for YTHFT

York CVS:

- There are more mental health-based referrals and long waiting lists being reported.
- There are also challenges trying to link patients in with specialist services-MH, Autism/ADHD, and Trauma support.

Public Health:

- School based immunisation programme are commissioned by NHS E and work is ongoing to address earlier vaccinations of children.
- Data reflects low uptake of the flu vaccine in pregnant women.
- Partners were made aware that people are deteriorating while waiting for elective or ophthalmology procedures.
- Impact of cost of living has been reported with parents not being able to afford to heat the houses, impacting children's health.

Partners comments on the system pressure report:

- Partners sought assurance from the Committee on the actions being taken. This was covered through verbal updates from partners and through the update on the winter plan provided by Michelle Carrington and Gary Young.

	<ul style="list-style-type: none"> <li>Partners agreed that future iterations of the report and discussions at this meeting would focus on solutions, using resources differently and the key things partners around the table need to know to inform their organisational planning.</li> </ul> <p>Partners agreed that there was a requirement for honest communication and assurance to the public on behalf of the partners on how current system challenges are being addressed and what can be achieved realistically. Partners expressed their interest in improving communication with local media to support communication with the public messaging. This will be explored further as a separate agenda item at future meeting.</p> <p><b>Action 4: Sarah Coltman-Lovell/Anna Basilico to explore opportunities for communications teams across the YHCP to link up to provide consistent, honest messaging to the public.</b></p> <ul style="list-style-type: none"> <li><b>Winter plan – update</b> Previously submitted as a Winter Plan now renamed as Urgent and Emergency plan to address urgent and emergency scheme. This plan will be submitted to ICB and presented to partners in January.</li> </ul> <p>Partners were interested in a detailed update on winter plan progress on the schemes which form part of the Urgent and Emergency plan. This will be presented at the January meeting and added to the Partnership forward planner to be discussed after winter and to reassess what has been achieved and what worked well and what had the biggest impact.</p> <p>Partners agreed that one of the biggest innovations is the culture and how to work as a system to create the culture. It was recommended to have dedicated time on this topic outside of the Executive Committee meeting.</p> <p><b>Action 5: Work on culture to be revisited outside of the Executive Committee meeting.</b></p>	
4	<p><b>Partnership Priorities: Key strategic actions</b></p> <p>Following agreement of the YHCP priorities at the September meeting it was requested that Anna Basilico brings a paper to the December meeting to outline the key strategic actions for the YHCP to undertake for each priority. Some of the key strategic actions are already being progressed within the subgroups or as part of business as usual work, and a highlight report for each sub-group will be produced quarterly and submitted to partners for assurance on progress.</p>	Anna Basilico

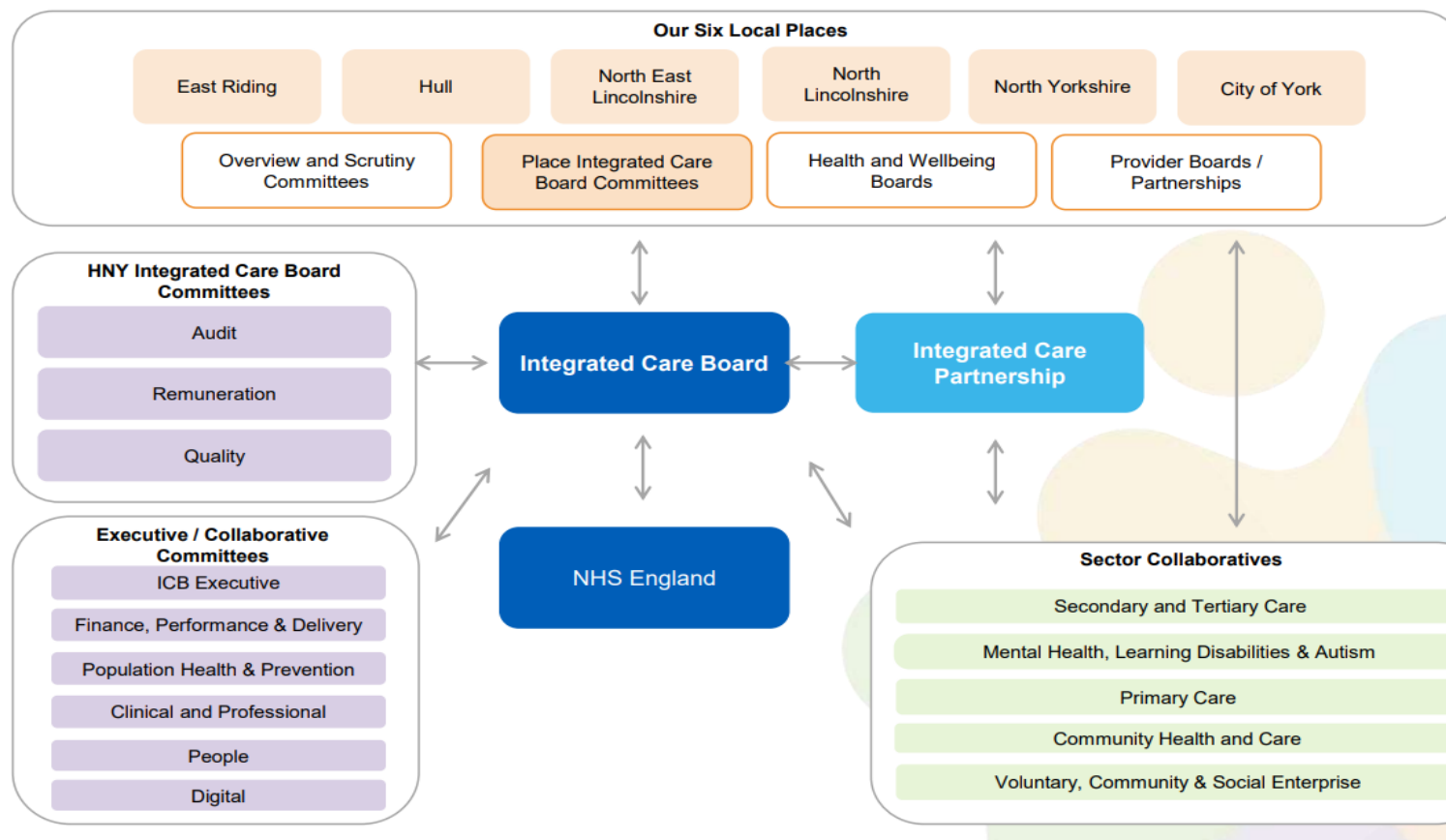
	<p>Partners discussed some of the emerging actions, those being:</p> <ul style="list-style-type: none"> <li>• Access to Dentistry: Partners were interested to explore possibility of establishing dental school in the region as this would provide community resource currently lacking in the system. The Director of Public Health shared that NHS England is devolving commissioning responsibilities for dentistry to ICBs. For Humber and North Yorkshire ICB, an advisory group has been established to oversee this transition.</li> <li>• Children and Young people Core20PLUS5: the quality group is leading on the plan for reducing health inequalities for CYP which will be brought back to the YHCP for approval.</li> </ul> <p><b>Action 6: Public Health and Healthwatch to seek representation on the HNY advisory group for dentistry.</b></p> <p><b>Action 7: CYP quality plan for health inequalities to be discussed and approved at future YHCP meeting.</b></p>	
5	<p><b>Better Care Fund Update</b></p> <p>JH presented a paper with an update on the allocation of the Adult Social Care discharge funds. The Better Care Delivery Group leads this work to ensure that partners across the system have been involved in putting forward schemes that focus on discharge and flow. Implementation plan for schemes has been communicated, with some of the schemes starting early January.</p> <p>The York Health and Care Partnership were asked to note the contents of the report and the information within the attached appendices.</p>	Jamaila Hussain
6	<p><b>Mental Health, Learning Disabilities &amp; Autism (MH &amp; LDA) Collaborative</b></p> <p>DF delivered a presentation on MH &amp; LDA services in Humber and North Yorkshire including vision, strategy, and programme of work with priority workstreams. The Clinical Assembly was established across the programme to promote clinical engagement by informing clinicians of the work of the programme, sharing good practice, discussing key issues (nationally &amp; locally), and involving clinicians in the development of the strategy. Workforce transformation and integration are taking place to deliver the MH ambition of the NHS Long Term Plan.</p> <p>Partners were impressed by the MH &amp; LDA Collaborative programme and were interested to learn more specifically on how the collaborative links with York place performance and in which areas improvements could be made.</p>	Doug Flockhart

	<b>Action 8: DF to share data on York place MH &amp; LDA performance with partners.</b> <b>Action 9: DF to check at the ICB steering groups and where York is not represented to ensure there is a representation from York.</b>	
7	AOB  No other business was raised.	Chair

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## Annex C Humber and North Yorkshire Governance & Accountability Structure

### Humber and North Yorkshire: Governance & Accountability



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## Annex E - York Health and Care Partnership Strategic actions

Priority area	Strategic action
<b>Quality of services</b>	<ul style="list-style-type: none"> <li>• Strengthen pre-birth to 5 pathways to deliver early and timely support and intervention, with a focus on reducing harm and improving health inequalities.</li> <li>• Continue to develop integrated and collaborative out of hospital community care, with a focus on quality in care homes (including independent sector) and end of life pathways.</li> </ul>
<b>Population health</b>	<p>Deliver the Population Health Management projects below in partnership:</p> <ul style="list-style-type: none"> <li>• Explore how to undertake a population health approach to end-of-life care / bereavement for all-ages</li> <li>• Undertake and evaluate respiratory proactive social prescribing project</li> <li>• Dementia focussed PHM project</li> <li>• Support PCN involvement in HNY population health management programme</li> </ul>
<b>Integrated Community Offer</b>	Work in partnership to identify areas that are most affected by COVID and develop an action plan to address this.
<b>Resilient community care</b>	<p>Deliver the plans below in partnership to improve quality of services, reduce harm and improve health inequalities:</p> <ul style="list-style-type: none"> <li>- CQC action plan</li> <li>- 2022/23 Winter Plan</li> <li>- ASC discharge fund: Supporting discharge and admission avoidance</li> </ul>
<b>Urgent and Emergency Care</b>	Create a clinical assessment service led by a geriatrician accessed by GPs, UCPs and other health care professionals to ensure that frail, elderly, and care home residents are signposted to get the right care at the right place at the right time.

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<b>Report to:</b>	York Health and Wellbeing Board
<b>Date of Meeting:</b>	18 <sup>th</sup> January 2023
<b>Subject:</b>	<b>Humber and North Yorkshire Integrated Health and Care Strategy</b>
<b>Sponsor:</b>	Sue Symington, Chair of Humber and North Yorkshire Integrated Care Partnership Cllr. Jonathan Owen, Vice Chair of Humber and North Yorkshire Integrated Care Partnership
<b>Author:</b>	Karina Ellis, Executive Director of Corporate Affairs, NHS Humber and North Yorkshire Integrated Care Board

**STATUS OF THE REPORT:**

Approve  Discuss  Assurance  Information  A Regulatory Requirement

**SUMMARY OF REPORT:**

In accordance with the requirements of the Health and Care Act 2022, the Integrated Care Partnership for Humber and North Yorkshire have been undertaking a process to develop an Integrated Health and Care Strategy that cover the area.

This paper sets out the approach taken to develop the strategy which has been informed by the legislative requirements, statutory guidance, policy and a broad range of engagement and discussions with Place at the heart.

A copy of the final draft of the Integrated Health and Care Strategy is attached as appendix A to this report.

**RECOMMENDATIONS:**

The Members of the Health and Wellbeing Board are asked to:

- i. Note the update in the paper
- ii. Consider and approve the final draft content of the Humber and North Yorkshire Integrated Health and Care Strategy (appendix A)
- iii. Note the next steps.

Reason: To keep the Board updated on the Humber and North Yorkshire Integrated Health and Care Strategy.

## Integrated Health and Care Strategy

### Introduction and Context

1. The Humber and North Yorkshire Health and Care Partnership (formally Humber, Coast and Vale) was established in 2016 as a collaboration of 28 organisations from the NHS, local councils, other health, and care providers including the voluntary and community sector. The Partnership covers a geographical area of more than 1,500 square miles and serves a population of 1.7 million people, all with different health and care needs. It includes the cities of Hull and York and the large rural areas across East Yorkshire, North Yorkshire, and Northern Lincolnshire.
2. The Health and Care Act 2022 that received Royal Assent on 28 April 2022 put Integrated Care Systems (ICSs) on a statutory footing, empowering partners to work closer together to better join up health and care services, improve population health, reduce health inequalities, enhance productivity, and value for money, and help support broader social and economic development. The Humber and North Yorkshire Health and Care Partnership is one of 42 ICSs which cover England.
3. The Health and Care Act sets out the four core elements of an ICS these are Place, Provider/Sector Collaboratives, Integrated Care Board (ICB) and an Integrated Care Partnership (ICP).
4. The ICP is a separate statutory committee, which brings together local authorities and the NHS Integrated Care Board as partners to focus more widely on health, public health, and social care. The development of the Humber and North Yorkshire ICP over the spring and summer of 2022 with membership being built from Place and with Place leaders at the very heart. The Humber and North Yorkshire ICP met for the first time in September 2022.
5. One of the key responsibilities of the ICP is to co-produce with partners an Integrated Health and Care Strategy for Humber and North Yorkshire and guidance was published by Department of Health and Social Care on 29 July 2022 and is available online here: [Guidance on the preparation of integrated care strategies - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies).

6. The expectation was that Integrated Health and Care Strategies must be built bottom-up from local assessments of needs and assets identified at place level, developed for the whole population using best available evidence and data, covering health and care and addressing the wider determinants of health and wellbeing. The strategy should set out how the assessed needs of the population can be met by upper tier Local Authorities, the ICB and partners and over what timescale. The expectation was that the strategy would be produced by December 2022.
7. The Health and Care Act 2022, also places a duty on the NHS Integrated Care Board to have regard to Integrated Health and Care Strategy, the Joint Strategic Needs Assessments (JSNAs), and Joint Local Health and Wellbeing Strategies when exercising its functions and developing its Joint Forward Plan and Operational Plans with NHS Trusts and Foundation Trusts.

### **Process architecture for developing our strategy**

8. Recognising the requirement for a strategy to be developed, early in 2022 and to support the ICP whilst it was developing a strategy design group was established in early 2022 to provide a core function of designing, co-ordinating, developing and overseeing the development of the strategy based on an inclusive approach.
9. The strategy design group included broad representation from Local Authorities, ICB and Place. It played a key role in analysing data and intelligence and providing the information through which to make sense of where we are and where we want to be.
10. A number of principles were agreed by the strategy design group which underpinned its development. These were, that the strategy would:
  - Be a living and breathing dynamic approach
  - Be co-produced and created with the system and its partners, including closely with local government and based on lived experience of our citizens/communities
  - Add value and not replicate what is happening in Place
  - Enable other emerging strategies to sense check against a set of ambitions and ensure there is a golden thread

- Make use of technology to support the continuing development and engagement so that progress can be seen, feedback given as emerging themes to develop.
11. The development process has been population health data and intelligence driven, supported by strong clinical and care professional leadership. The work has been a collective responsibility to ensure that the strategy is co-owned, connected to real work and is delivered by a living system which is empowered to act.
  12. There have been and continues to be the opportunity for all members of the wider system to be involved through a networked approach to engagement and open and transparent opportunities to be part of the dialogue. It will be important to continue to provide the opportunity for effective challenge and enable diversity of thought and for the ICP to be prepared to listen to suggested change and keep open minds to evolving the strategy even after approval.
  13. In tandem with this, engagement has taken place with a variety of stakeholders and a number of open sessions have been held. A desktop review of data, evidence and existing policies and strategies and engagement with our communities has also been undertaken. The reviews have considered existing strategies and plans both within the architecture of our system, but also from across our wider system and areas of work through which we come together in partnership.
  14. In addition, the ICP Committee heard the immediate feedback at their meeting on the 26 October 2022 from the workshop that had taken place on the same day, which had focussed on the vision of 'start well, live well, age well and die well' and the following questions:
    - Where are we now?
    - Where do we want to get to?
    - How will we get there?
    - How will we know when we have got there?
- There have been numerous engagement sessions with Place with each Place developing their strategy intent.

## Where are we now

15. The information we have gathered from the engagement and document reviews has now been taken to support the development of a strategy document. As previously mentioned, we have set the aim to develop a living and breathing strategy, not a weighty tome document to sit on a shelf. Therefore, the document has been prepared with the view of establishing a strategic intent that is clear and creates the framework for the plans at Place.
16. As mentioned earlier the requirement of the strategy is that it is developed based on the needs of our population and to do this, we have taken the approach of 'if Humber and North Yorkshire was a community of 1,000 people' what would it look like in terms of its demographics, people's economic, health and wellbeing circumstances. We have also recognised that our communities are also as unique as the people that live in them and provide us with some of our greatest assets whilst acknowledging that they also have very different experiences in their lives.
17. The ambition set out in the strategy builds on the one we have held for many years as a Partnership which is **for everyone in our population to live longer, healthier lives**. However, we have made it more specific with the addition of by narrowing the gap in healthy life expectancy between the highest and lowest levels in our communities by 2030 and increasing healthy life expectancy by five years by 2035.
18. To reach this ambition our vision is through a life course approach to ensure that all our people **start well, live well, age well and die well**. And to deliver on both the ambition and vision our intention is to
  - **Create the conditions** for change, making it easier for our people, communities and organisations to come up with the solutions they think will work best in improving the lives of our people, their neighbours and communities

- **Think person** by listening and paying attention to what they tell us matters most to them which will enable us to remove barriers and give them greater control over their own lives.
- **Think family** not in the traditional sense but by considering the different way people consider a family, the people who are closest to them, who can include relatives, friends or those who provide a temporary but important relationship or network to support a person. By focusing on supporting families, we want to create a safe and nurturing environment that raise aspirations for all but particularly enable every child to grow, learn and thrive.
- **Think community** by recognising the assets in our communities, harnessing the strength and uniqueness, we will plan, design and implement health and care services for people living across Humber and North Yorkshire. We will focus on all our communities, however we will place specific emphasis on working with those with the greatest need, such as our coastal and rural communities

The strategy is for everyone to understand our ambition, vision and intentions. To enable us to make this meaningful to a key audience of the strategy our people and communities we have used 'I' and 'we' statements that will resonate with them and have come from different engagement across our system. We will use this as a mechanism for helping to support the evaluation of the progress we are making.

Appendix A to this paper includes a copy of the final draft of the strategy content which the ICP Committee considered and approved on the 14<sup>th</sup> December 2022.

### **Alignment to the strategic vision for York Place**

19. The ICP strategy has been produced with the intention of aligning and enabling the strategic vision of each place area for the health of their population and services in their locality. Within York, the new 10 year Health and Wellbeing Strategy was produced in time to be taken into account by the ICP, and shows good 'read-across' between the documents, including the



selection of the same overall population health goal around inequalities in healthy life expectancy. Many of the issues raised for local need in York, including the 10 'goals' for population health improvement, find reference and emphasis in the plans the CP are drawing up.

20. In addition, the York Health and Care Partnership – the local place board – produced in summer 2022 a 'York Health and Care Prospectus' which is included as Appendix B to this paper. This blueprint for a collaborative, high quality and health-generating healthcare system in York lays the foundation for the ICS's work at place in our locality, and deliberately reflects many of the themes of the ICP strategy.

### **Next Steps**

21. Whilst the purpose of this strategy is to set the ambition and vision for our people and communities with some description of our intentions of how we will achieve this, it is only the framework from which other specific strategies and plans will be developed and the allocation of our collective resources will be informed.
22. The most important part of any strategy is turning it into action and we have identified a number of next steps and these are as follows:
  - The final content version of the strategy is shared with each Health and Wellbeing Board as the statutory committee for Local Government and the Integrated Care Board for the NHS for approval.
  - The strategy is used to prioritise our time, energy and resources through:
    - Place engaging with their communities, neighbourhoods and partners building with communities to develop integrated delivery plans – aligned also with local health and wellbeing strategies. An initial plan on a page for each of our six Places is set out in the appendices and these will be developed further during the early part of 2023.
    - Providing the guiding framework for the development of other specific strategies and plans such as the 5-year

Joint Forward Plan that the ICB with Providers is required to produce.

23. We also want to understand the difference that is being made and whether we need to adjust our ambition, vision and intentions by keeping the strategy as a living and breathing document.
- A task and finish group has been established to develop the population health outcome framework to provide the assurance and evidence that we are making the difference we intended
  - Continued engagement particularly with our communities as we develop and implement the actions to deliver the strategy – Healthwatch have kindly offered to support this as well as development of communication messages.
24. Finally, the Communications Plan will be finalised and implemented. This includes for example:
- the production of a professionally designed document,
  - the development of an online space which will create the platform to ensure we have a living and breathing strategy, will connect with other strategies, and be a space where we share promising practice
  - production of case studies that demonstrate how the ambition, vision and intentions are being delivered in practice with a focus on outcomes and sharing learning.
  - A full launch of the strategy will take place over the spring of 2023.

### **Recommendation**

25. The Members of the Health and Wellbeing Board are asked to:
- i. Note the update in the paper
  - ii. Consider and approve the final draft content of the Humber and North Yorkshire Integrated Health and Care Strategy (appendix A)
  - iii. Note the next steps.

Reason: To keep the Board updated on the Humber and North Yorkshire Integrated Health and Care Strategy.

**Annexes:**

**Annex A:** 202212 HNY Integrated Health and Care Strategy

**Annex B:** York Health and Care Prospectus

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# Reimagining Health and Care – An Integrated Strategy

Final Draft

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# Introduction from the Chair and Vice Chair

Humber and North Yorkshire Integrated Care System has big ambitions for health and care!

This strategy captures the aspirations of many partners, including Local Government, Voluntary, Community and Social Enterprise organisations and the NHS, with a practical plan for achieving those big ambitions. Our ambitions are easily understood. We want every single person in our population of 1.7 million people to start life well, to live well, to age well and die well. There are actions that we can take across our whole geography to achieve this, and there are actions which we can take more locally to achieve this: this strategy sets the framework for both.

All Integrated Care Systems have a very clear purpose: to bring together all elements of health and social care in a unique geography, by thinking and working as partners, in order to improve the overall health of the population, by focusing on inequalities in the health of the population and by contributing to the prosperity of our geography. By doing these things together, we believe we can also improve the quality and effectiveness of the services we collectively provide.

Collectively we have resources, a budget of £3.5 billion and more than 50,000 people, to achieve our ambitions, but the most important resources of all, partners who share a deep commitment to making changes that can deliver an improved, joined-up, quality health and social care system for our population.

Our integrated Care Partnership understands that achieving these ambitions will be challenging: many of us will need to change our ways of working, we will all need to become expert partners across organisations, we must forge new innovative partnerships, we must all embrace technology as an important tool for delivering improvement, we will all need to work at greater pace and we may need to make difficult decisions along the way.

But all of this will be for our vital, shared purpose of investing in the prevention of ill health, enhancing the quality of life of individuals and the health of our Humber and North Yorkshire population at large..

We encourage you to read on to understand what this strategy means for you....



Placeholder for  
image

**Sue Symington  
Chair**



Placeholder for  
image

**Cllr Jonathan Owen  
Vice-Chair**

# Our starting point

Of the 1.7 million people who live in Humber and North Yorkshire, more than 200,000 are living in poverty, with more than 60,000 children living in low income families. More than 2400 people each year die from causes considered preventable.

The **healthy life expectancy** – the number of years a person can expect to live in good health – is just 53.8 years for men in Hull, compared with 67.3 years for men in North Yorkshire. Within North Yorkshire there is a gap of 9.5 years between those from the most and least deprived communities.

For women in Humber and North Yorkshire, the number of years they can expect to live in good health is slightly higher than men but is just 56.4 years in North Lincolnshire, compared with 67.9 years in East Riding of Yorkshire. Within East Riding there is a gap between the most and least deprived of 11.2 years.

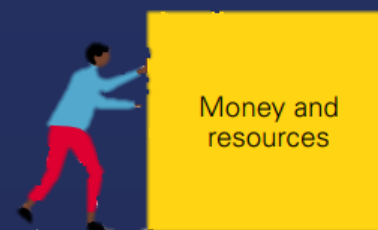
The reasons behind these disparities are complex and multi-layered and are as individual as each of the 1.7 million people who live in our communities.

The ways to tackle these disparities are similarly complex and require organisations and communities to work together, to get creative and to have a really clear goal to strive for.

The purpose of this strategy is to set the ambition for our people and communities. To be clear on where we are trying to get to and what will be different if we get it right. It is not a plan or a series of actions but rather a statement of intent. It provides the framework within which strategies and plans will be developed and informs the allocation of our collective resources. The way we prioritise our time, energy and money should be formed by the ambitions in this strategy.

As organisations we share the responsibility for health and care services across the Humber and North Yorkshire. And it is with the people of Humber and North Yorkshire that we share the responsibility for improving health. As we implement this strategy, we will continue to build partnerships with our communities to deliver their aims and aspirations for better health and improved lives.

We have extensive assets at our disposal and using our collective power and influence we can use these to put in place **building blocks for health**; to improve the underlying circumstances that affect the lives and life chances of our people; and provide opportunities for our populations to thrive by helping to address the underlying causes of differences in health.



We each look after a small part of a wider puzzle. By working together with a clear ambition in mind, we are greater than the sum of our parts.

This strategy is not just about making health and care services more efficient or effective – though this is an important priority for our partnership and its constituent parts. Instead it takes a wider and longer view, focusing on what we can change to help people live healthier, happier lives – now and in the future.

Together we can make real change and deliver our vision for the people of Humber and North Yorkshire





# Our strategy on a page

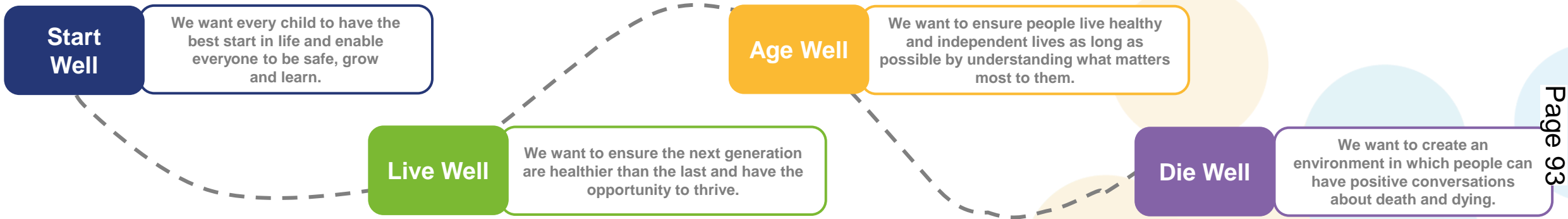
## Our ambition is:



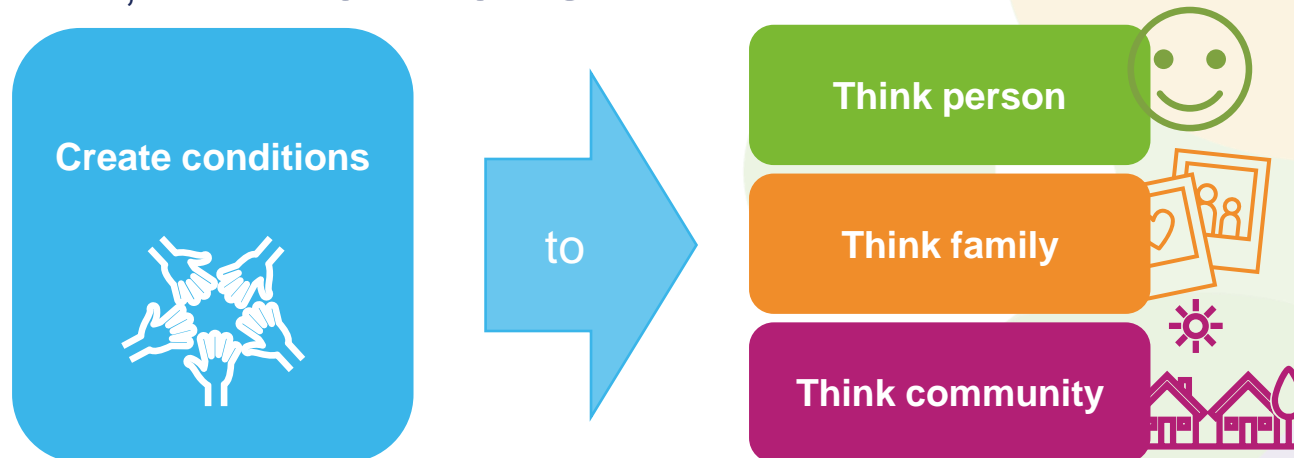
**for everyone in our population to live longer, healthier lives**

by narrowing the gap in healthy life expectancy between the highest and lowest levels in our communities by 2030 and increasing healthy life expectancy by five years by 2035.

To reach that ambition our **vision** is to ensure that all our people:



To deliver the ambition and vision, our **intentions** are to:



# Our partnership

We are the **Humber and North Yorkshire Integrated Care Partnership** part of one of 42 **Integrated Care Systems (ICs)** established across England.

The **Integrated Care Partnership (ICP)** is a standalone statutory committee between Local Government and the NHS Integrated Care Board (ICB). We are responsible for developing the **integrated health and care strategy** to address the health, social care and public health needs of our population.

Our focus is on improving outcomes for our population, tackling health inequalities and making the **connections between health and wider issues including socio-economic development, housing, employment and environment**. We take a **collective approach to decision-making and support mutual accountability** across the Integrated Care System.

**42 Primary Care Networks**  
(181 GP Practices)

**4 acute hospital trusts**  
(operating across 9 sites)

**3 mental health trusts**

**4 community / not for profit providers**

**2 ambulance trusts**



**1.7 million people**

**6 Local Authorities**  
(upper tier and unitary authorities)

**550 care homes**

**180 home care companies**

**10 hospices**

**1000s of voluntary and community sector organisations**

**c.50,000 staff**  
across health and adult social care

**Total budget of approx. £3.5bn**

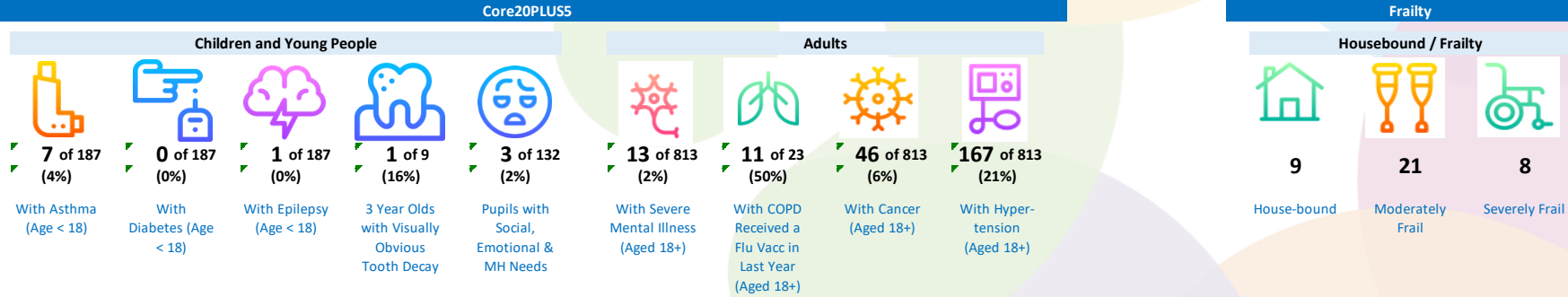
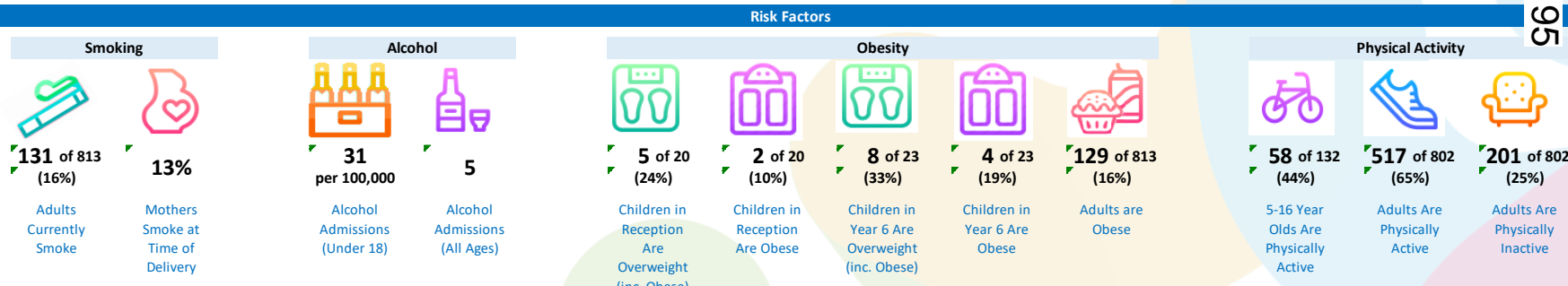
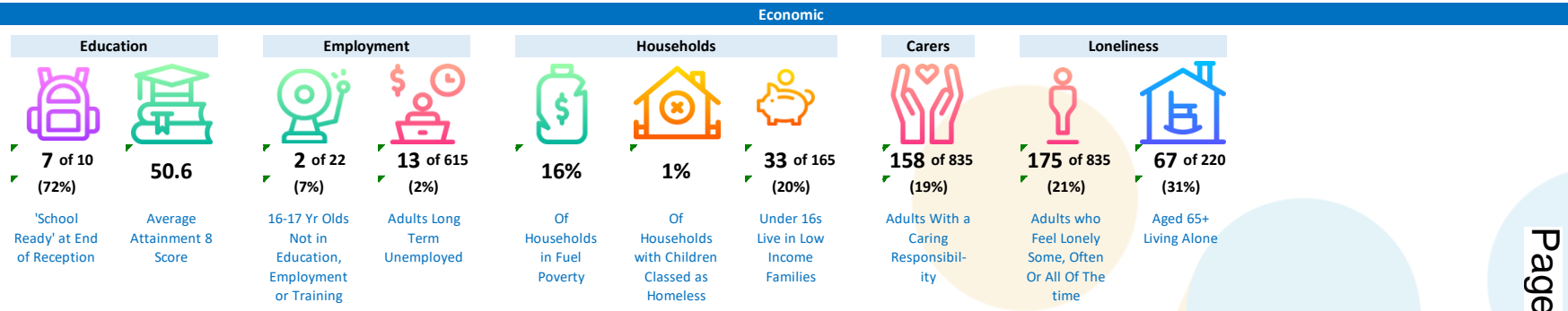
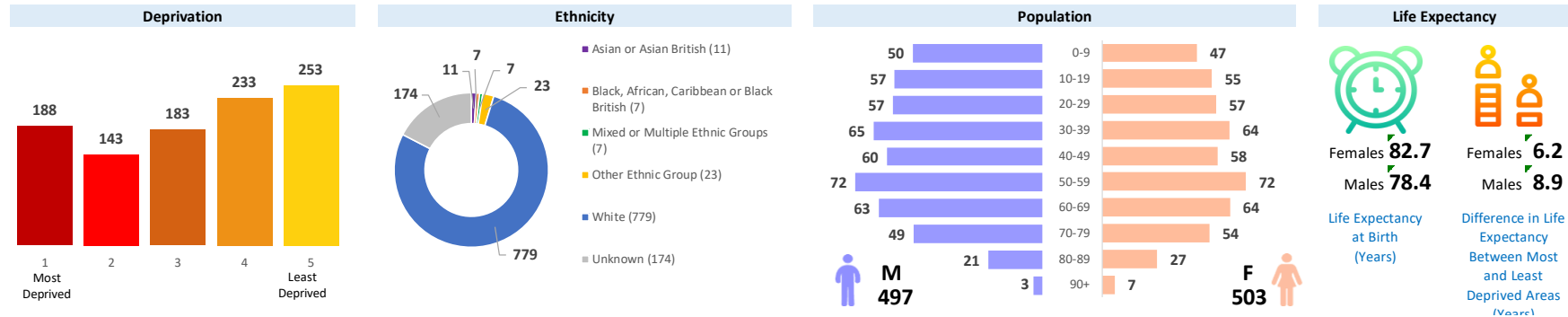


# Our population in numbers

If Humber and North Yorkshire was a Community of 1000 people.....

## How to read

If the population of Humber & North Yorkshire was just 1,000 people then 220 would be aged 65 or over. Of these, 67 would live on their own. That means that 31% of those aged 65 and over live on their own.



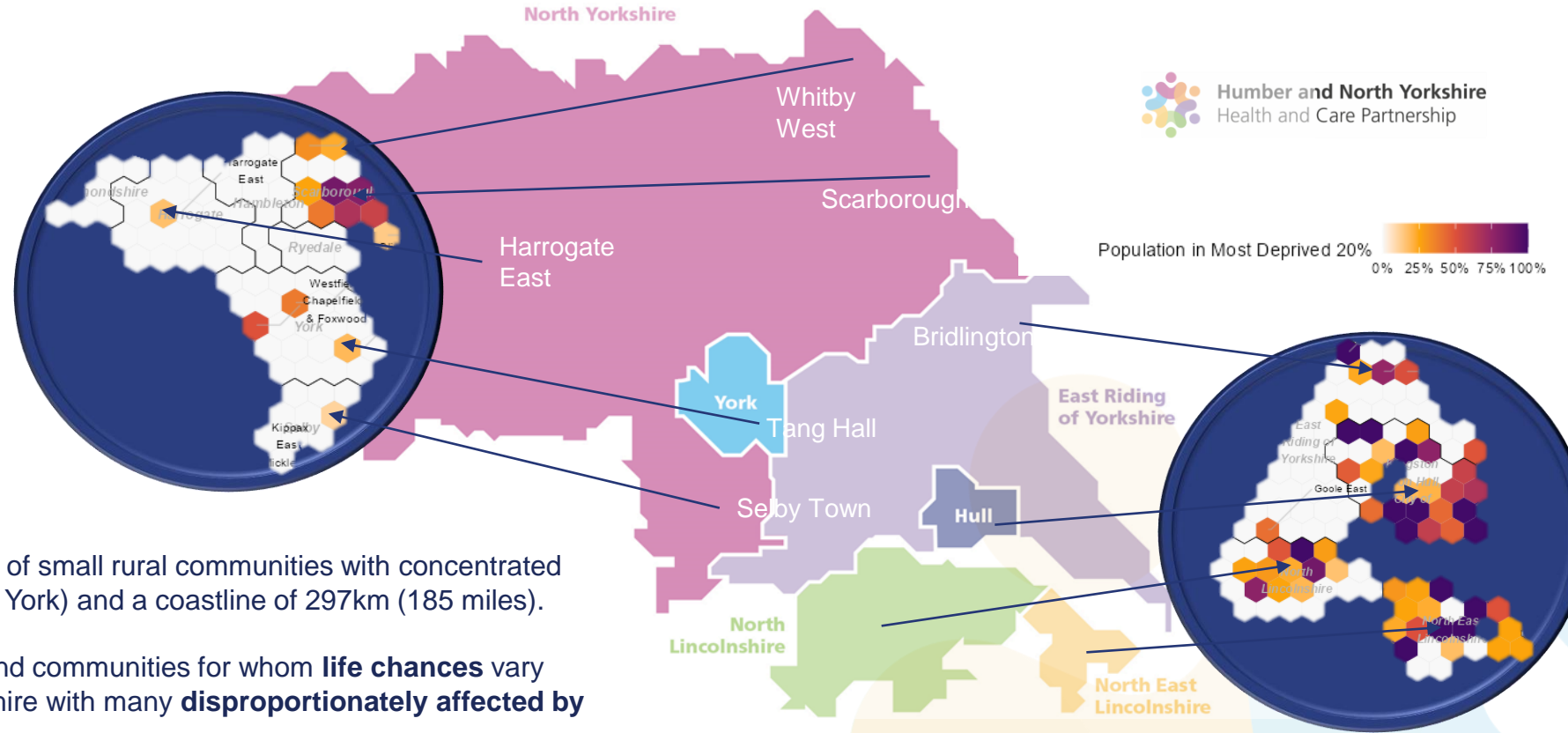
# Our communities

Our communities are the lifeblood of our partnership – our people are our greatest asset, but many of them live in the **most deprived communities** in England or face other barriers to living healthy lives.

Of our 1.7 million population 18% live in the 20% most deprived communities and within our six Places this can be significantly higher (as shown by the maps). 25% of our population live in the most affluent 20%.

Much of our 1.08 million hectares is made up of small rural communities with concentrated urban areas of our towns and cities (Hull and York) and a coastline of 297km (185 miles).

We describe below some of the individuals and communities for whom **life chances** vary significantly across Humber and North Yorkshire with many **disproportionately affected by ill-health and premature death**.



## Digital

14% of our population have unequal access to services where they are provided using digital technology (within Hull this figure is 61%).

## Coast

People living in our coastal communities face some of the greatest health and wellbeing challenges as well as poorer access to health care, employment, housing etc. resulting in poorer outcomes.

## Justice

Our people within the justice system face poorer health outcomes and face barriers to accessing health and wellbeing services and have often experienced trauma and adversity.

## Armed Forces

Armed Forces Covenants are in place in each of our Places, recognising our commitment to ensuring current and former service people have their needs met.

## Homelessness

People without permanent, secure homes are at higher risk of poor health outcomes and face significant barriers to accessing care.

## Ethnicity

6% of our population is from an ethnic group, however we do not know for approx. 17% their ethnicity. We do know that that ethnic groups face poorer health outcomes.

# Our intentions

To achieve our ambition and vision, our Partnership through our six Places working with their communities and partners will reimagine health, care and wellbeing services and we will focus on...



## Create conditions

We will focus on creating the conditions to enable and empower our people, communities and organisations to achieve change

Change

Empower

Enable

In focusing on creating the conditions for change we will make it easier for our people, communities and organisations to come up with the solutions they think will work best in improving their lives and those of their neighbours and communities.

We will **work together** - with communities and individuals in our Places and across Humber and North Yorkshire – in an inclusive and co-ordinated way, and we will use what they tell us to inform how we re-think and **integrate health, care and wellbeing** services.

We will work with local business, the academic world, the voluntary sector and local and national organisations to encourage the development and implementation of **innovative evidence based solutions** that support delivery of our ambition and vision.

As the organisations that are one of, if not the biggest employers, in each of our six Places, we are committed to **positively contributing** to making a difference for local people by:

- Seeking to enable local economic growth by buying local and supporting the creation of a strong infrastructure that attracts and builds businesses in our area
- Creating greater access to work by growing the workforce of the future and providing opportunities for people to develop their skills and giving our people a purpose
- Reducing our environmental impact and making our contribution to the Net Zero Climate targets.

We will develop an approach that enables us to **target and use our resources** (money, people, technology and buildings) where they are needed, to address issues and challenges that are impacting on the lives of our communities earlier.

We have conversations with people to discover what they want from life and provide the care, support and housing that will enable this, without restricting solutions to formal services and conventional treatments.



We work in partnership with others to make our local area welcoming, supportive and inclusive for everyone.



We see people as individuals with unique strengths, abilities, aspirations and requirements and value people's unique backgrounds and cultures.



We work with people as equal partners and combine our respective knowledge and experience to support joint decision-making



We work in partnership with others to create opportunities for people to work both paid and voluntary and to learn



## Think person

We will focus on enabling our people to live healthy, independent and safe lives as long as possible by understanding what matters to them

Independent

Secure

Choice

By focussing on the person we will listen and pay attention to what they tell us matters most to them which will enable us to remove barriers and give them greater control over their own lives.

We will maximise the potential for a person to live a longer healthier life by addressing the root causes of health harming behaviour, and making training, education and information available to all; having the **right conversation at the right time**; and enabling people to make **informed choices**. As 1 in 8 people over the age of 18 smoke in Humber and North Yorkshire, tobacco is our most significant challenge to people living healthier and longer lives, this will be an area of focus.

We will aim for **early identification** of risk factors and long-term conditions and act early to prevent or delay onset or progression of different health conditions. We will also focus on key areas that contribute most to the years of life lost or lived in ill health, such as cardiovascular disease and cancer.

Through understanding the needs and wants of a person, we will build **proactive, integrated and personalised plans**, that support them to have and maintain greater independence and autonomy over their own lives. Focusing on those with the greatest need first. We will also continue to work together to improve access to health and care services by **reducing the barriers** experienced by people when needing multiple services with the aspiration for this to be seamless for a person.

Whilst the focus is on a person living their healthiest life for as long as possible, we recognise there is a need for people to have positive conversation when they are healthy about death and dying. We will do this by **creating an environment** in which people of all ages feel comfortable talking about death and dying, and developing plans that will help them to have greater control and be provided with the co-ordinated, compassionate care when they need it during a significant change in their life. This will include ensuring there is support to those nearest to them, with their grief and loss.

I can live the life I want and do the things that are important to me as independently as possible

I am supported by people who see me as a unique person with strengths, abilities and aspirations

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and personal goals

We support people to plan for important life changes, so they can have enough time to make informed decisions about their future

We talk with people to find out what matters most to them, their strengths and what they want to achieve and build these into their personalised care and support plans.

I am supported by people who listen carefully so they know what matters to me and how to support me to live the life I want



## Think family

We will focus on supporting families to enable everyone to be safe, grow and learn and ensure every child has the best start in life

Grow

Safe

Learn

Family are those people who are closest to an individual, they can include relatives, friends or those who provide a temporary but important relationship or network to support a person. By focusing on supporting families we want to create a safe and nurturing environment that raise aspirations and enables every child to grow, learn and thrive.

We will work together with our partners to ensure everyone but particularly our **most vulnerable people are kept safe**, with a specific focus on our children and young people.

We recognise the importance of **clear and early health messages** to allow individuals to understand and prepare to become a family and we will provide practical and appropriate support for those considering becoming parents and families to ensure the best start in life for the child.

Through supporting the development of a child and by **building closer working relationship between health and education**, we will focus on key milestones of development in child's life, ensuring they are ready for school, have an ambition to learn and are prepared for employment.

**Mental health and wellbeing** will be a thread through all that we do, as we aim to reduce the difference in healthy life expectancy between those with mental health and learning disabilities and those without with a specific focus on improving access to children and adolescent mental health support.

We will ensure that support is put in place for **carers** who can often over look their own needs, and in many cases can be young people who experience multiple issues not just health, if not supported well.

We are committed to **mitigating the effects of poverty and the cost-of-living crisis** for families in Humber and North Yorkshire by undertaking actions that will have a positive impact on the quality of life, prevention of ill health and timely access to health and care services.

I am safe.  
My family has what they need to look after me.

I am supported to plan ahead for important changes in life that I can anticipate

I can tell a grown-up if I feel sad or worried.

I know what I can do to stay healthy.

I am in control of planning my care and support. If I need help with this, people who know and care about me are involved

I can get information and advice that helps me think about and plan my life





## Think community

We will focus on an all-inclusive community approach to ensure the next generation are healthier than the last and have the opportunity to thrive

Healthy

Play

Work

Our communities are as unique and as individual as the people that live in them. We want to harness this strength to help inform the way we plan, design and implement health and care services for people living across Humber and North Yorkshire. We will focus on all our communities, however we will place specific emphasis on working with those with the greatest need, such as our coastal and rural communities

We will create opportunities that give people **purpose in all stages of their life** through access to good quality play and work (including volunteering) providing the chance to reduce social isolation and support people to thrive.

**Proactive prevention** will be at the heart of everything we do. We will **connect our communities** to the resources that are available to them in their neighbourhood or Place, to enable them to reduce their reliance on professional help and prevent ill-health through services that provide them with opportunities to keep their mind, body and spirit healthy.

We value and recognise the **diversity** of our communities and we are focused on making all groups feel included and valued within their communities to improve their health and wellbeing and ensure it is not negatively effected.

We will continue to grow the role of the **voluntary and community sector** which will see greater involvement of the nearly 14,000 organisations across Humber and North Yorkshire in supporting improving health and wellbeing outcomes for our communities and our people.

We keep up to date with local activities, events, groups and learning opportunities and share this knowledge so that people have the chance to be part of the local community.



I feel welcome and safe in my local community and can join in community life and activities that are important to me.

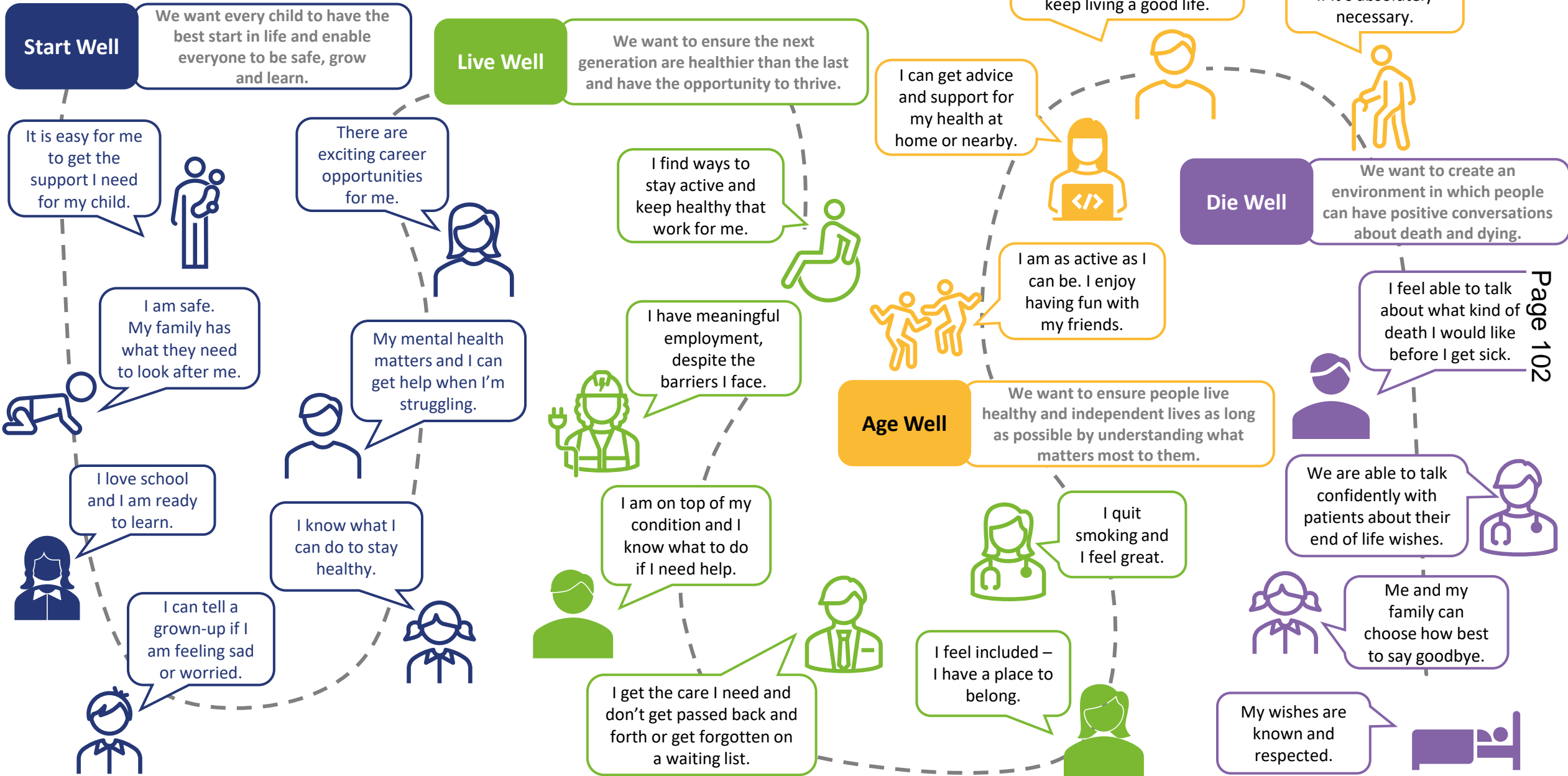


I know about the activities, social groups, leisure and learning opportunities in my community, as well as health and care services

I have opportunities to learn, volunteer and work and can do things that match my interests, skills and abilities



# How we will know we have succeeded



# What happens next

Whilst the purpose of this strategy is to set the ambition and vision for our people and communities with some description of our intentions of how we will achieve this, it is only the framework from which other specific strategies and plans will be developed and the allocation of our collective resources will be informed.

In addition, we also want to understand the difference that is being made and whether we need to adjust our ambition, vision and intentions by keeping the strategy as a living and breathing document.

## Turning strategy into action

The way we prioritise our time, energy and resources will be informed by the ambitions in this strategy and actions will be developed through:

- **Place** engaging with their communities, neighbourhoods and partners building with communities to develop integrated delivery plans – aligned also with local health and wellbeing strategies. An initial plan on a page for each of our six Places is set out in the appendices and these will be developed further during the early part of 2023.
- **Integrated Care Board** engaging with partners to develop a 5 year Joint Forward Plan which will use the strategy as a framework and an annual operational delivery plan
- **Other Strategies, Plans and Programmes** e.g. People Strategy, Digital Strategy, Children and Young People Alliance

## Evidencing we are making a difference

- We will develop a population health outcome framework to provide the assurance and evidence that we are making the difference we intended.
- Ensure we have continued engagement with our communities and receive their feedback on the delivery, working closely with Healthwatch.
- Share case studies of our promising practice to promote learning and enable others to adopt and implement new ways of working.

# Appendices



# Place Strategic Intent

# Introduction

This strategy has been developed by working with and building up from each of our six Places in Humber and North Yorkshire.

During the development of the strategy, each of our six Places has been engaging with their communities and partners to describe their initial intent of how they will deliver the ambition and vision set out in the strategy.

The following pages are the initial plans on a page for our six Places of:

- East Riding of Yorkshire
- Kingston Upon Hull
- North East Lincolnshire
- North Lincolnshire
- North Yorkshire
- York



## Aspirations

In support of the vision of the ICS to ‘Start well, Live well, Age well and End life well’ our strategy at East Riding Place is grounded in the aspirations of the Health and Wellbeing Board, its strategy and improving population health in its widest sense, which includes the wider determinants of health (income, crime, education, work/labour market, built and natural environment, vulnerability). Our current Health & Wellbeing Board Strategy is located at: <https://www.eastriding.gov.uk/council/committees/health-and-wellbeing-board/>

Our aspiration is to equalise the opportunity for people to live happy, healthy and fulfilling lives through:

- Joining up things in communities
- Avoiding dependency and reducing escalation
- Raising aspirations
- Creating inter-generational wealth

Across 2022-23, we will be refreshing our Health & Wellbeing Strategy to capture the direct and indirect impacts on our population from events including: the pandemic, cost of living crisis, war in the Ukraine and Brexit. We aspire to develop a focussed response to these in terms of supporting residents of the East Riding of Yorkshire.

## Concerns / challenges

Our concerns and challenges include:

- The immediacy of the pandemic and cost of living impact and if we can respond quickly enough.
- A significant cultural shift is required which will take time.
- Managing change when there is already pressure on our collective workforce who are dealing with day-to-day operational challenges. Our workforce may have their own personal challenges that we need to support them with (for example impact of the pandemic / cost of living).
- Ensuring a greater emphasis on the conditions of living / wider determinants of health and engagement of partners outside of Health & Social Care.

## Plans

The first steps to achieving our aspirations will be to focus on structural priorities including, but not limited to, the following:

- Support the development of ‘a movement’ underpinned by loose networks and communities of practise to better meet population health needs
- Engage with and hear the voice of local communities
- Use this insight to inform a live intelligence network (Joint Strategic Needs Analysis - JSNA)
- Develop structural responses to meet short and longer term needs - for example Children & Young People
- Empower communities and people at all levels in our system to affect change.

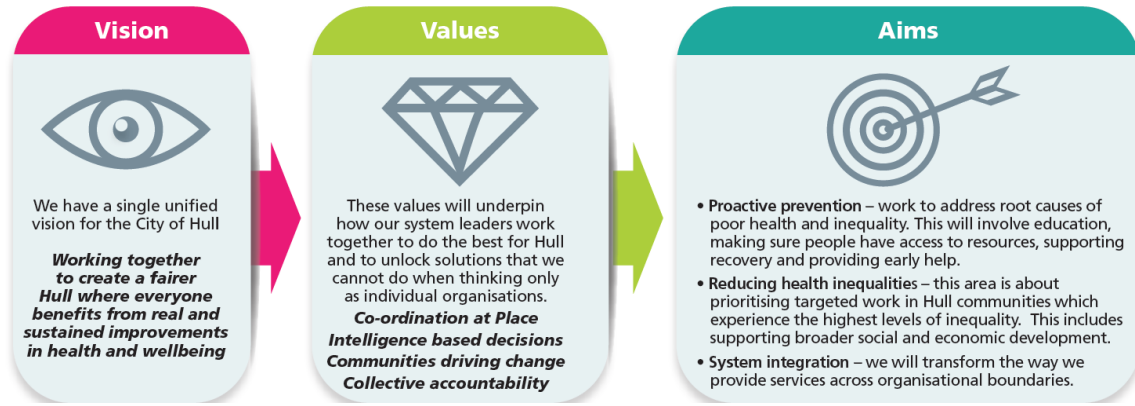
Structural enablers that we have identified as our priorities include:

<b>System Thinking</b>	<ul style="list-style-type: none"> <li>• Embedding a population health approach across all partners and all staff groups</li> <li>• Enhancing the voice of people and communities and building their intelligence and insight in-to our refreshed strategies</li> </ul>
<b>Operational Practices</b>	<ul style="list-style-type: none"> <li>• Developing the quality of relationships</li> <li>• Empowering operational practitioners to affect service and person-level change</li> </ul>
<b>Sector and Partner Development</b>	<ul style="list-style-type: none"> <li>• Creating ‘headspace’ / infrastructure for sectors such as Primary Care and the Voluntary, Community and Social Enterprise (VCSE) to be able to equally contribute to system development.</li> <li>• Commitment to a nurturing environment</li> </ul>
<b>Enabling Priorities</b>	<ul style="list-style-type: none"> <li>• Workforce – take an integrated approach to resolving workforce challenges and move to more integrated ways of working</li> <li>• Communications and engagement – develop an effective approach to resident engagement and gathering of insight</li> </ul>

While going through considerable change this will also determine how we organise ourselves locally to understand need, co-design and deliver in an integrated model.

Our ambitions and plans are subject to change as we consult and gain insight into our populations needs through the refresh of the East Riding Health and Wellbeing Strategy.

# Kingston Upon Hull Place

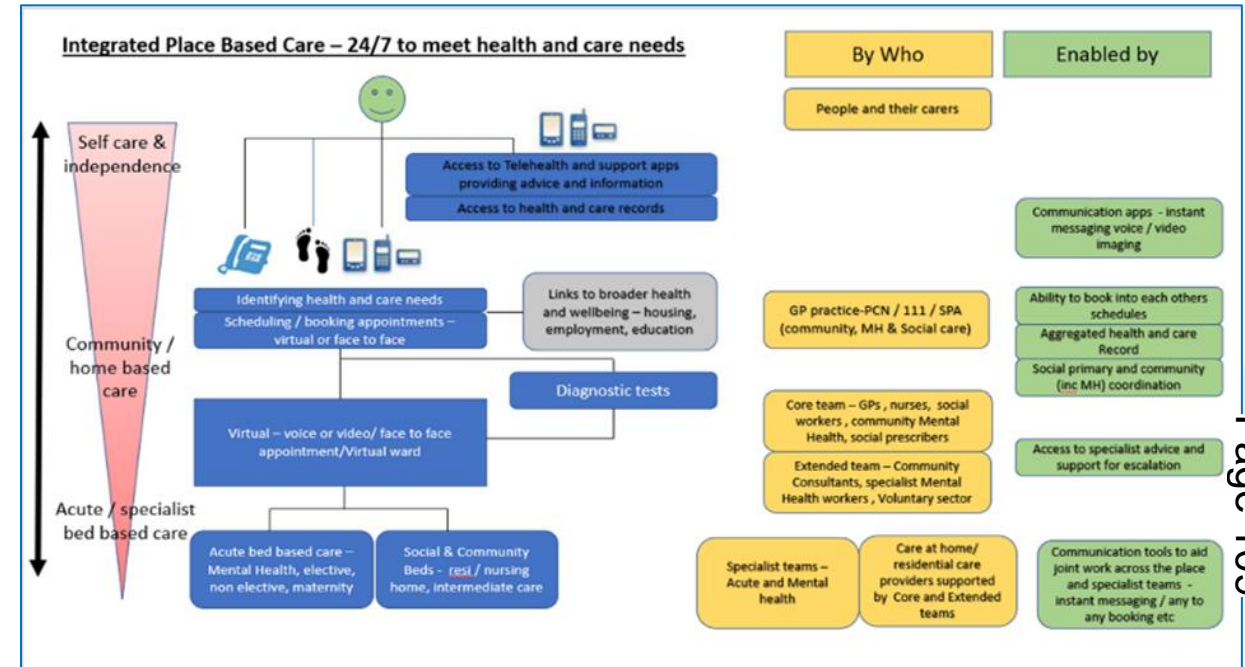




# North East Lincolnshire Place

## Overall Approach

- North East Lincolnshire – erasing lines in the system
- Our local community, health and care system is currently building on a lengthy, proud and powerful history of collaborative and integrated working ensuring our community, health and care organisations work hand in glove which has benefitted local people for many years. Our Health and Care partnership enables partners to work together where a multi agency approach is required to tackle and deliver local priorities whilst still undertaking their own functions and service delivery
- Our local community, health and care system is becoming more holistic – bringing together and delivering mental, physical and social care together, for both children and adults. We are redesigning prevention and care locally, including reflecting the outcomes of the Acute Services Review and Out of Hospital services. Its ‘all age’ mandate will mirror the ‘start well, live well and age well’ vision of Humber and North Yorkshire ICS.
- We recognise that there is still work to be done to take full advantage of the opportunities presented by the new structures emerging as part of the integrated care system, however we are starting from a place of mature and effective working relationships which have already delivered a range of innovative and integrated solutions which will be scaled to further benefit



## Approach to Integrated Care

- Our core model of care will be the Accountable Teams model, embodying teams working together to meet the health and care needs of people, their carers and families. Rolling this model out erases the ‘lines in the system’ created by organisational needs and boundaries, and will be founded upon:
  - One referral to the right person at the right time
  - “Accountable Care Teams’ – avoiding often complicated and time-consuming transfers between services, professionals and organisations
  - Shared data; digitally enabled; capable and empowered staff; and tailored care
  - Delivering home first and virtual wards
  - We have already successfully delivered the Connected Health model in Cardiology, breaking down barriers between primary and secondary care to eliminate waiting lists for this specialty – we will roll this out for other pathways of care and other specialties.

## Our Priorities

- **Smoking** – reducing our smoking in pregnancy rates to ensure children get a better start to life
- **Children** - Improving experience and outcomes for Children and Young People
- **Mental Health** – reducing our life expectancy rate differential between those with MH and those without
- **Skills** – support life long learning / supporting people into H&C roles for the future – increase in no of people with level 3 qualifications

# North Lincolnshire Strategic Intent

## Our Ambition

Our ambition is for North Lincolnshire to be the best place for all our residents to be safe, well, prosperous and connected; experiencing better health and wellbeing

## People will;

- enjoy good health and wellbeing at any age and for their lifetime.
- live fulfilled lives in a secure place they can call home.
- have equality of opportunity to improve their health and play an active part in their community and enjoy purpose within their lives.

## Our community first approach

Our transformation approach empowers and facilitates individuals of all ages including children and young people to participate in their own communities, putting people and communities at the heart of health and care. People will have personalised care, be enabled to self care and have control over their lives. People will get the best care closest to home. We will use our collective resources to improve outcomes for people and be informed by the voices of our diverse communities. We will use our Place assets and resources to strengthen prevention and community support, reducing the need for higher levels of care which is safe, effective and high quality in the right place at the right time. We will use the North Lincs £1 wisely and with integrity. We will ensure participation and prevention threads through all that we do. We will foster a culture of one team, enabling our workforce to achieve great outcomes for people and support the workforce to be well. We will ensure we have the most effective systems and enablers of change.

The ICS and Place Partnership will invest locally to deliver this strategic intent ensuring the community health and care system is the right size for the population, is organised to meet levels of need and inequalities; focuses on prevention at every level and opportunity; and is high quality. The Partnership will utilise digitally enabled care to support the individual and integration of the workforce. We will prioritise those most in need. We will enable partners to manage risk effectively, to work together to promote positive risk taking to improve the outcomes we aspire to.

Priorities for Collective Investment



Mental health and wellbeing will thread through all that we do across all age

Asset based community development will identify and work with the strengths of communities to level up North Lincolnshire

Innovation will be supported including digital tools that enable individuals to maximise their health and wellbeing

The health inequalities gap will reduce across our wards

Access to health and care will take account of rural challenges

Healthy life expectancy will improve for our population

There will be a single workforce strategy covering; leadership and management, recruitment and retention, reward and recognition, career pathways, and talent development

The integrated practise model will be person centred

People with long term conditions such as lung and heart disease, will improve experience proportionately good health

# North Yorkshire Place – Our Strategic Priorities

## A comprehensive and integrated health and social care model

**WHAT DOES GOOD LOOK LIKE**

- Increase in people living independently or managing safely at home/care setting.
- Increased care provided closer to home, with a sufficiency of supply of community health and social care services.
- Reduced need for acute beds for urgent care and for 24/7 residential and nursing beds.
- Significantly reduced delayed discharges into community care (whether nursing, residential or domiciliary care).
- Acute delivery operating much more in the community, coexisting with primary and social care.
- Partnerships that understand and respond jointly to the needs of their communities.
- People are supported to live in a broad range of housing that meets their circumstances.

**KEY ACTIONS**

- Ensure a greater emphasis on self-help, prevention and population health management (PHM).
- Develop a model for community health and social care which addresses sufficiency, comprehensive-ness and skill mix, as well as integration.
- Develop a consistent model for intermediate care.
- NHS, local authority and other partners to develop integrated models of care, e.g. strong multi-disciplinary teams and consistent ‘any door’ access.
- Develop alternative services in or near Emergency Depts – urgent community response, virtual wards
- Strengthened role for the VCSE.
- Supporting Enhanced Health in care homes and joint work through the Quality Improvement Team to improve responsiveness and quality.

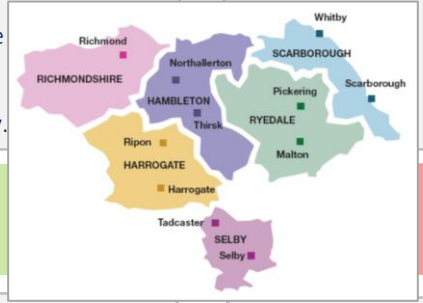
## A high quality care sector, with sufficient capacity to meet demand

**WHAT DOES GOOD LOOK LIKE**

- Increase in people living independently.
- Higher recruitment and retention levels across health and social care.
- A care market sustainable for providers and affordable for commissioners and service users.
- Reduced reliance on acute beds and 24 hour nursing/residential care – Home First approach.
- Enhanced community capacity that can flex to prevent avoidable hospital admissions and facilitate timely hospital discharge.

**KEY ACTIONS**

- Shaping the care market through the transformation of Approved Provider Lists – consider impact of social care funding levy and cap.
- Recruitment and retention of care staff through attractive pay, training and career development.
- Develop innovative models for domiciliary care.
- Undertake fair cost of care exercises for domiciliary care and implement actual cost of care for residential /nursing care to deliver a sustainable care market.
- Work with care providers to implement the national charging reforms for adult social care as the next phase of the NHS discharge pathway.



## A strong workforce

**WHAT DOES GOOD LOOK LIKE**

- Sufficient trained and motivated staff to meet demand through:
  - Positive narratives about the various different roles and professions.
  - Increasing numbers of people being recruited.
  - Range of innovative, possibly even joint funded, posts to help bridge gaps and/or break down silos (e.g. part primary care / community, or part health / social care).
- High recruitment and retention levels of all care staff.

**KEY ACTIONS**

- Develop more balanced/varied roles and better work/life balance, wellbeing support, appropriate rewards.
- Develop innovative approaches to recruitment.
- Develop innovative workforce models.
- Innovative use of technology to support staff.
- Identify opportunities for cross sector working and roles.
- Support international recruitment across sectors.

## Prevention and public health: adding life to years and years to life

**WHAT DOES GOOD LOOK LIKE**

- Narrowing of the gap in health inequalities between the least deprived areas compared with the most deprived areas across North Yorkshire.
- Increase in overall healthy life expectancy across the County.
- Narrowing of the gap in healthy life expectancy between the people in the least deprived areas compared with those in the most deprived areas across North Yorkshire.
- Having a clear, resourced strategic plan with dedicated staff to implement.

**KEY ACTIONS**

- Commission and provide high quality, accessible prevention and primary care services.
- Support people to maintain good mental health with timely access to effective primary, secondary and specialist services when needed.
- Support people to be physically active across all ages and stages of the life course.
- Influence through the strength of the partnership the wider determinants of health with a particular focus on coastal communities.
- Promote and invest in stronger communities and strategic commissioning of the VCSE.
- Engage with people in a dialogue about self-care, early help, loneliness and using digital tools.

# York Place

## Our place intention

...is to collaborate better and integrate further, to redesign and deliver services that meet population need. Working with our citizens and stakeholders we have developed a York 'Prospectus' which describes the state of our 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.

### Strengths for health and care in York



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

### Challenges for health and care in York



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

## Our health needs (JSNA)

<b>Preventable ill-health</b> 1 in 10 smoke 2 in 3 adults overweight or obese 1 in 7 live with depression	<b>Widening inequality gaps</b> Healthy Life Expectancy Health of those with a learning disability School readiness	<b>York's 'red flags'</b> Alcohol consumption/admissions, multiple complex needs, drug related death, student health
<b>Economic factors</b> Lower than average income 10% of children living in poverty Housing affordability gap	<b>Changing Demographics</b> Aging & growing population 4% ↑ hospital use (annual), 10% social care, 2.5% ↑ in GP (over 5yrs)	<b>Mental Health</b> u18s admissions for mental health need High prevalence of common MH illness High suicide and self-harm rate

## Our priorities

**Overarching goal:** Delivery of the [York Health and Wellbeing Strategy](#)

- **Quality of services:** quality, safety, experience of care
- **Population health:** health generation, prevention, early intervention
- **Access to services:** general practice, dentistry, planned care
- **Resilient community care:** preventing admissions, in-and-out-of-hospital care, effective discharge
- **Urgent and emergency care:** capacity, resilience, responsiveness

## How will we achieve our ambitions?

- Strengthen **foundations**, governance and joint decision making in our place partnership, to demonstrate the behaviours agreed in our 'Charter'.
- **Coproduce** plans with communities, staff groups and partners.
- Develop and embed a **population health** approach using the CORE20PLUS5 framework.
- Lead the health and care sector response to the three [City Strategies](#).
- Join up health and care **research and innovation** potential in York.
- Produce a realistic future **workforce** strategy based on the concept of an integrated York 'health and care team'.

## Our framework for a health generating city



**GROW**  
the things which keep us healthy



**ACT**  
early and prevent ill health



**CARE**  
with compassion and quality



**CONNECT**  
things into one York team



# Summary of our Patient and Public Involvement and Intelligence

# Introduction

This summary has been drawn from engagement activities from across the Humber and North Yorkshire Integrated Care Board, using a broad range of methodologies. Patient and Public involvement is a dynamic process that continually gathers intelligence, and so this summary will continue to be updated.

The engagement exercises have largely focused on service areas and service specific commissioning projects. The findings from these exercises have been align to the following areas:

- All services
- Start Well
- Live Well
- Age Well
- Die Well

Additional engagement with patients, carers and the public, aligned with the life course areas above, will take place to inform the ICP Strategy



## Involving people

- More co-production and working together with health professionals to develop personalised care plans.
- Being listened to and involved in decisions about my care (or the person I care for) is important.
- People need easy access to accurate information and support in order for them: To engage in lifestyle change, Access treatment early (prevention, screening and early diagnosis). Effectively manage their condition.
- Better advocacy and support for people going through the continuing healthcare assessment
- Listening to patient feedback on an ongoing basis and using this to improve services provided in the future.

## Choice and control

- Person-centred care in end of life services really matters – thinking of the patient and their family and providing care around the needs of the patient.
- Being able to choose who visits postnatal wards is improving peoples' experiences of care.
- Where people have long-term conditions, understanding their condition and being confident enough to manage it improves their overall health and wellbeing.
- Being able to self-refer into services without having to go through a GP has been identified as a positive change to current services (e.g. to see a physiotherapist for muscle problems, or go directly to talking therapies for depression and other mental health problems).
- Including families and carers in a person's treatment, offering extended visiting times to give people more opportunities to choose who supports them, is important.

## Caring and compassionate staff

- Having a person-centred approach to care, where staff separate the person from the illness, supports recovery.
- The diversification of roles, within GP surgeries, is having a positive impact according to local people
- Feeling listened to and cared for by non-judgemental, professional staff at all levels.

## Community and family support

- Support from voluntary and community sector organisations and/or projects in the local area is important.
- Involving families and carers and considering their needs as well as the needs of those they care for is important.
- Social prescribing has been highlighted as having a positive impact on peoples' health and wellbeing, and is connecting them to their communities and the many activities they can get involved in to improve their health and wellbeing.
- The introduction of alternatives to A&E for those in mental health crisis across the region is enabling people to access support from the right people, at the right time, and in a more appropriate environment.
- Peer support was identified as important by many people we engaged with. Meeting people in similar situations and learning from one another has a positive impact.

## Responsive and accessible services

- Care closer to home. Availability of specialist support so that people can recover at home rather than in a hospital bed.
- Easy access to services, using online (preferred about half of people) i.e. being able to access services online at a time and place that suits the individual, and single point of access
- Extended opening hours and reduced waiting times
- Fast referral for life changing diagnosis/treatment.
- The importance of the physical environment where care is provided being appropriate and pleasant has an impact on peoples' experience of the services they access.



In addition to the general insights already outlined, the following slides highlight elements that are specific to the key areas:

***Start Well***    ***Live Well***    ***Age Well***    ***Die Well***

## Start Well

- Children and young people want:
  - Positive experiences, positive relationships with family and friends.
  - To feel cared for and safe
- Mainly associate living well with healthy eating and exercise.
- Biggest concern is transition between schools.
- Prefer a variety of ways of accessing services that improve convenience and anonymity
- Experience issues with dual diagnosis of SEND and Mental Health, one can preclude the other

# Live Well

- People need easy access to accurate information and support in order for them to engage in lifestyle change. They would like more information about how to lead a healthy lifestyle.
- Increase information about prevention, screening and early signs and symptoms so that people can access treatment early.
- Social prescribing has been highlighted as having a positive impact on peoples' health and wellbeing, and is connecting them to their communities and the many activities they can get involved in to improve their health and wellbeing.
- The introduction of alternatives to A&E for those in mental health crisis across the region is enabling people to access support from the right people, at the right time, and in a more appropriate environment.
- Peer support was identified as important by many people we engaged with. Meeting people in similar situations and learning from one another has a positive impact.

# Age Well

- Information leaflets could be provided to patients about how to effectively manage their condition.
- A range of condition-specific support groups were also highlighted in our engagement as having a positive impact on peoples' lives and helping to support them to manage their condition and live fulfilling lives (e.g. Macmillan, MS Society, Alzheimer's Society).
- Care home liaison teams are having a positive impact by helping people to stay in their own home and avoid going into hospital unnecessarily.

# Die Well

- Person-centred care in end of life services really matters – thinking of the patient and their family and providing care around the needs of the patient.
- Support carers in all aspects of their life, not just health.
- Carer-friendly education and employment is vital. Access higher-level training about the conditions of those they are caring for so they can support them more effectively. Resilience training for carers to help them to cope with difficult situations.



**Humber and North Yorkshire**  
Health and Care Partnership

**Thank You**

# 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

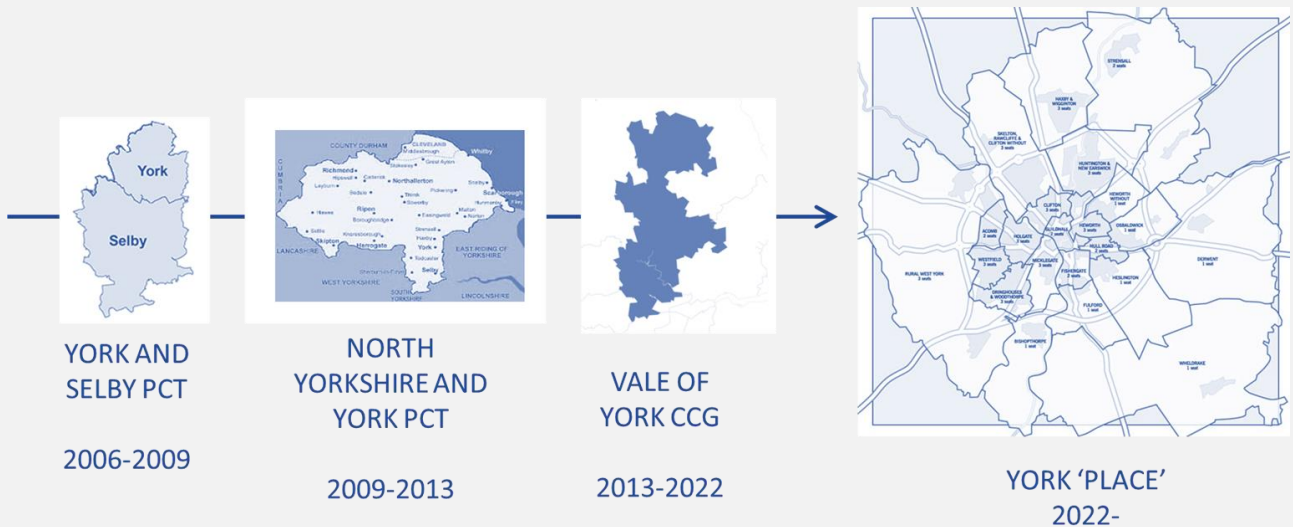
A reversal of **inequality** gains - people in poorer parts of York are dying earlier than they should

# 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:



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.



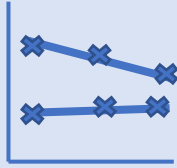

Our work in clinical research, workforce development and innovation is still fragmented, and ad hoc; whilst we have world-class universities and colleges they are not strategically focused on local impact or really part of the partnership - so **we underplay our strengths**.

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.

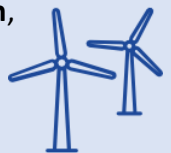
Workforce difficulties are still with us, but since the introduction of a city-wide



**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 utmost 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.

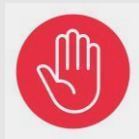
# Build on our framework for a health generating city



## 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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