

Humber and North Yorkshire Health and Care Partnership Strategic Review - York VCSE Meeting (18 May 2022)

Where is the system now?

- In the current system it feels like the VCSE sector is 'mined' for intelligence then discarded
- There's a system identity crisis – rhetoric vs reality
- VCSE problem solve through system change such as the York Multiple Complex Needs Network which brings together diverse stakeholders from across the system - Social Prescribing started in the VCSE sector
- Silo working is a system wide cultural issue
- Workforce hierarchy – will one workforce really happen? Huge cultural change needed
- Common waiting list – who will this benefit? Like patient led follow-up there is a risk of reinforcing inequalities
- The current situation is that the VCSE sector are told about current plans then asked to align to said plans – feels like the VCSE sector is currently 'locked out' of the system
- Clinical care is disjointed
- The vision is secondary to COVID – we're starting from a low position/mayor crisis in health as well as the addition of external pressures (socio-economic)
- Lac of confidence in the system to engage with VCSE sector - earlier mapping of inequalities has not been followed through / is not visible - it feels as though feedback from the sector is getting lost
- GP focused – not linking into other service – PCN's need to become more collaborative with other local organisations
- VCSE can be seen as 'optional' - there's a huge lack of understanding in what the VCSE is capable of in terms of skills, knowledge and delivery
- Boundaries do not flex to provide continuity person centred care provision
- Feels like the system is in constant crisis management mode

Where does it need to be?

- There needs to be a better balance of 'power'
- People with lived experience need to be at the centre – patients need to be part of the decision making process - Giving our 'clients' a voice – person-centred approach
- Quality information – clear, consistent communications are crucial
- Consideration and focus on the non 9-5, and on the changing the nature of all roles
- Need to avoid the overlapping of services

- More collaboration is needed - PCN's need to be more collaborative - collaboration not competition
- More flex across borders/boundaries
- Share funding with other VCSE orgs that have the skills and knowledge to provide - funding is a huge challenge as it moves with the provider
- Regular strong communication with partners
- Resist the 'command and control' stance
- Shared understanding of pathways
- Support decided by need not by system capacity
- Respect for skills and experience of VCSE sector
- Identifying and supporting transformative people in the system

Where are you in your own practice?

- We're already modelling transformation in York e.g. York Mental Health Cooperative, York Multiple Complex Needs Network (MCN) – great transformative work around cultural values
- (Transformative) Social prescribing is thriving in York – it grew organically before NHS Link Workers but it's important to acknowledge the poor funding model for VSE providers
- We're currently at the stage of re-learning how to engage with the system
- An example of where integrated care is working is between North Yorkshire and York – dual diagnosis pledge to work better together TEWV, NYH, Changing Lives Police etc.