

## York VCSE Assembly – Health and Care

4 February 2026

### Feedback - Neighbourhood Health and Care Model

**We want the VCSE sector to be part of the conversation about how we develop the neighbourhood model here in York:**

1. How is your organisation involved in developing the neighbourhood model in York?
2. What more is needed to enable the VCSE sector to be part of the conversation?

- We need commissioners to understand what we do as a sector.
- Collaboration vs competition – commissioning needs to be done properly – commission so we can collaborate. VCSE are great at working in partnership – health could learn a lot from our experience and ways of working.
- VCSE needs to be written into contracts and the co-produced commissioning principles need to be adhered to.
- Many VCSE organisations are already working in multidisciplinary teams – we need support to bolster what is already happening
- Emphasis on the importance of Social Prescribers in this model – connecting individuals to VCSE – referring into appropriate services, already embedded in neighbourhoods.
- VCSE needs to be part of conversations from the start.
- We need a clarification of roles and what is happening in the future with the Integrated Care Board.
- Acknowledge diversity in the VCSE – listening and looking to the VCSE sector for solutions.

- Funding pathways – money following the person.
- Aware of difficulties in attending all of the meetings due to capacity within the sector.
- We need authentic co-production and question what voices are missing - action orientated!
  
- Needs to be pan-city and neighbourhood.
- Scarborough model for coordinated engagement – can't over ask?
- Dedicated resource to enable conversations and co-ordination – for the VCSE to be involved.

**How do we ensure that we best use the knowledge in the VCSE sector to inform developments:**

1. What sort of information does your organisation currently collect?
2. How do we better support joint information / data sharing between the VCSE sector and other parts of the system?

- Information is collected in a choice-based way.
- How do you evidence what you are preventing? Is there a shared framework to work within? Can we rely on subjective and anecdotal data?
- How do we get different data systems to speak to one another?
- Concerns around sharing data and how this is presented to the person whose data we are collecting, also managing data sharing agreements.
- Wilberforce Trust Yorsensory Team write all their data on Mosaic – how would this be visible to the 'system'?

- Do private eye / hearing tests get shared with the general practice? Could GPs ask for the patient's communication preferences?
  - City of York Council (CYC) has lots of data sets – how can we link these together? Need to review Data Sharing Agreements (DSAs) with CYC.
  - The VCSE holds a lot of knowledge and data around prevention – Citizens Advice collects data on what people are seeking support and guidance for – they can capture trends within different demographics within our communities.
  - Resource needed to upskill the sector in data collection and analysis.
  - Importance of stories and views, especially with incomplete data.
  - Added value - recognition that we bring a vast amount of knowledge to the table which the statutory sector is not aware of.
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- Importance of getting the data sharing agreements right – connecting with the council to access a lot of data that is currently being shared.
  - Aware of the data VCSE holds and how this will be presented and the form it is collected as there are capacity issues.
  - Need for engagement activity and involve as many people as possible from the beginning as possible – VCSE trusted providers and can support with this engagement work.
  - Information governance, systems to record data are they fit for purpose, what capacity does each organisation have to extract this from the system to make it meaningful. Centralisation to support this function and this area of work.