

Connecting health communities, 2021-2022

Area: North Yorkshire – Community First Yorkshire submission	
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TACKLING HEALTH INEQUALITIES THROUGH COLLABORATION	
Equality of access is an essential enabler of better health and wellbeing as defined by Marmot:	
<p>“Health inequalities arise from a complex interaction of many factors - housing, access to services, income, education, social isolation, disability - all of which are strongly affected by one's economic and social status”.</p>	
Rurality and transport have a causal relationship as a driver of health inequalities.	
<p>Transport and access to health and wellbeing services is the focus for this collaboration work. We have discussed various ideas with local partners and there is consensus on this focus as a means of addressing health inequalities across North Yorkshire. We are therefore wanting to bring people together who do not currently come together to discuss this issue, to share ideas and identify workable solutions.</p>	
<p>Access to health services, using community and public transport, especially across large rural areas, is challenging and in 2021 this has been exacerbated by Covid-19. This is detailed in a recent Nuffield Trust paper and evidenced by GPs, who through the Primary Care Networks are looking at ways of having conversations about how best to address the ‘drivers’ of health inequalities.</p>	
<p>The Health Audits for each of the local PCN areas will be used to provide the context to understand the population make-up, wider determinants health, community assets and health inequalities.</p>	
<p>Timely and convenient means of transport to access the NHS and social care services, are essential for service users and service providers, to provide timely interventions.</p>	
<p>IVAR support will facilitate conversations across a cross-sector partnership to develop collaborative transport and access solutions to enable people living with health inequalities, in particular people living in some of our remotest locations, to engage in health and wellbeing improvement services and activities.</p>	

Connecting Communities facilitation support will bring people together to co-design/co-produce solutions for their communities and identify how 'distance=delay' can be overcome.

Community First Yorkshire provides infrastructure support to VCSES across North Yorkshire funded by the LAs and NHS. We are also the Rural Community Council (RCC) for North South and West Yorkshire, working with others to deliver Government priorities for rural areas.

We are the North Yorkshire lead on the Humber Coast and Vale Health and Care Partnership (ICS) VCSE Leaders Group and also part of the West Yorkshire and Harrogate Health and Care Partnership (ICS), Harnessing the Power of Communities structure.

Community First Yorkshire will be the lead organisation to support administration locally, support communications locally and share learning and models locally and widely. We support over 900 VCSE organisations a year and engage over 800 people in our local VCS collaboration networks and training events. We are actively involved in health and wellbeing projects working closely with the NHS and public health.

The aims of the Connecting Health Communities support to reduce health inequalities will be shaped with IVAR during July:

- To hear the voice of people requiring access to health and care services and provide opportunities to shape the solutions
- To identify the health needs and inequalities issues which providing easier access to transport can alleviate
- To establish the benefits, challenges and changes to be made to provide solutions
- To explore possible transport and access solutions
- To develop workable and costed models within the overall health and care system
- To clarify roles and flexibilities within the system for the model to work.

This will involve exploring a range of issues, such as:

- What examples are already happening in North Yorkshire and more widely?
- What are the issues for health service users and how best can they be supported, what challenges do they have and how best can a new approach meet their needs?
- Who and how many people do we expect to benefit from this new way of working?
- Who needs to be involved in shaping a new approach and how best can this be done?
- How can services be taken to service users, is there a place for some services to be delivered in the community by VCSE organisations and others, the aspiration is for basic hygiene observations and housing and living standard, in keeping with the capability/competence of a non-registered workforce?

- What are the structures and networks to share and shape the approach with to extend the reach of the project?
- Who benefits and in what ways?
- What are the costs/benefits of a new approach?
- How viable are the new approaches for the longer term?
- What projections can we make for the long term benefits to bring down health inequalities?

A communication and wider networking plan will be drafted and evolve as the project progresses to make sure the VCSE sector is informed, and engage in the conversation and change processes, through wider VCSE networks and groups facilitated by Community First Yorkshire. These groups include:

- Place-based VCSE Leaders Groups held quarterly across all seven districts of North Yorkshire
- Volunteer Networks held quarterly across all seven districts of North Yorkshire, linking into Community Transport groups and building up the volunteer workforce needed to respond to transport and access developments
- Village Hall Network meetings held quarterly across all seven districts of North Yorkshire, and provide many of the venue for health care activities
- County-wide groups comprising:
- VCSE Leaders who provide county-wide services and colleagues interested in feeding into strategic change,
- Young People’s Providers and Partners Group, multi-agency and able to help shape the solutions to meet health services access needs of children and young people
- NY Equality and Inclusion Partnership, focussing on health issues and service access among people within the nine protected characteristics groups.

Local Health partnerships will also be linked into to share and update colleagues on the project and possible changes to come from it.

The learning will be shared across North Yorkshire and the wider Humber Coast and Vale Health and Care Partnership (ICS) and West Yorkshire and Harrogate Health and Care Partnership (ICS) areas.

It is our plan to also share the learning more widely through the ACRE the sector body of RCCs across England and with Defra and other Government departments. We have seen a huge growth in ‘neighbour helping neighbour’ and of Mutual Aid Organisations, this project will help build on that reach and engagement. It is timely to explore new and workable solution.

CROSS SECTOR AND MULTI-AGENCY EVENTS

Throughout the project and wider learning we will be seeking to influence all parts of the health and care system, and associated support services. The Steering Group make-up

reflects the breadth of influence and decisions to be taken, and their sign up reflects commitment to be in the 'room' from the start.

We plan to focus on bringing partners together for these events for parts of the county where conversations have already been taking place and colleagues are looking at how best to proceed. Among the areas are Nidderdale, Boroughbridge, areas of Hambleton and Richmondshire and parts of Ryedale. This geography straddles two CCG areas, five PCNs, three district councils and North Yorkshire County Council. The wider engagement will enable sharing the learning, help identify collaborative solutions, grow understanding of the issues in these geographies and then cascaded more widely across North Yorkshire and more widely.

A Project Cross- sector Steering Group will be set up comprising:

- Community First Yorkshire – Chair, Caroline O’Neill, Head of Policy and Partnerships
- VCSE - Hambleton Community Action - Liz Lockey, Chief Executive
- VCSE - Nidderdale Plus Community Hub - Helen Flynn, Executive Director
- Primary Care Network – Dr Helena Ebbs, Pickering Medical Practice, Clinical Lead Quality and Improvement South Hambleton and Ryedale PCN, Vale of York Governing Body GP member
- North Yorkshire County Council - Marie-Ann Jackson, Head of Stronger Communities
- Healthwatch North Yorkshire – Ashley Green, Chief Executive
- North Yorkshire Clinical Commissioning Group – Sam Haward, Head of Community Services and Integration/team members as relevant
- Humber Coast and Vale Health and Care Partnership – Gary Sainty, HCV VCSE Leadership Programme Director.

The steering group will bring in additional partners as the project evolves and as required. North Yorkshire County Council Passenger Transport team and North Yorkshire Clinical Commissioning Group have made that commitment. We will contact colleagues at Yorkshire Ambulance Service and the relevant District Council colleagues to advise them of the project and agree how best they can be engaged. Their input will be better focussed on the facilitated sessions.

IVAR’s facilitation will enable a joint conversation to take place over an extensive period of time to grow the understanding, across key partners who would not otherwise come together to discuss how health inequalities can be alleviated by having in place new approaches to delivery and access to services.

- 1) What are your initial thoughts about how people directly affected by health inequalities will be involved in this work?

We will explore this work through the lived experience of a number of population groups most impacted by poor access to health services in rural areas. It would build on work which has started, and take a broader prevention agenda, across all ages.

People directly affected by poor access to services will be reached through the networks and links which Steering Group members have with service users. We will identify how people affected will be best involved in the initial Steering Group meeting.

There are many areas of existing health improvement work which focus on the 'lived experiences' of service users and those route will be used to extend the feedback to hear stories about the ease or challenges of accessing services.

North Yorkshire Healthwatch, is the 'voice' of service users. They have already explored and reported on this issue, in its March 2021 - [Rural Communities Micro-Study: Information and Access to Health and Social Care](#). We will use this to shape further conversations and address the issues flagged up by people having difficulties accessing health and care services. We will work with Healthwatch to build on and engage with its network of people who provide feedback on NHS and social care. We will consider with Healthwatch and IVAR how best to do this.

Community First Yorkshire and North Yorkshire County Council Stronger Communities colleagues will work with partners to bring people who are affected into the facilitated meetings. We would look to have a person 'case' example presented at the start of each facilitated event and as relevant at events as the work evolves. Those case studies can be provided by the individual, their carer or where that is not possible by the health professional working with them.

We will ask partners to open up 'patient representatives/patient voice groups' to have a wider conversation about their experiences of accessing health and social care services, what changes they feel are needed and their views on what 'good' access would be. These conversations may be taken forward by partners using a common prompt sheet developed by IVAR.

2) Briefly outline any relevant work that is already underway.

Under the Access all Areas programme, North Yorkshire County Council some years ago began to shape a transport strategy but it did not progress to action planning and local solutions. This piece of work will move previous work to the next stage. North Yorkshire is well served by Community Transport operators and the opportunity exists to link those more closely to private sector transport operators and Yorkshire Ambulance Service, as well as with VCSE organisations to nurture and connect people with health and wider services.

In Hambleton and Richmondshire the established Rural Transport & Access Partnership (RTAP) have more recently moved more towards the broader theme of access and are looking to engage with health partners to have conversations about transport and wider

service flexibilities. The Chief Executive of Hambleton Community Action is the Chair of RTAP is on the Steering Group for this project and would welcome being part of this project and IVAR's help to shape thinking and open doors for their conversations.

Nidderdale Plus Community Hub has continued to operate its community transport service throughout the Covid-19 crisis. Initially, they were transporting 'things' in their community car driven by volunteer drivers, eg library books and jigsaws to people as they were forced to stay at home during lockdowns. Then they approached the CCG to see if they could assist with transporting essential medical equipment throughout the Harrogate District, which includes large rural areas as well as a number of towns. From this partnership the community transport support has now done five rounds of delivering essential medical equipment to both care homes and GP practices throughout the district. A combination of volunteer drivers driving a Nidd Plus community cars, borrowed minibuses or volunteers using their own cars, is being used throughout Covid-19. They have used the Community Transport service extensively to get people to vaccinations and also hospital and doctor appointments. Prior to the greater relaxation of Covid-19 rules, well over 95% of the use of our vehicles for passenger transport was health related. As important has been the partnership relationship with the CCG and local authority, which has continued to build on the confidence in the sector and multi-agency collaboration.

Practical one-off solutions are happening as best they can through GP practices, social care and VCSE partners. More sustainable solutions are needed and the way forward is a collaborative approach, shaped and engaged in by service users. service providers and colleagues involved in planning investment in health and transport provision.

Through the PCN and VCSE networks conversations about health inequalities are already highlighting the issues of the wider 'causes' of some of the inequalities, with the following scenario being presented by a GP at the recent North Yorkshire VCSE Leaders meeting.

Suspected Parkinson's in Ryedale

- 92 yr old moderately frail
- Lives with elderly wife, also frail
- No digital access or mobile signal
- No public transport links
- Coal-fired central heating (back boiler)
- Family carers live at a distance

How does this man's health inequalities affect his ability to access health care and manage his health?

This slide perfectly evidences the challenge, inability to access health care is real and has consequences, therefore solutions need to be found to improve the life expectancy and quality of life for longer for people.

>> Please return this form to Sonakshi@ivar.org.uk by 5pm 18th June 2021. <<