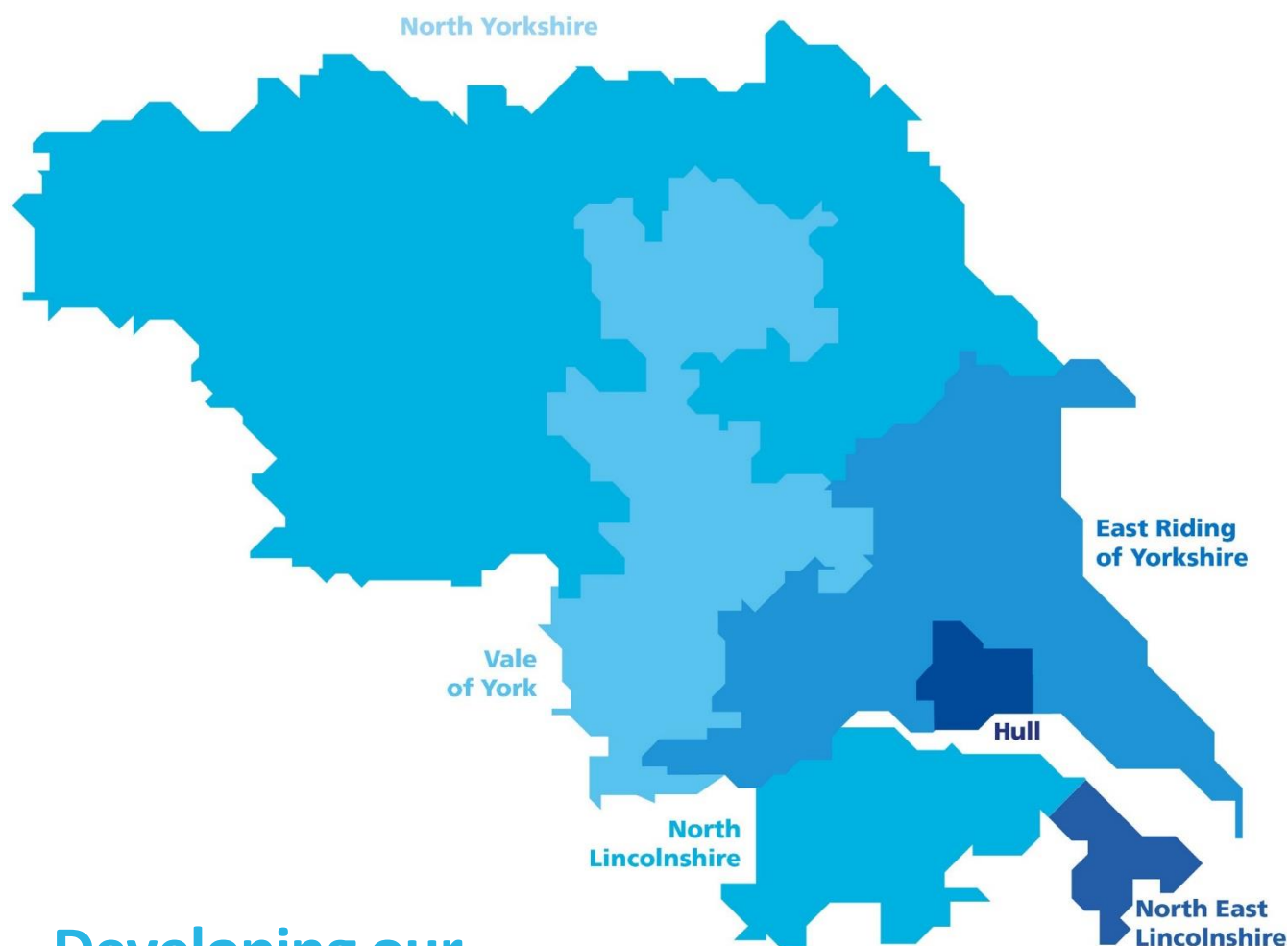


Humber and North Yorkshire Health and Care Partnership Mental Health, Learning Disabilities and Autism Collaborative Programme



Developing our
Strategy for the future
- a statement of intent
July 2021



Humber and North Yorkshire
Health and Care Partnership

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Senior Responsible Officer –
Michele Moran

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Introduction

For a number of years now, health and care organisations working in the Humber and North Yorkshire patch to deliver Mental Health, Learning Disabilities and Autism services have been working increasingly closer together, through the development of our partnership arrangement and our collaborative programme or work.

This Strategy document outlines our Vision, Strategic Outcomes and some of the key pieces of work that will support their delivery. This is a statement of intent and we will use it to guide our work over the next 10-15 years, recognising that our vision and outcomes may evolve over time.

In support of our strategy, we will work together as a system in 2021/22 to develop a delivery plan that will lay out the roadmap for our vision and outcomes. This will focus on:

- Timeline of key projects and activities
- Plans for supporting workstreams – Estates, IT/Digital, Workforce planning
- Plans for engagement with our communities and staff

Our partnership aims to join up services to better support our patients and make the best use of the resources at our disposal. This approach has developed to the point that we now plan collaboratively across our six local places to ensure that Mental Health, Learning Disabilities and Autism services are meeting the needs of our populations, are available to all who need them and that investment decisions are aligned to longer term strategic goals, supported by evidence based needs.

This presents us with an opportunity to be authentic change makers with a system driver of reducing

Mental Health Inequalities and ensuring parity of esteem. Reduction in Health Inequalities must fundamentally underpin and inform prioritisation, objectives and purpose within the mental health, learning disabilities and autism partnership.

Although we have made significant progress, we also know that there are still some significant challenges for us to address if we are to build a system of support for our populations that will meet their future needs, including:

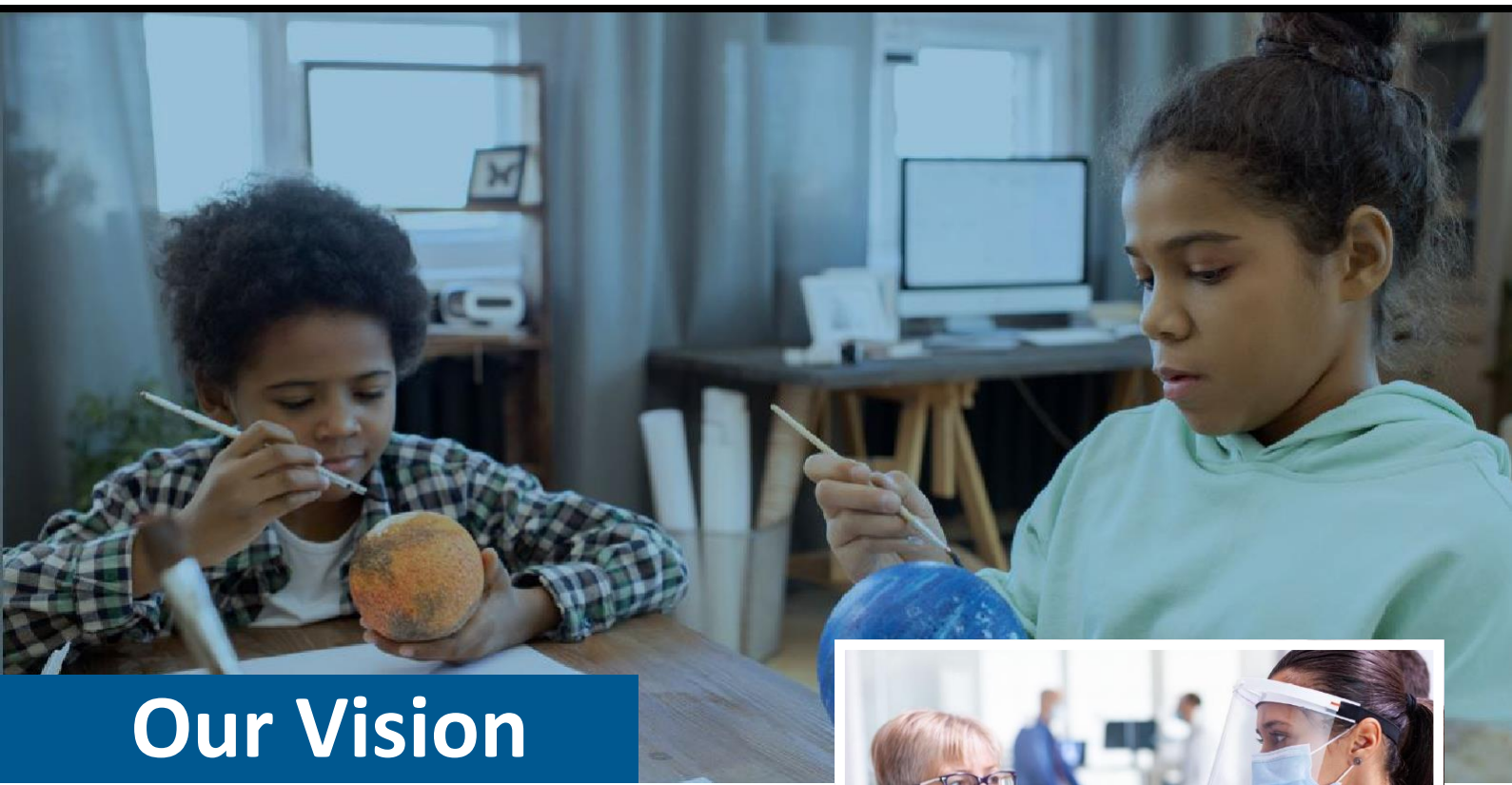
- The provider landscape is varied with 4 Adult and Children's Mental Health NHS Providers, many independent and voluntary sector providers and a range of specialist mental health services provided outside of HNY. This can however also be a key strength, giving us the opportunity to fully engage with a range of VCS organisations for example, in order to help build on the great work they are doing with service users and families providing innovative and collaborative support for people in HNY.
- There are some significant inequalities in terms of health, access and outcomes for people with mental health issues, learning disabilities and/or autism.
- Dedicated expertise and capacity is scarce and workforce challenges mean it can therefore be difficult to achieve focus, shared solutions and shared priorities.
- Social care and housing services are underrepresented in service provision leading to higher health activity and costs. There is a need for greater integration with wider public services.
- Recovery from the impact of the COVID 19 pandemic will take time and we expect to see growing demand in the need for mental health support both in the general public and from our own staff.
- A lack of mental health expertise in GP surgeries and wider primary care and A&E departments is consistently reported and can delay getting access to the right care.
- Services for children and young people and their families and carers, are inconsistent and disrupted by transition points. Young teenage people are often caught in between services and often don't meet thresholds.
- Across the HNY patch our demography is varied, encompassing towns and cities as well as highly rural areas. We also have very different levels of deprivation across our ICS, which adds a level of complexity to the planning of our service provision.

However, mental health is now rightly at the forefront of the health and care sector's efforts to maintain the health and wellbeing of the people we serve and we have seen some recognition of this over the past year, with increased national funding for Mental Health, Learning Disabilities and Autism being announced to support delivery moving into 2021/22.

As the Humber and North Yorkshire Integrated Care System moves towards full integration, our programme will work collaboratively to drive the delivery of, not only the national objectives but also the things that we know will make a difference to our local populations.

Michele Moran

Senior Responsible Officer,
Humber and North Yorkshire Mental Health, Learning Disabilities and Autism Collaborative programme.



Our Vision

and Strategic Outcomes

Start well,
live well,
age well.

Vision

Over the past 3 years we have developed the following vision for MH and LDA services in HNY.



"We want people of all ages who experience mental health problems, have learning disabilities and/or Autism to live healthy lives, be able to achieve their goals and be accepted and supported in the communities they live in."

Helping people to look after themselves and to stay well

Providing services that are joined up across all aspects of health and care

Improving the care we provide

Start well
Live well
Age well

Our environment schools and communities promote and nurture the health and wellbeing of all children and families

Schools and health and care services work together to provide a seamless service and equip families and children with the tools to manage their own health

Children and young people have access to high quality specialist care with safe and supported transitions to adult services

Our environments and local communities help us to avoid unhealthy habits and any stigma surrounding mental health

Early support for health issues is consistently available and there is true parity of esteem between physical and mental health

Our people have access to high quality mental and physical healthcare with care plans in place for ongoing support

Our people are supported to manage their long term conditions and maintain independence

As our people grow older they are supported to maintain their independence at home or in their community with seamless care between organisations

Hospital care is consistent, of high quality and safe ensuring our people can get in and out of hospital as fast as they can when this is necessary

Ensuring HNY population are engaged in their own health

Connecting HNY's health and care services and population with services

Supporting and delivering HNY's workforce

Transforming HNY estate

We want everyone in the Humber and North Yorkshire to have a great start in life and to have the opportunities and support they need to maintain their mental and physical health, and to age well. To achieve this we are working hard to make the necessary changes to our local health and care system so that it can become better at helping people to stay well for longer and provide good quality treatment and care to those who need it both now and in the future.

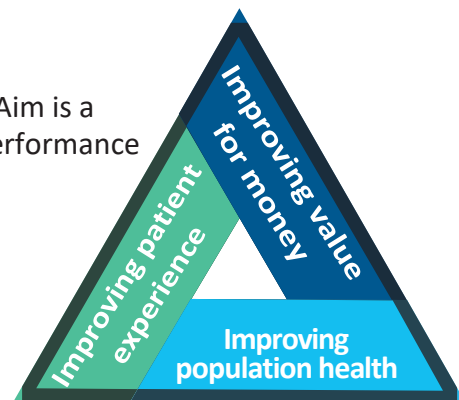
Our Strategic Outcomes for Mental Health, Learning Disabilities and Autism



The NHS Triple Aim

An important principle for us in HNY is the NHS Triple aim. The Triple Aim is a framework that describes an approach to optimising health system performance through the simultaneous pursuit of three dimensions:

- improving the quality of healthcare
- improving the health of the population (tackling health inequalities)
- achieving value and financial sustainability.



The Triple Aim highlights the importance of working on all three components in parallel and recognises the interconnections; a change in one component can affect the other two, either positively or negatively. These three key aims will need to underpin the work that moves us towards an Integrated Care System (ICS).

Building blocks for success

In addition, if we want to successfully deliver our strategic vision and outcomes we will need to build in systematic and consistent approaches to the following:



Lead by place - it is important that our HNY strategy builds on the work done in our local places and recognises that local demography may mean that areas of priority will flex overtime



Addressing inequalities - linking to our principle around the data driven decision making, we want to use population health data to identify health inequalities and have planning processes that are flexible enough to respond to these needs



Co-production - our strategy, planning service design and delivery needs to be collectively developed and owned by partners from across the systems, organisations and (most importantly) service users and carers within HNY, that will in that will be involved delivering or receiving our MH and LDA services



Supporting the “whole person” - this means we need to look holistically at the needs of the people we support and the needs of their wider care network (carers family members etc). This may mean health and care services developing Co-produced pathways with wider parts of the community, such as the police, housing services, employment services and the voluntary care sector in order to fully meet people's needs



Early intervention and prevention- we know that if we can identify and support people with their mental health at an earlier stage, this can help to prevent more serious problems from developing



Focus on building resilience - enabling people to build and maintain their own mental health resilience will play a key part in supporting our populations to remain in good mental health and recover from pressures and impact of the COVID-19 pandemic

It is important that our strategy explicitly addresses trauma and the increasing evidence base that links the severity, frequency and range of traumatic experiences with subsequent mental health problems and wider social issues.

A trauma-informed approach acknowledges how hard it can be to feel safe and to develop trusting relationships (for service users, staff and services/systems) and in response services are structured, organised and delivered in ways that promote safety, trust and collaboration and so aim to prevent re-traumatisation or exacerbation of mistrust, lack of safety, fragmentation etc.

“Trauma-informed approaches for all: we recognise the wide-reaching impact of trauma for our service users, staff and wider systems and that acknowledging, understanding and addressing the barriers this can cause will contribute to high quality, sustainable and integrated service provision”.

This commitment should mean working to values, choice, collaboration, trust, empowerment and safety across the system. We will need to consider workforce developments, support of good practice, shared principles at whole ICS level. The emerging evidence supports this approach and we can adapt organisational systems and support staff responses to be trauma-informed, resulting in better outcomes for services users and services/wider systems.



Health Inequalities

We know that some groups of people in HNY have far poorer mental health than others, often reflecting social disadvantage. In many cases, those same groups of people have less access to effective and relevant support for their mental health. And when they do get support, their experiences and outcomes are often poorer, in some circumstances causing harm. This 'triple barrier' of mental health inequality affects large numbers of people from different sections of the population. Some key facts regarding health inequalities can be found opposite:

Determinants



Men and women from **African-Caribbean communities in the UK** have **higher rates of post traumatic stress disorder** and **suicide risk** and are more likely to be **diagnosed with schizophrenia** (Khan *et al.*, 2017).



Children and young people with a **learning disability** are **three times** more likely than average to have a **mental health problem** (Lavisset *et al.*, 2019).



70% of children with **autism** (Simonoff *et al.*, 2008) and **80%** of **adults** with **autism** (Lever and Geurts, 2016) have at least one **mental health condition** (Autistica evidence to the Commission).

Access



85% of older people with **depression** received **no NHS support**. (Burns, 2015).



Only just **over a quarter** (27.9%) of **children and young people** who experienced **both a learning disability and a mental health problem** have had any contact with **mental health** services.

Black adults are the **least likely** ethnic group to report being in receipt of **medication** for mental health or **counselling** or **therapy** (Cabinet Office, 2018).

Outcomes



Black people in the UK

- Are less likely to have the involvement of GPs leading up to a first episode of psychosis than white patients. (Singh *et al.*, 2013).
- Are **far more likely to experience police involvement** in their first contact with mental health services. (Bignall *et al.*, 2019).
- Are **eight times more likely** than white British people to be given a community treatment order after being treated in hospital under the Mental Health Act. (NHS Digital, 2019)

LGBT + people who have experienced multiple disadvantages (for example abuse homelessness poverty) reported that **mental health professionals** often **failed to understand** their experience and as a result were unsupportive or **less likely to meet their needs**. (LGBT foundation, 2020).

We want to work with our local populations to understand the challenges they face and be able to focus support for people who have previously experienced poorer levels of access and mental health outcomes.

The Voluntary Community and Social Enterprise (VCSE) sector and a whole system approach

We know that across the HNY ICS area, we have an extensive network of voluntary and social enterprise organisations that work to support people with a range of needs. We also know that this often happens outside of established care pathways and is not linked to services provided by NHS and local authority services.

There are several key factors that make VCSE organisations key transformation, innovation and integration partners.

- Delivery of services that make up a significant proportion of the health and care workforce, including volunteers
- VCSE organisations can act as advocates for different communities and groups across systems
- Expertise and flexibility to deliver innovation and bringing those assets into the health and care economy
- Ability to support non-medical needs and join up services where NHS/Local Authority care can't

We have established a VCSE programme in HNY to bring providers together and work as equal partners, across sectors, to maximise the possibilities of what can be delivered for our population when it comes to supporting them with their mental health. Our programme will:

- Provide a co-ordinated route for health and care organisations to reach a wide range of VCSE organisations in the HNY
- Support collaboration between VCSE organisations and provide a collective voice for issues related to VCSE partnerships in health and care
- Enable health and care organisations and VCSE organisations to jointly improve ways of delivering services which are accessible to everyone. By making it easier for all communities to access services this will reduce health inequalities
- Ensure health and care decision-makers hear the views of communities which experience the greatest health inequalities.
- Bring the expertise of the VCSE sector and communities they work with into our strategic decision making.

Wider determinants of health

Part of a whole system approach is the consideration of the wider determinants of health, such as housing and homes, transport, nutrition, education, income and crime. Our partnership approach aims to bring together leaders and experts by experience from these sectors, in order to make sure that our pathways of care are inclusive, comprehensive and capable of supporting a wide range of (often interdependent) needs. Our service design approaches will recognise this and involve all key partners.



Engagement

and co-production

Families and carers (our 'experts by experience') are key in the development of our work, their input is fundamental to every stage of our process.

We're proud to have a strong track record of engagement and co-production across our workstreams. Local engagement events take place for services users, carers and staff throughout the development and implementation of all our pathways, ensuring a wide range of views are able to shape our mental health services.

We invite 'experts by experience' to be part of steering groups, ensuring strategic decisions are well informed, reflect service users' needs and models of care are co-produced.

Below you can find a testimonial from someone with lived experience and who has been involved in the development of some of our work.





“Towards the end of the care I received from the perinatal mental health service in Hull, I was asked to share my experiences of perinatal mental health difficulties at an event with NHS England and at a service user involvement event in Leeds for Yorkshire and the Humber.

“This felt like a big step in my recovery journey - to be able to acknowledge what I had been through and to speak openly about the care I had received. I enjoyed turning something negative into a positive and using my experiences to improve the services for others.

“Speaking openly to professionals and the public helped me to challenge assumptions and also helped me to make peace with the times I had experienced the stigma that unfortunately still exists around mental health difficulties.

“This was a real confidence boost and led to me becoming a volunteer and ambassador for Mind which then led to employment, gathering patient experiences to develop mental health services.

“Whilst it can sometimes be upsetting to retell what were difficult times, it was both therapeutic and liberating. I enjoyed feeling a part of something positive, and having my voice heard when in the past I have felt my thoughts and opinions didn't matter.

“It felt good to be a part of something where both professionals and patients were on the same level, working together for the same goal. I wouldn't be where I am now if it wasn't for the care I received from the perinatal service, but it is their inclusion of my voice and my experiences in their work which gave me the belief in myself that I had lost and the drive to move forward in life and reach my potential.”

Hayley Williamson-Escreet
Perinatal Mental Health Steering Group Member



We believe it is vital to continue to work with people who have first-hand experience of both using and delivering mental health, learning disabilities and autism services to co-produce the solutions that will support people in the HNY for years to come.

Our Priorities

We have a number of key priority workstreams that will help us to deliver our vision and outcomes over the years to come. These priorities may flex over time as we begin to realise our ambitions and also in order to meet the potentially changing needs of our populations.

Learning Disabilities and neurodiversity - in 2021 HNY submitted 3 year plans to progress and build on the work to date of the transforming care partnerships in North Yorkshire and York and the Humber area respectively. Some key aims of the plans are to increase health checks for people with learning disabilities, Review and strengthen the existing Care, Education and Treatment Review (CETR) and Care and Treatment Review (CTR) policies and continued focus on greenlight principles to reduce length of stay to a minimum. This work will continue under the leadership of the ICS. Some of the national targets we will be working to include:

- Improving community-based support so that people can lead lives of their choosing in homes not hospitals; further reducing our reliance on specialist hospitals, and strengthening our focus on children and young people
- Developing a clearer and more widespread focus on the needs of autistic people and their families, starting with autistic children with the most complex needs
- Making sure that all NHS commissioned services are providing good quality health, care and treatment to people with a learning disability and autistic people and their families. NHS staff will be supported to make the changes needed (reasonable adjustments) to make sure people with a learning disability and autistic people get equal access to, experience of and outcomes from care and treatment

We will focus on reducing health inequalities, improving uptake of annual health checks and reducing over-medication through the Stopping The Over-Medication of children and young People with a learning disability, autism or both (STOMP).

Autism

Autism is a complex, lifelong neurodevelopmental disability that typically appears during early childhood and can impact a person's social skills, communication, relationships, and self-regulation. Autism is defined by a certain set of behaviours and is recognised as a spectrum condition that affects people differently and to varying degrees.

Considerable work has been undertaken in the two geographical areas to ensure non recurrent NHSE funding for 2021 - 22 to support autism priority developments (links to the new national strategy) has been planned and allocated and that projects are deliverable. Delivery is expected to commence from August 2021. Priority areas include:

- Waiting List initiatives to reduce current backlogs for diagnosis for children and young people
- Pathways of support comprising early surveillance, systems based referrals, peer support, emotional support, family support and support pre and post assessment for children and young people
- Short breaks and respite in the community for children and young people who require intensive support or are in crisis
- A range of peer support, emotional support, pre and post diagnostic support for adults

A particular feature of this commissioning process has been the utilisation of the community and voluntary sector.

Anticipated outcomes for the provision of support for young people include:

- Reducing risk of and need for crisis interventions
- A reduction in demand on statutory services waiting times and acute mental health services
- Improved emotional health and wellbeing for autistic children and young people
- Parents staff and carers more equipped to access the right support first time
- Greater awareness for children, young people and families to enable self-care

The national strategy [and implementation plan] for autistic children, young people and adults 2021 to 2026 - Newly published on 21st July the new strategy builds on and replaces the preceding Adult Autism strategy, "Think Autism", which was published in April 2014.

6 key themes are described with the aim of making a substantial impact on people's lives:

- Improving understanding and acceptance of autism within society
- Improving autistic children and young people's access to education, and supporting positive transitions into adulthood
- Supporting more autistic people into employment
- Tackling health and care inequalities for autistic people
- Building the right support in the community and supporting people in inpatient care
- Improving support within the criminal and youth justice systems

The strategy is very ambitious and will require a multi sector approach much broader than just health and social care to address the priorities and deliver required outcomes. The national implementation plan takes the form of a one year cross government department action plan lead in respect of priorities set out. This will be further reviewed by government each year across the five years of the strategy.

Children and Young People's Mental Health services - we want children and young people to have better access to services and more support both at home and at school. Mental Health Support Teams will be rolled out across the HNY patch providing early intervention and support for children experiencing problems with their mental health. A new keyworker service is being established for Children and Young People with autism and/or learning disability who are at risk of admission to hospital or are in hospital.

Community Mental Health – We are at the beginning of a large expansion of community mental health teams. New roles are being recruited to (between 2021/22 – 2023/24) across the patch, who will work closely with the developing primary care networks, linking mental health and primary care in a way that has not been achievable to date. This work will provide opportunities for the integration of mental health support with the wider community support network.

Suicide Prevention – We have built a comprehensive suicide prevention programme in HNY and have now established bereavement support services across our whole geography. There has been a high level of engagement, education and training in relation to suicide prevention and we will continue support our communities to reduce suicides and support those affected by suicide.

Staff mental health resilience support – As a response to the COVID-19 pandemic, we have established a resilience hub in HNY which has been designed to support our staff and help them to cope with the pressures of working and living through a pandemic. We know that supporting our staff in this way is not only the right thing to do but it will also help our health and care system to remain robust in our response to increasing demand. We will continue to work with our staff to ensure they are being supported and are able to thrive in their roles.

Improving Access to Psychological Therapies (IAPT) – We want to ensure that as demand increases for low-medium level mental health support, we are able to respond and meet the needs of our population. Across HNY performance of IAPT services in relation to quality of service, recovery and waiting times once treatment has begun is good. However, we also know that meeting national targets for access to IAPT services has been a challenge and this is one of the areas that presents a significant workforce challenge for our system. We will develop workforce plans that balance level of need, level of possible investment and a realistic view of ability to recruit, in order to gain an agreed view across the system of our workforce priorities.

Perinatal Mental Health - specialist perinatal mental health services are required to expand the workforce significantly over the next three years to ensure that services can meet the national increase in trajectories for the number of women seen. Services should also include assessments and support for dads and partners, expand to up to 24 months postnatally and increase the offer of psychological therapies by 23/24.

Dementia - Older people have been hugely affected by the COVID-19 pandemic due to a number of reasons such as following:

- Carer responsibilities increased - 95% of carers reported a negative impact on their mental or physical health.
- Experienced bereavement
- Isolation and loneliness – 56% of people with dementia living alone felt more lonely over lockdown and 23% of people living with others felt more lonely (AS Worst Hit Report)
- Decreased cognition – a significant number of people with dementia have experienced a marked decline in their cognitive abilities and physical wellbeing
- Reduced contact with health professionals such as primary care and with some care homes shut to professionals – likely to be a huge unmet need

Individual Placement Support

We know that re-entering employment can be a key part of recovery from serious mental health issues. Over the last two years, we have developed Individual Placement Support services (IPS) across the Humber and North Yorkshire patch and have supported many people to gain and maintain employment. We want to continue to develop these services in line with the development of primary care networks, with mental health support being a core part of this model.

Urgent Mental Health Care

We will make sure that our mental health crisis services are available 24/7 to support people in our communities. It is vital that we work closely with our colleagues in the emergency services to ensure that our responses are joined up in a way that ensures people receive the right care at the right time, in the right setting. As our integrated care system develops we will aim to share real time information in order to keep people safe and make the best use of our response resources.



How we will measure success

We will identify our key performance indicators as we develop our outcomes, these need to be driven by the difference we want to see in the care and support we want to deliver in the future. Our performance against the core national mental health indicators is monitored regularly and we will continue to use this information to inform our planning and delivery of MH and LDA services in Humber and North Yorkshire, particularly where we know we have significant challenges.

However, we also really want to understand our services and so we are developing specific data dashboards for each of our workstreams (with data drawn from across our system partners) that will allow us to look in more detail at who is accessing services, what is driving particular trends across our workstreams, how our patients feel we are doing and a host of other information.

Supporting Delivery Plan

We recognise that this document is the continuation of an ongoing conversation but we hope that the clarity provided here around our vision, key outcomes for our population and the supporting work, will provide the platform to deliver real change in the years to come. In support of our strategy, we will work together as a system in 2021/22 to develop a delivery plan that will lay out the roadmap for our vision and outcomes. This will focus on:

- Timeline of key projects and activities mentioned within this document
- Plans for supporting workstreams – Estates, IT/Digital, Workforce planning
- Plans for engagement with our communities and staff

Appendix 1

The National Strategy

When considering our HNY Strategy it is important to recognise the aims set out in the NHS Long Term Plan (first published in 2019) and the commitments relating to mental Health and Learning Disabilities and Autism respectively. Some of the key points can be found below:

Mental Health

- Transform mental health care so more people can access treatment by increasing funding at a faster rate than the overall NHS budget – and by at least £2.3bn a year by 2023/24
- Make it easier and quicker for people of all ages to receive mental health crisis care, around the clock, 365 days a year, including through NHS 111
- Expand specialist mental health care for mothers during and following pregnancy, with mental health assessments offered to partners so they can be signposted to services for support if they need it
- Expand services, including through schools and colleges, so that an extra 345,000 children and young people aged 0-25 can get support when they need it, in ways that work better for them
- Continue to develop services in the community and hospitals, including talking therapies and mental health liaison teams, to provide the right level of care for hundreds of thousands more people with common or severe mental illnesses.

Learning Disability and Autism

- Improve community-based support so that people can lead lives of their choosing in homes not hospitals; further reducing our reliance on specialist hospitals, and strengthening our focus on children and young people
- Develop a clearer and more widespread focus on the needs of autistic people and their families, starting with autistic children with the most complex needs
- Make sure that all NHS commissioned services are providing good quality health, care and treatment to people with a learning disability and autistic people and their families. NHS staff will be supported to make the changes needed (reasonable adjustments) to make sure people with a learning disability and autistic people get equal access to, experience of and outcomes from care and treatment
- Reduce health inequalities, improving uptake of annual health checks, reducing over-medication through the Stopping The Over-Medication of children and young People with a learning disability, autism or both (STOMP) and Supporting Treatment and Appropriate Medication in Paediatrics (STAMP) programmes and taking action to prevent avoidable deaths through learning from deaths reviews (LeDeR)
- Continue to champion the insight and strengths of people with lived experience and their families in all of our work and become a model employer of people with a learning disability and of autistic people
- Make sure that the whole NHS has an awareness of the needs of people with a learning disability and autistic people, working together to improve the way it cares, supports, listens to, works with and improves the health and wellbeing of them and their families.

Appendix 2

Humber and North Yorkshire – Our Integrated Care System

Together we form an Integrated Care System (ICS) of organisations that are responsible for planning, paying for and providing health and care services within the area known as Humber and North Yorkshire. We serve a population of 1.7 million people all with different health and care needs.

There are different organisations from across the health and social care sector which are formal members of the Partnership. This includes four acute hospital trusts, three mental health trusts, six clinical commissioning groups (CCGs), six local Councils, a number of community and Mental Health services providers and two ambulance trusts.

These organisations, however, only represent part of the health and care system across our area. Across Humber and North Yorkshire there are around 230 GP practices, 550 residential care homes, 10 hospices, 180 home care companies and thousands of voluntary and community sector organisations all helping to keep our local people well. We need to all work together in order to provide the best services for our local populations.

If you would like to find out more about the work of the
Humber and North Yorkshire Health and Care
Partnership, please get in touch.

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