

<b>Date</b>	31 October 2024
<b>Meeting</b>	York Health and Care Collaborative
<b>VCSE Representatives</b>	Attending: Mags Godderidge (Survive) and Rachel Parker (CMHT)
<b>Links to relevant docs that can be shared</b>	<ul style="list-style-type: none"> <li>• <a href="#">Item 4.1 - Working with Complexity in York – YHCC Case study v2 with mapping</a></li> <li>• <a href="#">Item 4.2 - INTs and Co-Discovery YHCC presentation</a></li> </ul>
<b>Key points can share</b>	<p>Context</p> <ul style="list-style-type: none"> <li>• YHCC cross -sector network relaunched with the brief to progress the delivery of an integrated neighbourhood teams (INT)</li> <li>• A hybrid meeting with jointly led by CYC/GP/NHS to align place board decisions with Local Authority and NHS objectives (see governance slide)</li> <li>• Aim is to design, test and implement a multi-disciplinary team approach that can be applied more seamlessly when it's needed - getting right health/social support at the right time for people sooner, through better joined up working, planning, data sharing, joint commitment/accountability and communication from all parties at neighbourhood level – looking at health/non health needs in the round and holding that person rather passing from service to service (see slides on principles/outcomes)</li> <li>• Focus appeared to be on reducing / stopping use of statutory services (GPs, hospitals, social services etc.)</li> <li>• Meeting was really about setting the scene/the vision, explaining what INT/neighbourhood approaches were, looking at case studies and repeat appointment data to demonstrate the need and how the YHCC intends to work under principles of coproduction and design. The slides are detailed but they offer helpful insight and context (and can be shared)</li> </ul>
<b>VCSE contributions/actions completed</b>	<ul style="list-style-type: none"> <li>• Encouragement from Healthwatch to use similar partnership models as case studies - learning from challenges and achievements</li> <li>• Advocacy for sector's approach and quantifiable impact in averting need for statutory services in the</li> </ul>

	<p>first place articulated by Mags from Survive, with a proposal for case studies from the sector to be shared next meeting</p> <ul style="list-style-type: none"> <li>Outside the meeting, Rachel CMHT has secured permission for the agenda and minutes to be shared for wider sector reference moving forward</li> </ul>
<b>Other notes / broader reflections</b>	<p><b>Mags Godderidge, Chief Executive Officer (Survive)</b></p> <ul style="list-style-type: none"> <li>Opportunity for VCSE to showcase case studies in which individuals have reduced/stopped use of statutory services following VCSE intervention.</li> </ul> <p>The people present did not appear to be aware of the impact data presented by Ruth Ralph at CoC event - in which 7 charities received £125k from CMH Transformation Fund and successfully worked with 400+ individuals with SMI/at risk of SMI</p> <ul style="list-style-type: none"> <li>Opportunity for Peter Otter/Ruth Ralf to share this data/slides with group as a starting point (i.e. look what is going on and what has been achieved - and if you more of this, fund it)</li> </ul> <p>Seemed to be a desire to include VCSE as 'equal partners' however no developed plan/idea on how to do so</p> <ul style="list-style-type: none"> <li>If they want VCSE as equal partners, then perhaps need another column on organogram entitled VCSE to sit alongside GP / Local Authority / ICB-Place?</li> </ul> <p>Presented examples of patients requiring high GP input over three year period (59 x 61 appts each; 16 x 100 appts each; 2 x 200 appts each etc.)</p> <ul style="list-style-type: none"> <li>This could be an opportunity for VCSE to suggest/generate solution/pilot. Could attribute costs to these appts - and put % of that anticipated cost towards a pilot which measures reduction in appts requests following service/intervention. Red flags for me: mainly women; mental health related; pain related; suggests trauma based, and possibly CSA or adult sexual violence or domestic violence related.</li> </ul> <p>Rachel Parker (CMHT)</p> <p>Early impressions are that this is an opportunity to:</p>

	<ul style="list-style-type: none"> <li>• Cement good working relationships across sectors and inform the design of work/these INTs - perhaps reflecting with the wider partners on where/how root causes of people's issues could be identified more holistically, sooner (rather than then dealing with symptoms)</li> <li>• Identify opportunities where VCSE specialist orgs/roles could potentially be brought in earlier too (and paid for);</li> <li>• Share examples/learning/successes from other partnership style models like Connecting our City</li> <li>• Reinforce the link between long term working and therefore long term commissioning/funding arrangements to enable consistency and a person centred approach</li> <li>• Hold the collaborative to the desired principles of coproduction.</li> <li>• It would be useful to evolve these impressions/aims together with other VCSE partners who attend so as a collective we can be purposeful in our approach, have useful e.g. ready to contribute and are consistent in our messaging.</li> </ul>
<b>Assembly recommended next steps / reflections?</b>	