



York VCSE Assembly

Health and Care in York

Wednesday 28 September 2022



Welcome

Alison Semmence

Chief Executive, York CVS

ONE WORKFORCE

Delivering Workforce Transformation across Humber and North Yorkshire

Jason Stamp
Senior Responsible Officer

Building strong integrated care systems everywhere: guidance on the ICS people function

Key points

- NHS leaders and organisations will be expected to work together, and with their partners in the ICS, to deliver 10 outcome-based people functions from April 2022.
- In establishing the ICS people function, each integrated care board will need to work with partners to agree what people activities can best be delivered at what scale, and how to use resources in the system most effectively, recognising that different systems will take different approaches depending on local circumstances.

WE ARE THE NHS:
People Plan 2020/21 -
action for us all



We are 1.3 million strong. We are all walks of life,
all kinds of experiences. We are the NHS.



Our People Strategy



STRATEGY INTO ACTION

- Rocking the Boat – transforming culture, thinking and behaviour
- Priorities and shared leadership
- Finance and investment – tangible outcomes
- Stakeholder Equity – ICS not NHS
- System, Place and Organisational Flow – who does what
- Balancing the here and now with the future vision
- Current system pressures – cost of living and winter



OUR PRIORITIES

- Recruitment
- Retention
- Volunteering
- Movement around the System
- Growing our future workforce
- Challenging culture

THE VCSE CHALLENGE

- Recruiting the best not the least worst
- Maximising secondments and shared roles
- Developing new systems and processes
- Cost of Living pressures
- Access to training and new support and development opportunities
- Creating a flexible and diverse workforce – health inequalities
- Understanding staff experience in a joined up way

ONE WORKFORCE

Group Discussions

- What are the current challenges for the VCSE in terms of workforce?
- What opportunities would you like to explore through the One Workforce approach?

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Comfort Break

York VCSE Assembly Update

York Health and Care Alliance – Health Prospectus for York



Anna Basilico

Senior Programme Manager, York Health and Care Alliance

A Health Prospectus for York 2022 and beyond

Changes to the Health and Care System

From 1 July 2022 Integrated Care Systems were established across England on a statutory basis.

Integrated care systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.

The Humber and North Yorkshire Health and Care Partnership is the Integrated Care System which plans healthcare in our region. Within this partnership, York sits as one of six 'places'.

What does this mean for York?

A unique opportunity

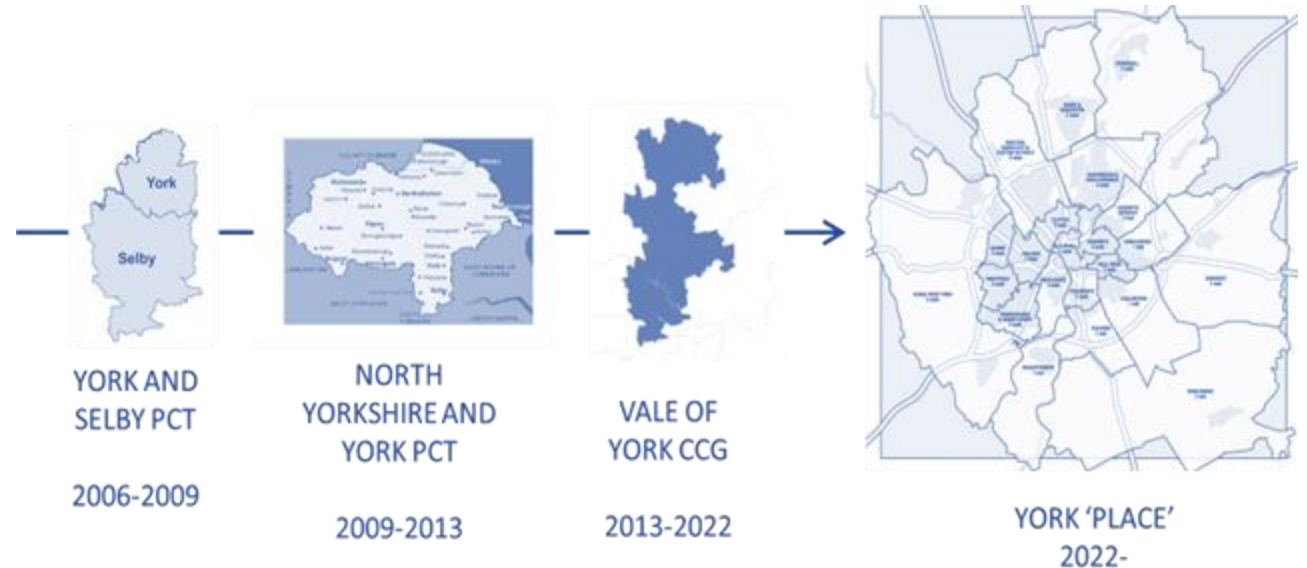
- York Health and Care Partnership will focus solely on the city and its needs and strengths, rather than in combination with other local areas.
- NHS boundaries now align better with civic and third sector boundaries.

Strong partnership working

- As part of the Humber and North Yorkshire Health and Care Partnership, York Health and Care Partnership is a formal committee that brings together the senior leaders from all NHS organisations, local government, the third and higher education sectors.
- It is the ICB's decision-making body at place level for health and care.

A focus on reducing health inequalities

- True focus on York's population improve outcomes in population health and healthcare.
- Use of local data and intelligence to tackle inequalities in outcomes, experience and access.



How have we prepared for these changes?



Focus 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

Introduction to the York Health and Care Prospectus

York Health and Care Prospectus

- **A preliminary statement that describes:**
 1. Where we are
 2. Where we want to be
 3. How we start the journey
- **Coproduced through:**
 - The York Big Question engagement exercise
 - Coproduction workshop
 - Academic input
 - Strategic enquiry

A **Health Prospectus** for York
2022 and beyond

Where are we now?

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

Where do we want to be?

- The Prospectus outlines what people have described to us through the engagement exercise we have undertaken.
- It tells a story looking ahead to York's health and care system in a decade's time – 2032, using the language, ideas and 'voice' of those who took part.

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. However:

The seeds of good health are not being planted

Budget constraints have meant that our local partnerships have focussed on acute care.
'Medical models' rather than investing in things which create good health.

Health of children and young adults has not improved

Generation impacted by COVID.
Increased pressures – social isolation, career and housing prospects.
When this results in mental and physical health issues, it means more **costly interventions are needed**, with higher rates of young people accessing services.

Market forces become destiny

Cost of housing huge issue.
Younger generation seek future in other cities.
Less mobile citizens stay with lower wages and struggle to pay bills.

Healthcare is driven by inequalities and social factors

We lack parity of esteem.
Fuel poverty leads to people living in colder houses increasing preventable long-term conditions.
Most people who are being seen by health and care services have more than one condition, but our system hasn't caught up.

Lost opportunities for coproduction

We haven't taken the opportunity to involve people in services, which felt like a luxury we couldn't afford.

There is a lack of integration

Divides between primary and secondary care and between children's and adult's services.
Lack of holistic or integrated services.
We don't have a flexible to move staff to the bit of the system which needs them.
Our work in clinical research, workforce development and innovation is still fragmented.

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.

We have planted the seeds of good health

We took 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.

Children are at the centre of our city life

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.

The involvement of education leaders in our health partnerships mean that pioneering work is being done to raise a healthy generation of children.

We consider the wider determinants of health

Fewer people are in fuel poverty, and those struggling with debt are quickly identified by, for example by their GP and given support.

This 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.

We are reducing health inequalities and improving outcomes

We prioritise prevention and early intervention- we have community care based in local 'hubs' which are preventative, meaning people don't need to seek professional help so often, and can find mental wellness in connections and communities.

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.

Coproduction is at the heart of our work

We have strong relationships with our diverse communities and citizens are actively engaged in decision making and service design.

We have a strong, integrated health and care system

We have a city-wide workforce plan and we collaborate on flexible training in health and social care.

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.

How do we start the journey?

Develop our behaviours

- We are in it together
- We will trust in people
- We will be permission-giving and empower staff
- We are person-centred
- We will free the power of the community
- We are committed to improving population health
- We will connect clinicians and professionals
- Our finances will align

Establish and mature our partnership

- Strengthen foundations and governance
- Build a fit-for-purpose partnership model
- Support the development of a city 10 year strategy
- 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
- 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' and develop plans to underpin good long term decision making
- Work collaboratively on a York and North Yorkshire footprint on things that make sense within the health and care system

How do we start the journey?

- Build on our framework for a health generating city



Thank you for listening

For more information on please email a.basilico@nhs.net or peter.roderick@nhs.net

CLOSE

Next meeting:

26 October, 10am – 12pm, Denham Room