

York VCSE Assembly – Health and Care

Wednesday 7 May 2025



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May 2025



Integrated Neighbourhood Teams

What are they and why should I care?

2025

healthwatch
York



Welcome!

- What is an Integrated Neighbourhood Team, or INT?
- What do we know about INTs for York?
- What don't we know?
- What next?

A little background

The Fuller Stocktake

The *Fuller Stocktake Report (2022)* tasked each area in the country to develop integrated teams of health and care staff who will share resources, information and form MDTs in order to improve the health and wellbeing of their local community.

A little background

These teams should:

Be based around Primary Care and build upon existing Primary Care Networks partnerships


Support (and not duplicate) existing partnerships of local services

Develop services near to where a person calls home and should not be centralised in one location (i.e. within the hospital)

Be “rooted within the community” making use of community expertise and spaces wherever possible

Be built around the needs of the local population providing holistic care for people with a focus on improved health and wellbeing

A little background



NEY Integrated Neighbourhood Teams Webinar

National NHSE Draft Definition of INT (**not an official definition**):

An INT comprises a group of professionals from across primary/secondary/community/local authority/charitable sectors who come together to share joint responsibility for a cohort of people in their locality.

These cohorts might be identified through population health management tools or through local expertise/knowledge. The expectation is that working in this holistic and more proactive way eases the burden on the neighbourhood/system as a whole and reduces the risk of escalation to hospital-based care. INT or 'integrated neighbourhood working (INW)' is not a formal one-size fits all organisational entity and many already working in this way may not necessarily use the terminology.

Depending on the local population needs a neighbourhood can have more than one INT, for instance, some areas may need an INT for complex frail population and also one for complex mental health.

The Aim of INTS

Our aim is to work together to improve outcomes for the people of York to live healthier, happier lives.

People live for longer in good health – through taking opportunities for prevention at every point

People's need for statutory services is delayed or averted – community assets are built around the individual and only after this point does more intense care step in (preferably through specialisms who 'come out' to localities)

Health inequalities are reduced – through focusing universal services on need based on evidence.

Operating principles

Our Core Principle which sits at the heart of our neighbourhood working model is:

Relationship-based practice

Which means how we work will look like....

Operating principles

Regular multi-disciplinary forums who share best practice

Induction packs and holding networking events to build relationship

A system which facilitates regular Multi-Disciplinary Teams or 'team around the person/issue'

Co-location in one physical building *when useful* (networks can be virtual as well as physical)

Having named local contacts to 'introduce' customers to, rather than a referral form

Operating principles

Sharing a triage process to get people the right support at the right time

Harmonised referral and standard operating procedures between teams

Use of technology to facilitate networks and contacts in real time

Sharing and understanding of local need, and data where appropriate

Sharing a neighbourhood/area manager to facilitate the model

What teams might look like

Health and Social Care Elements to Neighbourhood working

Community Nurses

Social Workers

Therapists

INT Care Navigators

Support Services staff

Admin & Clerical Teams

General Practice groups in PCNs

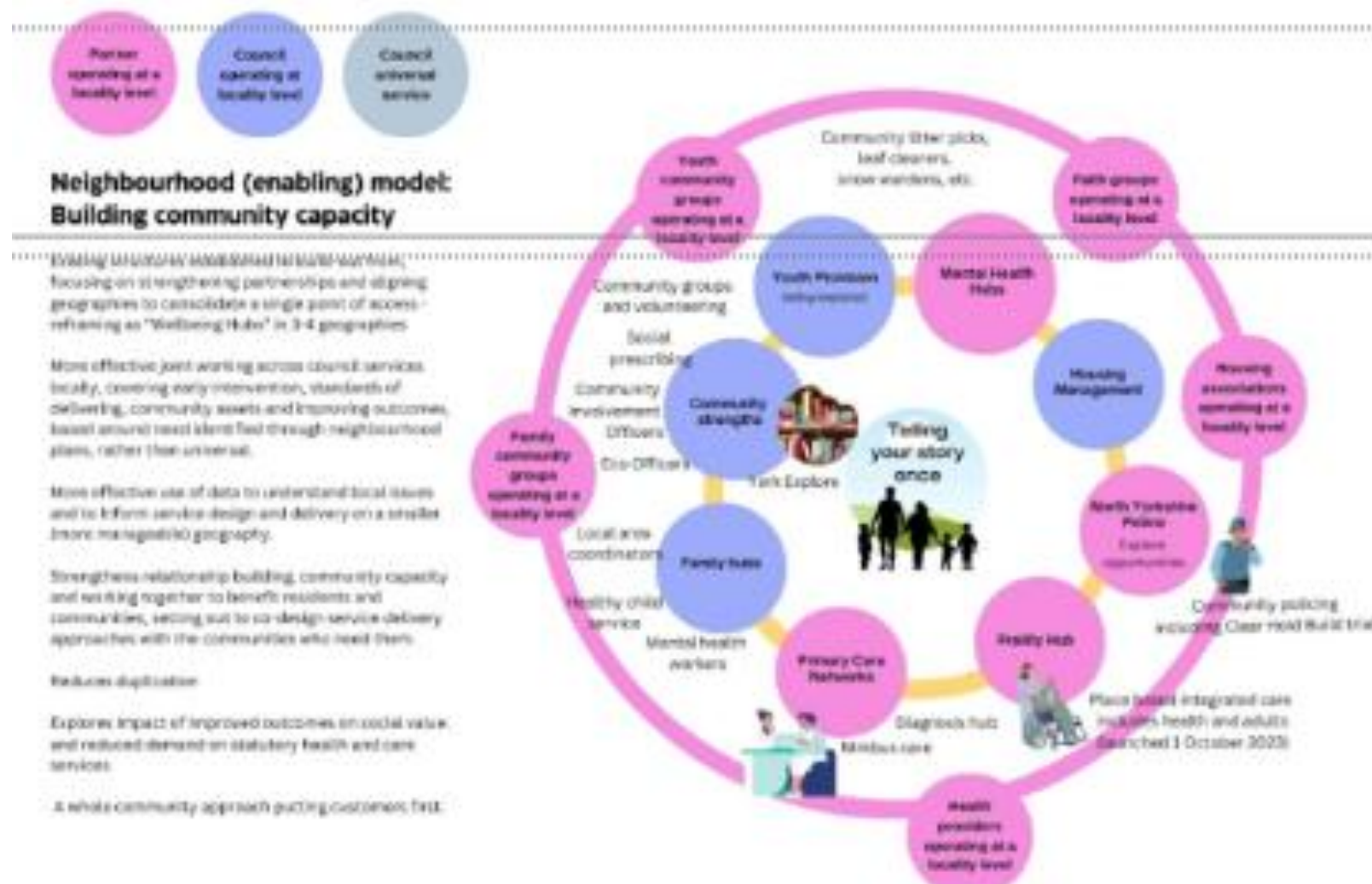
Health coaches / Coordinators

What teams might look like

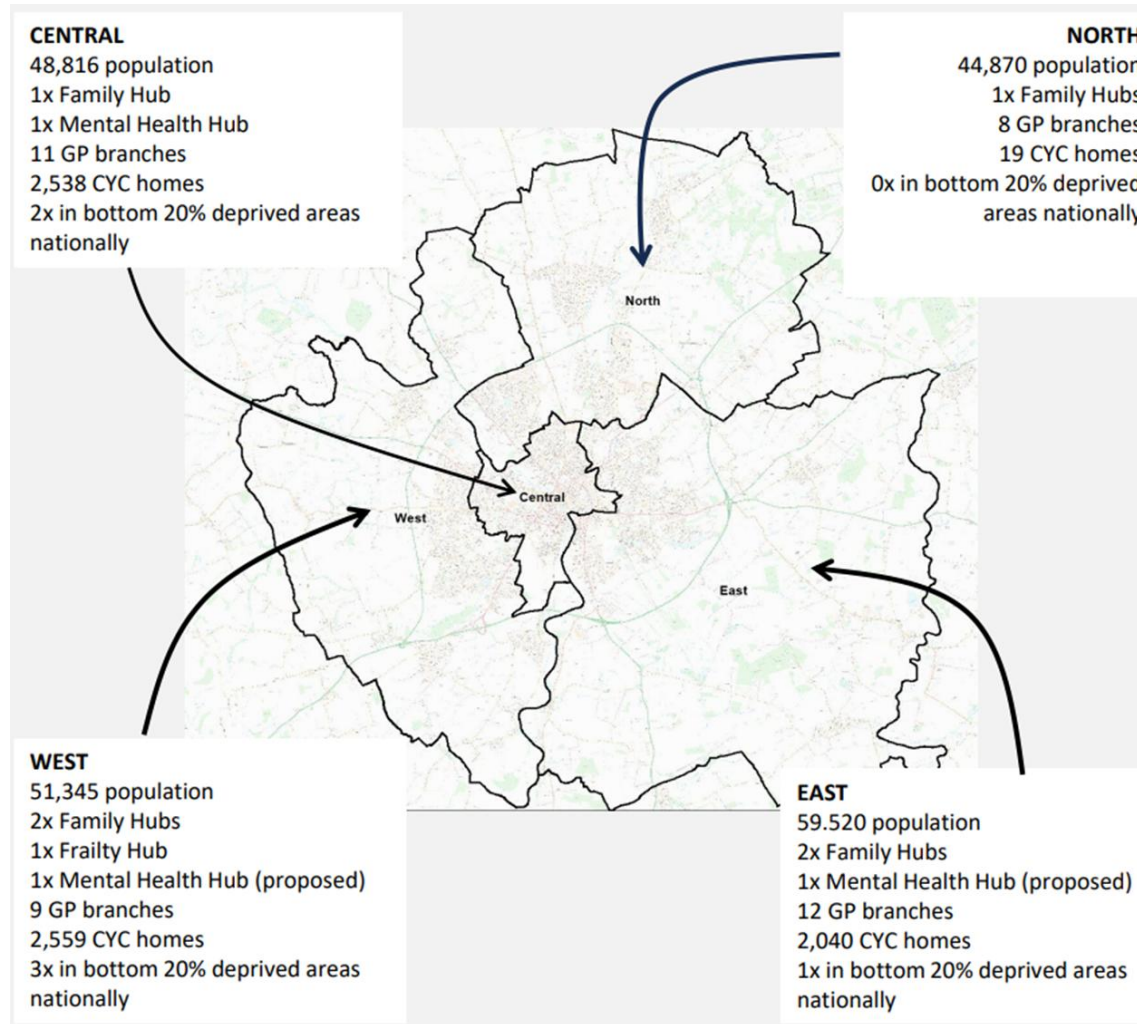
Shared team of System Partners

- Social Prescribing
- MH
- Hospice
- YAS
- York Hospital
- Age UK York
- York Carers Centre
- Pharmacy
- Dieticians
- Care homes
- Older people's consultant
- Dementia Forward

What teams might look like



Where are York's INTs?



What do we know about York INTs?

4 Area (POST) Splits (% Individual Indicators)

4 Models Split Post York Central	Adults					Children			Crime-ASB			
	Total Homecare Clients - (Snapshot)	Number of new customers requesting Adult Social Care support	Number of clients getting paid packages of care that are not residential/nursing care	Day-to-day activities - Limited a lot	Day-to-day activities - Limited a little	Percentage of Children (aged 0-15) living in low income families	% of children in Year 6 recorded as being obese (3 year aggregated)	Household composition - % One family only: Lone parent: Dependent children	All Crime	ASB	Number of Reports of Domestic Abuse Incidents reported to NYP (York only)	Criminal Damage
Timeframes	2023/2024 Q3	2023/2024 Q3	2023/2024 Feb	2021	2021	2021/2022	2022/2023	2021	2023/2024 Q3	2023/2024 Q3	2022/2023 Q1	2022/2023 Q1
Central	24%	22%	24%	23%	25%	24%	18%	26%	43%	49%	36%	35%
East	25%	27%	23%	28%	30%	28%	22%	25%	20%	17%	25%	16%
North	24%	25%	27%	23%	21%	19%	20%	20%	15%	13%	16%	19%
West	27%	27%	26%	27%	24%	30%	40%	29%	21%	21%	23%	29%

4 Models Split Post York Central	Economic					Health	Population			
	ESA Claimants: % of Population	Carer Benefit (Income Support Based) Claimants: % of Population	Disability Living Allowance Claimants: % of Population	JSA and UC (Out of Work) % of working age population (16 - 64)	% of households in fuel poverty - low income low energy efficiency (LILEE)	Emergency hospital admissions for injuries resulting from a fall (over 65), per 1,000 population	Population by Age 0 – 4	Population by Age 5 – 9	Population by Age 10 – 14	Population by Age 15 – 19
Timeframes	2023/2024 Q2	2023/2024 Q2	2023/2024 Q2	2023/2024 Feb	2021/2022	2022/2023	2021	2021	2021	2021
Central	33%	19%	22%	35%	28%	25%	23%	20%	19%	21%
East	13%	38%	16%	16%	31%	27%	25%	26%	26%	47%
North	22%	17%	25%	15%	14%	23%	23%	24%	25%	14%
West	32%	26%	37%	33%	27%	25%	29%	31%	30%	18%

What do we know about York INTs?

Number of Patients by INT & Practice

Registered practice	Practice Total	Central INT	East INT	North INT	West INT
Priory Medical Group	55926	11554	24473	7600	12299
York Medical Group	42154	17268	5150	9193	10543
Haxby Group York	31211	1334	611	18965	10301
Brvick Gillygate Practice	24722	12334	7624	1717	3048
Unity Health	16442	1691	14503	124	124
MyHealth - Strensall	10948	124	2650	8087	88
Dalton Terrace Surgery	9484	5674	181	120	3509
Front Street Surgery	8038	1282	74	192	6490
Old School Medical Practice	6493	65	9	0	6419
CYC LA Total	205418	51326	55275	45998	52821

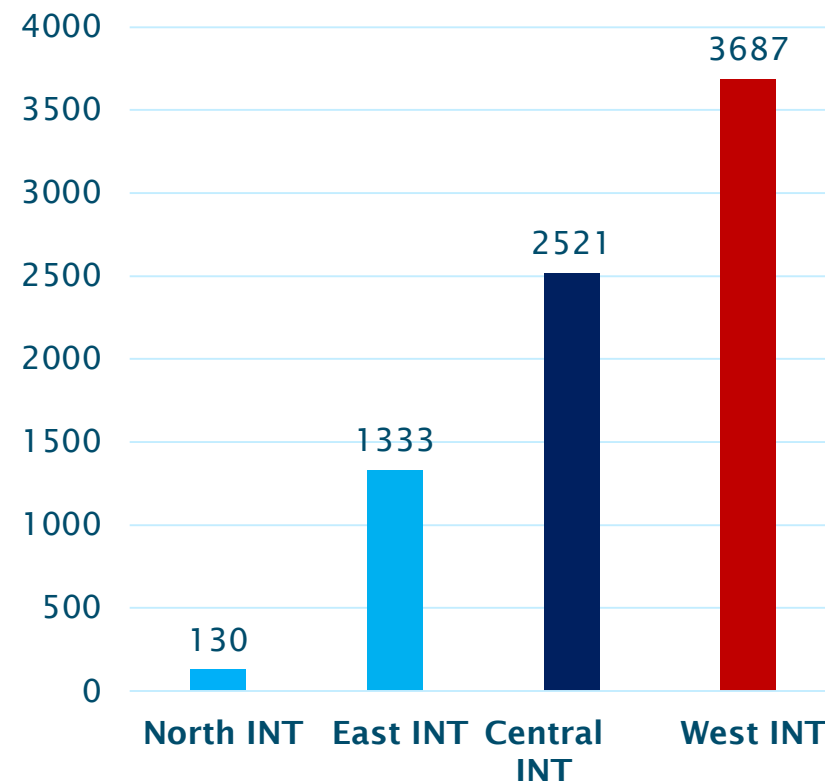
What do we know about York INTs?

Percentage of Practice population by INT

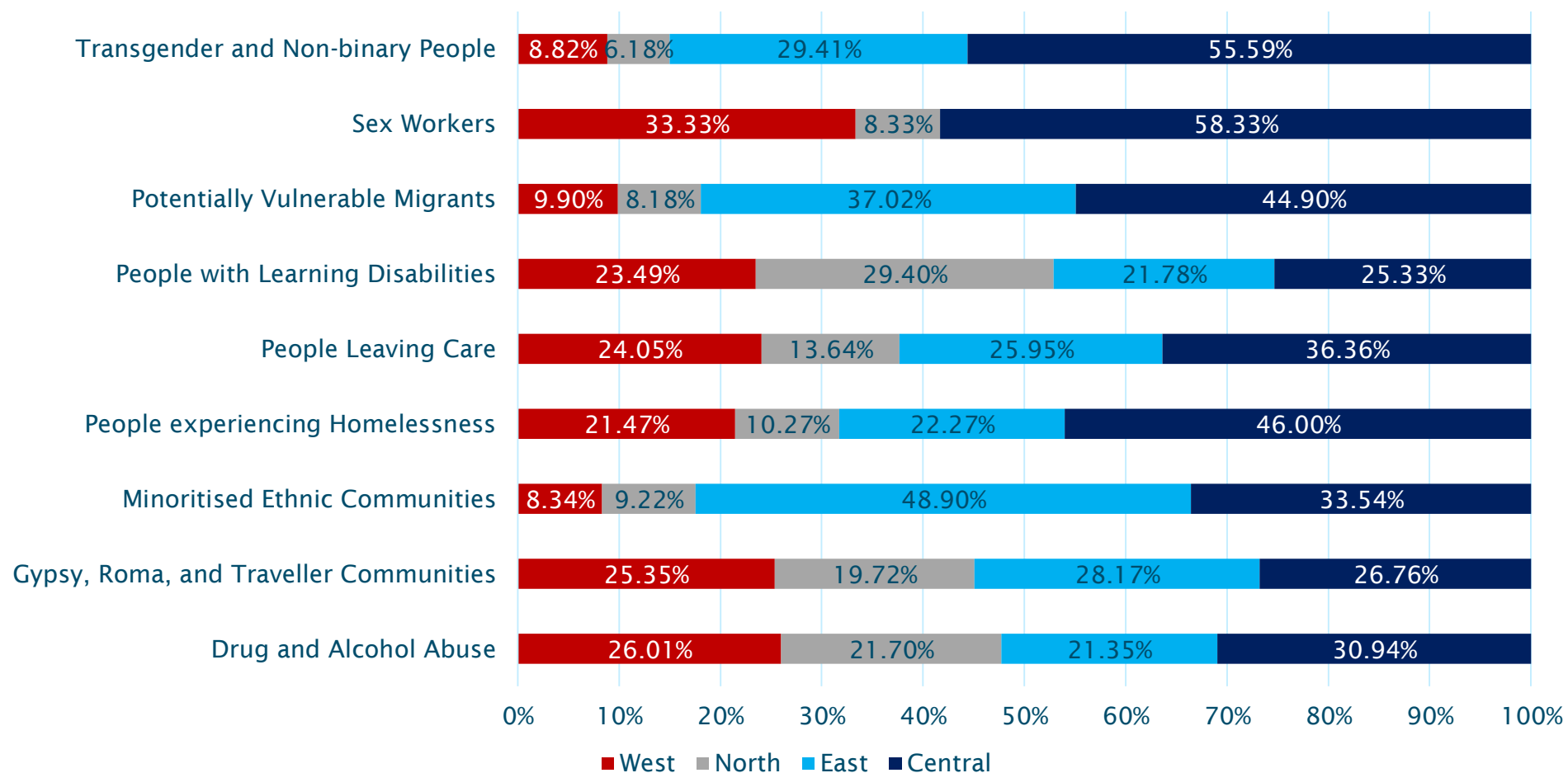
Registered practice	Practice Total	Central INT	East INT	North INT	West INT
Priory Medical Group	55926	20.66%	43.76%	13.59%	21.99%
York Medical Group	42154	40.96%	12.22%	21.81%	25.01%
Haxby Group York	31211	4.27%	1.96%	60.76%	33.00%
Brvik Gillygate Practice	24722	49.89%	30.84%	6.95%	12.33%
Unity Health	16442	10.28%	88.21%	0.75%	0.75%
MyHealth - Strensall	10948	1.13%	24.21%	73.87%	0.80%
Dalton Terrace Surgery	9484	59.83%	1.91%	1.27%	37.00%
Front Street Surgery	8038	15.95%	0.92%	2.39%	80.74%
Old School Medical Practice	6493	1.00%	0.14%	0.00%	98.86%
CYC LA Total	205418	24.99%	26.91%	22.39%	25.71%

What do we know about York INTs?

INT	Ward	Patient Count
North INT	Haxby and Wigginton	0
	Huntington and New Earswick	0
	Rawcliffe and Clifton Without	130
	Strensall	0
East INT	Fishergate	0
	Fulford and Heslington	0
	Heworth	0
	Heworth Without	0
	Hull Road	1333
	Osballdwick and Derwent	0
	Wheldrake	0
Central INT	Clifton	2476
	Guildhall	45
	Holgate	0
	Micklegate	0
West INT	Acomb	0
	Bishopthorpe	0
	Copmanthorpe	0
	Dringhouses and Woodthorpe	0
	Rural West York	0
	Westfield	3687
Grand Total		7671



What do we know about York INTs?



What don't we know?

- What our focus will be – has been a LOT of discussion about this.
- How to clearly describe the difference between this and some of the hub work already started in York
- What this means for VCSE organisations
- How we are going to talk about this with people living in York to make sure they can shape our local plans

What next?

- York Health and Care Collaborative tasked with driving this forward.

YHCC role in 2025

- A governance structure has been agreed in principle (Q3 2024) allowing York Health and Care Collaborative to provide cross sector leadership, oversight, and assurance on the aims, deliverability, and expected outcomes of multi-agency INTs.

York Health & Care Collaborative (YHCC)

Role	General Practice	Local Authority	ICB/Place	Role Descriptor
Chairs / Governance	Dr Emma Broughton	Pauline Stuchfield	Shaun Macey	Interface with Place Board, and own organisational strategic direction of travel and decision making forums
INT Development	Dr Becky Field	Laura Williams	Martin Braidwood	Co-design and development of INTs at York Place localities appropriate to priorities and identified locality needs
Oversight (insight)	Zulf Ali	Joe Michell/Sian Balsom	Dr Becky Brown	Connection to delivery. Experience of mobilising multi-agency services. Understand existing services and relationships to support integration.
	Line of sight to GPs, PCNs, and Nimbuscare	Line of sight from board to floor + CVS	Line of sight from SLT to commissioning support	Aim: informed 2-way decision making between YHCC and YHCP in structured 'board to floor' way

YHCC role in 2025

- Reporting to Place Board (York Health and Care Partnership) YHCC is seen as the 'engine room' supporting integrated working.
- The co-chairs will shift to allow joint CYC/GP leadership of YHCC with NHS/ICB and CYC in a position to align place board decisions with Local Authority and NHS objectives.
- The 'INT Development' layer will be a sense check; are proposals at a neighbourhood or city-wide level to determine if Integrated Neighbourhood Teams (geographically local to defined neighbourhoods) or Hubs (universal access). At a time of change, semantics matter so folk know and understand what they are working on in the bigger context.
- The 'Oversight' layer will assess operational and financial deliverability; the last part of the assessment offered by YHCC to Place Board to make service change decisions.
- Emma and Jenni will offer two case studies to illustrate how working in this new way will help current care for our citizens ...

What it feels like for me at the moment



Integrated Neighbourhood Teams

Discussion

- What are your thoughts and feedback about the development of Integrated Neighbourhood Teams?
- How can the sector connect, and work with the Integrated Neighbourhood Teams?
- What are the challenges and opportunities?