Notice of a public meeting of
Shadow Health and Wellbeing Board

To: Councillor Tracey Simpson-Laing (Chair)
Councillor Janet Looker (City of York Council)
Councillor Sian Wiseman (City of York Council)
Kersten England (Chief Executive City of York Council)
Patrick Crowley (Chief Executive of York Hospital)
Pete Dwyer (Director of Adults, Children and Education, City of York Council)
Jane Perger (York Local Involvement Network)
Dr Mark Hayes (Chair of Vale of York Commissioning Consortium)
Rachel Potts (York Locality Director, NHS North Yorkshire and York PCT)
Dr Paul Edmondson-Jones (Director of Public Health and Well-being, City of York Council)
Angela Portz (Chief Executive of York CVS)
Chris Butler (Chief Executive of Leeds and York Mental Health Trust)
Mike Padgham (Chair Council of Independent Care Group)
Christopher Long (NHS Commissioning Board Rep)

Date: Wednesday, 3 October 2012

Time: 4.30 pm

Venue: The Guildhall, York

A G E N D A

1. **Declarations of Interest** (Pages 5 - 6)
   At this point in the meeting, Board Members are asked to declare any personal, prejudicial or disclosable pecuniary interests they may have in the business on this agenda. A list of general personal interests previously declared is attached.

2. **Minutes** (Pages 7 - 16)
   To approve and sign the minutes of the last meeting of the Shadow Health and Wellbeing Board held on 4 July 2012.

3. **Public Participation**
   It is at this point in the meeting that members of the public who have registered their wish to speak can do so. The deadline for registering is 5.00pm on **Tuesday 2 October 2012.**

   To register please contact the Democracy Officer for the meeting, on the details at the foot of this agenda.

4. **Draft Health and Wellbeing Strategy** (Pages 17 - 50)
   This report provides an overview of York's draft health and wellbeing strategy.

5. **Implementing the Health and Wellbeing Strategy** (Pages 51 - 234)
   This item will focus on the following issues:
   - Implementing the new partnership structure
   - York's Strategic Plan for Children, Young People and their families
   - Vale of York Clinical Commissioning Group Integrated Plan
   - Finance

6. **A Joint Approach to Community Engagement and Consultation** (Pages 235 - 244)
   This report outlines the engagement that has taken place to develop the draft health and wellbeing strategy and seeks to establish how this approach is to be taken forward.

7. Roundtable Update on Health and Wellbeing Reforms

This item will enable updates to be received on issues including:

- Establishment of Vale of York CCG
- National/Regional NHS Bodies
- Transfer of Public Health
- Commissioning of Healthwatch
- North Yorkshire and York Review

8. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972.

Democracy Officer:

Name- Judith Betts
Telephone No. – 01904 551078
E-mail- judith.betts@york.gov.uk

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting

- Registering to speak
- Written Representations
- Business of the meeting
- Any special arrangements
- Copies of reports

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Agenda Annex

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Would you like to speak at this meeting?
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- register by contacting the Democracy Officer (whose name and contact details can be found on the agenda for the meeting) **no later than** 5.00 pm on the last working day before the meeting;
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Further information about what's being discussed at this meeting
All the reports which Members will be considering are available for viewing online on the Council's website. Alternatively, copies of individual reports or the full agenda are available from Democratic Services. Contact the Democracy Officer whose name and contact details are given on the agenda for the meeting. **Please note a small charge may be made for full copies of the agenda requested to cover administration costs.**

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The majority of councillors are not appointed to the Cabinet (39 out of 47). Any 3 non-Cabinet councillors can 'call-in' an item of business following a Cabinet meeting or publication of a Cabinet Member decision. A specially convened Corporate and Scrutiny Management Committee (CSMC) will then make its recommendations to the next scheduled Cabinet meeting, where a final decision on the 'called-in' business will be made.

Scrutiny Committees

The purpose of all scrutiny and ad-hoc scrutiny committees appointed by the Council is to:

- Monitor the performance and effectiveness of services;
- Review existing policies and assist in the development of new ones, as necessary; and
- Monitor best value continuous service improvement plans

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- Councillors get copies of all agenda and reports for the committees to which they are appointed by the Council;
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- York Explore Library and the Press receive copies of **all** public agenda/reports;
- All public agenda/reports can also be accessed online at other public libraries using this link http://democracy.york.gov.uk/ieDocHome.aspx?bcr=1

Shadow Health & Wellbeing Board

The Remit of York's Shadow Health and Wellbeing Board

The Shadow Health and Wellbeing Board will:

- Provide joint leadership across the city to create a more effective and efficient health and wellbeing system through integrated working and joint commissioning;
- Take responsibility for the quality of all commissioning arrangements;
- Work effectively with and through partnership bodies, with clear lines of accountability and communication;
- Share expertise and intelligence and use this synergy to provide creative solutions to complex issues;
- Agree the strategic health and wellbeing priorities for the city, as a Board and with the Vale of York Clinical Commissioning Group, respecting the fact that this Group covers a wider geographic area;
- Collaborate as appropriate with the Health and Wellbeing Boards for North Yorkshire and the East Riding;
- Make a positive difference, improving the outcomes for all our communities and those who use our services.

The Shadow Health and Wellbeing Board will not:

- Manage work programmes or oversee specific pieces of work – acknowledging that operational management needs to be given the freedom to manage.
- Be focussed on the delivery of specific health and wellbeing services – the Board will concentrate on the "big picture".
- Scrutinise the detailed performance of services or working groups – respecting the distinct role of the Health Overview and Scrutiny Committee.
- Take responsibility for the outputs and outcomes of specific services – these are best monitored at the level of the specific organisations responsible for them.
- Be the main vehicle for patient voice – this will be the responsibility of Health Watch. The Board will however regularly listen to and respect the views of residents, both individuals and communities.

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Shadow Health & Wellbeing Board
Declarations of Interest

Cllr. Tracey Simpson-Laing, Deputy Leader of City of York Council

- Member of Unison
- Safeguarding Adult Board, CYC – Member
- Peaseholme Board – Member
- Relate York & Harrogate – Employed by
- Governor of Carr Infant School

Cllr. Janet Looker, Cabinet Member for Education, Children and Young People's Services, City of York Council

- Director of North Yorkshire Credit Union
- Governor Canon Lee School

Cllr. Sian Wiseman, City of York Council

- Member of the Council of Governors (Public York) York Teaching Hospitals NHS Foundation Trust
- Strensall Community, Youth & Sports Association Company Limited by Guarantee 7809552 – Director / Trustee
- Council appointed member of the York Adoptions Panel

Kersten England, Chief Executive of City of York Council

My husband, Richard Wells, is currently undertaking leadership coaching and development work with consultants in the NHS, including Yorkshire and the Humber, as an associate of Phoenix Consulting. He is also the director of a Social Enterprise, 'Creating Space 4 You', which works with volunteer organisations in York and North Yorkshire.

Jayne Brown, Chief Executive of NHS York and North Yorkshire PCT

- Non-executive Director of St Leger Homes, Doncaster, an ALMO of Doncaster MBC

Patrick Crowley, Chief Executive of York Hospital

None to declare

Pete Dwyer, Director Adults, Children & Education, City of York Council

None to declare

Jane Perger, York Local Involvement Network (LINk) Representative

None to declare

Dr. Mark Hayes, Chair of Vale of York Commissioning Consortium
GP for one day a week in Tadcaster.

Rachel Potts, York Locality Director, NHS North Yorkshire and York PCT
None to declare

Rachel Johns, Associate Director of Public Health and Locality Director for York, NHS North Yorkshire and York PCT
Husband works for Hewlett Packard.

Angela Harrison, Chief Executive of York Council for Voluntary Services

- Trustee of York Disaster Relief Fund
- York CVS has various funding and contractual arrangements with CYC and NHS NY&Y.
- York CVS has connections with many voluntary organisations in the city and runs a number of health and social care related forums.

Chris Butler, Chief Executive of Leeds and York Mental health Trust
None to declare

Mike Padgham, Chair Council of Independent Care Group

- Managing Director of St Cecilia's Care Services Ltd.
- Chair of Independent Care Group
- Chair of United Kingdom Home Care Association
- Commercial Director of Spirit Care Ltd.
- Director of Care Comm LLP

City of York Council Committee Minutes

MEETING	SHADOW HEALTH AND WELLBEING BOARD
DATE	4 JULY 2012
PRESENT	COUNCILLOR SIMPSON-LAING (CHAIR)
	COUNCILLOR WISEMAN
	KERSTEN ENGLAND (CHIEF EXECUTIVE, CITY OF YORK COUNCIL)
	CHRIS BUTLER (CHIEF EXECUTIVE, LEEDS AND YORK PARTNERSHIP NHS FOUNDACTION TRUST)
	TIM HUGHES (GP BOARD MEMBER, VALE OF YORK CLINICAL COMMISSIONING GROUP)
	CHRIS LONG (CHIEF EXECUTIVE, NORTH YORKSHIRE AND YORK PRIMARY CARE TRUST)
	MICHAEL PROCTOR (DEPUTY CHIEF EXECUTIVE OFFICER, YORK TEACHING HOSPITAL NHS FOUNDATION TRUST) (SUBSTITUTE FOR PATRICK CROWLEY)
	JANE PERGER (YORK LOCAL INVOLVEMENT NETWORK(LINK))
	ANGELA PORTZ (CHIEF EXECUTIVE, YORK COUNCIL FOR VOLUNTARY SERVICE (CVS))
	SALLY BURNS (DIRECTOR OF COMMUNITIES, ADULTS AND NEIGHBOURHOODS, CITY OF YORK COUNCIL)

IN ATTENDANCE	HELEN MACKMAN (LEAD GOVERNOR, YORK HOSPITAL, LAY MEMBER ON VALE OF YORK CLINICAL COMMISSIONING GROUP STEERING GROUP)
	JUDY KENT (CHILDREN'S TRUST UNIT MANAGER, CITY OF YORK COUNCIL)
	GRAHAM TERRY (ASSISTANT DIRECTOR, ADULT COMMISSIONING, MODERNISATION AND PROVISION)
	LESLEY WHITE (HEALTHY SCHOOLS AND RISKY BEHAVIOUR CO-ORDINATOR, CITY OF YORK COUNCIL)
	JOHN BURGESS (YORK MENTAL HEALTH FORUM)
	JOHN YATES (YORK OLDER PEOPLE'S ASSEMBLY)
	GEORGE WOOD (YORK OLDER PEOPLE'S ASSEMBLY)
APOLOGIES	COUNCILLOR LOOKER,
	PETE DWYER (DIRECTOR OF ADULTS, CHILDREN & EDUCATION, CITY OF YORK COUNCIL)
	PATRICK CROWLEY (CHIEF EXECUTIVE, YORK HOSPITAL)
	RACHEL POTTS (YORK LOCALITY DIRECTOR, NHS NORTH YORKSHIRE AND YORK)
	RACHEL JOHNS (ASSOCIATE DIRECTOR OF PUBLIC HEALTH AND LOCALITY DIRECTOR, NHS NORTH YORKSHIRE AND YORK)
	DOCTOR MARK HAYES (CHAIR, VALE OF YORK COMMISSIONING CONSORTIUM)

1. INTRODUCTIONS

The Chair gave a short introduction about the Shadow Health and Wellbeing Board and what it hoped to achieve.

She expressed her hope that Health and Wellbeing Boards would be key players in Public Health in their areas and not play solely discursive functions. She also stated that she was keen to meet with the Chairs of other Health and Wellbeing Boards across the region.

2. DECLARATIONS OF INTEREST

Board Members were invited to declare at this point in the meeting any personal or prejudicial interests, other than their standing interests attached to the agenda, that they might have in the business on the agenda.

Councillor Wiseman declared a personal interest in the remit of the Committee as the Council appointed Member on the York Adoptions Panel.

Tim Hughes declared a personal interest in the remit of the Committee as a GP in Kirkbymoorside.

Kersten England stated in relation to her standing declaration of interest, that her husband was a director of a Social Enterprise "**Creating** Space 4 You" not "Clearing Space 4 You".

No other interests were declared.

3. PUBLIC PARTICIPATION

It was reported that there had been one registration to speak under the Council's Public Participation Scheme.

Diana Robinson spoke on the general remit of the Committee. In particular she referred to the slides attached to Agenda Item 5 (Developing York's Health and Wellbeing Strategy), that everyone should have access to health and social care services which they have helped to shape.

4. STAKEHOLDER EVENT- FEEDBACK AND INITIAL CONSULTATION ON THE EMERGING PRIORITIES

Board Members received a paper which asked them to consider feedback from the Health and Wellbeing Stakeholder event which was held on 29 May 2012.

Discussion between Board Members took place on the four emerging priorities for the Health and Wellbeing Strategy to concentrate on which were;

- Preparing for an older population
- Reducing Health Inequality
- Improving Mental Health and Intervening Early
- Enabling all children and young people to have the best start in life

In relation to the older population, it was commented that a concern for stakeholders was the provision of dementia services in the City. They also added that it was crucial that older people needed to be built into the design of all public services.

Regarding Health Inequality, it was noted that it would be beneficial to include the voluntary sector in the design of public services.

In relation to Improving Mental Health and Early Intervention priority, it was stated that a key concern that needed to be addressed was a need for greater communication amongst stakeholders such as schools and carers.

It was also noted that Bereavement and Depression can be identified as mental health concerns and that a wide variety of assistance was accessible. However, in order to access the assistance, people would have to admit that they needed help and that in itself would challenging.

Board Members felt that more awareness raising needed to be done around Mental Health as it was often identified as the last taboo. A shift from specialist into preventative services was crucial to mental health treatment.

Some Board Members suggested that an update on the redistribution of funding into preventative pathways for mental health be provided at the next meeting of the Board in September.

They also added that the announcement from the Government relating to the end of Children's Cardiac Surgery provision in Leeds needed to inform the Health and Wellbeing Strategy.

RESOLVED: That the report be noted, and feedback be used to shape the Health and Wellbeing Strategy.

REASON: To keep the Board up to date with the emerging priorities that will inform the Health and Wellbeing Strategy.

5. DEVELOPING YORK'S HEALTH AND WELLBEING STRATEGY

Board Members received a presentation on the development of York's Health and Wellbeing Strategy. Slides from the presentation were attached to the agenda, which was subsequently republished after the meeting.

Discussion about the strategy took place and raised the following points;

- A key part of the strategy would be in monitoring progress, therefore it would be useful to continue to review it during its development.
- That examining the health and wellbeing needs of the older population, is only "challenging" because of the levels of current success towards fulfilling these needs. Therefore more positive language needed to be found.
- That there were issues such as loneliness that overlapped between the elderly and young population that the strategy needed to address, particularly given that it could detrimentally affect individuals' health.
- That the timeline of the strategy should be extended, as the success of the strategy would be more apparent at a much later date.

Officers updated the Board on developments that had taken place since the presentation had been compiled.

As highlighted in the presentation slides, it was suggested that the Board delegate some of their work in developing proposals to four Partnership Delivery Boards.

Chairs for these Boards would be provided from the Vale of York Clinical Commissioning Group and the Council. It was also suggested that Chairs of the Partnership Delivery Boards be invited to attend and present their work to the Health and Wellbeing Board on an annual basis.

Some Board Members felt that it was key that the strategy should underline the distinctiveness of the Board, and in order for success it would be crucial for engagement between the NHS and Local Authority partners to be clear.

RESOLVED:
(i) That the presentation be noted.

(ii) That the Health and Wellbeing Strategy be altered from three years to a longer timeframe be agreed.

(iii) That the vision of the Strategy as outlined in the slides be confirmed.

(iv) That following amendments to language, the draft priority areas for the Strategy be agreed.

(v) That the process for the development and the delivery of the priorities be agreed.

(vi) That the Board meet with the secretariat to discuss the priorities in more detail and for this to include a dedicated strategy session in early September.

(vii) That the timeline for the development of the Strategy be agreed and noted.

REASON: To produce York's Health and Wellbeing Strategy.

6. HEALTH AND WELLBEING BUDGET CYCLES

Board Members received a paper which detailed the main health and wellbeing budgets for York which were held by City of York Council and the Vale of York Clinical Commissioning Group.

Questions were raised by some Board Members regarding access to information regarding the budget cycles. Other Board Members suggested that a public consultation could be held jointly by organisations represented on the Shadow Health and Wellbeing Board to allow for examination of the budgets.

The Chair confirmed that she had requested that a monitoring report of health and wellbeing budgets be a standing agenda item.

RESOLVED:
(i) That the paper be noted.

(ii) That further monitoring reports on health and wellbeing budgets in the city be received by the Board.

(iii) That the monitoring reports be added as a standing agenda item for future Board meetings.

REASON: To keep the Board up to date with the use and position of Health and Wellbeing budgets in York.

7. UPDATES ON HEALTH AND WELLBEING CHANGES

Board Members received a number of verbal updates on organisations and sectors involved in the Shadow Health and Wellbeing Board.

Local Health Watch

It was confirmed that verbal confirmation from the Department of Health stated that the Health Watch did not have to be a standalone organisation.

Additionally, discussions had taken place over joint commissioning for the complaints advocacy part of Health Watch, but it had been decided that a standalone service would continue in York.

It was noted that a Health Watch supplier event would take place at York Explore and that it was hoped that tender documentation for the Local Health Watch and NHS Complaints Advocacy Service would be issued in September.

Vale of York Clinical Commissioning Group Overview of Strategy

Board Members were informed about developments that had taken place in the Vale of York Clinical Commissioning Group (VOYCC). It was reported that Community Medical Teams had been introduced which would bring together expertise from GPs surgeries such as Priory Medical Group and Haxby Medical Centre. The teams would focus on families and would include hospital staff. It was reported that this would allow for greater collaboration in order to identify what health concerns were particularly important to patients, and that this could inform more precise commissioning of services, in order to be more financially sustainable.

Board Members requested that feedback from patients' perspectives should be brought to the Board, in order to gauge the progress of the Community Medical Teams.

In relation to Oliver House Care Home, it was reported that an Innovation Day would be held on 23 July 2012, which would seek to include stakeholders into examining how services could be offered in an alternative way.

Board Members were then informed about organisational developments that had taken place within the Leeds and York Partnership NHS Foundation Trust. It was noted that;

- The team of governors would now include a number of non-Executive Directors.
- That a Finance Officer and new Medical Director had been appointed to the Executive Director group.
- That there was an Associate Director for York.
- That if beds were not available for certain services (such as for mothers and babies) in York, that a service in Leeds would be offered. This would be a bespoke and fully staffed service.
- That the Partnership was in the process of recruiting a governor from Mental Health, but this was particularly different given the broad range and different experiences that the area brought.

Public Health

Board Members were informed about a consultation document that was currently in development with the Public Health teams in City of York Council (CYC) and North Yorkshire County Council (NYCC) regarding the structure of Public Health following the transfer of responsibility for it to Local Authorities. It was also reported that further consultation work would take place around Public Health Finances, between procurement teams in CYC and NYCC.

Discussion took place in relation to CYC's Fair Access to Care consultation. Some Board Members raised concerns that service users had expressed that they felt the length of consultation had been particularly short and that the definitions of different levels of care had not been hard to understand.

RESOLVED: That the verbal updates be noted.

REASON: In order to inform the Board of current developments in Health and Wellbeing.

8. ANY OTHER BUSINESS

Following a suggestion from the Chair, it was agreed that all future reports to be considered by the Board should follow the Council's Corporate Report Template.

Councillor T Simpson-Laing, Chair
[The meeting started at 4.35 pm and finished at 6.10 pm].

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Shadow Health and Wellbeing Board **3rd October 2012**

Outline draft of the health and wellbeing strategy

1. Summary

This report provides an overview of York's draft health and wellbeing strategy. The strategy is in its early stages of development, but what is written so far will give an indication of its scope and content and the future direction of health and wellbeing priorities in the city.

It is important to note that this strategy will not cover or impact on all health and social care services in York. The aim is that it prioritises the issues requiring the greatest attention. We realise we cannot take action on everything at once therefore we will not have a long list of everything that might be done. What our strategy will set out is what we will focus on and the key issues and actions that we think will make the biggest difference.

2. Background

The draft health and wellbeing strategy draws on a variety of evidence and research and reflects a number of strategies and frameworks, both national and local. The most significant piece of evidence relevant to the strategy is 'Health and Wellbeing in York, Joint Strategic Needs Assessment 2012 '(JSNA). This provides a comprehensive assessment of the health and wellbeing needs in the city. The four themes identified in the JSNA that have set the direction for our strategy are:

- Our population is ageing and will place increasing demands on health and social care services
- Health and wellbeing inequalities exist in the city and must be tackled
- We need to know more about the mental health needs of our population
- We must intervene early and give children and young people the best possible start in life

3. An overview of the strategy

Directly responding to themes identified in the JSNA and following consultation at the health and wellbeing stakeholder event in May, the five priorities of York's health and wellbeing strategy are:

1. Making York a great place for older people to live
2. Reducing health inequality
3. Improving mental health and intervening early
4. Enabling all children and young people to have the best start in life
5. Creating a financially sustainable local health and wellbeing system

Following confirmation of these priorities by the Shadow Health and Wellbeing Board on 4th July, we consulted with over 200 people - community groups and representatives, frontline staff, management teams, elected Members and commissioners and providers from across all sectors. For each of our priorities we have asked them what they think would make the biggest difference and what commitments they would like to see in York's health and wellbeing strategy.

On 14th September members of the Shadow Health and Wellbeing attended a dedicated strategy workshop to consider these proposals. They agreed the principles and actions that will help us achieve our priorities.

An outline strategy has now been written, which draws on these views.
The outline draft health and wellbeing strategy 'Improving Health and Wellbeing in York' is attached as Annex A.

4. Next steps

We would now like to approach the people we engaged with to develop this draft strategy to ask them to review it, ensuring that it reflects their views and includes the right principles and actions.

We will continue to work on and improve the draft strategy throughout the autumn and we aim to have it finalised by the end of November. We will be seeking approval at the Shadow Health and Wellbeing Board on 5th December.

5. Council Plan

The proposals in this paper have particular relevance to the 'Building Strong Communities' and 'Protecting Vulnerable People' strands of the council plan.

6. Implications

- **Financial**
  The health and wellbeing strategy will impact on service planning and commissioning decisions. The health and wellbeing board will not take specific decisions on services or commissioning, however they will set the strategic direction for health and wellbeing services over the next three years.

- **Human Resources (HR)**
  No HR implications

- **Equalities**
  The health and wellbeing strategy may well affect access to service provision. Decisions about accessing specific services will not be taken by the board. Addressing health inequality and targeting more resource towards the greatest need should positively impact on equalities. To ensure that we do not have a negative effect on equalities, a community impact assessment will be carried out before the strategy is signed off in December 2012.

- **Legal**
  No legal implications

- **Crime and Disorder**
  No crime and disorder implications

- **Information Technology (IT)**
  No IT implications

- **Property**
  No Property implications

7. Risk Management

There are no significant risks associated with the recommendations in this paper.

8. Recommendations

The Shadow Health and Wellbeing Board are asked to review the draft strategy and consider:

- Is its scope right?
- Does it include the right principles and actions?
- Will the principles and actions help us achieve our priorities?
- Do the actions reflect our principles
- Are there anything missing, any comments or suggested improvements?

Reason: To ensure that the strategy reflects the future direction of health and well-being priorities in the city.

Contact Details

Author:	**Chief Officer Responsible for the report:**
Helen Sikora	
Strategy and Development Officer	***Paul Edmondson-Jones***
Office of the Chief Executive	***Director of Public Health and Wellbeing***
01904 551134	***Communities and Neighbourhoods***
	01904 551993

Report Approved √ **Date** *24.09.12*

Wards Affected: **All** √

For further information please contact the author of the report

Annexes

Annex A York's draft health and wellbeing strategy 'Improving Health and Wellbeing in York'

BROUGHT TO YOU BY
CITY OF YORK

DRAFT




Improving Health & Wellbeing in York

Our joint strategy 2013-16

Contents

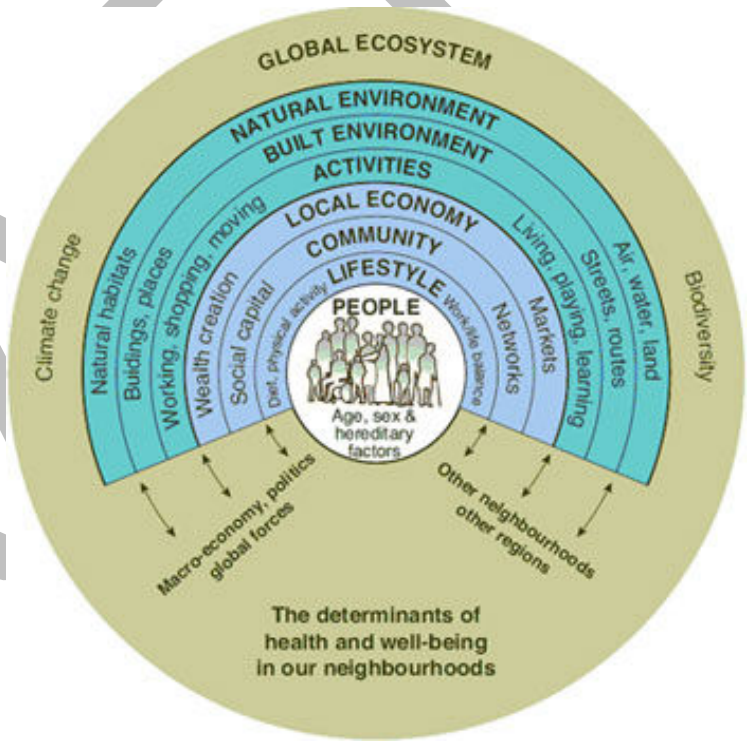
Foreword from the Chair of York's Health & Wellbeing Board

[To add for final version, including brief explanation of the Board]

Introduction and context

On the whole, people in York have a good standard of life. As residents, most of us can expect to be well educated, have access to good quality employment and, for the most part, live long, healthy and happy lives. However, this is not true for everyone, and there are still significant health and wellbeing challenges for the City including the significant differences in life expectancy between different some areas of the City and others, the growing needs of our ageing population and particular challenges around mental health and emotional wellbeing. Based on our understanding of the needs in York[1], this document sets out what we believe the priorities are for improving residents' health and wellbeing, and together, as key organisations and as a whole City, what we will do in practice to deliver these priorities.

Health and wellbeing is about more than illness and treatment. It is about being well physically, mentally and socially – feeling good and being able to do the things we need to do to live a healthy and fulfilled life. Many factors can affect this; for example, where we live, the surrounding environment, our income, how we interact with our local community and the lifestyle choices we make, all impact upon the level of our health and wellbeing (see diagram, right). It is therefore vital that we look not only at tackling the effects of ill health and wellbeing, but get in there early through addressing the wider causes, as well as championing good health and wellbeing.



Local authorities throughout the country are developing a Health and Wellbeing Strategy this year. In York we want to seize this opportunity and collaborate to develop a strategy that is both ambitious and meaningful, that is honest about the significant challenges we face but also affirms our commitment to pursuing what we believe is important. It should resonate with residents, affect what we do as organisations and ultimately, if indirectly, make a genuine difference to people in York.

[1] See Health & Wellbeing Needs in York: A Joint Strategic Needs Assessment

How have we developed our priorities and actions? What have we considered in making these decisions?

Our priorities and actions are the result of a combination of factors. The diagram below attempts to illustrate some of the most significant ones:

Our report, **Health and Wellbeing in York, Joint Strategic Needs Assessment 2012** (JSNA) was a comprehensive assessment of the health and wellbeing needs in the City. Our understanding of need is a foundational building block for deciding what we will do, so this has played a large in defining our principles and actions, and you will find evidence from this assessment scattered within each of the priority sections. The four main themes emerging from our JSNA were that:

- Our population is ageing and will place increasing demands on health and social care services
- Health and wellbeing inequalities exist in the city and must be tackled
- We need to know more about the mental health needs of our population

- We must intervene early and give children and young people the best possible start in life

As we know, these are very difficult economic times. Councils, health services and independent and voluntary sectors are facing tough decisions about how best use ever-decreasing funding and resource. An **Independent Review of Health Services in North Yorkshire and York** was published in 2011. It highlighted the precarious financial position of North Yorkshire & York Primary Care Trust which was overspending by several million pounds every year[2] and the additional efficiency savings required to meet the increased demand for services. The review made recommendations about how Health Services in North Yorkshire and York could manage this and operate within a sustainable financial framework while continuing to meet the health needs of the area. This document affirms and builds on the recommendations in the Review.

We also want to learn from **successful interventions and national research** relevant to the challenges we face in York. The report "Fair Society, Healthy Lives" (The Marmot Report) is extremely influential in developing an evidence-based approach to addressing the social determinants of health here in York. The report illustrates the relationships between social and economic status, poor health, educational attainment, employment, income, quality of neighbourhood and a variety of other measures accumulate throughout life. We fully support and commit to this holistic approach to tackling inequality and providing support across the life course.

Finally, and perhaps most importantly, in identifying what we should our priorities are and what we will do **we have listened to the experts within our City: our residents, community groups, frontline staff, management teams, elected Members and commissioners and provider across all sectors**. Over a number of months, we have asked what they felt would make the biggest difference to improve health and wellbeing in York and help us to achieve our priorities. 200 people were involved in discussing this using a variety of methods, from online questionnaires, to group workshops or one-to-one meetings. As a direct result of this input, suggested principles and actions have been developed. The Health & Wellbeing Board considered these suggested principles and actions and have indicated what they may want to commit to over the life of this strategy. These views have now been incorporated into this draft strategy.

[2] this annual overspend now falls to the Vale of York Clinical Commissioning Group to address

Our Vision

Our vision is for York to be a community where all residents enjoy long, healthy and independent lives, by ensuring that everyone is able to make healthy choices and, when they need it, have easy access to responsive health and social care services which they have helped to shape.

What will we do to achieve our vision?

To achieve our vision we will do many things, for many people, in different ways, through a number of organisations and approaches. However, we want to avoid the pitfalls of trying to take action on everything at once. Our strategy is not a long list of everything that might be done it instead focuses on key issues and actions that we can do together, which will make the biggest difference.

Although our strategy does not address every health and wellbeing related issue, that does not mean we will not continue to work to address them. We will, for example, still continue to strive towards providing excellent joined-up and personalised support for people with learning difficulties, to improve air quality through sustainable transport programmes, to champion the vital work of unpaid carers and to provide employment opportunities for those with long-term disabilities. However, so we can make a real difference, we will focus on a smaller number of issues that we believe are the most important to address at this current time. We want to develop more integrated approaches to benefit our residents' health and wellbeing, by working together better. We cannot achieve our priorities alone as separate organisations, we have to work together and do this better.

We have therefore agreed the following priorities, which will direct our strategy to improve health and wellbeing in York.

1. **Making York a great place for older people to live**
2. **Reducing health inequality**
3. **Improving mental health and intervening early**
4. **Enabling all children and young people to have the best start in life**
5. **Creating a financially sustainable local health and wellbeing system**

This strategy will explain the priority areas in more detail – why they are important, what our principles are for each and what we will do to achieve them.

Making York a great place for older people to live

Why is 'making York a great place for older people to live' important?

Older people make a huge contribution to the life of our city. Older people offer a significant benefit to business as experienced and committed workers and a growing contributor financially as customers of our local economy. Older people also at the heart of families and our communities, volunteering, caring, mentoring and supporting children and young people whilst we seek to build a society for all ages.

Older people already form a significant part of our community in York. Furthermore, due to people living longer, York's over-65 population is expected to increase by about 40% by 2020 and the number of people aged over 85 years is expected to increase by 60%. A growing number of these will also be living alone.

As we get older, we become increasingly vulnerable, are more at risk of social isolation, and are more likely to have complex health problems and high health and wellbeing needs. The JSNA estimates suggest that around 1 in 10 older people experience chronic loneliness'. Adverse affects on health can include increasing self destructive habits, increased likelihood of not seeking emotional support. It can affect immune and cardiovascular systems and can result in sleeping difficulties and can also severely affect people's mental health.'

The JSNA estimates that dementia will affect an additional 700 people in York within the next 15 years. Given the population projections and the increased incidence of dementia with increasing age, planning for potential need would be an appropriate strategy.

This means that there are ever increasing demands on health and social care services in York, and at a point when overall budgets are diminishing. If nothing is changed, the current system of support will quickly become vastly unaffordable. The JSNA specifically recommends that we provide community-based responses in responding to long term conditions and in preventing admissions to hospital and that we continue support for initiatives aimed at increasing levels of physical activity across the whole population and that priority is given to vulnerable groups.

Principles which will guide our work and resources to deliver this priority

- **Continue to respond to the needs of an increasing population of older people, ensuring strategies, plans and commissioning decisions across all partners take account of this demographic change and prioritise prevention work**. E.g. ensuring that homes and neighbourhoods are designed and adapted in a way which helps older people maintain their independence.
- **Shift the model of care away from one where people have to go to hospital, residential or nursing care to access treatment or support, to one where they can be supported in their own communities or remain at home wherever possible.** Despite patients repeatedly telling us they prefer to be treated this way, and the health and financial benefits of doing so, we do not underestimate the challenge of changing the system. A consequence of providing more treatment and care at home will be to reduce the number of beds that are needed in hospitals. We must reassure and remind people of the benefits of this approach in providing care closer to home. It will free up our hospitals to focus on providing care more efficiently to patients who require hospitals admission supported by better developed community health and social care services and thus avoid delays on discharge.

So together we will:

- Focus on making this happen, persevering at and prioritising this work
- Persist at overcoming barriers together, taking bold decisions where needed
- Trust patients and residents to understand the complex dilemmas we face and be involved in shaping solutions.

- **Support communities to develop their capacity, enabling them to address loneliness and social isolation older people may experience within their neighbourhoods.** In many ways is the best form of early intervention. For example, 10 minutes of contact a day could reduce the need for an older person needing to be admitted into hospital.
- **Recognise and promote the vital role of unpaid carers** who contribute so much to health and wellbeing in York. We will endeavour to provide support which genuinely makes carers' lives easier and lets them know we value their contribution.
- **Provide high quality care and support for people at the end of their lives and their carers,** including increasing choice and control over where people wish to die**.**
- **Jointly commission more voluntary sector services and support these interventions where there is evidence they have an impact and provide value for money.**

- **Improve the city's infrastructure so that older people have better access to social support and community services,** for example, we need good transport links so people can visit their friends and family or leisure facilities.
- **Dementia is a significant concern for older people. We will tailor our approach to working with people with dementia appropriately**, taking into account particular needs, not simply using standard pathways which may not be suitable.
- **Fully support Joseph Rowntree projects 'Dementia Without Walls' and 'Neighbourhood Approaches to Addressing Loneliness',** ensuring Health & Wellbeing Board organisations are actively responding to community need and applying the learning from these work programmes.
- **Make use of new technologies** which will help us develop creative solutions to addressing loneliness and social isolation.
- **We will support work that is already progressing**, specifically, creating state of the art facilities and accommodation for older people and increasing the take up of personalisation.

Over the next three years the Health and Wellbeing Board will:

1. **Set up Neighbourhood Care Teams across the City and explore other options which support people in their transition from hospital to home.**
   By Neighbourhood Care Teams we mean community teams which bring together NHS, local government, independent and voluntary sector providers around the 'neighbourhood' of a GP practice. The aim is to provide patient-centred, multi-disciplinary, integrated and streamlined care closer to a patient's home.
   - Specific attention should be given to embedding independent and voluntary sector organisations with these teams and ensuring there is coordination with neighbourhood working models in City of York Council.
   - They should be carefully evaluated as they are set up and if successful given long-term commitment, through pooling budgets across health and social care organisations, for example.
   - This will require de-commissioning acute provision and commissioning more community-based responses in responding to long term conditions and in preventing admissions to hospital.
   - To support this work, an Adult Commissioning Manager post should be jointly appointed between Vale of York Clinical Commissioning Group and the City of York Council, with a formal link to York Council for Voluntary Services.

2. **Develop an end of life policy across health and wellbeing partners, mapping current processes and re-commissioning.**
   - Include how those left behind should be supported as part of the policy. Ensure that GPs are supported to offer patients and their families / carers the best end of life pathway, which may mean staying at home to die peacefully.

3. **Provide weekly cross-sector case reviews for patients who have been in hospital over 100 days** *(Or other appropriate threshold)*
   - This will help identify if more effective support can be provided for these people and avoid unnecessarily long stays in hospital.
   - In order for this to be successful, staff attending meetings on behalf of organisations would need to be given the autonomy to make decisions about resource allocation and establish pragmatic solutions which work for individuals.
   - As well as using this process to provide more effective care and cheaper care for individuals, this should be used as learning environment to inform wider system change.

4. **Invest in services which support older people who are isolated to participate in the social groups or community activities that are available in York.**
   - Volunteers would support isolated individuals by accompanying them to the first few sessions of a group or activity, building up their confidence so they can participate in the longer term.
   - The promotion of these services by organisations on the Health and Wellbeing Board would enable more people to benefit from this type of support.
5. **Undertake a joint review of how medication is used and reviewed in residential and nursing care, promoting alternatives to medication where possible.**
6. **Deliver a joint communication campaign across organisations on the Health and Wellbeing Board focused on how to spot the early signs of dementia, how to respond and what support is available, and introduce specific dementia training and support for the health and wellbeing workforce.**
   - This would include having a single point of contact for the workforce to gain support and expertise to improve the care of those with dementia.
7. **Encourage care sectors to adopt the living wage and set timescales to reflect this in how we commission contracts.**
8. **Take a coordinated approach across sectors, to implement a single social prescribing programme which prescribes exercise, social activity or volunteering.**
   - This approach builds on existing programmes which recommend exercise and is recognised by health professionals.
   - Longer term we would like to embed this approach within Choose and Book.
9. **Work together to understand the factors that contribute to loneliness and what communities and organisations can do to alleviate this.**
   - Once we understand the issues and challenges and how they might we be addressed we will support the implementation of these initiatives.
10. **Develop an innovative inter-generational volunteering programme, working with the 'Volunteering York' partnership.**
11. **Develop a workforce strategy across care sectors for paid staff which supports joint workforce development initiatives.**
    - This will exemplify best practice around personalisation, showcase innovative work that has been initiated by proactive managers and help set up a paid carers providers network with opportunities for mentoring support

Reducing Health Inequality

Why is 'reducing health inequality' important?

The JSNA identifies that health inequalities are prevalent within York. The work of the Fairness Commission highlights the links between low income and poorer health outcomes.

People living in some areas of York can expect to live on average 10[3] years less than other York residents if they are male or 3.5 years less if they are female. We believe this is deeply unfair, and jars against our vision for *all* York residents to be able to enjoy long, healthy and independent lives.

There are clear links between other types of deprivation and poor health outcomes, so it is the same areas and communities where there are more people experiencing a range of issues, from substance misuse and unemployment to mental health problems and long-term health conditions.

To reduce health inequality therefore requires us to address both the causes and effects of these complex issues around deprivation in particular communities and areas of York. The JSNA recommends that we have a better understanding of how people access services, so we can ensure services are in the right place at the right time.

Smoking, alcohol use and obesity have a significant impact on the health of our residents. The JSNA recommends that established programmes aimed at reducing the smoking prevalence in York are maintained and built upon. Consideration should to be given to targeting specific groups, such as young people, pregnant women and routine and manual occupational groups.

[3] Figures rounded to nearest 0.5 years.

Principles which will guide our work and resources to deliver this priority

We will:

- Use the Marmot framework and its 6 domains as a holistic approach to reducing health inequalities across the life course.
- Consider the impact on health inequalities in every decision we make and every policy we develop, ensuring we do not widen the gap further.
- Allocate our resources to where they are needed most, particularly those areas or groups of people who suffer poorer health outcomes.
- As organisations, work in an integrated way with individuals and communities who suffer poorer health outcomes, understanding the complex and cross-cutting nature of issues relating to health inequality, many of which are rooted in wider social factors. We will endeavour to understand and address the key issue or issues which can act as a catalyst to improving broader outcomes, rather than trying to solve individual problems as separate organisations.
- Committed to supporting community based health and wellbeing programmes that work intensively with residents who experience lower health outcomes. In the longer term, we will assess the potential for community development approaches in improving health and wellbeing within neighbourhoods.
- Explore a range of options which take support and services where they are needed most, for example, more outreach work, or using the assets we have more flexibly to better meet local need.
- Take a smarter approach around communicating health and wellbeing messages with our residents. We will:
    - undertake joint campaigns across all partners
    - use our understanding of communities and individuals to target communication
    - adopt innovative marketing approaches which actively engage people
    - utilise health champions to go to places where older people are rather than expecting people always to come to us.
- We will work with and acknowledge the positive impact that existing partnerships and task groups are making in addressing health inequalities.
- Work with schools and children's centres to engage with parents, recognising the benefits of healthy food initiatives for families.
- Health and wellbeing are multi-faceted and complex concepts, therefore a range of approaches and interventions are required to address the determinants of health. This is reflected in our actions.

Over the next three years the Health and Wellbeing Board will:

1. **Invest in targeted health improvement programmes that offer bespoke interventions to our residents who experience lower health outcomes, for example, lone parents, homeless young people and care leavers.**
2. **Champion a joint approach to ameliorating complex, interlinked issues that a number of families experience in our city, through our work with troubled families.** We want to embed more health professional resource in the existing programme to support families with more specific health related issues.
3. **All organisations on the Health & Wellbeing Board will commit to timescales for implementing the Living Wage, and encourage others in the city to do the same.**
4. **Organisations on the Health and Wellbeing Board commit to running supported employment programmes within their organisations and if successful, encourage other organisations or businesses to follow.** We will also support volunteering programmes which offer that step up to employment and work which helps sustain people in employment or training. We absolutely recognise the benefits of employment and training on health and wellbeing.
5. **Invest in community based programmes which increase residents' income and/or reduce their expenditure, such as debt and benefits advice.** We support the recommendations in the Financial Inclusion Strategy and acknowledge that this work is continuing.
6. **Explore and identify opportunities where we can take services to residents who would benefit most from this support and share buildings. This includes:**

- The use of the Community Stadium as a hub for health and wellbeing and a base for outreach services, ensuring we reach people who experience lower health outcomes.
- The use of existing buildings within communities to join up, co-locate or extend services to increase flexibility and accessibility, for example, extending the range of support available from GP surgeries or using pharmacies to provide basic health checks and signposting.

7. **Undertake targeted work to investigate and address health behaviours and lifestyles in York, focused on smoking, alcohol use and obesity.**
8. **Establish a York model for tobacco control** (it is currently across both York and North Yorkshire).

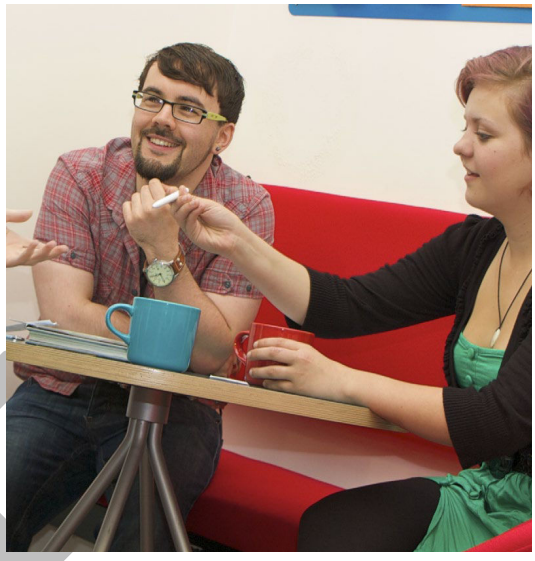
- This includes establishing a York Tobacco Alliance and implementing the NICE guidance 'Quitting smoking in pregnancy and following childbirth'.

9. **Adopt a joint approach to community development in deprived areas of York, where communities define their own issues and how they can address them.**

10. **Recruit health and wellbeing champions from within communities who experience poorer health outcomes, to signpost and offer advice.**

Improving mental health and intervening early

Why is 'improving mental health and intervening early' important?



It is estimated that at any one time there are around 25,000 York residents experiencing various kinds of mental health problems, ranging from anxiety and depression to severe and enduring conditions including dementia and schizophrenia. Furthermore, 10% of 5 to 15 year olds in York are estimated to have a diagnosable mental health disorder and, with people living longer, an increase in dementia is forecast.

Much of this can go under the radar, and we need to raise awareness and improve our understanding of the full range of mental health needs in the City.

Where possible, we want to be able to intervene early to address or prevent mental health problems and not just treat more severe conditions, as we know this is more cost-effective and better for the wellbeing of people in York.

The JSNA recommends that active consideration is given to joining up more closely the children's and adults' mental health agendas and work streams in order to support a closer focus on early intervention, prevention and transition. The JSNA also highlights the need to provide a range of comprehensive community based, early intervention support and services for individuals with mental health problems.

Housing has a significant impact on all our health and wellbeing. The JSNA specifically recommends that the housing needs of people with mental health conditions do need to be considered in the context of service planning and high quality provision.

Principles which will guide our work and resources to deliver this priority

- Seek to gain a better understanding of mental health needs in York, and the services that are currently available. We will make sure our services are fit for purpose and if necessary redesign them to better meet mental health needs locally.
- Look to raise the profile of mental health and remove the stigma attached to it.
- Ensure that when we plan services, this takes account of the mental health needs of the ageing population, with particular reference to social isolation, loneliness and the growing number of people with dementia.
- Endeavour to create supportive communities which enable good mental health; where people have regular contact with one another, friendships can be developed and people are there to support each other. This will help prevent people from developing mental health conditions or requiring services in the first place.
- Improve coordination between the broad range of mental health support available in York across sectors, and which draw from both medical and social models of health and wellbeing. Since we know that mental health conditions are often complex, long term and related to a range of factors, we will support the development of longer term support programmes and more joined-up working between services.
- Work together to join up children's and adult's mental health agendas to better support early intervention work and the transition between services.
- Support a model of early intervention and prevention where possible, providing and effectively referring to a range of alternative support (instead of medication or intensive interventions) for people with low-level mental health conditions. We acknowledge that there are different levels of mental health needs, and that different support and models of care should be used appropriately.
- Recognise that although the 'recovery model' can benefit those with mild or moderate mental health issues, there are approximately 400 people in the city with severe or enduring mental health conditions who need more intensive support.

Over the next three years the Health and Wellbeing Board will:

1. **Commit to an annual communication campaign for mental health: awareness of it, how to respond to it, and how to promote mental wellbeing.**

- As our understanding of mental health in the city increases, we can target these campaigns and work to bring in more partners from across sectors to increase their influence.

2. **Deliver a joint workforce programme for city employers for 'well at work': training for managers to increase awareness of mental health and stress.**
3. **Commission more mental health first aid training in York – either from the existing national programme or develop a local model.**
4. **Take a coordinated approach across sectors, to implement a single social prescribing programme which prescribes exercise, social activity or volunteering.**

- This approach builds on existing programmes which recommend exercise and is recognised by health professionals.
- Longer term we would like to embed this approach within Choose and Book.

5. **Introduce a Standardised Approach to Assessment (SAA) for Mental Health. All partners on the HWB agree to use the mental health recovery star for mental health recovery work.**

- This assessment could b a 'passport', following the service user to a range of services and reviews. This will avoid several different assessment tools being used every time someone uses a different service. It can be used by clinicians and non-clinicians.

6. **Across sectors, we will jointly map the support and pathways available for people with mental health conditions,** including thresholds and criteria, to identify opportunities for earlier intervention and reduced reliance on intensive support and re-commission where needed.
7. **Support schools to raise awareness of mental health to young people.**

- This includes bringing in mental health expertise to complement Personal, Health and Social Education within the curriculum and refining it so it is relevant young people's mental health issues, i.e. eating disorders and self-harm.

8. **Commission more community based support and services for individuals, especially early intervention and prevention work.**

- This includes: commissioning more counselling services and additional services to support 16-25 year olds. This will enable earlier intervention, and allow us to explore and address specific issues relating to young people moving into adulthood.

9. **Review our housing policy for people with a mental health condition, this includes looking at our housing stock options and how we can offer more flexible tenure options.**

10. **Provide a more fit for purpose Place of Safety for York and North Yorkshire.**

- We will increase multi-agency working to improve how agencies respond to those being detained under the Mental Health Act and agree a coordinated approach and policy for York.

Enabling all children and young people to have the best start in life

Early intervention and tackling inequality are the basis for enabling all children and young people to have the best start in life; there has been an increase in the number of children who are subject to formal child protection plans; an estimated 4,400 children were living in poverty in York in 2010; there is an attainment gap between children in York who are eligible to receive free school meals and those children who are not eligible.

As highlighted earlier in the document, each of our priorities will be taken forward by the designated partnership board. The YorOK partnership is developing this priority and they have set out how they will realise our ambitions through 'Dream Again', York's Strategic Plan for Children, Young People and their Families, 2013-2016

Principles which will guide our work and resources to deliver this priority

Eight ways in which we will work to help **all** children, young people and their families to live their dreams:

- **Striving for the highest standards**
  York already enjoys some of the highest educational and health outcomes of anywhere in the UK. But we are not complacent, and will continually strive for more. There should be no limits on the dreams and aspirations of any young person in York. This can only come about through positive partnerships with children, young people and their families; together with a skilled, confident and committed workforce.
- **Creating truly equal opportunities**
  We will work relentlessly to ensure that no child, young person or community is at a relative disadvantage, removing all traces of discrimination from our systems and our interactions – with a particular focus on the rising numbers of children from a BEM background, and on those questioning their sexuality. This principle is as much about celebrating the positive as it is about eliminating the negative.

- **Ensuring children and young people always feel safe**
  Safeguarding lies at the heart of all our work, as does ensuring that there are "arenas of safety" at home, at school and in the community. We will continue to make our procedures for raising concerns about a child as straightforward and as effective as possible. We will be sensitive to the possibilities of exploitation or extremism, and will continue to adopt a "zero tolerance" policy for bullying in any form.

- **Intervening early and effectively**
  We firmly believe in the principle of investing in "upstream" interventions to prevent costly "downstream" problems. This includes developing responsive mechanisms for supporting particularly vulnerable children, young people and families. It is also about programmes of public health to promote breastfeeding, exercise, healthy eating and good sexual health, whilst also preventing unwanted conceptions, and problems with drugs or alcohol.

- **Working together creatively**
  This is about working within and beyond the YorOK partnership to ensure that organisational demarcation never gets in the way of the best interests of children and young people in York. It's about sharing information, and pooling budgets, so as to develop better services. It's also about making best use of the changing organisational landscape in both education and health to promote the interests of young people.

- **Treating children as our partners: mutual respect and celebration**
  York has always prided itself on its capacity to involve young people. We need to ensure that all services continue to be fully responsive, and that young people's views are built into the design and delivery of services from the outset. We should lose no opportunity to celebrate their achievements. This principle is founded on respect for children's rights as enshrined in the UN Convention and recognition that with these rights also come responsibilities. We will continue to work closely with the Youth Council and with School Councils in this area.

- **Connecting to communities and to the rich culture of our great city**
  We need to see children as people who live within their communities and as future responsible citizens. York has such a rich heritage, and varied cultural life, and we need to ensure children and young people have multiple opportunities to connect with it. We also need to be sensitive to the fact that different communities have very different needs and aspirations, and that for some people their "community" may be their local area, whereas for others, it may have more to do with cultural identity.

- **Remembering that laughter and happiness are also important**
  It would negate the purpose of this principle to expand upon it further!

In addition, there are five specific priorities, based on evidence about where extra help is needed

- **Helping all York children enjoy a wonderful family life**
  We have always recognised that children are best brought up in their own family, however that is composed. Where that is not safely possible, we will seek always to ensure that high quality local alternative family settings are available. So we need to ensure we give extra help to any family experiencing particular difficulties, and to continue to support foster families, adoptive parents, and those parents who may be vulnerable in some way (including parents with learning difficulties).

- **Supporting those who need extra help**
  We already have evidence of differences in educational and health outcomes for looked after children compared with their peers and – despite some progress – in the attainment of pupils eligible for free school meals or the pupil premium. We also have concerns about the outcomes for young people from the traveller community and for young carers. Finally, we need to do more to help young people with a learning difficulty or disability to find employment after school or university. For all these groups, we need imaginative programmes of support and challenge.

- **Promoting good mental health**
  We need to do more work to understand the possible dimensions of the issue here, ie, what is actually needed, and to deliver a range of sensitive and professional services to support young people who have mental health issues. Young people are particularly keen for us to help to remove the stigma around poor mental health.

- **Reaching further: links to a strong economy**
  There are two particular areas where the needs of young people interact with the economic health of the city: child poverty, and young people not in education, training or employment (NEET). We need to expand our multi-agency, multi-faceted programme to tackle child poverty and to increase the number of apprenticeships across the city. The raising of the "participation age" during the lifetime of the plan will appear to have removed the problem of "NEET" young people under 18, but as a partnership, YorOK is just as concerned about young adults aged 18-25 who are without work or purposeful activity. We need to help all young people to be "work ready" and to encourage and support young entrepreneurs.

- **Planning well in a changing world**
  This priority recognises some particular uncertainties that we know we are going to have to face in the next plan period, for which we need to plan effectively. These include falling demand for secondary school places and, conversely, rising demand at primary level. We also face unprecedented pressures on our budgets, putting an added premium on ensuring that we spend every penny wisely and that we work together imaginatively to ensure that the total impact of our combined budgets is greater than

the sum of the parts. But there are also positives – the health reforms, and the changes to the education system, represent opportunities we should seize.

Cross-cutting Proposals

In addition to proposals under each of the priority areas, there are a number of proposals which, through taking a joint approach across all partners and needs, will make an impact all each of our priorities.

A key recommendation throughout the JSNA is that data collection is improved across the agreed priority areas within the Joint Health and Wellbeing Strategy. This will inform and influence how services are provided in the future, where from and for who, increasing the impact of what we commission and provide.

Over the next three years the Health and Wellbeing Board will:

1. **Undertake further research to share intelligence and get more of an insight into the health and wellbeing of those with the poorest health outcomes.**

- We need to increase our understanding of the following groups: looked after children, young people who leave care, carers including young carers, people who have disabilities, people with mental health needs, older people, offenders and people who misuse substances.

2. **Create a shared resource collating existing health and wellbeing information, joining up directories for activities / services / organisations in York, and designing appropriate ways of using this which is fit for purpose and user-friendly.**
3. **Create a health and wellbeing passport which is recognised by and used across all partners and sectors and integrate work around specific health passports. This is also relevant to the board's commitment to developing an end of life policy.**
4. **Deliver a joint workforce development programme across frontline staff of all partner organisations to 'Make Every Contact Count' and encouraging them to 'ask the next question', maximising opportunities to influence broader health and wellbeing outcomes.**
5. **Commission a joint engagement strategy to influence and coordinate our work between organisations across our five priorities.**

- This will enable us to engage with our residents and communities and individuals who use our services in the longer term.

6. **Create a joint campaigns plan, coordinating citywide health and wellbeing campaigns which often occur separately through individual organisations.**

- The proposal is to run a smaller number of more intensive campaigns that are coherent, coordinated, and focused on a significant issue related to our strategy. This will avoid disjointed messages and communication.

Creating a financially sustainable local health and wellbeing system

Why is 'creating a financially sustainable local health and wellbeing system' important?

In order to provide the services we do, and support the health and wellbeing of residents in York both in the short and long term, it is vital that we are able to do this effectively within the financial constraints we have.

Significantly reduced and further reducing public sector budgets, financially challenging times for individuals and increasing demands for a range of health and wellbeing services create a perfect storm for the health and wellbeing system in York to contend with. Taking into account increased demand, it is estimated that budget savings of around 20% will be required across health and local government by 2020.[4] To simply continue what we are doing, let alone additionally investing in our priorities or to make long-term savings, would be a major challenge.

All this, coupled with the urgent need to re-balance the York & North Yorkshire health system which is spending more than is available year on year, make this is a pivotal time to create a system which costs less overall but continues to provide excellent care, treatment, support and opportunities for our residents.

Nevertheless, we must remind ourselves that despite the challenges, there are still hundreds of millions of pounds across sectors to support and improve the health and wellbeing of individuals and communities in York – it is our responsibility to maximise what we do with this and invest it wisely.

[4] LGA Funding Outlook for Councils, 2012; King's Fund, 2011

Principles which will guide our work to deliver this priority

We will:

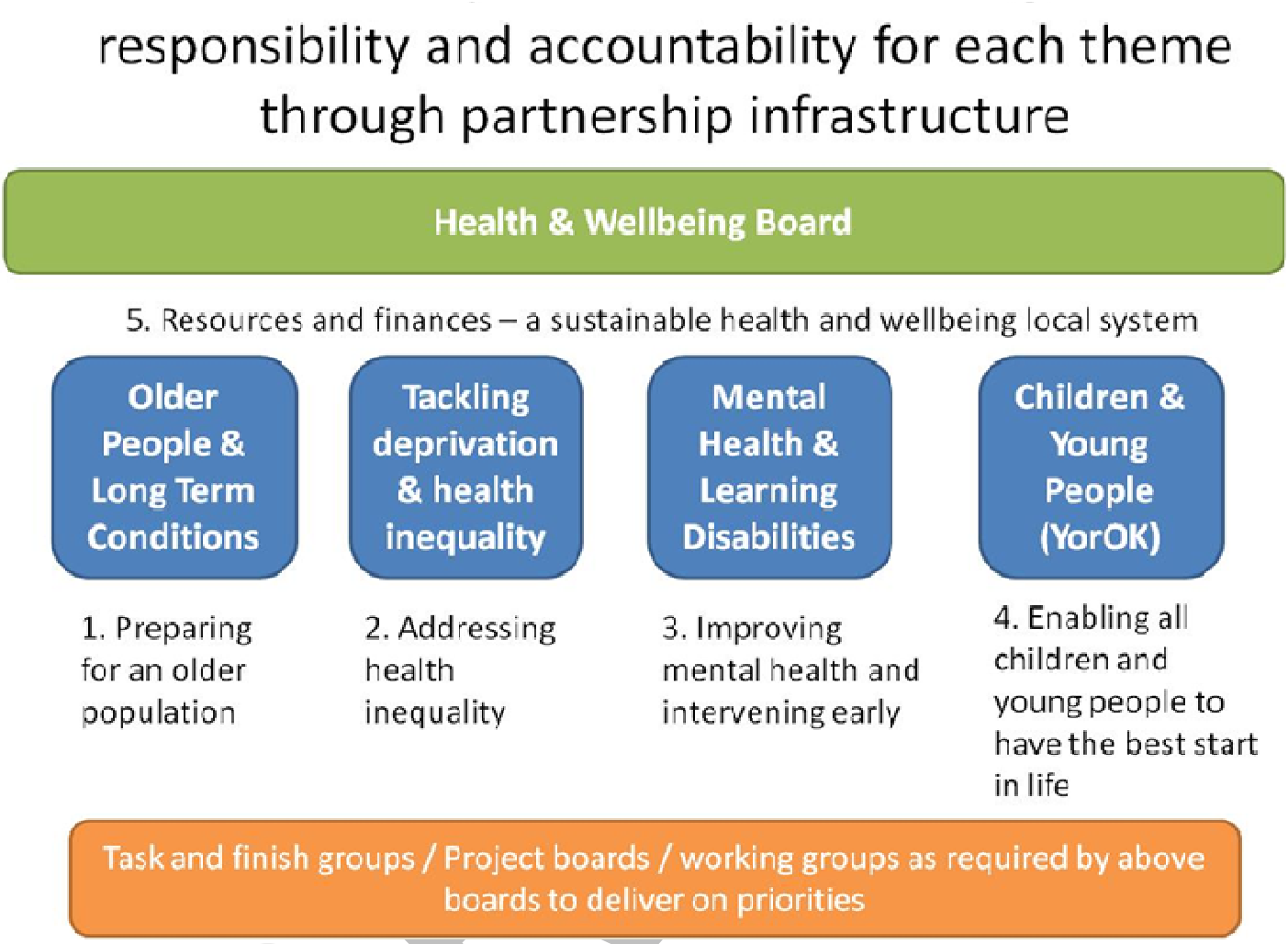
- **As the Health & Wellbeing Board, take ownership for the financial position of the whole health and wellbeing system in York, rather than the performance of individual organisations**. We will ensure we are investing in services that we know will have the biggest impact. We need to be aware of both the intended and unintended consequences of funding decisions we make and the impact of any subsequent service change. To help us make these decisions we will take a joint approach to budget consultation with residents and endeavour to communicate consistently about the overall financial position.
- **Maximise efficiencies between adult social care and health through jointly planning care pathways across sectors and integrating commissioning decisions more closely.** Where appropriate, we will explore opportunities for joint commissioning posts, pooled budgets or lead commissioning arrangements between City of York Council and Vale of York Clinical Commissioning Group to support this more integrated approach.
- **We will prioritise system change around care pathways for older people which are the most significant cost pressures and opportunities.** This will address a major strain and will release pressure on services so they are able to function better across the board, benefitting all our residents.
- **Shift the model of care away from one where people have to go to hospital, residential or nursing care to access treatment or support, to one where they are supported in their own communities or remain at home wherever possible and .**

  A consequence of providing more treatment and care at home will be to reduce the number of beds that are needed in hospitals and staffing and equipment costs accordingly. Patients prefer this model of care and this would also enable significant savings, avoiding reductions elsewhere. We must sensitively reassure and remind people of the benefits of this approach and the need to change. In order to make this system change, we will need to:
  - Create performance frameworks and contracts which reward this more financially sustainable model of care, and share risk appropriately
  - Commission primary, community and social care in a way where there is sufficient capacity to effectively support people closer to home who would have traditionally required hospital services. We will commission the best services possible, with openness to the possibility that this may not be from statutory providers.
  - Encourage the reduction of hospital referrals through GPs and nursing homes, highlighting other, more fit for purpose services, to refer on to.
  - Promote and encourage self-care where appropriate.
  - Be open with the public about the need for change, educating them in dilemmas we together face and trusting them to make decisions which benefit the whole population. We will work closely with local media, encouraging them act with social responsibility, to avoid publicity which could derail this collaborative approach.

- **Urge Central Government to adopt its plans for a financially sustainable model for paying for adult social care without delay.**
- **Allocate our resources to where they are needed most, particularly those areas or groups of people who suffer poorer health outcomes.**
- **Have a two-pronged approach to reviewing finance and resources – a whole system view but also assessing the effectiveness of our services on a case by case basis. This will give us more flexibility in allocating resource where it is needed and resolving cases where people are 'stuck in the system'.**
- **Maximise internal efficiencies through vacancy management and efficiency programmes across the Council and NHS.**
- **Take a shared approach to assets such as buildings and vehicles, maximising their use between partners, and selling or putting to other use assets we don't need as a result.**
- **Maximise the use of voluntary sector services where they provide excellent value for money and results.** We will stimulate a stronger market by supporting voluntary sectors organisations to work together or scale up to bid for larger contracts. We will tender contracts to enable voluntary sector organisations to be competitive against larger statutory or independent providers.
- **Trust patients and residents to understand the complex dilemmas we face and allow them to shape solutions, for example, through the Expert Patient Programme.**

6.

Delivering and monitoring the Strategy



There are 4 strategic delivery boards reporting to the York's Health and Wellbeing Board as illustrated above. While not the totality of their remit or work, these boards will take responsibility for delivering the various actions in the this strategy relating to their work area, which have been developed through consultation with various stakeholders including many members of the Boards themselves. It will be the responsibility of these boards to determine how each action will be taken forward in practice, with some actions perhaps requiring further scoping or definition. As part of their role, they will also consider other work required to meet the principles set out within this strategy, and establish a suitable joint performance framework to evaluate success.

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Shadow Health and Wellbeing Board **3rd October 2012**

Implementing the Health and Wellbeing Strategy

1. Summary

This report provides an update of some of the work that is progressing which is relevant to the Health and Wellbeing Strategy. This includes:

- **Implementing the new partnership infrastructure** below York's Health & Wellbeing Board
- **'Dream Again', York's Strategic Plan for Children, Young People and their Families, 2013-2016**
- **Vale of York Clinical Commissioning Group Integrated Plan**
- **Finance** – integrating budget consultation

2. Implementing the new partnership structure (Annex A & B)

This paper (attached as **Annex A**) updates the Shadow Health & Wellbeing Board on the implementation of the new partnership infrastructure at the level below.

Recommendation:

The Shadow Health and Wellbeing Board is asked to:

- Note the progress that has been made in implementing the new structure
- Confirm their support for the partnership boards' implementation and nominated Chairs
- Review the template terms of reference that will be used by the partnership boards (**See Annex B**)

3. 'Dream Again', York's Strategic Plan for Children, Young People and their Families, 2013-2016 (Annex C)

A draft of York's Strategic Plan for Children, Young People and their Families, 2013-2016 is attached (see **Annex C**). This plan will be the mechanism to develop and deliver the Health and Wellbeing Strategy priority 'Enabling all children and young people to have the best start in life'. This work is being led by the YorOK partnership.

Recommendation:

The Shadow Health and Wellbeing Board is asked to:

- Review the document and provide comment or suggestions

4. Vale of York Clinical Commissioning Group Integrated Plan

The Vale of York Clinical Commissioning Group and currently drafting their Integrated Plan 2012/13 to 2015/16. This document is attached as **Annex D**. Please note that it is a working document at this stage. The integrated plan is being developed alongside the Health and Wellbeing Strategy, with input from key commissioners for health and wellbeing in the city.

Recommendation:

The Shadow Health and Wellbeing Board is asked to:

- Review the integrated plan and provide comment, particularly to ensure alignment with the draft Health and Wellbeing Strategy and Dream Again, York's Strategic Plan for Children, Young People and their Families.

5. Finance

At the Shadow Health and Wellbeing Board on 4th July, the annual budget cycles for the major health and wellbeing commissioners were highlighted. Feeding into these processes is important for the Health and Wellbeing Board if it is to make an impact on health and

wellbeing in York and embed its strategy, priorities and actions through the allocation of resources.

As budget and commissioning decisions are made throughout the financial year 'finance' is a standing item on the Shadow Health and Wellbeing Board agenda. This will help develop the Health and Wellbeing Strategy priority 'Creating a sustainable health and wellbeing local system', particularly the guiding principle 'taking ownership for the financial position of the whole health and wellbeing system in York'.

Recommendation:

The Shadow Health and Wellbeing Board is asked to:

- Agree how they can take forward a joint approach to budget consultation (an objective agreed at July's meeting).
- Share any current or upcoming budget or commissioning decisions which will impact across and could benefit from input across the Shadow Health and Wellbeing Board.

6. Council Plan

The proposals in this paper have particular relevance to the 'Building Strong Communities' and 'Protecting Vulnerable People' strands of the council plan.

7. Implications

- **Financial**
  The implementation of the health and wellbeing strategy will impact on service planning, budgets and commissioning decisions. The health and wellbeing board will not take specific decisions on services or commissioning, however they will set the strategic direction for health and wellbeing services over the next three years.

- **Human Resources (HR)**
  No HR implications

- **Equalities**
  The implementation of the health and wellbeing strategy may well affect access to service provision. Decisions about accessing specific

services will not be taken at the board. Addressing health inequality and targeting more resource towards the greatest need should positively impact on equalities. To ensure that York's Health and Wellbeing Strategy does not have a negative effect on equalities a community impact assessment will be carried out before the strategy is signed off in December 2012.

- **Legal**
  No legal implications

- **Crime and Disorder**
  No crime and disorder implications

- **Information Technology (IT)**
  No IT implications

- **Property**

  No Property implications

8. Risk Management

There are no significant risks associated with the recommendations in this paper.

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Report Approved	√	**Date**	24 September 2012
Wards Affected:		**All**	√

For further information please contact the author of the report

Annexes

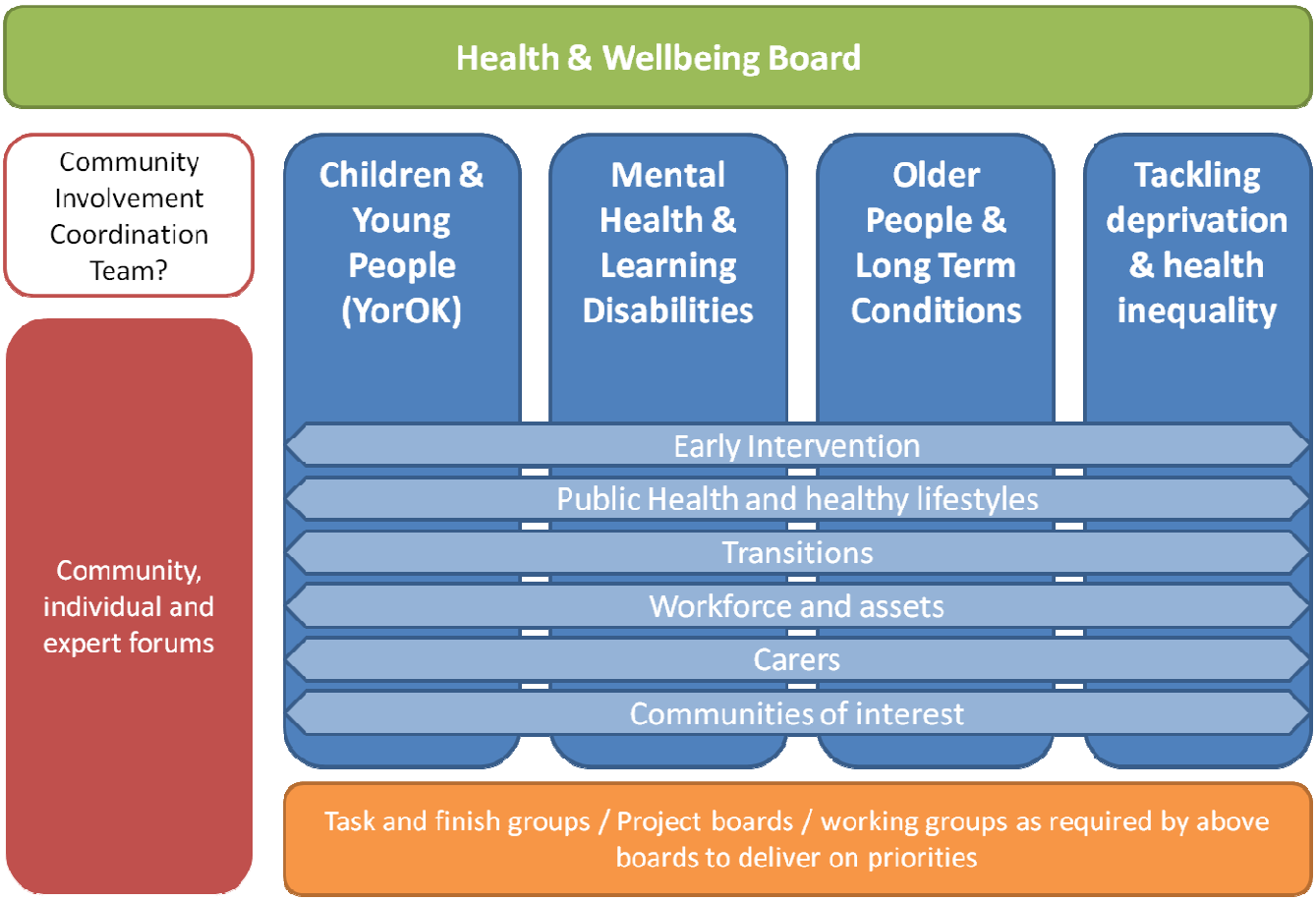
Annex A and B	Implementing the new partnership structure
Annex C	'Dream Again', York's Strategic Plan for Children, Young People and their Families, 2013-2016
Annex D	Vale of York Clinical Commissioning Group Integrated Plan

Implementing the new partnership infrastructure below York's Health & Wellbeing Board

1. This paper updates the Health & Wellbeing Board on the implementation of the new partnership infrastructure at the level below. It asks the Shadow Health and Wellbeing Board to:
   - Note the progress that has been made in implementing the new structure
   - Confirm their support for the partnership boards' implementation and nominated Chairs
   - Review the template terms of reference that will be used by the partnership boards (See Annex B)

Background

2. In May, York's Shadow Health & Wellbeing Board agreed the following partnership infrastructure:



3. The board also suggested the following parameters for inclusion in their Terms of Reference.

The expectation is that the partnership boards will:

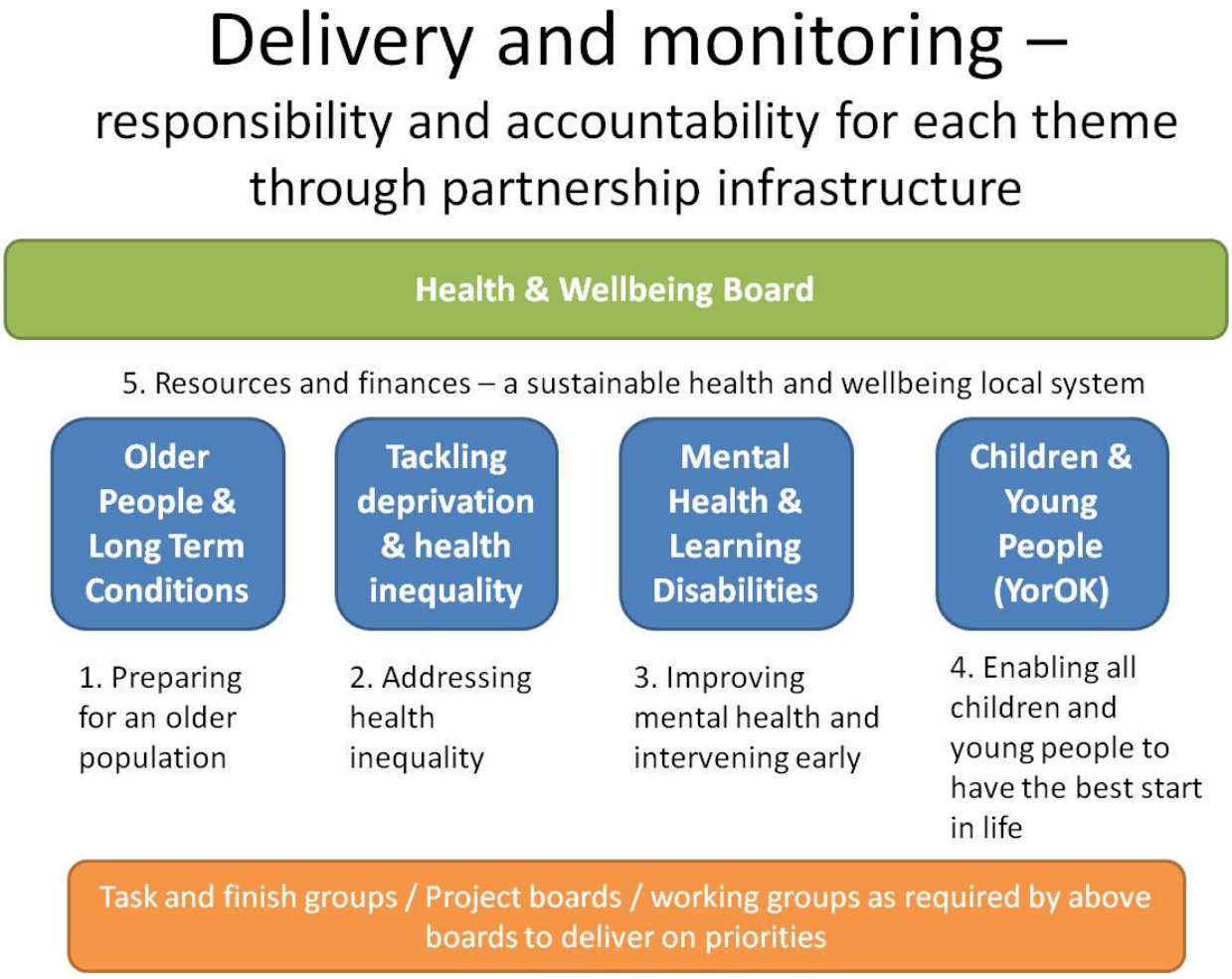
- Have senior representation from key providers and commissioners of services, including, City of York Council, Vale of York CCG, and York Hospital.

- Be accountable to the Health & Wellbeing Board for delivering the relevant priorities of the Health & Wellbeing Strategy – be guided by the strategy's principles and deliver specific actions.
- Take recommendations to the Health and Wellbeing board, to influence the strategic direction of the York's health and wellbeing system, based on their expertise and understanding of the issues within their remit.

For their particular area of focus they will:

- Have joint leadership and responsibility for their work across the city
- Set objectives for their relevant subject areas and any other associated areas that have an impact on it, such as education or employment
- Collate an understanding of need
- Investigate opportunities for joint commissioning and shared budget arrangements
- Oversee whole system pathway redesign where needed
- Ensure organisational plans and spend reflect strategic priorities
- Devise a performance framework and monitor the outcomes of their work
- Set up task and finish groups to where needed to undertake particular detailed work
- Ensure planning, commissioning and delivery is informed by community and patient voice

4. As agreed by the Shadow Health & Wellbeing Board in July, the priorities of the Health & Wellbeing Strategy will be delivered by these partnership boards (and working groups):



5. Work is now underway to implement the new partnership structure as agreed by the Health & Wellbeing Board. This includes:
    a. The YorOK Board is being reviewed to more closely reflect the new role and link to the Health & Wellbeing Board.
    b. The Adult Commissioning Group has been discontinued
    c. The new Mental Health & Learning Disabilities, Older People & Long Term Conditions and Tackling Deprivation and Health Inequality are at various points along the journey of being set up, but have not yet had their first meetings.

Update on the partnership boards' implementation

6. We have engaged and consulted various stakeholders to help develop the establishment of the partnership boards. As a result of this consultation, we are recommending to the Shadow Health and Wellbeing Board that:
    a. The major commissioners of health and wellbeing services in York (City of York Council and Vale of York Clinical Commissioning Group) share responsibility for chairing and supporting (i.e. the Lead Officer role) the partnership boards. This will help retain a focus on shaping and integrating commissioning decisions.

    b. That all the partnership boards, with the exception of YorOK, are set up as new entities. In the process of establishing themselves, the new partnership boards will need to involve and consider the future of existing partnerships within its remit e.g. the Mental Health Partnership, Older People's Partnership, and Valuing People Partnership. One board may evolve into another, but we are keen to start afresh to ensure their new purpose and accountability is reflected.

    c. In light of the points above, it is recommended that the following Chairs are appointed:
        - **YorOK** – Cllr Janet Looker, City of York Council (already in post)
        - **Mental Health & Learning Disabilities** – Dr Cath Snape, Vale of York CCG
        - **Older People & Long Term Conditions** – Dr Tim Hughes, Vale of York CCG
        - **Tackling deprivation & Health Inequality** – Dr Paul Edmondson-Jones, Director of Public Health and Wellbeing, City of York Council (jointly appointed with the CCG)

    d. A template Terms of Reference has been drafted for use by the partnership boards (see Annex B). This will ensure consistency, but will also allow flexibility for each board to supplement or modify to for its own requirements.

e. The new partnership boards are aiming to meet for the first time in October or November. As part of this meeting they will discuss the draft Health & Wellbeing Strategy and give opinion on the priorities, principles and actions relevant to their remit.
f. Each of the partnership boards will provide an annual update to the Health & Wellbeing Board to update on progress and outcomes. This is also an opportunity for the partnership boards to influence health and wellbeing strategy for the areas relevant to their remit.

7. Each of the proposed Chairs and Secretariat for the new partnership boards has been provided with a pack to support their establishment. This includes a template constitution and terms of reference, draft partnership diagrams and suggested agendas for the first few meetings.
8. Chairs and Lead Officers will have the mandate to make decisions on the specific details on the establishment of their partnership board, such as, the most appropriate membership to best meet its purpose and objectives, and how it will ensure communities, individuals and people who use services are able to influence commissioning and the design and delivery of services.
9. Once set up the partnership boards will take responsibility for delivering the various actions in the Health & Wellbeing Strategy relating to their work area, which have been developed through consultation with various stakeholders including many members of the partnership boards themselves. It will be the responsibility of the partnership boards to determine how each action will be taken forward in practice, with some actions perhaps requiring further scoping or definition. They may also wish to consider other work required to meet the principles set out within the Health & Wellbeing Strategy. The Health & Wellbeing Strategy will not be the totality of their remit however, and the partnership boards will need to consider any other priorities for their work plan, especially relating to areas which are not directly linked to the 5 priorities of the Health & Wellbeing Strategy, which are still valid and vitally important.

Recommendations to the Shadow Health and Wellbeing Board:

10. The Shadow Health and Wellbeing Board is asked to:

- Note the progress that has been made in implementing the new structure
- Confirm their support for the partnership boards' implementation and the nominated Chairs
- Review the template terms of reference that will be used by the partnership boards (See Annex B)

ANNEX B

[partnership board name]
Draft Constitution

1 Constitution

This constitution and terms of reference were adopted by the [partnership board name] on [Date]. They will be reviewed periodically.

1.1 Name
The name of the Board is the [partnership board name].

1.2 Status
The [partnership board name] operates as a sub-group of the York Health and Wellbeing Board. It does not have any formal responsibility for budgetary decisions; however such decisions may be delegated to it by the Health and Wellbeing Board, or by one or more of the partner organisations represented on the Board.

1.3 Membership of the Board
Responsibility for leading and supporting the Board is shared between the key commissioning organisations for health and wellbeing in York, ie the Local Authority and the Vale of York Clinical Commissioning Group (VOYCCG).

Board members will be required to represent their organisation with sufficient seniority and influence to take forward the Board's shared vision and agenda and to take decisions within their own organisations in a manner consistent with that vision.

Membership of the Board will consist of:

Organisation	Position

Board membership will be reviewed periodically and can be amended at any stage with the agreement of existing Board members. Partner organisations may substitute for their named Board representative with the prior agreement of the Chair. Colleagues from across the partnership can attend the Board for specific agenda items with the prior agreement of the Chair.

All Board members will have equal status. Board Members shall ensure that appointments to the Board have been made in a fair way having due regard to the Nolan principles of public life.

1.4 Chair and Vice Chair
The Chair and Vice Chair of the Board will be nominated from City of York Council and the Vale of York Clinical Commissioning Group in consultation with Board members and will normally alternate. The Chair and Vice Chair will be confirmed periodically at a meeting of the Board.

The Chair is responsible for determining the forward plan and agenda items (with assistance from the Lead Officer), ensuring the efficient running of the meeting, maintaining focus and facilitating and enabling participation of all those present and ensuring that confidential items are handled accordingly.

1.5 Lead Officer
The Lead Officer will assist the Chair and Vice Chair in determining the forward plan, prioritising, scheduling and coordinating agenda items. They are responsible for ensuring that appropriate reports, presentations and attendees are available for items tabled and act as a contact point for enquiries.

1.6 Secretariat
Board meetings will be serviced by a secretariat. The secretariat is responsible for planning and coordinating meetings and venues, maintaining an up to date register of Board members and their contact details, publicising agendas and papers to Board members in advance of meetings, taking and publishing minutes of Board meetings and acting as a contact point for enquiries.

1.7 Other support for the Board
The Council and Vale of York Clinical Commissioning Group will ensure that the Board receives the necessary support to enable the Board to discharge its responsibilities effectively. This will include financial and legal advice and specific support to monitor and review performance.

1.8 Making decisions
The Board will not exceed its powers and will comply with any relevant obligations imposed by its members. Members will seek to achieve consensus through discussion. Any vote will be by a simple majority of members in attendance with the exception of proposals to alter or amend the Constitution (see 1.12 below). The Chair has a casting vote if needed.

1.9 Interests of Board members
Board members must declare any personal or organisational interest in connection with the work of the Board. Where there is a potential conflict of interest for individual Board members, this should be openly and explicitly declared. At the Chair's discretion the Board member may be excluded from the discussion and / or decision making related to that particular agenda item.

ANNEX B

1.10 Leaving the Board
A person shall cease to be a member of the Board if s/he resigns or the relevant partner agency notifies the Board of the removal or change of representative.

1.11 Meetings
The Board will normally meet on a two-monthly basis i.e. 6 meetings per annum. The Board will be quorate when at least five members, including at least one representative from City of York Council or Vale of York Clinical Commissioning Group, and from two other partners, are present. If the meeting is not quorate in may proceed at the discretion of the Chair but may not take any decisions that would require a vote.

1.12 Changing the Constitution
Subject to the following provisions of this clause, this constitution and annexes may be altered by a resolution passed by not less than two thirds of the members present and voting at a meeting of the Board. The notice of the meeting must include notice of the resolution, setting out the terms of the alteration proposed.

No amendment may be made to this constitution which would conflict with any legislation, regulations or standing orders of City of York Council or the Vale of York Clinical Commissioning Group. Significant changes to the membership or constitution will also need to be ratified by the Health and Wellbeing Board, who will have the final authority in the event of any dispute. The Health and Wellbeing Board may also itself recommend changes to the membership or constitution of the [partnership board name] Board.

This constitution was adopted on the date noted above by the relevant Chief Executives/Leaders.

Signed _____

Organisation _____

ANNEX B

[partnership board name]
Draft Terms of Reference

2 Terms of Reference

2.1 Purpose of the [partnership board name]

The Board is accountable to the Health & Wellbeing Board for delivering certain Health & Wellbeing Strategy priorities and objectives. The Board has several specific responsibilities in relation to [insert focus of the board, e.g. mental health and learning disabilities]:

[Add to / amend as appropriate]

1. Taking joint leadership and responsibility for the City
2. Setting priority objectives, not only for health and wellbeing but also for any other matters relevant to [insert focus of the board, e.g. mental health and learning disabilities] (e.g. education, employment)
3. Collating an understanding of need, for use in Joint Strategic Needs Assessments
4. Investigating joint commissioning and shared budget arrangements
5. Overseeing whole system pathway redesign
6. Ensure individual organisation plans / spending reflect priorities
7. Monitoring outcomes
8. Setting up task and finish groups to undertake particular detailed work
9. Ensuring planning, commissioning and delivery is informed by community and patient voice.
10. Producing an annual report for the Health and Wellbeing Board.

2.2 Involving residents, communities and individuals who use our services

The Board expects that the views and involvement of residents, communities and individuals who use our services will influence the work of the Board and its sub groups at all stages. It will ensure that the views of residents, communities and individuals who use our services inform planning, commissioning, design and delivery of service provision. It will link in with ward based engagement mechanisms and community contracts to ensure that neighbourhood priorities are delivered, and citywide actions are influenced by local intelligence. [specifically how will this happen in relation to the board]

2.3 What the Board doesn't do

The Board is not directly responsible for managing and running services but it does consider the quality and impact of commissioning and service delivery across partner organisations. It does not have direct responsibility for budgets, except where these have been delegated to it.

2.4 Accountability and reporting

ANNEX B

The [partnership board name] is formally accountable to the Health and Wellbeing Board for York. The Chair of the Board may or may not be member of the Health and Wellbeing Board; however, it is expected that he or she will establish and maintain effective links with the Health and Wellbeing Board to ensure alignment of the strategic objectives of both Boards.

The [partnership board name] may establish subgroups, or "task and finish" groups as appropriate to deliver its agenda and priorities. These subgroups will be accountable to the Board and will report at least annually to the Board.

2.5 Expert advice and support for the Board

Financial and legal advice will be available to the Board from within the Local Authority and the Vale of York Clinical Commissioning Group ICG to ensure that decisions taken are both permissible and in accordance with proper accounting procedures.

Specialist performance and management information support and advice will be provided by the Local Authority and the Vale of York Clinical Commissioning Group ICG to enable the Board to fulfil its performance and outcome monitoring role.

2.6 Culture and values: how the Board exercises its responsibilities and functions

The Board will take into account the following behaviours and values in exercising its functions. Board Members will:

- Participate on the basis of mutual trust and openness, respecting and maintaining confidentiality as appropriate;
- Work collaboratively, ensuring clear lines of accountability and communication;
- Share expertise and intelligence and use this synergy to provide creative solutions to complex issues;
- Take account of any particular challenges, policies and guidance faced by individual partners;
- Have regard to the policies and guidance which apply to each of the individual partners;
- Adhere to and develop their work based on the vision statement approved by the Board;
- Where decisions of the Board require ratification by other bodies the relevant Board Member shall seek such ratification in advance of any meeting of the Board or promptly following Boards recommendations;
- The Board shall exercise its functions so as to secure the effective cooperation of partners and the provision of high quality integrated services for children, young people and their families.
- Adhere to the Nolan principles on the conduct of public life.

2.7 Public participation

The [partnership board name] is not a public forum. However, requests to attend board meetings can be made to the chair in advance of the meeting. [Where will agendas and papers be publically available through?]

Annex C

Version 6 - 24/09/12

Dream Again

York's Strategic Plan for Children, Young People and their Families

2013-2016

Contents

Annexes

Foreword by Ella Boorman, Member of the Youth Parliament for York

Welcome to “Dream Again”, the new Children and Young People’s Plan for York.

When the last Plan was written in 2009, York wasn’t involved in the UK Youth Parliament, and it didn’t have a Youth Council. Now we are very much part of the scene. Young people, such as myself, meet regularly with the City’s politicians and decision makers. The issues we raise, and the campaigns we run, have had a real influence. We have had a great deal of input into this Plan. I hope this level of involvement will continue and grow.

I am glad this Plan is called “Dream Again”, rather than something more boring. At my age we do a lot of dreaming! Sometimes it’s easier to dream than to plan ahead, because the world seems a rather uncertain place. Three years is a long time for a teenager, and at the moment I’ve no real idea what I will be doing in 2016.

But I do know I will always be grateful for the support I’ve had from my parents, my teachers, and all those who work with us. The most important thing I would like you to remember, if you work with children and young people, is that everybody needs a bit of help at some stage. But please never underestimate how strongly we feel about giving extra help to those who need it most, which is why some of our own campaigns have focussed on the cost of school uniforms, support for young carers, and young people with mental health issues. I am pleased that these are seen as key priorities in this Plan.

It’s been a privilege to serve as one of York’s first MYPs and I hope my successors enjoy it as much as I have.

Ella Boorman

Student & Chair of the Youth Parliament for York

Foreword by Pete Dwyer, Director of Adults, Children and Education

We like “dreams” in York. It’s a resonant word. It implies limitless possibilities. That is how we have always approached our work with children, young people and their families in York. No boundaries, no limits, no walls.

The title of this, our fourth such Plan, is a deliberate echo of the words we used in our previous Plan, about helping children to live their dreams. There is continuity between the new Plan and the old, because much of what we have been doing has clearly been on the right track.

At the same time, though, we need to “dream again”. These are the last two words of Caliban’s famous speech in *The Tempest* that were used to such stunning effect in the inspirational opening ceremony for the 2012 Olympic Games. In the context of this Plan, they are meant to encourage us to renew energies and refresh our ideas. However successful we may be in our work – and the evidence, outlined in chapter 3, suggests we were often outstandingly so during the last Plan period – we must never rest on our laurels.

So there is much that is new about this Plan. We have refreshed our vision, our principles, and our ways of working. And we have tried more clearly to delineate those things that we will do in order to nurture and support *all* of York’s children and young people, from those additional steps we need to take to help the most vulnerable. We hope practitioners will find this a helpful distinction – it gives us a much smaller number of “priorities” than previous Plans.

The challenge, then, is to divide our energies, and our increasingly limited resources, between our universal work and our more targeted activities. Dreaming will only take us so far – we need to continue at some point to turn dreams into hard-headed, cost-effective actions. That is exactly the sort of challenge we relish in York.

With the support of our passionate workforce, and in partnership with children, young people and their families, that is what we must now do.

Pete Dwyer

Director of Adults, Children and Education

Foreword by Councillor Janet Looker, Cabinet Member for Education, Children and Young People's Services, and Chair of the YorOK[1] Board

Ella and Pete have left me very little to say. Ella has alluded to the changing times – and since the last Plan was written, there has been political change at both national and local level. But in York, the interests of children and young people have always transcended party politics.

It goes without saying that the contents of this Plan have the unqualified support of the Cabinet. Equally importantly, though, they have been endorsed by the YorOK Board, a vibrant partnership that it is my privilege to chair. As recognised by Ofsted, partnership working in York is not just a phrase – it is fundamental to everything we do. As YorOK, we can be very much more than the sum of our constituent parts.

As Chair of YorOK, I undertake to maintain energy and focus on the priorities set out in this Plan. I am glad, though, that they include dreams and laughter, because these are just as important as the more technical aspects. Working with children, young people and their families can be challenging at times – but it is also a great joy. I hope our collective enthusiasm for the jobs we do shines through the pages of this Plan.

Cllr Janet Looker

Cabinet Member for Education, Children and Young People's Services, and Chair of the YorOK Board

[1] "YorOK" is the branding for York's Children's Trust.

Annex C

"Dream Again" – The Plan in a Page

Vision

York is a city making history and its children are our future. Every child and young person in York deserves to live their dreams. We will stretch, support, nurture and release them to do so. Working with them and their families, we will make York the best place in Britain in which to grow up.

Eight ways in which we will work to help all children, young people and their families to live their dreams:

- Striving for the highest standards
- Creating truly equal opportunities
- Ensuring children and young people always feel safe
- Intervening early and effectively
- Working together creatively
- Working in genuine collaboration with children and families: mutual respect and celebration
- Connecting with communities, within which our children live, and to the rich culture of our great city
- Remembering that laughter and happiness are also important

There are five specific priorities, based on evidence about where extra help is needed:

- Helping all York children enjoy a happy family life
- Supporting those who need extra help at the earliest opportunity
- Promoting good mental health
- Reaching further: links to a strong economy
- Planning well in a changing world

Chapter 3: A review of the last Plan period

*3.1 The purpose of this chapter and the accompanying **Annex A** is to give an overview of the period covered by the previous Plan period, and an account of the extent to which we[2] achieved what we set out to do. It is not intended to be exhaustive, but rather to enable us to reflect on what went well, and what still needs to be done. It includes references to recent external inspections of children's services in York.*

3.2 The last Plan was structured around the five "Every Child Matters" outcomes, plus a sixth section on "Managing our Services". This chapter follows the same format. Although the priorities in the new Plan are not set out the same way (not least because they are fewer in number than in the last Plan), we believe that the five outcomes helped to transform approaches to children's services, and they still underpin everything we do.

*3.3 For the purpose of this Plan, our **definition** of 'children' includes all children aged 0-18 years who live in York, care leavers up to the age of 25 who are entitled to support with their education and training, and a small number of young people aged 0-25 who have particularly complex health, education and care needs that will be met through a "Single Plan" as is proposed in the Children and Families Bill due in the Autumn of 2012.*

Overview

3.4 During the three years 2009-12 covered by our previous Plan, children's services have seen significant changes at both national and local levels. The coalition government has focussed on new policies and priorities; the public sector has faced up to significant financial challenges; and there have been changes in organisational structures and in service delivery across the children's services partnership. More changes are on the horizon and these will be picked up in later sections of this Plan.

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[2] In this Plan, "we" is a reference to the YorOK Partnership. This is explained in more detail in Chapter 7.

3.5 Even so, in York we have made strong and sustained progress throughout this period. We are proud of the difference we are making to the lives of children and young people in the city. In broad terms, our performance monitoring has shown that over the past three years, out of the 33 performance indicators set at the outset of the last Plan, we have made good progress against 76% of these. This is particularly impressive given we challenged ourselves to improve on the most difficult issues. However, we are not complacent and we know where further action is required and where we must focus our collective efforts over the next three years.

3.6 This chapter sets out the headlines from the last period. All of the charts and references to performance data relate to the past three years covered by our previous Plan, unless otherwise stated. A full retrospective 2009-12 performance scorecard is provided at **Annex A**.

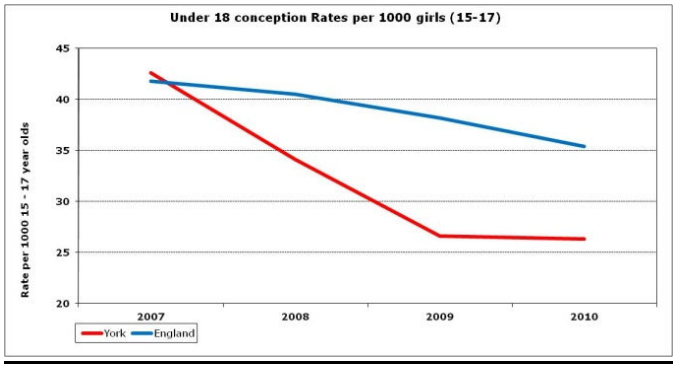
Being Healthy

3.7 There have been many changes in this area over the past three years. Funding changes have meant that some health-related initiatives have ended or are being delivered and targeted in new ways. New legislation has abolished Primary Care Trusts and has set up groups of GPs who will become responsible for commissioning many areas of child health provision. Health and Wellbeing Boards have been established, along with a requirement for all areas to have a Health and Wellbeing Strategy covering the whole population. Local Authorities are taking over responsibility for public health. Many new opportunities come with these changes but there are risks of transitional distraction.

3.8 Throughout the period, however, health involvement in the YorOK partnership has remained strong, and focussed on achieving the best possible outcomes for children and young people. Over this period we have:

- launched a new local offer of support and services for disabled children and young people and their families;
- published a new strategy for Child and Adolescent Mental Health which seeks to ensure that mental health is everyone's responsibility;

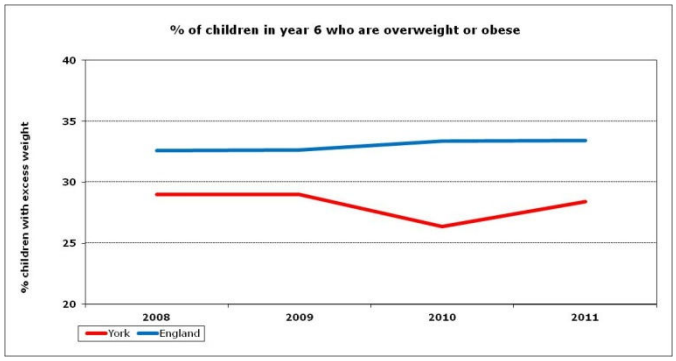
- jointly commissioned the new Family Intervention Rapid Support Team (FIRST) Service for children and young people with learning disabilities and difficulties who are at risk of becoming looked after;
- trained 92 Emotional Literacy Support Assistants who are now working across 39 schools and settings;
- reduced our rate of teenage pregnancies to the lowest level since 1998;



- provided more targeted opportunities for children and young people to take part in sports, including 'pop-up' activities for disabled and looked after children, despite funding pressures;
- produced a new Disability and Inclusive Sport and Physical Activity directory.

3.9 Looking ahead, in the period covered by this Plan we will focus more closely on the following areas:

- equipping more practitioners to know how to identify and respond to the mental health needs of children;
- continuing our joint work to tackle childhood obesity. Whilst our child obesity rates remain strong in comparison with other areas, they are still higher than we would wish;

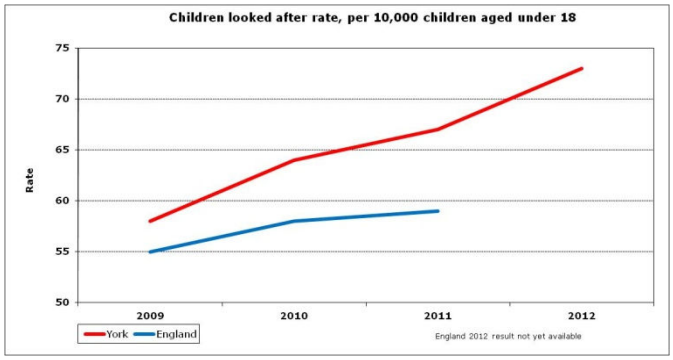


- encouraging higher take-up of school lunches. Take-up in York is low in both primary and secondary schools when compared regionally and nationally;
- providing timely health assessments for Looked After Children[3] and young people who live in external placements or whose placement address is outside of the city boundary.

Staying Safe

3.10 Our safeguarding procedures and our services for Looked After Children have been externally scrutinised on several occasions and continue to be highly rated[4] with outstanding prospects for further improvement. We have focussed particularly on improvements to practice, systems and service quality, reviewing many areas of service in line with our priorities and aspirations. We are in the process of further strengthening individual case planning, safeguarding scrutiny arrangements and the collection of data.

3.11 In line with other areas of the country, the number of children who are looked after or subject to child protection plans in York has increased significantly over the past three years. The number of looked after children has risen from 223 to 261 (increase of 17%) and the number of children subject to child protection plans has increased significantly from 78 to 176 (increase of 126%).



[3] When the term "Looked After Children" is used in this Plan it refers to children and young people who are under the care of the Local Authority, as well as Care Leavers.

4 (Safeguarding Peer Review 2011; Ofsted Review: High expectations, high support and high challenge; Protecting children more effectively through better support for front-line social work practice (2011); Ofsted Safeguarding and Looked After Children Inspection 2012)

3.12 These trends are at least in part caused by a welcome increase in people's awareness of safeguarding matters, and of the risks facing some children and young people. Nevertheless, we start from the principle that children are best brought up within their own families, and that unnecessary statutory interventions should be avoided. We aim to reduce the numbers who are looked after or subject to a protection plan, and this is one of our strategic priorities for the period of this Plan.

3.13 We have already started to address these issues through the launch last year of our Advice and Assessment Service (also known colloquially as the "Front Door"). This new integrated service provides a single point of contact to respond to the full range of enquiries and concerns about individual children. Our approach will be further strengthened by our newly integrated family service, which will incorporate our response to the Government's "Troubled Families" initiative. Our children's centres and integrated youth support service are also now focussed on providing targeted assistance to help deliver our strategic objectives in this area.

3.14 In addition, over the last Plan period we have:

- improved how we respond to potential cases of child sexual exploitation;
- improved our partnership approach to cases of neglect and sexual exploitation through the leadership of the Safeguarding Children Board;
- ensured we undertake pre-birth assessments in relevant cases;
- learnt lessons and improved how we respond to allegations made against staff;
- listened to what young people are telling us about bullying and acted accordingly. The recent 'Stand up For Us' survey showed that pupils feel safer in school and that levels of bullying are reducing;
- reduced the number of "out of city" and independent sector placements to their lowest ever levels;
- increased the number of approved fostering households to the highest level ever;
- published our Looked After Children Strategy;
- encouraged two Looked After Children forums to develop a widely-publicised "pledge" for Looked After Children;

- hosted events to celebrate the achievements of Looked After Children and Young People and foster carers.

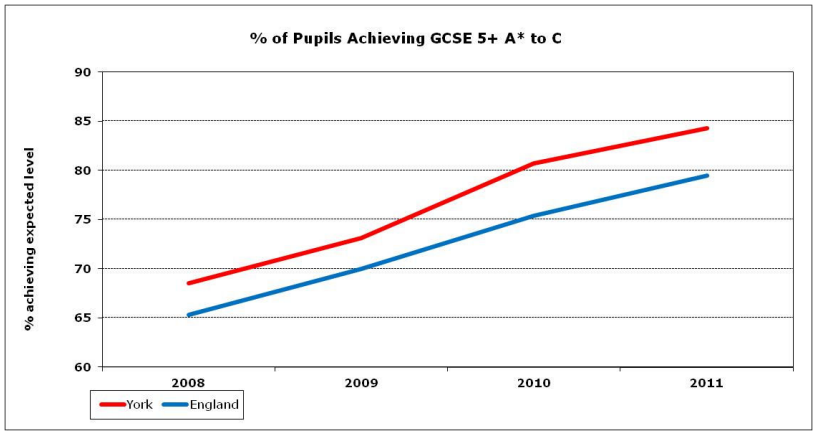
3.15 Looking ahead, in the period covered by this Plan we will focus even more closely on the following areas:

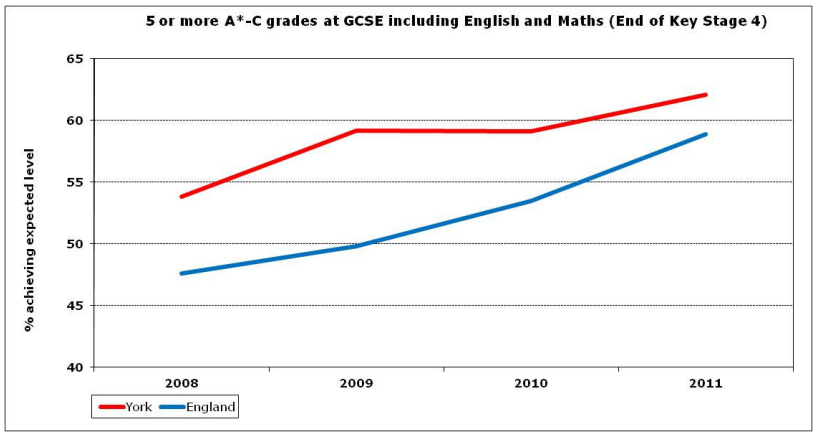
- preventing the need for children to become looked after or to require specialist child protection interventions;
- improving the stability of foster placements;
- dealing with the risks and challenges faced by young runaways;
- strengthening our 'corporate parenting' arrangements (the council acting as a parent to a child in care).

Enjoying and Achieving

3.16 Significant changes have also been taking place over the past three years in relation to schools and learning. We have seen the introduction of new types of schools, schools becoming responsible for commissioning services, and responsibility for school improvement being increasingly shared between the local authority and schools themselves. The York Education Partnership has been set up to enable all local maintained schools and academies to continue to work in partnership with each other and with the local authority in this new and changing context.

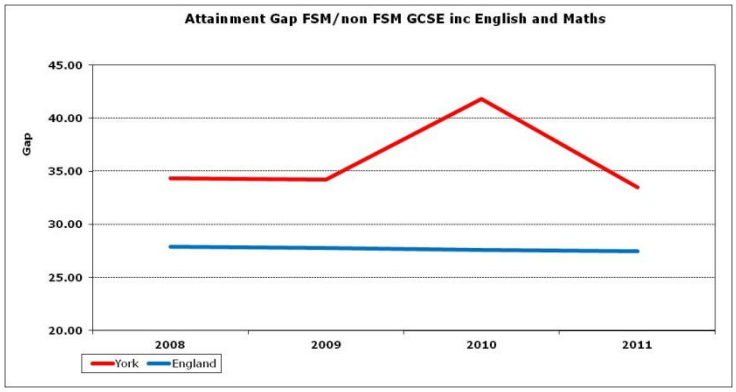
3.17 Over the past three years, our schools have continued to deliver an exceptional quality of service to our community. York continues to be one of the best performing cities in the UK for primary and secondary education, with 83% of all secondary school pupils attaining five A*-C grades at GCSE and 62% attaining five A*-C grades at GCSE including English and mathematics. Communities, families and cultural and enrichment opportunities also play key roles in enabling children and young people learn, achieve and thrive.





3.18 In addition, over the last Plan period we have:

- strengthened our “virtual school” arrangements for Looked After Children through the appointment of a senior leadership team, and by improving the way we track the progress of individual pupils;
- reduced the number of children needing to pursue their learning outside York from 35 to 26 through rigorous “joint panel” arrangements;
- ensured that none of our schools have remained in an Ofsted ‘category’, this being a testament to the quality of leadership and support across the whole school community;
- prepared for the raising of the participation age in 2015 in partnership with local colleges and schools. This has included piloting a new range of apprenticeship, pre-apprenticeship and combined learning and employment provision;
- made some progress in “narrowing the gap” in educational outcomes for children who receive free school meals, compared with their peers, as the chart shows;



- reviewed our Early Years service so as to focus more sharply on standards and service quality;
- ensured that all births are now registered with our children's centres, enabling us to improve our reach across local communities and improve our ability to offer additional help to vulnerable families;
- increased the number of free child care places for vulnerable two-year olds from 50 to 350;
- transformed our libraries which are now attracting more families. The impact of Family Learning provision on children's attainment is beginning to show positive results.

3.19 Looking ahead, in the period covered by this Plan we will to focus more closely on the following areas:

- improving the educational attainment and outcomes for Looked After Children, and in particular the education of children placed outside of York;
- further "narrowing the gap" in educational outcomes for other vulnerable pupils in the City, including those who have special educational needs, those who are in receipt of free school meals and traveller pupils;
- keeping a sharper focus on the education and attainment of the 0-5s, children who are at risk of being excluded from school and pupils in mainstream schools who need specialist support;
- developing school-to-school support and improving arrangements to support leadership across the school community;
- introducing a 0-11 literacy policy to help drive up standards, outcomes and consistency through all early years settings;
- identifying, and further responding to the needs of, Young Carers.

Annex C

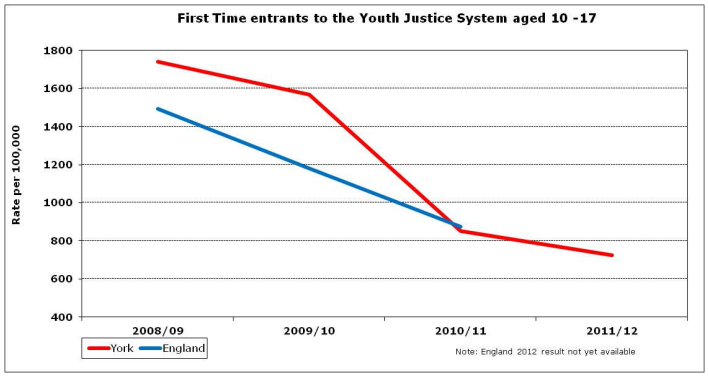
Making a Positive Contribution

3.20 We have continued to make progress in strengthening the voice and influence of children and young people within the City. Planned changes to our YorOK Board will further strengthen the reach and impact of children and young people in relation to strategy, commissioning and service provision, and involvement forums are reaching a wider audience and becoming increasingly effective.

3.21 Children and young people have told us that there are plenty of things to do and places to go in York, although they would like more opportunities in the city centre. Our cultural offer has focussed on ensuring high quality provision, nurturing interest and talent, whilst developing specific and inclusive offers for vulnerable and harder to reach groups of children and young people.

3.22 In addition, over the last Plan period we have:

- significantly improved York's youth offending figures, including a reduction of nearly 50% in the numbers of first time entrants to the Youth Justice System;



- established an Integrated Youth Support Service, combining the Youth Offending Team, Careers Service and Youth Service, enabling us to deliver a more coordinated response to intervening early to meet the needs of vulnerable young people;
- established an increasingly influential Youth Council. Together with other initiatives such as Young Researchers and Young Inspectors, young people have led on several successful campaigns about child

poverty, travel, support for Young Carers, access to health care and changes to the PSHCE curriculum;

- continued to run specific forums to enable us to hear the views of looked after and disabled children;
- maintained a forum for young people who are lesbian, gay, bisexual, transgender or "questioning" throughout difficult budget rounds, following representations from young people themselves;
- provided a rich cultural offer that has included two Youth Festivals, celebrating the talents of young people in the City, arts workshops in partnership with Relate Teen, and production of a film that was nominated for Best Animation category in the National Shorts Awards 2011;
- increased take-up of the story time programme;
- opened the Rowntree Park Reading Cafe;
- improved further our 'Shine' publication for children aged 5 - 18, Looked After Children and disabled children, so that it now gives details of activities beyond the school holiday period;
- offered a range of new volunteering opportunities for young people through the York Youth Community Action Programme (during which 3508 14-16 year olds (ie 74%) completed 26,252 hours of new community action and volunteering activity) and a range of programmes facilitated by York Cares and other voluntary groups.

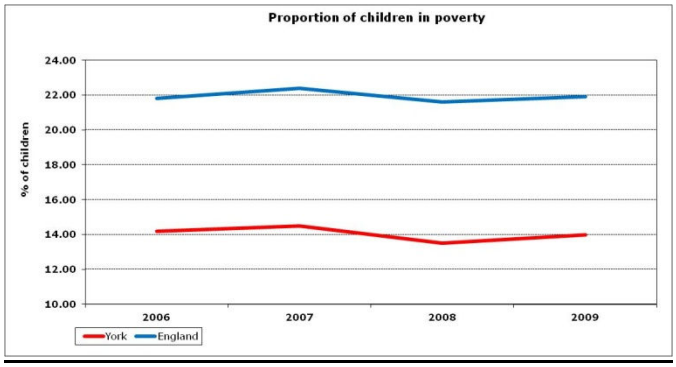
3.23 Looking ahead, in the period covered by this Plan we will focus more closely on the following areas:

- tackling further youth crime and antisocial behaviour through close partnership working across all of our early intervention and prevention services;
- placing children and young people at the heart of our neighbourhood planning and community development plans;
- further improving our use of green spaces, including school grounds;
- fulfilling our long-held aspiration to provide youth cafe facilities in the city centre, through the independent York Youth Trust which the council has helped to establish.

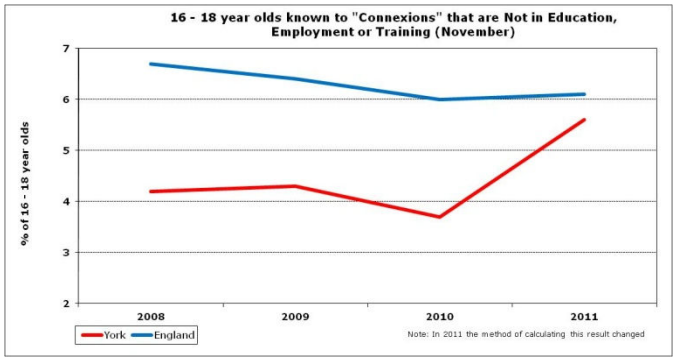
Economic Wellbeing

3.24 York continues to be a prosperous City. However the effects of the current challenging economic climate have been felt by young people, families and those that provide services to them. In particular, the impact of the ending of the Education Maintenance Allowance for many pupils is beginning to show, with some students struggling to meet transport costs to college, or needing free food to help them maintain energy and concentration levels whilst studying.

3.25 An estimated 4705 children were living in poverty in York during 2009. The proportion of children living in poverty in York (13.3%) was substantially lower than that at regional (21.9%) or national (21.3%) levels; however the numbers are predicted to rise. Whilst York has the second lowest proportion of workless households in the region and compares very well nationally, the number of workless households with children in York has increased by 50% from 2,000 in 2008 to 3,000 in 2009.



3.26 Following a change in 2011/12 to the methodology for measuring the rate of young people not in education, employment or training ("NEET"), our rates rose from the previous year. However, despite this and the current difficult financial climate, local rates continue to compare well: York's rate is the 2nd lowest in the region, and 64th nationally.



3.27 In addition, over the last Plan period we have:

- developed specialist careers advice to help guide young people with complex needs through the options and processes available;
- introduced strong and effective post-maintained education panel arrangements, involving health and social care, to support the transition between children's and adults' services of young people with learning difficulties;
- promoted our York Independent Living and Travel Skills Service which helps young people to develop the skills and confidence to travel independently around the City. In 2010 this service won a national Guardian Public Service Award;
- successfully developed flexible provision for pupils aged 14-19 whose attainment is low, including new entry level courses, the York College Flexible Start Programme, a programme for homeless young people, and increasing take up of apprenticeships;
- introduced new facilities across the city in areas such as construction, and a new learning centre for young learners with learning disabilities at Askham Bryan College.

3.28 Looking ahead, in the period covered by this Plan we will focus more closely on the following areas:

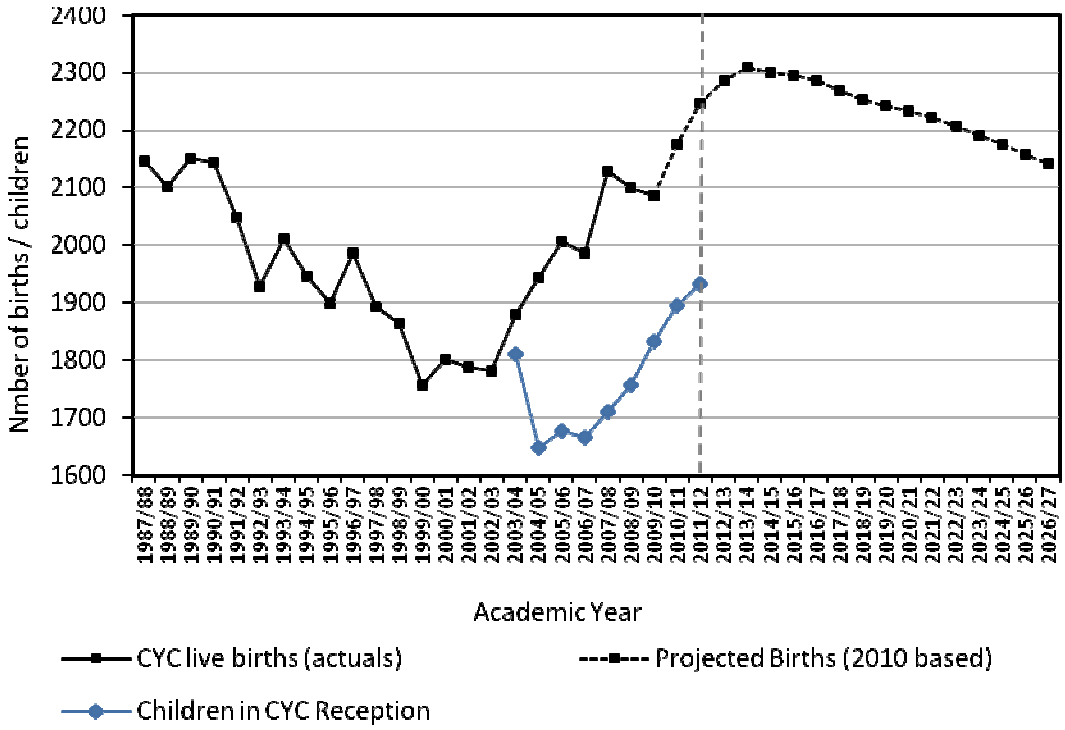
- within a council wide economic inclusion strategy, improving employment opportunities for young people with learning disabilities, and securing more employment opportunities for all young people aged 18-25;
- strengthening arrangements that support the transition of young people who have mental health needs from children's to adults' services;

- helping young children with complex needs and learning disabilities make the transition to and from primary school;
- working with schools, other partners and employers to meet current and future workforce needs and promote entrepreneurship;
- recognising that childcare provision will enable young parents and adult learners to take advantage of the training and development opportunities available.

Managing our Services

3.29 This section is about how we have managed our services and resources to achieve the objectives we set at the start of our last Plan. The promotion of equality is regarded by the YorOK board as everyone's responsibility and through our strategies, priorities and actions we have always striven to ensure equality of opportunity for all children and young people. This involves the provision of high quality universal services, as well as enhanced opportunities for the most vulnerable and marginalised groups.

3.30 We have carefully monitored demographic data and expect that the projected increase in the population of younger children over the next ten years will place significant pressure on primary school places and other services used by families with young children. Using the School Place Planning Framework, the York Education Partnership is coordinating school place planning and establishing how to manage localised pressures.



Source: Office for National Statistics 2010 and 2008 based sub national population projections; ONS live birth rates actuals.

3.31 In addition, over the last Plan period we have:

- improved our workforce development offer by introducing a YorOK induction package, commissioning more training that is available to more people;
- completed a profile of the children and young people's workforce and developed tools and materials to help people work in a more integrated way;
- in partnership with York St John University, introduced an accredited certificate for foster carers, opened up council and other training to foster carers and reviewed how we pay fees and allowances in accordance with skills acquired;
- retained all nine of our Children's Centres, reaching across the whole of the City;
- improved the condition of York's playgrounds;
- opened the Rawcliffe Country Park Bike Track;
- established an integrated commissioning framework. Our most recent Ofsted inspection particularly praised our approach to commissioning.

3.32 Looking ahead, in the period covered by this Plan we will focus more closely on the following areas:

- redoubling our efforts to enable young people to have more of a say about our strategic and commissioning plans;
- planning to provide sufficient primary school places for York pupils;
- improving data collection and how we share information across the YorOK partnership.

Chapter 4: Where we are now

4.1 This section of our Plan provides a high level "snapshot" of children, young people and families in York in 2012, and especially those aspects of their lives that relate to their health and wellbeing. We are very aware that whilst most people in York experience good standards of health and wellbeing, there are nonetheless some areas of the city and some groups of children and young people for whom outcomes are comparatively poor. Tackling such inequalities is a high priority for us.

4.2 This chapter also presents a stocktake of many local plans and strategies that have a bearing on this one.

About children, young people and families

4.3 Our recent Joint Strategic Needs Assessment[5] has provided us with a broad profile of our population, including groups of children and young people. In 2011, the total population of York was 198,000, having increased by 9.3% since 2001. Most people (70%) live in owner occupied properties, with 15% living in private rented homes and 15% in social rented housing. The number of households with one or two dependent children is set to increase by 26% by 2033.

4.4 The number of children aged 0-19 years is nearly 44,000 with a roughly equal split in the numbers of girls and boys. During the past ten years we have seen the following increases in child population groups: + 14% 0-4 years; + 18% 15-19 years; + 39% 20-24 years. Population forecasts anticipate over the next ten years an increase of 22.7% in the 0-4 age group, 10.5% in the 5-9 age group, -1% reduction in the 10-14 age group, and increases of 5.3% and 43% for those aged 15-19 years and 20-24 years respectively.

[5] All Councils must prepare a local "Joint Strategic Needs Assessment" in conjunction with health colleagues. York's latest such assessment can be found at www.york.gov.uk/health/yorknhs/healthandwellbeing

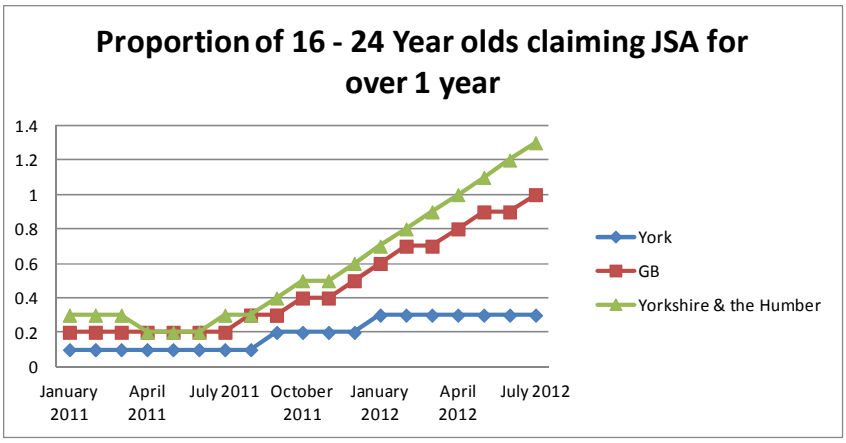
4.5 It is sometimes easier to think about children and young people in terms of smaller numbers. As in previous Plans we have set this out as “1 in 100”, ie if York had just 100 children then:

- 49 would be girls, 51 would be boys;
- 89 would be White British and 11 would be from ethnic minorities (an increase of 4 since the last Plan), most probably White European, Asian or mixed heritage. 5 would speak a language other than English;
- most would grow up in stable, loving households; however, 4 would have been allocated a social worker, out of which 1 would be in care or have a child protection plan;
- a significant number would live in families of modest or affluent means; however, 14 would be living in poverty;
- 16 would have a special education need, 2 of whom would have a formal “statement”, most probably for behavioural, emotional or social difficulties;
- most would be happy at school, but 3 would be bullied at least once a week (down 2 since the last Plan) and 3 pupils would be bullied most days. The most common type of bullying experience would be verbal bullying in the playground or classrooms;
- the majority would have good emotional wellbeing but 10 children would have a mental health problem (something we are trying to measure for the first time);
- most would be healthier than their parents but 11 would be classified as obese;
- most young people would make a positive contribution to their community. Only 1 would get into trouble to be dealt with by the Youth Offending Team;
- 99 would leave school at 16 achieving at least 1 qualification and 62 would leave school with 5 or more A*-Cs including English and mathematics GCSE. 86 would go on to further education but 5 would not be in any form of education, employment or training at 16.

Annex C

About living and working in York

4.6 York has a strongly performing economy, supporting more than 80,000 jobs and attracting around 7 million visitors each year. Currently the average earnings for a York resident are £25,524 compared with the national average of £26,357. Overall unemployment has increased since 2005 but is lower than the national rate. Whilst the number of workless households with children in York has increased by 50% from 2,000 in 2008 to 3,000 in 2009, York has the second lowest proportion of workless households in the region and compares well nationally. The 2011 increase in long term youth unemployment (16-24 year-olds) has now levelled off locally and remained stable for the last seven months at 0.3% – a level well below the national and regional figures, both of which are still currently displaying an upward trend, as illustrated in the chart below relating to Job Seeker's Allowance (JSA):



4.7 Surveys have confirmed a strong sense of civic pride in York, and the *Cities Outlook 2011* report ranked York in the top 10 cities in the UK, with the lowest level of inequality between residents. The same surveys also noted that community cohesion is relatively lower in those parts of the city that are the most deprived. But overall, the picture is of a relatively cohesive city. There are currently 22 international, 108 national and 627 local charities based in York, and the York Council for Voluntary Service reports comparatively high levels of volunteering.

Health and well-being profile – children and young people

4.8 Our Joint Strategic Needs Assessment confirmed that for most children, young people and their families, York is a great place in which to live and grow up, and that most experience good health and wellbeing. Average life expectancy continues to rise and is higher than the England averages. The infant mortality rate and percentage of low-weight babies are low and comparable with national levels. We are one of the highest performing cities in the country for primary and secondary education with low levels of pupil absenteeism and exclusion, and the vast majority of pupils feel safe in school. More than 20,000 students attend our two colleges and two universities. Levels of crime are falling, a trend that is predicted to continue, and we have seen a significant reduction in the numbers entering the youth justice system.

4.9 Some areas of the City, however, are in the 20% most deprived parts of the country and people living in these areas experience higher levels of inequality in health, wellbeing and opportunity. This observation was confirmed by The York Fairness Commission in their independent report *A Fairer York, a Better York*. An estimated 4705 (13.3%) children were living in poverty in York during 2009, the proportion however being substantially lower than the regional and national levels. Child poverty is prevalent in all wards but is most heavily concentrated in those wards with the highest levels of deprivation.

4.10 Some specific local examples of how deprivation is linked to health and wellbeing outcomes are given below:

- there are higher rates of under-18 conception rates in deprived wards. Teenage mothers have three times the rate of post-natal depression of older mothers and the infant mortality rate for babies born to teenage mothers is 60% higher than for babies born to older mothers;
- younger women from more deprived areas are more likely to smoke during pregnancy than women from less deprived areas. Smoking is associated with delivering a low birth-weight baby and can increase the risk of infant mortality by 40%;

- our young offenders are more likely to live in deprived areas and are nearly three times as likely to have special educational needs when compared to all York school children;
- young refugees in the city tell us they are experiencing poverty and social exclusion, and that they feel isolated from peers;
- we have observed a strong correlation between children who have special educational needs and those who receive free school meals;
- there are more young people who are not in education, employment or training living in wards associated with poverty;
- overall, 32% of local young people who are not in education, employment or training are disabled, compared to 22% nationally;
- a report from the Young Carers Service noted a high percentage of families where the child or young person had caring responsibilities were in receipt of benefits;
- the highest levels of reported domestic abuse were in areas of high deprivation. It is estimated that between 50% and 60% of female mental health service users have experienced domestic abuse. Domestic abuse can have a profound and long-lasting impact on any children who may witness it;
- the prevalence of child obesity is higher amongst the most deprived 20% of the population compared to the remaining 80% (most markedly for 11 year olds);
- male children who grow up and live in York's most deprived areas can expect to live 9.9 years less than their male counterparts in the most affluent areas of the City. For females the difference is 3.6 years. These statistics are shocking in a small city such as York, and have helped to direct the strategic priorities of both this Plan and the emerging Health and Wellbeing Strategy (see below).

4.11 The authors of the Joint Strategic Needs Assessment made several recommendations about children and young people. These included:

- establishing a better picture of mental health needs and the prevalence of mental illness;
- increasing employment opportunities for all young people and in particular those with physical and learning disabilities and mental health problems;
- considering the housing needs of families and young people;

- reducing smoking;
- developing a more enhanced understanding of the local picture of child obesity;

Health and Wellbeing Board and Strategy

4.12 In common with other areas, York has established a new Health and Wellbeing Board in preparation for the health reforms that come into effect in 2013. This Board, and its relationship to the YorOK Board, is explained in more detail in Chapter 7.

4.13 The Health and Wellbeing Board's first task was to commission the Joint Strategic Needs Assessment which has already been mentioned several times in this Chapter. Its next task is to commission York's first Health and Wellbeing Strategy. At the time of compiling this Plan, the Health and Wellbeing Strategy is still in the course of preparation; however, it is very likely that it will focus on the following five priority areas:

- enabling all children and young people to have the best start in life;
- improving mental health and intervening early;
- addressing health inequality;
- making York a great place for older people to live;
- developing a financially sustainable local health and wellbeing system.

These emerging priorities (other than the fourth one) have informed the priorities outlined in this Plan, as will be obvious from comparing them with our own five priorities in Chapter 6.

Other Local Policy Drivers

4.14 Although the emerging Health and Wellbeing Strategy is the most important of the local policy drivers that have influenced the formation of this Plan, there are a range of others that have also had an impact. These include:

- The York Fairness Commission: *A Fairer, York, a Better York 2011*, which has already been referenced, has highlighted the relationship

between deprivation and inequality, and stressed the importance of wellbeing in reducing health inequalities;

- The City of York Council's *Council Plan* contains five priorities as follows:

    - create jobs and grow the economy
    - Get York moving
    - Build strong communities
    - Protect vulnerable people
    - Protect the environment

  All of these are relevant to this Plan, especially the third and fourth. Within the Council Plan there are more detailed pledges, including the creation of communities where young people can flourish, and extra help to support families who may be struggling;
- local core strategies have been produced that seek to tackle particular aspects of health and inequality, including the *Child Poverty Strategy 2011- 2020*, the *Risk and Resilience Strategy*, *Looked after Children Strategy 2011– 2014 and the CAMHS Strategy, 2011*;
- our programme for helping families with multiple problems will play a critical role in raising aspirations, addressing worklessness and antisocial behaviour, and limiting the need for statutory interventions;
- a range of City-wide strategies aim to enhance growth and opportunity for all, including *Reaching Further: the Economic Strategy 2011-15* and York's *Skills Strategy* aim to enhance growth and opportunity for all.

National Policy Drivers

4.15 At the same time, York has had to take account of a range of national policy initiatives and legislative changes, some of which have been alluded to in Chapter 3. It is worth restating that the YorOK Board continues to believe that the principles of the "Every Child Matters" report, despite being eight years old (at the time of writing) continue to represent the best holistic framework for addressing all the interests and needs of all children and young people.

4.16 Space does not permit us to list all of the other national policy drivers. Some of the more significant ones in drawing up this Plan have included:

- coalition policies to reduce the national financial deficit and the costs of the public sector;
- the Welfare Reform Act 2012 : the impact on families and young people has yet to be felt in the light of changes to tax credits, child benefit and housing benefit;
- changes to education policy including the creation of Free Schools and Academies. At the time of writing, York has two secondary Academies and no Free Schools;
- changes to the health system including the abolition of Primary Care Trusts, the creation of consortia of GPs to undertake commissioning, and the transfer of public health responsibilities to local authorities;
- the Children and Families Bill which proposes the reform of Special Educational Needs statements and Learning Disability Assessments with a single Education, Health & Care Plan from 2014. A local pilot is under way to explore how families and children can participate fully in drawing up such Plans. This Bill also proposes quicker timescales for adoption and care proceedings;
- continuing work to reform child protection following the Munro Review of Child Protection 2010. This report emphasised the importance of early intervention and effective joint working, systems and processes. The review also highlighted the need to reduce bureaucracy and for a more child-centred child protection system. New Working Together Guidance is anticipated along with revisions to the assessment framework. We are already implementing a number of local changes in anticipation of this;
- recommendations from the Marmot Review, *Fair Society, Healthy Lives (2010)* which has in turn influenced the work of York's own Fairness Commission;
- the public health White Paper *Healthy Lives, Healthy People* gives equal weight to both mental and physical health and has helped to shape our Child and Adolescent Mental Health Strategy and its focus on workforce development, de-stigmatisation and access to provision;
- the Government's Sexual Health Policy (due later this year) will focus on improving the health and wellbeing of all and reducing health inequality. Preventing teenage pregnancy will be a key issue.

Concerted partnership work in York has brought the local rate from above national and regional averages to well below it over the last five years, but we will always need to monitor this area closely;

- raising the "Participation Age", ie the age to which all young people in England will continue in education or training, requiring them to continue until their 18th birthday from 2015. Young people can chose from options including full-time education, such as school, college or home education, an apprenticeship, part-time education or training if they are employed, self-employed or volunteering full-time. Much local work has already been put in place to prepare for this change;
- *Positive for Youth 2011* brings together the Government's policies for young people aged 13 to 19, covering a wide range of issues including education, youth services, health, crime and housing. The aim is that all parts of society can work together in partnership to support families and improve the lives of young people, particularly those who are most disadvantaged or vulnerable;
- Youth Innovation Zones – York has attracted funding under this initiative, which involves adopting innovative partnership approaches to improving outcomes for young people;
- *Narrowing the Gap: Providing for All Children 2007* – a key Department for Education publication that recognised that every child is born with great potential and deserves to be given every chance to fulfil it; however, children living in poverty and disadvantage are still less likely to do well at school and beyond;
- more free early education places for two-year olds who are looked after or who are entitled to receive free school meals;
- the Schools White Paper, *The Importance of Teaching 2010* sets out a reform programme for the schools system, with schools freed from the constraints of central Government direction and teachers placed at the heart of school improvement;
- other core policy initiatives including Ofsted for schools, Learning and Skills, Early Years; Schools Causing Concern Guidance from DfE; Early Years Statutory Framework; and Sure Start Children's Centre Core Purpose.

Chapter 5: What consultation has told us

5.1 This chapter outlines some of the consultation that has taken place in developing this Plan, and how it has influenced our thinking. The emphasis is on consultation with children and young people themselves, although the views of their families, and of the professionals who work with them, are also important.

Background

5.2 York has always taken consultation very seriously. It is a regular and influential part of the work we do. We use multiple techniques and methods to ensure we are reaching out to children, young people and their families, as well as to professionals and other "stakeholders". We make extra efforts to ensure that we listen to the views of those who might otherwise be overwhelmed by their peers, including disabled children, those in receipt of free school meals, and those from minority ethnic communities. Our involvement work is overseen by a dedicated YorOK sub-group.

5.3 During the period of the last Plan, we set up a Youth Council in York which has now become firmly established and is increasingly influential. This Council gives us a new way to consult with older young people (11+), but it is of course not the only way we do so.

5.3 In preparing this Plan, we held two well-attended "stakeholder" events for practitioners across the YorOK partnership. The discussions at those events were highly influential in our choice of the eight principles and five priorities in the following chapter.

5.4 We also employed a variety of methods to ensure that we were listening to young people. The overall approach was discussed with York Youth Council. The aim was to develop an online consultation that could be used via primary and secondary schools to gather the views of a large number of children and young people. This approach mirrored that used for the successful Anti-Bullying Survey and the Big York Survey. A question set was developed in partnership with the Young Inspectors to ensure that the questions were correctly worded and that the consultation would work. A full account can be found on the YorOK website alongside the online

version of this Plan. Nearly 500 children responded through this route.

5.5 To complement information gathered through the online consultation two additional elements were used:

- face to face consultation through secondary schools using the "Opinion finder" approach;
- a toolkit was produced which included four "killer questions" and contained suggestions over a range of involvement methods to capture the views of children and young people. This toolkit was distributed to different groups working with children and young people to use as part of their regular work.

5.6 The groups that took part in this additional consultation included:

- Show Me That I matter and Show Me That I matter Too
- CANDI (Children and Inclusion)
- Refugee Action Group
- Inspired Youth
- Young Career Revolution
- York Young Carers, York Carers Centre
- Secondary School Council Conference Workshops
- All Saints' RC Secondary School
- Archbishop Holgate's CE Secondary School
- Fulford Secondary School

Approximately a further 200 children and young people took part in the consultation via this route.

5.7 Finally, a "Young Researchers" group ran in parallel to these consultation exercises. Their full report can be downloaded from www.yor-ok.org.uk/cypp.

Messages from Children and Young People

5.8 The online report contains a comprehensive analysis of the results of this consultation, with many useful charts and diagrams. This is a short summary of the findings, using the same headings as the online consultation exercise:

Local Area

- from the online consultation 74% of children and young people are happy with their local area and 6% say they are unhappy with their local area;
- transport was highlighted as a key issue and in particular the cost of transport.
    - the Young Researchers recommended that the YoZone card should be extended to 18 year olds;
- York Youth Council is campaigning to secure a 'ride around for a pound' deal on bus transport for all young people (18 and under) in York;
- children and young people rate very positively that York is doing well on making places to play;
- children and young people are not as positive about how well York is doing on making York a good place to cycle and reducing the amount of rubbish and litter people produce.

Activities

- it is clear from the consultations that children and young people are engaged with a large range of different activities. The most commonly used ones include making use of parks and open spaces followed by sports and organised groups. From the online consultation 61% are happy with activities in their area and 10% are unhappy;
- the key things stopping children and young people from accessing activities are:
    - activities not being available in their area and not being able to afford to travel to where they are;
    - the cost of activities;
    - parents and other adults;
- the Young Researchers recommended the creation of a website specifically for young people linked with Facebook that promotes activities, services and events with a mobile app linked to the website;
- the Young Researchers also recommended more outdoor facilities for older teenagers and improved access to out of school activities

at primary school through improved links with community sports clubs.

Health

- through the face to face consultation work many children and young people highlighted they would like gyms, or gym sessions specifically for them at an affordable price;
- most children and young people were happy with their school dinners but made more general comments about the need to more generally encourage healthier eating and more exercise;
- York Youth Council is campaigning for York schools to sign up to the School Uniform and Free School meals Charter;
- The Young Researchers recommended:
    - ensure that the approach to healthy eating is tackled early and that healthy eating is a core part of the primary curriculum from a very early age;
    - involve parents in the school curriculum around healthy eating;
    - encourage more children to walk and cycle to school;
    - wider range of choice within PE lessons;
- At our Children & Young People's Mental Health Matters Conference in February, young people told us they want more information, more access and less stigma.

Safety

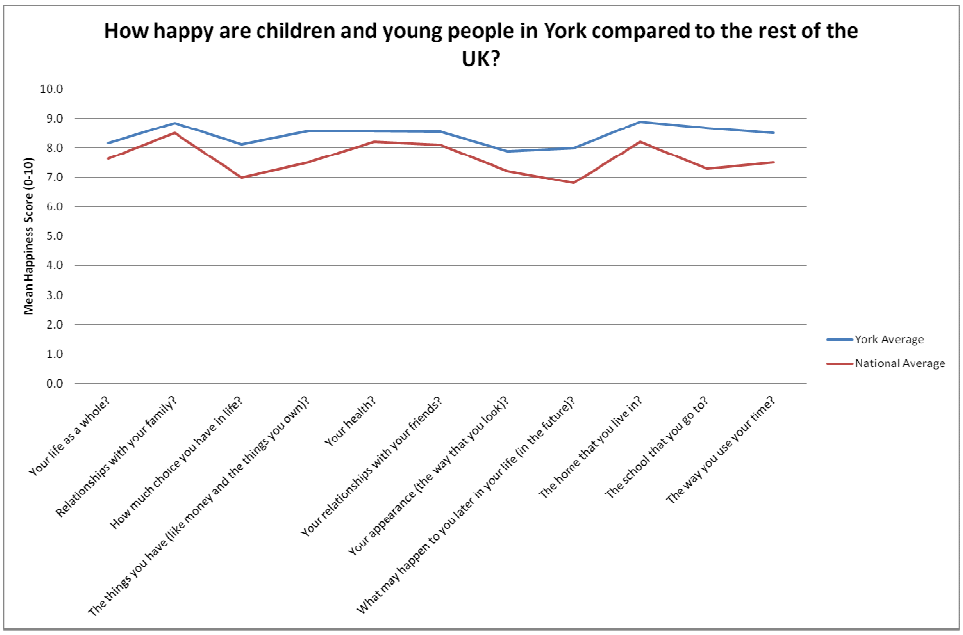
- from the online consultation 10% of children and young people felt unsafe from being hurt by other people;
- what is causing children and young people to feel unsafe seems to come from a range of different sources. When asked the question "Looking at the following issues, do any need tackling in your local area?" the main issues in descending order of importance were:
    - rubbish or litter lying around;
    - people getting bullied;
    - people being drunk or rowdy in public places;
    - noisy neighbours or loud parties;
    - vandalism, graffiti and other deliberate damage to property or vehicles;

    - people using or dealing drugs;
    - other;
    - abandoned or burnt out cars;
- the Young Researchers recommended an increase in support for those who experience bullying, including peer support schemes.

The Future

- the biggest factor in preparing for the future given by children and young people was a good quality education. As well as education there were a number of other common areas highlighted by children and young people:
    - broader learning opportunities;
    - jobs being available;
    - information and Advice;
    - affordable education;
    - work experience;
    - affordable housing;
- from the online consultation the most common way for children and young people to give their views about their local area was through their school council;
- the Young Researchers recommended:
    - ensure that careers inspiration starts early and that there is age appropriate information and advice;
    - make changes to work experience to improve the offer;
    - increase links between businesses and education;
- York Youth Council carried out a survey of secondary school students asking them which topics they are taught in the PSHE/Citizenship lessons and also what they would like to be covered. Based on their research York Youth Council has made a number of detailed recommendations that have been passed onto

secondary schools.



Impact on this Plan

5.9 All of these messages have contributed to this Plan, to the accompanying Action Plan, and to a range of more detailed service and project plans. Those that relate particularly to schools, such as the content of PSHE lessons, have been drawn particularly to the attention of Headteachers in York.

5.10 The YorOK Partnership values these important messages from children and young people. We want York to be the best place in England in which to grow up, and the evidence suggests we are already some way towards this goal.

5.11 What is also very striking is the concern felt by all young people – not just those immediately affected – for those of their peers who may face stigma or disadvantage, particularly those on free school meals or suffering from mental health problems. We have reflected this in our new priorities in the following chapter.

5.12 One issue that is regularly raised by young people, where it has not been possible to make as much progress, is improvements to the transport system and to the coverage of the “Yozone” card. These matters lie beyond the brief, and the resources, of the YorOK Partnership. Nevertheless we recognise that young people feel strongly

on this subject, and will continue to help them to have access to politicians and other relevant parties in order to carry on with their lobbying.

Word cloud “What needs improving in your local area?”

Chapter 6: Our new principles and priorities in more detail

6.1 Previous Chapters have reviewed our progress since the last Children and Young People's Plan in 2009, provided a snapshot of where things stand today, indicated the key national and local policy drivers, and set out the results of the consultation exercises that have preceded this Plan. All of these elements have been blended together in drawing up our new principles and priorities for the period 2013-2016.

6.2 A key issue for us has been how to ensure that this Plan is relevant to all children, young people and their families in York, while at the same time focussing on a small number of key priorities for particular targeted groups. We have approached this as follows: first of all by setting out eight principles that underpin all of our work, with all children, young people and their families, all of the time. And second, by expressing five more specific and targeted priorities for particular groups that the evidence suggests need extra attention.

6.3 Both the principles and priorities are accompanied by some explanatory notes. As Chapter 7 explains, a separate Action Plan will be published alongside this Plan, outlining the immediate steps we will be taking to make progress under all of the headings below.

Eight ways in which we will work to help all children, young people and their families to live their dreams:

- Striving for the highest standards

  York already enjoys some of the highest educational and health outcomes of anywhere in the UK. But we are not complacent, and will continually strive for more. There should be no limits on the dreams and aspirations of any young person in York. This can only come about through positive partnerships with children, young people and their families, together with a skilled, confident and committed workforce.

- Creating truly equal opportunities

We will work relentlessly to ensure that no child, young person or community is at a relative disadvantage, removing all traces of discrimination from our systems and our interactions – with a particular focus on disabled children, the rising numbers of children from a black or minority ethnic background, and on those who are lesbian or gay or questioning their sexuality. This principle is as much about celebrating the positive as it is about eliminating the negative.

- Ensuring children and young people always feel safe

  Safeguarding lies at the heart of all our work, as does ensuring that there are "arenas of safety" at home, at school and in the community. We will continue to make our procedures for raising, and responding to, concerns about a child as straightforward and as effective as possible. We will be sensitive to the possibilities of exploitation or extremism, and will continue to adopt a "zero tolerance" policy for bullying in any form.

- Intervening early and effectively

  We firmly believe in the principle of investing in early help to prevent costly and more intrusive, later interventions. This includes developing responsive mechanisms for supporting vulnerable children, young people and families. It is also about programmes of public health to promote breastfeeding, exercise, healthy eating and good sexual health, whilst also preventing unwanted conceptions, and problems with drugs and alcohol.

- Working together creatively

  We will work within and also beyond the YorOK partnership to ensure that organisational demarcation never gets in the way of the best interests of children and young people in York. We will share information, and pool budgets, to develop better services. We will make best use of the changing organisational landscape in both education and health to promote the interests of young people.

- Treating children and their families as our partners: mutual respect and celebration

York has always prided itself on its capacity to involve young people. We need to ensure that all services continue to be fully responsive, and that young people's views are built into the design and delivery of services from the outset. We will seek every opportunity to celebrate their achievements. This principle is founded on respect for children's rights as enshrined in the United Nations Convention and recognition that with these rights also come responsibilities. We will continue to work closely with the Youth Council and with School Councils in this area.

- Connecting with communities and to the rich culture of our great city

  We need to see children as people who live within their communities and as responsible citizens. York has such a rich heritage, and varied cultural life, and we need to ensure children and young people have multiple opportunities to connect with it. We also need to be sensitive to the fact that different communities have very different needs and aspirations, and that for some people their "community" may be their local area, whereas for others, it may have more to do with cultural identity.

- Remembering that laughter and happiness are also important!

  This principle needs no elaboration!

There are five specific priorities for the period 2013-2016, based on evidence about where extra help is needed:

- Helping all York children enjoy a happy family life

  We have always recognised that children are best brought up in their own family. Where this is not safely possible, we will always seek to ensure alternative high quality care arrangements. For most, and when appropriate, this will be in local family placements. So we need to ensure we give extra help to any family experiencing particular difficulties and those parents who may be vulnerable. We will continue to support our foster families, adoptive parents and extended family members who take on the care of vulnerable children.

We will know we have succeeded when we have reduced the number of children who are looked after in York and the number of children who are subject to protection plans.

- Supporting those who need extra help at the earliest opportunity

  We already have evidence of differences in educational and health outcomes for looked after children compared with their peers and – despite some progress – in the attainment of pupils eligible for free school meals or the pupil premium. We also have concerns about the outcomes for young people from the Traveller community and for young carers. Finally, we need to do more to help young people with a learning difficulty or disability to find employment after school or university. For all these groups, we need imaginative programmes of support and challenge.

  We will know we have succeeded when we have "narrowed the gap" in outcomes, through the statistics we collect, and by asking the young people to tell us honestly about their experiences.

- Promoting good mental health

  Whilst we have a good range of services to support children and young people's emotional health and wellbeing, we need a more complete picture of local need across all the possible dimensions of young people's mental health.

  We will know we have succeeded when we have better information about what services are needed, have been able to successfully deliver them and know that they are making a difference. We also need to continue to pay particular attention to what young people are telling us in this area.

- Reaching further: links to a strong economy

  There are two particular areas where the needs of young people interact with the economic health of the city: child poverty, and young people not in education, training or employment (NEET). We need to

expand our multi-agency, multi-faceted programme to tackle child poverty and to increase the number of apprenticeships across the city. The raising of the "participation age" during the lifetime of the Plan will appear to have removed the problem of "NEET" young people under 18, but as a partnership, YorOK is just as concerned about young adults aged 18-25 who are without work or purposeful activity. We need to help all young people to be "work ready" and to actively encourage and support young entrepreneurs.

We will know we have succeeded when we have reduced child poverty as defined and measured by the accepted national measures. We need to enhance further our understanding of the reasons for youth unemployment and work with partners to address it. We will ask employers about the work readiness of new starters, and would like to see more young people starting up their own businesses and receiving appropriate support.

- Planning well in a changing world

This priority recognises some particular uncertainties that we know we are going to have to face in the next Plan period, for which we need to plan effectively. These include falling demand for secondary school places and, conversely, rising demand at primary level. We also face unprecedented pressures on our budgets, putting an added premium on ensuring that we spend every penny wisely, and that we work together imaginatively to prioritise effectively and to ensure that the total impact of our combined budgets is greater than the sum of the parts. But there are also positives – the health reforms, and the changes to the education system, represent opportunities we should seize.

We will know we have succeeded when we have matched supply and demand, and continued to deliver outstanding services within reduced means.

Chapter 7: How we will take the Plan forward

7.1 This Chapter explains how the YorOK partnership actually works, and how it relates to the other partnerships and organisations within York. It explains how services are funded and commissioned, and how we will set targets and monitor progress against the principles and priorities set out in the preceding chapter.

The "Planning Bookcase"

7.2 York has had a Children's Trust – YorOK – since 2003. It has been a statutory requirement to have such a Trust, representing all of the key partners who work with children, young people and their families, since 2004. There is some suggestion that this statutory requirement may be repealed by the Coalition Government; however the YorOK Board has already decided that the Trust arrangements in York have more than proved their worth and are here to stay. The strength of our partnership working has particularly noted by Ofsted in successive recent inspections.

7.3 The YorOK umbrella embraces every single organisation, in the public, private and voluntary sectors, working with children, young people and families in York. It is steered by a Strategic Board: a list of the current members of that Board is at **Annex E.** The Board meets approximately every two months and papers and agendas are published in advance on the YorOK website www.yor-ok.org.uk

7.4 The YorOK Board works within the City's broader strategic partnership arrangements. Overarching all of these is the Local Strategic Partnership which in York is known as Without Walls. You can find out more about this at www.yorkwow.org.uk.

7.5 Sitting underneath the Local Strategic Partnership are a number of high level strategic boards responsible for issues such as the economy and the environment. The newest of these is the Health and Wellbeing Board which has been established as part of the new health arrangements. The Health and Wellbeing Board brings together the Council, the Vale of York Clinical Commissioning Group (the new body responsible for commissioning a range of NHS services in the area) and

a number of other health and social care providers. This Board will be fully functional from April 2013, but is already operational in "shadow" form at the time of preparing this Plan. You can find out more about the Health and Wellbeing Board at www.york.gov.uk/health/yorknhs/healthandwellbeingboard and about the Vale of York Clinical Commissioning Group at www.valeofyorkccg.nhs.uk/ValeOfYork/index.htm

7.6 It has been agreed that the YorOK Board will in future be regarded as a key sub-group of the Health and Wellbeing Board. There will be four sub-groups in total, all of them responsible for a key strategic area. The other three are: Older People and Long Term Conditions; Mental Health and Learning Disabilities; and Deprivation and Health Inequalities. It is likely that the latter two Boards will from time to time consider issues that are relevant to children, young people and their families; however this will remain the main responsibility of the YorOK Board. The Chair of YorOK is also a member of the Health and Wellbeing Board, as is the Director of Adults, Children and Education: this will ensure that strategic decisions are kept in alignment. In addition, the YorOK Board will produce an annual report for the Health and Wellbeing Board.

7.7 As has been noted earlier, York has also established the York Education Partnership in response to the national education changes. This Partnership is independently chaired, and brings together all of the maintained schools, Academies and Colleges in York. It has overall responsibility for planning and resourcing schools in the City. Broadly speaking, the York Education Partnership covers what goes on inside the school gates. The YorOK Partnership has a broader remit including some of what goes on in a school, and some of what goes on in other settings and in the wider community. Both partnerships recognise that all of these issues are intimately connected. There is significant cross-membership of the two Boards to ensure strategic coordination.

7.8 These new lines of accountability are shown diagrammatically in what we have always called the "Planning bookcase" at **Annex B.**

7.9 YorOK in turn has established a number of sub-groups to support and enable the delivery of our strategic objectives. These sub-groups,

which may change in accordance with priorities, are formally accountable to the YorOK Board and will report at least annually to it. The Board expects that the views and involvement of children, young people and families will influence the work of all YorOK forums and will itself ensure it allows interactive dialogue with children and young people at least twice a year.

Commissioning and Finances

7.10 An illustration of the total finances available to the YorOK partnership is at **Annex** C. During the last Plan period we took steps to strengthen the way in which we plan and buy services – or "commission" them, to use the technical word. The YorOK Board established an Integrated Commissioning Group to ensure that resources were effectively targeted and that the joint ambitions of our strategic Plan were supported by resources. A wider commissioning network was also established to benefit from the national Commissioning Support Programme. The effectiveness of these arrangements was confirmed during our recent Ofsted Safeguarding Inspection.

7.11 During the period covered by this new Plan, we will strengthen further the commissioning culture across the YorOK partnership, ensuring that it includes support where necessary and challenge where appropriate. The YorOK Board itself will assume oversight of all the commissioning arrangements for children, young people and their families, and its constitution has been amended accordingly.

Setting targets and monitoring progress

7.12 A specific responsibility of the YorOK Board is to oversee the production, delivery and review of this Children and Young People's Plan. In discharging this responsibility the Board will formally monitor performance and progress on a quarterly basis, and review annually the extent to which partners have acted in accordance with the Plan. A full retrospective CYPP 2009-12 performance scorecard is provided at **Annex A** and a proposed scorecard for the new Plan is provided at **Annex D.** These scorecards can be amended in light of changing national reporting requirements and local priorities.

7.13 In addition to this strategic monitoring, YorOK will oversee production of a more immediate Action Plan which will be reviewed and refreshed as necessary over the next three years. This recognises that many of the aims and objectives in this document are relatively long-term in nature, but that shorter-term steps will also need to be taken. The first such Action Plan, covering the period until March 2014, will be published alongside this Plan. It will contain complementary targets and milestones, and will be monitored on the same cycle as that described above.

7.14 YorOK sub-groups will also be required to monitor in more detail the performance and progress of particular work streams for which they are responsible. Where concerns exist or arise in relation to performance or progress, the YorOK Board will adopt a ‘challenge and support’ approach to help understand the reasons behind this and establish on a partnership basis how improvement and progress can be achieved.

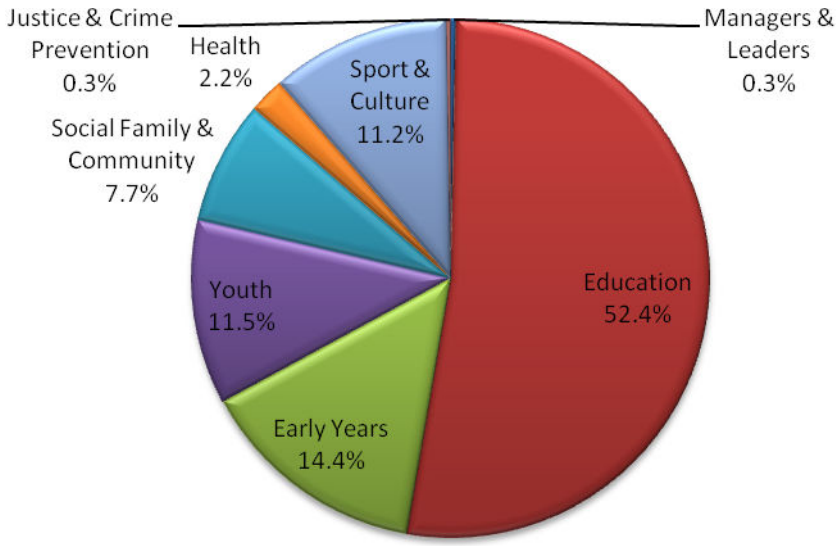
Chapter 8: A confident and skilled workforce

8.1 Our success as a partnership relies very heavily upon our YorOK workforce: those people who work with and for children, young people and families in whatever capacity. We recognise and celebrate their dedication and professionalism across the paid and unpaid sectors. As a partnership we remain committed to supporting them at all points – to enable them, in turn, to help every child and young person in York to live their dreams.

8.2 During the period covered by the last Plan, we produced a separate workforce development strategy. It makes sense this time to produce a single document. This Chapter therefore represents the workforce development strategy that complements all of the previous Chapters within this Plan.

Who is in the YorOK Workforce?

8.3 We have always known that the YorOK workforce is large and complex. In 2010/11, in conjunction with York St John University, we commissioned our first YorOK workforce profile. We wanted to know about the numbers of people who worked with children, young people and families, across the different workforce sectors, and covering people working on a paid and unpaid basis. We established that there were approximately 17,150 people working exclusively with children and young people in York. The pie chart below shows the percentage breakdown of this profile:



What have we achieved?

8.4 During the three years of the last Plan, we have made significant progress in raising the profile of workforce development, promoting early intervention and supporting more people to work in new and increasingly integrated ways. Our achievements have included:

- developing the practitioner 'Workforce Zone' on the YorOK website, www.yor-ok.org/workforce;
- launching the bi-monthly YorOK Newsletter;
- more people trained in integrated working and early intervention resulting in increasing numbers of calls to our "Front Door" service, more lead practitioners and more Common Assessments completed;
- launching the 'YorOK Induction', an online resource for everyone with information about being part of the YorOK Children's Trust and Workforce;
- making available more multi-agency integrated working learning packages;
- we have offered more training and development opportunities to more people, including foster carers for whom an accredited Foundation Certificate has been developed;
- running a multi-agency peer supervision task group to establish and develop best practice and to develop and extend this across the workforce.

Looking ahead

8.5 During the period covered by this Plan, we will continue to promote the YorOK workforce agenda on a partnership basis and explore creative approaches to using the skill and asset base that exists across the YorOK partnership and beyond. *In support of the eight principles* in this Plan, we will also:

- respond to the workforce implications of the equality duty;
- help people to learn more about the roles of others;
- improve how we identify and analyse YorOK workforce development needs, working increasingly alongside regional colleagues to provide quality, cost effective training packages;
- refresh and re-launch our YorOK induction standards and seek to embed these in the induction programmes of partner organisations;
- work with partners to improve our knowledge of the ethnic profile of our workforce;
- continue to explore ways of measuring the impact of workforce development on improved outcomes for children and young people.

8.6 *In support of the five more specific priorities* within this Plan, we will, in relation to the workforce, also:

Helping all York children enjoy a wonderful family life

- actively promote the 'Think Family' approach when commissioning training and through our work with adults' services.

Supporting those who need extra help at the earliest opportunity

- continue to provide training and other opportunities that will strengthen our approach to early intervention and help to reduce the need for children and young people to become looked after and subject to child protection plans;

- continue to deliver learning and development programmes through the Safeguarding Board, meeting local needs and national requirements;

- support the delivery of the Child Poverty Strategy by creating workforce development opportunities, e-learning packages and awareness sessions.

Promoting good mental health

- support the delivery of our Child and Adolescent Mental Health strategy by helping to equip the workforce to better recognise and respond to issues of emotional and mental ill-health;

- promote the importance of early identification and tackle the stigma associated with mental ill-health.

Reaching further: links to a strong economy

- work with partners to increase in York the provision of development and career progression opportunities for young people in the 18 to 25 age range. This will involve supporting apprenticeship programmes;

- support the work of partners in progressing the City Skills Strategy, the aims of which include helping to meet the needs of employers, promoting lifelong learning opportunities and improving our approach to commissioning learning and development opportunities.

Planning well in a changing world

- maintain strong links with partners, national lead organisations and regional networks to ensure that local workforce and professional development activities are informed by emerging policy and strategy and best practice and offer value for money.

How we will take these actions forward

8.7 The YorOK Workforce Strategy Forum will continue to develop and deliver core elements of our YorOK workforce strategy and delivery Plan. This multi agency forum is formally accountable to the YorOK

Board and progress is monitored by the Board, by the forum itself and by other relevant strategic partnerships such as the CAMHS Executive.

Where to find out more

8.8 The YorOK Website hosts information about the YorOK Workforce Strategy, the work of the Workforce Strategy forum and training and development opportunities: www.yor-ok.org/workforce.

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Improving Care for All

Vale of York Clinical Commissioning Group

Integrated Plan 2012/13-2015/16

A patient centred approach

Contents

Section 1: Foreword

Welcome to the Vale of York Clinical Commissioning Group's strategy document.

This document contains our plans for the coming three years and sets out the evidence on which they are based.

The Health and Social Care Act that created Clinical Commissioning Groups has at its heart a desire to increase the involvement of both clinicians and the public in the design of the healthcare system. The Vale of York Clinical Commissioning Group has been keen, from the outset, to engage in a meaningful way with the public and patients. We are already seeing the fruits of these efforts in the form of our Patient Forum and in the way that patients were involved in the restructuring of the Urgent Care services in York Hospital.

The public were also involved in the development of our "Vision, mission and values", something of which we are very proud. This "Vision" will serve us well as a guiding star, something to refer to when we are facing very difficult dilemmas on the provision of services. Our predecessor organisation, the North Yorkshire and York PCT, has struggled to balance the books for years. In the last four years the PCT received over £100 million in "exceptional" payments to allow them to declare financial balance. As a Clinical Commissioning Group in the new NHS these payments will not be available to the Vale of York and so we must take other steps to achieve financial balance each and every year. This places a huge responsibility on the CCG team who must square the circle of increasing demand for services against a flat budget allocation.

The strategy laid out in this document explains how we intend to achieve this goal.

Whilst this strategy is as accurate as we can make it today, these plans may develop in the near future as the results of the "North Yorkshire Review Part 2" become available. We may also have to integrate changes in response to requests from the NHS Commissioning Board as we expect that we will be subject to a high level of oversight until we are in recurrent balance.

Dr Mark Hayes
Chief Clinical Officer
Vale of York Clinical Commissioning Group

Vale of York Clinical Commissioning Group: Strategic Plan 2012/13 – 2015/16

Vale of York CCG Vision: To achieve the best health & wellbeing for everyone in our community

Quality | Innovation | Equality | Courage | Empathy | Integrity | Communication | Respect

What do we want to achieve?

- Improved healthcare outcomes
- Reduced health inequalities
- Improved quality and safety of commissioned services
- Improved efficiency
- Financial balance

Challenges & opportunities

- Aging population profile
- Financial pressures
- Services closer to home
- Clinical leadership
- New partnerships
- Patient/public engagement

Therefore...what are we going to do?

Priorities

- Long Term Conditions
- Elective Care
- Urgent Care
- Mental Health
- Prescribing
- Carers
- Tackling inequality

What action will we take?

Set up Neighbourhood Care Teams.
Develop Diabetes/COPD/End of life care pathways.
Enable supported self care .

Develop community based care pathways
Establish and maintain a GP Peer Review process (investigate feasibility of a referral review process in partnership with secondary care consultants)
Consider expansion of existing MSK service to encompass Rheumatology/Pain Management

Ambulatory care pathways.
Nursing Homes: systematic implementation of Advance Care Plans/Emergency Care Plans/Medication Reviews.
'Implement national '111' scheme

Develop and implement plans for dementia, psychiatric liaison and primary care counselling.

Strategy developed to ensure cost effectiveness

Implement carer awareness training for primary care

Work with HWBs on tackling wider determinants

All plans established within existing financial resources

What difference will we make?

- People will feel supported to manage their condition.
- Time people spend in hospital will be reduced.
- Increase routine healthcare provided in the community.
- Patients making informed choices about the care they receive.
- Reduce the number of admissions from Nursing/Residential Homes.
- Fewer emergency department attendances
- Increase awareness of carers' needs.
- Reduce differences in life expectancy and healthy life expectancy between communities.

Measuring success through robust performance framework

What will enable us to do this?

Working together with partners for an integrated approach | Engaging with patients, communities, voluntary sector and clinicians | Informed decision making | Maximising use of technology | Establishing the CCG, developing its leaders and staff

Where we are now

Section 3: Context

3.1 Why do we need a strategy?

We need a strategy as a means of identifying, and then addressing, the requirements and needs of the residents within our locality.

On a practical level this strategy will assist in:

- Providing a framework against which to make sensible decisions.
- Focussing the limited clinical time that is available to us into the right areas.
- Establishing objectives and a clear sense of purpose for the member practices of our Clinical Commissioning Group (CCG), the Governing Body leads and employees.
- Enabling us to demonstrate success i.e. we said and then we did.
- Providing focus on key outcome areas, e.g. addressing longer term resource issues.
- Providing the platform that will enable us to address our statutory requirement, for example, the Quality, Innovation, Prevention and Productivity (QIPP) challenge.
- Meeting the requirements of the North Yorkshire Review (it must noted that changes may be required as a result of the North Yorkshire Review Part 2 being undertaken by KPMG).

In developing this strategy we have also had to consider the statutory functions we will need to deliver as we move through the transition from a shadow organisation, through the required authorisation process to finally becoming a statutory organisation.

The functions (see below) required for us to become a statutory organisation have been considered and can broadly be split into five broad categories. The work programme that supports this strategy will identify how we will deliver its key priorities and in so doing build our capacity and capability in each of the categories. The workforce requirements have been addressed via a separate organisational development strategy.

Health Needs Assessment	Support for redesign	Public & Patient Engagement / Communications	Commissioning
Developing Joint Strategic Needs Assessments, building on collected data to forecast local health needs and identify gaps in service provision.	Developing clinical specifications and pathway redesign, service evaluations, and performance management.	Engaging with the public, patients and key stakeholders. Media/press handling and social marketing.	Responding to service needs through identification of best value providers. Formal contract management and negotiation.
Back office – Maintaining core functions that underpin the successful running of an organisation, such as finance, business intelligence, IT systems and support, human resources and legal services. To be sustained through a mixture of in-house provision and outsourcing working closely with our partners in the Yorkshire and Humber Cluster Commissioning Support Unit			

3.2 General Overview

Vale of York Clinical Commissioning Group Health Profile

The Vale of York Clinical Commissioning Group (VoYCCG) covers an area including York, Selby, Easingwold, Pocklington and parts of Ryedale. The area comprises 36 GP practices, and a registered population of 332,665. For a detailed breakdown of the health profile, including our provider landscape, please go to Appendix 2. However a summary of activity levels with our main provider, York Hospital Foundation Trust, can be found overleaf.

Predicted Hospital Activity levels at the Vale of York Main Acute Provider York Hospital Foundation Trust (NYY)

Activity Assumptions Based on Current Levels as at Quarter 1 April to June 2012

	12/13 Activity	13/14 Activity	14/15 Activity	15/16 Activity	13/14 %	14/15 %	15/16 %
Planned	38,860	39,171	39,562	39,958	0.8%	1.0%	1.0%
Unplanned	32,679	32,940	33,270	33,603	0.8%	1.0%	1.0%
All Outpatients	333,468	336,136	339,497	342,892	0.8%	1.0%	1.0%
Accident & Emergency	77,619	78,240	79,022	79,812	0.8%	1.0%	1.0%

Demographic Growth	**2.8%**	**3.0%**	**3.0%**
Planned	1,088	1,175	1,187
Unplanned	915	988	998
All Outpatients	9,337	10,084	10,185
Accident & Emergency	2,173	2,347	2,371

QIPP	**-2.0%**	**-2.0%**	**-2.0%**
Planned	-777	-783	-791
Unplanned	-654	-659	-665
All Outpatients	-6,669	-6,723	-6,790
Accident & Emergency	-1,552	-1,565	-1,580

note 1 - 12/13 activity assumptions taken from total NYY actvity @ 95%
note 2 - 12/13 FOT activity based on Quarter 1 actual
note 3 - does not include Pocklington GP Practice

Activity Assumptions Based on Agreed Contract Levels for 12/13

	12/13 Activity	13/14 Activity	14/15 Activity	15/16 Activity	13/14 %	14/15 %	15/16 %
Planned	37,385	37,684	38,061	38,442	0.8%	1.0%	1.0%
Unplanned	31,428	31,679	31,996	32,316	0.8%	1.0%	1.0%
All Outpatients	328,967	331,599	334,915	338,264	0.8%	1.0%	1.0%
Accident & Emergency	77,750	78,372	79,156	79,947	0.8%	1.0%	1.0%

Demographic Growth	**2.8%**	**3.0%**	**3.0%**
Planned	1,047	1,131	1,142
Unplanned	880	950	960
All Outpatients	9,211	9,948	10,047
Accident & Emergency	2,177	2,351	2,375

QIPP	**-2.0%**	**-2.0%**	**-2.0%**
Planned	-748	-754	-761
Unplanned	-629	-634	-640
All Outpatients	-6,579	-6,632	-6,698
Accident & Emergency	-1,555	-1,567	-1,583

note 1 - Activity assumptions taken from total NYY contract @ 95%
note 2 - 12/13 is based on agreed contract with YFT
note 3 - does not include Pocklington GP Practice.

WHERE WE WANT TO BE

Our residents request...

"I need support to manage my condition…"

"If I go to hospital I want to get home as soon as possible…"

"I want to be supported by people who know me…"

Section 4: Vision, Mission, Values

The development of this strategy will be in line with the vision, mission and values that we have agreed with our membership and our residents, that being:

Our Vision

- To achieve the best health and wellbeing for everyone in our community.

Our Mission

- To commission excellent healthcare on behalf of and in partnership with everyone in our community.
- To involve the wider Clinical Community in the development and implementation of services.
- To enable individuals to make the best decisions concerning their own health and wellbeing.
- To build and maintain excellent partnerships between all agencies in Health and Social Care.
- To lead the local Health and Social Care system in adopting best practice from around the world.
- To ensure that all this is achieved within the available resources.

Our Values

- **Communication** – Open and clear communication at all times, inside and outside the organisation, is essential for us to succeed. We recognise that the messages we send out need to be clear to everyone who receives them.
- **Courage** – We have the courage to believe that our community has the capacity to understand complex health issues and that it can be trusted to participate in making decisions on the allocation of health resources.
- **Empathy** – We understand that not all ills can be cured. We understand the suffering this causes and we work to reduce it.
- **Equality** – We believe that health outcomes should be the same for everyone. We will reduce unnecessary inequality.
- **Innovation** – We believe in continuous improvement and we will use the creativity of our stakeholders and staff.
- **Integrity** – We will be truthful, open and honest; we will maintain consistency in our actions, values and principles.
- **Measurement** - Successful measurement is a cornerstone of successful improvement.

- **Prioritisation** – We will use an open and transparent process to arrive at value driven choices.
- **Quality** - We strive to be the best that we can be and to deliver excellence in everything we do.
- **Respect** – We have respect for individuals, whether they are patients or staff colleagues; we respect the culture and customs of our partner organisations.

Section 5: Developing our priorities over the 3 years

5.1 What we see Vale of York Clinical Commissioning Group becoming

Our transition through the new clinical commissioning system has been based on being proactively informed by our clinicians about service changes that need to happen in order to improve quality, access, efficiency and outcomes. This will continue to be the case throughout our ongoing development. We will utilise the opportunities that face to face contact with patients and their carers provides us with. We will therefore be in a position to apply the important insights gained at GP practice level into where we can direct our efforts to improve what health care services will be, and how they should be, provided in the future.

Added to the clinical viewpoint will be the evidence of need and views gained from our public engagement processes (for an example of this see Appendix 3).

We will also utilise the abundance of health intelligence available to us via the Joint Strategic Needs Assessment (JSNA) documents, which we have developed with our local authority partners. All our priority areas identified in Section 7 have been highlighted in the JSNAs associated with our locality.

Taking into account this rich vein of information and evidence will allow us to be confident that any changes we implement will bring about real improvements in the health outcomes and experiences of our resident population. However, we will further ensure this through the use of strategic criteria for projects within annual work programmes, those being:

- Do specific projects:
  - Improve healthcare outcomes?
  - Reduce inequalities in health outcomes?
  - Improve the quality and safety of commissioned services?
  - Improve efficiency?
  - Have the support of clinicians, partners, patients?
  - Support the delivery of other strategies and plans e.g. VoYCCG Financial Strategy?

An example of how strategic criteria were used to prioritise the 2012/13 work programme can be found in Appendix 4.

HOW WE ARE GOING TO GET THERE

Our residents request...

"I want to be supported by people who know me…"

"If I get ill I want to be treated at home…"

"I need support to manage my condition…"

"I don't want to end Up in a home…"

Section 6: Implementing our strategy

6.1 Delivery

As a new organisation within the equally new NHS architecture we are aware that we will be unable to achieve the implementation of this strategy in isolation. We need to ensure that we have the knowledge and skills to understand, nurture and maintain the relationships needed to be good commissioners and good corporate citizens, and as a consequence provide positive benefits for our residents.

We understand the importance of good collaborative working with other commissioners, particularly City of York Council, North Yorkshire County Council and East Riding County Council and also with the emerging NHS Commissioning Board. In addition VoYCCG along with the four other local Clinical Commissioning Groups in North Yorkshire have established a collaborative commissioning forum that has developed risk sharing arrangements and established CCG lead commissioning arrangements for specific areas service provision requiring economies of scale.

We will use what we know about our communities to engage with different people and groups in ways that best meet their needs, and to communicate messages which aim to improve health.

We will utilise the intelligence gained through our engagement activities to ensure patients', carers' and the public's experiences, views and opinions are integral to our planning and commissioning of services.

We will also develop our relationships with our providers to ensure that we better record the information we receive so to ensure increased impact on shaping local health services and health outcomes.

We will also work in partnership with our public health colleagues to actively contribute to the health prevention agenda, expanding our residents' knowledge and expertise about self-care and exploring use of initiatives such as collaborative social marketing approaches.

We will ensure that decisions made about the commissioning, delivery and development of services are based on the bedrock successful engagement processes, in line with our Public and Patient Engagement Strategy (see Appendix 5) thus being in line with local needs, reflecting the wishes of local people. Therefore our engagement processes will be embedded within the following key levels:

- Integrity – shaping overall relationships with patients, the public and other key stakeholders.

- Strategic engagement – involvement with local engagement and scrutiny structures in relation to our vision and plans e.g. Health &

Wellbeing Boards, Overview & Scrutiny Committees, and LINks/HealthWatch.

- Patient experience – supporting delivery of service developments and changes.

This strategy provides an opportunity to bring together the priorities we have initially identified with the delivery and engagement processes described above. What follows, therefore, are our proposed detailed delivery plans 2012/13 which will support the initiation of this five year strategy. Our intention will be to review and update these plans on an annual basis.

6.2 Quality

We are committed to effectively implementing all quality-related duties, powers and functions which will transfer to (VoYCCG) and ensuring that our population continues to receive health and care services that are of high quality across the three quality domains:-

- patient safety
- clinical effectiveness
- patient experience

The Operating Framework for the NHS in England 2012/13 sets out the priorities for the year and the core purpose of the NHS remains the delivery of quality services for our patients. We strive to be the best that we can be and to deliver excellence for patients in everything we do.

VoYCCG GPs and managers meet with their acute providers on a monthly basis at Contract Management Boards and Sub Contract Management Boards for Quality and Performance meetings to receive assurance on the quality of care commissioned by VoYCCG and to discuss the challenge any performance issues with the provider.

We aim to deliver this through:

Improving Patient Safety

- Work with the acute trusts to reduce their hospital mortality rates
- Actively performance manage and disseminate learning from Serious Incidents and Complaints, including promotion of the Duty of Candour
- Use National Reporting & Learning System data to monitor trends in reported incidents and ensure that lessons learnt are implemented.
- Reduce Hospital Acquired Infections in line with agreed trajectories
- Improve collection of data in relation to pressure ulcers, falls, urinary tract infections and Venous Thrombembolism (VTE).
- Ensure robust arrangements are in place for safeguarding adults and children

Commissioning Clinically Effective Care

- ❖ Commission services based on National Institute for Clinical Excellence (NICE) quality standards and ensure all providers are compliant with the relevant standards.
- ❖ Appointed a GP Clinical Lead to oversee the VoYCCG quality agenda
- ❖ Targeting areas of concern raised by external or local intelligence, including proactive assurance of performance against national standards, and ensuring that action from lessons learnt is taken effectively.
- ❖ Implementing the rollout of Neighbourhood Care Teams to improve care for patients with long-term conditions and ensure that learning from Plan, Do, Study, Act cycles is shared across VoYCCG.

Improving Patient Experience

- ❖ Increase the use of patient stories methodology.
- ❖ Introduction of the Friends & Family Test and real time data capture of patient/carer experience
- ❖ Eliminate mixed-sex accommodation to maintain patient dignity
- ❖ Monitor the results of NHS patient and staff surveys and ensure that action is taken to resolve any significant concerns.
- ❖ Work with providers to ensure they publish quality accounts/key agreed NHS datasets
- ❖ Review findings from Care Quality Commission (CQC) inspections and ensure providers are fully compliant with CQC standards.

There are a range of areas where VoYCCG will be actively monitor our contracts and work with providers to rectify any concerns identified including:-

- ✓ Clearing the backlog of patients waiting over 52 weeks for general surgery at York Hospital
- ✓ Cancer targets – improvement in the 62 day waits following screening
- ✓ Improvement in ambulance turnaround times at acute trusts
- ✓ Rollout of Psychiatric Liaison Service at acute trusts
- ✓ Increased use of Choose & Book for hospital referrals

In 2012 VoYCCG agreed a Commissioning for Quality and Innovation (CQUIN) scheme with our acute providers which incorporates the four national indicators:-

- ✓ VTE risk assessment
- ✓ Patient Experience based on the results of the NHS Inpatient Survey
- ✓ Safety Thermometer
- ✓ Dementia

In addition, we agreed local quality indicators for:-

- ✓ Improvement programme for Neighbourhood Care Teams
- ✓ 60% of acute admissions to be seen by a decision making clinician within 4 hours of admission

- ✓ Reduction in the length of stay in the elderly bed base in acute hospitals
- ✓ Improvement in the occupancy rate in the elderly medicine bed base at community hospitals
- ✓ Improve continuity of care between secondary and primary care when patients are discharged from hospital.
- ✓ End of Life Care – Death in the place of choice

VoYCCG and our acute providers will agree baseline positions in the second quarter of 2012/13 and improvement trajectories to be achieved by the fourth quarter. The Quality Team will reconcile the data on a quarterly basis to determine whether or not the acute trusts qualify for the CQUIN payments.

Section 7: Specific Delivery Plans: 2012/13

7.1 Our priorities

Based on the use of the strategic criteria described previously our areas of priority for 2012/13 are as follows:

Long Term Conditions

- ✓ We will be recognised for delivering proactive healthcare services rather than a reactive one. We will put the patient at the centre of everything we do and will develop joint care plans with them to help manage their long term conditions. This is a relevant approach as the VoYCCG locality will face an increasing elderly population in future years that are likely to be living longer with potentially multiple long term conditions.

- ✓ Along with our commissioning and provider partners we will develop a more stream-lined and co-ordinated approach to long term conditions care planning. Integral to all this will be the development of care pathways that support our patients through their condition.

- ✓ We will take the lead on the development of more localised services for patients with long term conditions and will address any gaps in local clinical knowledge and that addresses the cost pressures associated with secondary care admissions.

- ✓ We will work towards ensuring delivery of an inclusive and multi-disciplinary approach to patient needs assessment and health care delivery by involving all professionals working in general practice, community services, social care and voluntary sector.

- ✓ We will put in place an evidence based process to risk profiling of our patients, identifying those at highest risk of going into crisis and proactively putting in place care plans (see above) to avoid this.

Elective (Planned) Care

- ✓ The Vale of York locality, in general, has a high dependency on secondary care services. We want to ensure our patients are seen in the most appropriate care setting for their condition.

- ✓ We will support the care closer to home agenda and continue to investigate how we can develop specialist health support in the community where it is deemed that secondary care level input is not required.

Urgent Care

- ✓ We will work with our member practices and Nursing and Residential Home providers to ensure that processes are put in place to ensure

care is provided in the Homes and that admission into hospital is avoided wherever this is practicable.

- ✓ We will work with our secondary care partners to ensure that care pathways associated with ambulatory care conditions are robust and provide avoidance to hospital admission wherever possible.

Mental Health

- ✓ We will ensure our patients have sustained access to appropriate mental health services.
- ✓ We will focus on areas where current services do not fully support patients or areas we feel that an improvement in service can be made.

Prescribing

- ✓ Our prescribing processes will be as effective as possible to maximise patient safety and best utilise our prescribing budget.

Tackling Inequality

- ✓ We will work with our Health and Well Being Board partners to reduce the gap in healthy life expectancy between the most and least deprived members of our population.

Children

- ✓ We will ensure that the children are able to reach their full physical and mental potential, whatever that level of potential may be.

All the above will be done within our financial allocation to ensure delivery of value for money in all our commissioned services and in accordance with our Financial Strategy (see Appendix 6). Supporting the delivery of this strategy is our Quality, Improvement, Productivity, Prevention (QIPP) programme which has been developed to allow us to make real sustainable changes through transformation delivering quality improvements for our residents as well as supporting the drive for value for money. Details of the QIPP programme for 2012/13 can be found in Appendix 7, this being further developed for the years 2013/14 and 2014/15.

7.2 Our Delivery Plans

Long Term Conditions
What do we aim to deliver?
We plan to support the increasing numbers of individuals living with long term conditions by: ❖ Ensuring patients are at the right level of care all of the time. ❖ Ensuring we have productive community teams incorporating cross-professional and cross-provider working. ❖ Seamless service provision between health and social care providing benefits for users including: ○ An improved, less confusing experience for all those concerned – patients, carers, families. ○ Optimum care provision and improved communication. ○ Timely and accurate liaison with all relevant providers. ❖ Maximising independence and enabling service users to resume living at home safely in a time efficient manner, which includes: ○ Supporting care at home. ○ health promotion/self management education
How will we deliver this?
We will deliver this by: ❖ Designing and implementing a new integrated care model (known as Neighbourhood Care Teams) to support individuals with long term conditions. ❖ Proactively identify people at risk of crisis through a GP practice based 'risk stratification' model ❖ Regular Multi-Disciplinary Team (MDT) meetings supported by above risk stratification model ❖ Promote self care via Personalised Care Plans, initiated via above MDT meetings. ❖ Evaluate existing care pathways for COPD and diabetes and implement change where appropriate and clinically expedient.
How will we know we have delivered?
✓ 17 Neighbourhood Care Teams will have been established covering every GP practice within our locality. ✓ Every Neighbourhood Care Team will be undertaking regular MDT meetings proactively identifying patients at potential risk of hospital admission and providing them with Personalised Care Plans to provide care for them in the community. ✓ Care pathways for COPD & diabetes will have been evaluated and necessary amendments made to make them as cost effective as possible whilst maintaining a high level of care for our residents.
How will delivery benefit our community?
✓ A service that truly has the patient at the centre of everything we do. ✓ An increase in the level of care provided in the community with more of our residents being treated in their own homes. ✓ A strengthening of partnership working with our partners from the local authorities, secondary and community care and the voluntary sector. ✓ A service based on a continual process of improvement. ✓ A reduction in the number of our residents being admitted to hospital as emergencies by x.
When will we deliver?
✓ All NCTs will be in place by April 2013. ✓ Changes to the COPD care pathway will be completed by March 2013 ✓ Changes to Diabetes care pathway will be completed by March 2013.

Elective (Planned) Care
What do we aim to deliver?
We plan to evaluate a number of elective (planned) care pathways to enable a number of procedures that are currently provided in a hospital setting to be transferred to the community and making them more accessible to our residents.
How will we deliver this?
❖ Our GPs will work with their hospital clinical colleagues to develop a partnership approach towards developing plans across the following specialties: ○ Dermatology; ○ Gynaecology ○ Cardiology ○ Ophthalmology
How will we know we have delivered?
✓ We will have services previously provided in a hospital setting based in the community. ✓ We will have improved access to advice and information for the above specialties. ✓ We will have increased the knowledge and awareness of the management for specialties identified ✓ The level of patient satisfaction for the specialties identified will have increased. ✓ Reduction in the number of GP initiated hospital referrals by *x*
How will delivery benefit our community?
✓ The services associated with the above specialties will be more accessible to our residents. ✓ The care pathways for the specialties identified will be more streamlined whilst maintaining their cost effectiveness. ✓ Improved support and education to GP practices in the management of routine conditions within the specialty areas identified. ✓ Our residents placed at the centre of care provision.
When will we deliver?
✓ Changes to the Dermatology care pathway will be completed by March 2013. ✓ Changes to the Gynaecology care pathway will be completed by October 2012. ✓ Changes to Cardiology care pathway will be completed by December 2012. ✓ Changes to Ophthalmology care pathway will be completed by April 2013

Urgent Care

What do we aim to deliver?

We will be looking to review and modify a number of elements within the urgent care pathway. The work is as a direct consequence of that carried out during 2011/12 by Vale of York CCG clinicians. The focus will be to look at urgent care pathways associated with ambulatory care (medical care not needing admission), falls and catheterisation. We will also be looking at how can reduce admissions from Care Homes (Nursing and Residential)

We will also be working further on initiative begun in 2011 around developing an integrated unscheduled care service.

How will we deliver this?

- ❖ We will look to develop a partnership approach between our GPs and their hospital clinical colleagues to develop the care pathways associated with this programme.
- ❖ Improve the competencies between GP care and hospital care practitioners, and create a more integrated approach to delivering urgent care.
- ❖ We will be developing a partnership approach with the Nursing Homes in our locality, working together to see if we can prevent some emergency admissions to hospital.
- ❖ We look to integrate the Out-of-Hours service within our plans

How will we know we have delivered?

- ✓ We will have reduced the number of emergency/urgent admissions into the hospital.
- ✓ We will have reduced the inappropriate use of emergency services through patients being signposted to the appropriate service.
- ✓ Care Homes will have agreed to take into account their residents Advance Care Plans, Emergency Care Plans and End of Life Plans.
- ✓ Care Homes, in associated GP practices, will have in place plans to undertake regular medication reviews for their residents
- ✓ We will have an integrated workforce, between GPs, hospital care and out of hours care, in place.
- ✓ We will have fewer emergency/urgent admissions originating from Nursing Care Homes

How will delivery benefit our community?

- ✓ All our residents who access emergency services will receive a clinical response and outcome that is appropriate to their clinical needs.
- ✓ Fewer inappropriate ED attendances
- ✓ Our residents attending the emergency department will be signposted to the appropriate service for their health need.
- ✓ Patient experience and satisfaction improved.
- ✓ Care Home residents will be treated in accordance with their wishes and will have plans in place to avoid unnecessary hospital admission.

When will we deliver?

- ✓ Changes to the care pathways associated with Nursing and Residential Homes will be completed by December 2012.
- ✓ Changes to the ambulatory care pathways will be completed by February 2013

Mental Health
What do we aim to deliver?
Improved care for people with mental health problems in the acute trust.
How will we deliver this?
❖ By developing a psychiatric liaison service
How will we know we have delivered?
✓ Clear system in place to support patients with mental health problems in acute trust ✓ Positive patient and carer feedback ✓ Positive staff feedback ✓ Monitoring agreed outcomes via Quality reports.
How will delivery benefit our community?
✓ Reduction in length of stay ✓ Reduction in discharge to nursing homes ✓ Improved patient and carer satisfaction
When will we deliver?
✓ Stage one, psychiatric liaison in elderly has started aim to build to cover all wards by end of 2013 ✓ Psychiatric liaison in the Emergency Department – 2013-14 depending on financial situation ✓ Wider liaison service will depend on finances
What do we aim to deliver?
❖ Improved care for people with dementia
How will we deliver this?
✓ By education across acute trust, GPs and their staff, in nursing homes and in the wider community ✓ By commissioning dementia care navigators
How will we know we have delivered?
✓ Records of education provided ✓ Positive patient and carer feedback ✓ Positive staff feedback ✓ Dementia awareness monitoring of community services and businesses ✓ Monitoring agreed outcomes via Quality reports.
How will delivery benefit our community?
✓ Improved quality of life for patients and carers ✓ Reduced crisis admissions ✓ Reduced stress for staff
When will we deliver?
✓ Guidelines to GP – 2012 ✓ Dementia training at acute trust ongoing 2012-13 ✓ Community awareness joint funded post starts October 2012 ✓ Ongoing awareness and training for nursing homes via dementia forum
What do we aim to deliver?
Improved access to talking therapies
How will we deliver this?
❖ By completing the review of counselling services and IAPT, and thinking imaginatively with provider and voluntary sector partners to

deliver services within a severely restricted budget
How will we know we have delivered?
✓ Improved equitable access to services ✓ Positive patient feedback
How will delivery benefit our community?
✓ Early access to intervention to manage mental distress ✓ Improved patient satisfaction
When will we deliver?
✓ Completion of review April 2013. ✓ Innovative solutions discussions 2013. ✓ Commission new services 2013-14.

Prescribing
What do we aim to deliver?
Prescribing is an every day intervention in the NHS. We aim to ensure that prescribing in VoY is optimal in terms of patient safety and clinical and cost effectiveness. We aim to ensure that prescribing interventions in primary care: • are safe • are appropriate for the individual • are necessary • are offered with any necessary support to ensure that the prescribing intervention is optimal • are reviewed at appropriate intervals • stay within the dedicated budget • comply with local and national guidance • comply with any relevant legislation • take place within agreed frameworks and according to local policy and procedure where appropriate
How will we deliver this?
To deliver this it is vital that prescribers are well informed of clinical and cost effectiveness issues and make unbiased prescribing decisions. VoY therefore needs to: • provide timely, high quality, robust prescribing information • appraise local and national data and use this to inform policy on use of drugs – new and existing • have a robust approach to managing the introduction of new drugs • ensure prescribers are aware of their responsibilities around prescribing have an effective performance monitoring and management function in able to support prescribers and improve standards where necessary.
How will we know we have delivered?
We will know if we have delivered if we stay within the prescribing budget - or if not that we are able to account for why not (noting that there may be other influences on the prescribing budget that may not be within our control). We will know by scrutiny of prescribing data and through governance processes whether prescribing safety is being maintained.
How will delivery benefit our community?
Appropriate, optimal use of medicines will ensure that adverse effects of medicines are minimised and that patients get the best possible health gain from the use of their medicines. Staying within budget will minimise pressure from prescribing interventions on other healthcare budgets.

Tackling Inequality

What do we aim to deliver?

Improve health outcomes for people living in the most deprived areas within the VoYCCG locality. In addition improve the health outcomes for groups of people most likely to experience poor health and/or struggle to access/health services.

The Joint Strategic Needs Assessments covering our locality identify that health inequalities are prevalent. The work of the Fairness Commission highlights the links between low income and poorer health outcomes.

People living in some areas within the VoYCCG locality can expect to live on average 10 years less than other residents if they are male or 3.5 years less if they are female. We believe this is deeply unfair, and jars against our vision to achieve the best health and wellbeing for everyone in our community.

There are clear links between other types of deprivation and poor health outcomes, so it is the same areas and communities where there are more people experiencing a range of issues, from substance misuse and unemployment to mental health problems and long-term health conditions.

To reduce health inequality therefore requires us to address both the causes and effects of these complex issues around deprivation in particular communities and areas of VoYCCG.

How will we deliver this?

With our Health and Well Being Board partners use the Marmot framework and its 6 domains as a holistic approach to reducing health inequalities in VoYCCG.

- ✓ Consider the impact on health inequalities in every decision we make and every policy we develop.
- ✓ Allocate our resources to where they are needed most, particularly those areas or groups of people who suffer poorer health outcomes.
- ✓ As organisations, work in an integrated way with individuals and communities who suffer poorer health outcomes, understanding the complex and cross-cutting nature of issues relating to health inequality, many of which are rooted in wider social factors. We will endeavour to understand and address the key issue or issues which can act as a catalyst to improving broader outcomes, rather than trying to solve individual problems as separate organisations.
- ✓ Co-design approaches to improving health and wellbeing of communities in York who experience the poorest outcomes. We will work with individuals and communities to develop community based solutions which will make the biggest difference to their health and wellbeing.
- ✓ We will commit to investing in a range of community approaches, including more outreach work, working closely with both communities of interest and geographic communities, who experience lower health outcomes. We acknowledge that these approaches take time to yield results, so where there is evidence of impact, we will commit to funding these in the long term where possible.
- ✓ Take a smarter approach around communicating health and wellbeing messages with our residents. We will:
  - undertake joint campaigns across all partners
  - use our understanding of communities and individuals to target communication

- adopt innovative marketing approaches which actively engage people
- utilise health champions to go to places where older people are rather than expecting people always to come to us.

✓ We will work with and acknowledge the positive impact that existing partnerships and task groups are making in their work to address health inequalities.

How will we know we have delivered?

✓ Reduce the rate of premature death from chronic conditions
✓ Improve mental health and well being

Children
What do we aim to deliver?
The children of VoYCCG are our future. We have a duty to ensure that the children are able to reach their full physical and mental potential, whatever that level of potential may be. Children also have a right to be children and to enjoy their childhood years free from avoidable morbidity and mortality. We aim to support out resident children to be healthy, happy children, young people and adults where positive lifestyle choices are instinctive thereby taking the first steps towards improving the number of healthy years experienced as they grow older. In partnership with our Health & Well Being Boards we concentrate on the following priorities: • Helping all York children enjoy a wonderful family life • Supporting those who need extra help • Promoting good mental health In promoting this concept we take seriously our duty to safeguard our local children and young people. We intend to ensure that the safeguarding of children and young people is a primary consideration in all our commissioning endeavours.
How will we deliver this?
❖ Health lifestyle programmes to stop the growth in levels of obesity in our children and start to reduce levels. ❖ Developing age appropriate schemes to promote healthy choices and lifestyle. ❖ Ensure support is available to families to deliver our commissioning aims.
How will we know we have delivered?
✓ Stop the growth in the percentage of children recorded as obese at ages 5 and 11 ✓ A range of age appropriate schemes and literature is available to promote healthy choices and lifestyles
How will delivery benefit our community?
✓ Children will live longer, healthier lives – will also have an impact upon the wider family from the changes in lifestyle. ✓ Easier access to relevant schemes and literature.
When will we deliver?
✓ Schemes will be put in place during 2012/13 in accordance with our plans developed with our Health & Well Being Board partners.

Appendices

Appendix 1: Glossary of terms

Ambulatory Care
Health services provided on an outpatient basis. Specifically relating to those who visit and depart a health care facility on the same day following treatment.

Authorisation
A process whereby a Clinical Commissioning Group has satisfied the NHS Commissioning Board of the matters set out in the Health and Social Care Act 2012.

Care Pathways
Patient focused care programmes, representing a sequence of care events, and how they should link to one another.

Clinical Commissioning Group
A group led by GPs that will, from April 2013, be responsible for how NHS funding in their community will be spent.

Commissioning
A means of getting best value for the local population through translating aspirations and need, by documenting service requirements and then buying those services.

Development GP
Need a definition

Deprivation
The state of having little or no money and few or no material possessions.

Financial Allocation
The budget provided to statutory health organisation to meet the health needs of its population.

Governing Body
Responsible for arranging for the provision of specified health services within a Clinical Commissioning Group locality as per the Health and Social Act 2012.

Health and Well Being Board
Health and Well Being Boards bring together the key commissioners in an area. To including representatives of Clinical Commissioning Groups, Directors of Public Health, children's services, and adult social services, with at least one democratically elected councillor and a representative of HealthWatch. They will assess local needs and develop a shared strategy to address them, providing a strategic framework for individual commissioner's plans.

Health Needs Assessment
A process that identifies current and future health needs, which informs service planning.

Joint Strategic Needs Assessment
A process that identifies current and future health and well being needs, which informs service planning.

Management GP
Need a definition

NHS Commissioning Board
The NHS Commissioning Board created under the Health & Social Care Act 2012 to be responsible for arranging for the provision of health services in England.

Nursing Home
A residential institution equipped to care for those unable to look after themselves.

Outcomes
A change in status resulting from a specific action or a series of actions.

Primary Care
The term for the health services from providers who act as the principal point of consultation for patients e.g. GPs.

QIPP (Quality, Innovation, Prevention & Productivity)
Over 2011/12 - 2014/15 the NHS will face significant additional demand for services arising from the age and lifestyle of the population as well as the need to fund new technologies and drugs. To meet this challenge, the NHS needs to deliver recurrent efficiency savings of up to £20 billion by 2014/15. Quality, Innovation, Productivity and Prevention (QIPP) is the response to the challenge of improving the quality of care the NHS delivers whilst at the same time making these savings.

Residential Home
A home where residents receive personal care.

Residents of Vale of York Clinical Commissioning Group
Those people who are registered with a member GP practice of VoYCCG.

Secondary Care
A service provided by medical specialists who generally do not have first contact with patients e.g. hospital consultants.

Shadow Organisation
An established Clinical Commissioning Group that is not authorised statutory body (see above). During this period the CCG's commissioning performance

will be overseen by an established statutory body e.g. NHS North Yorkshire & York.

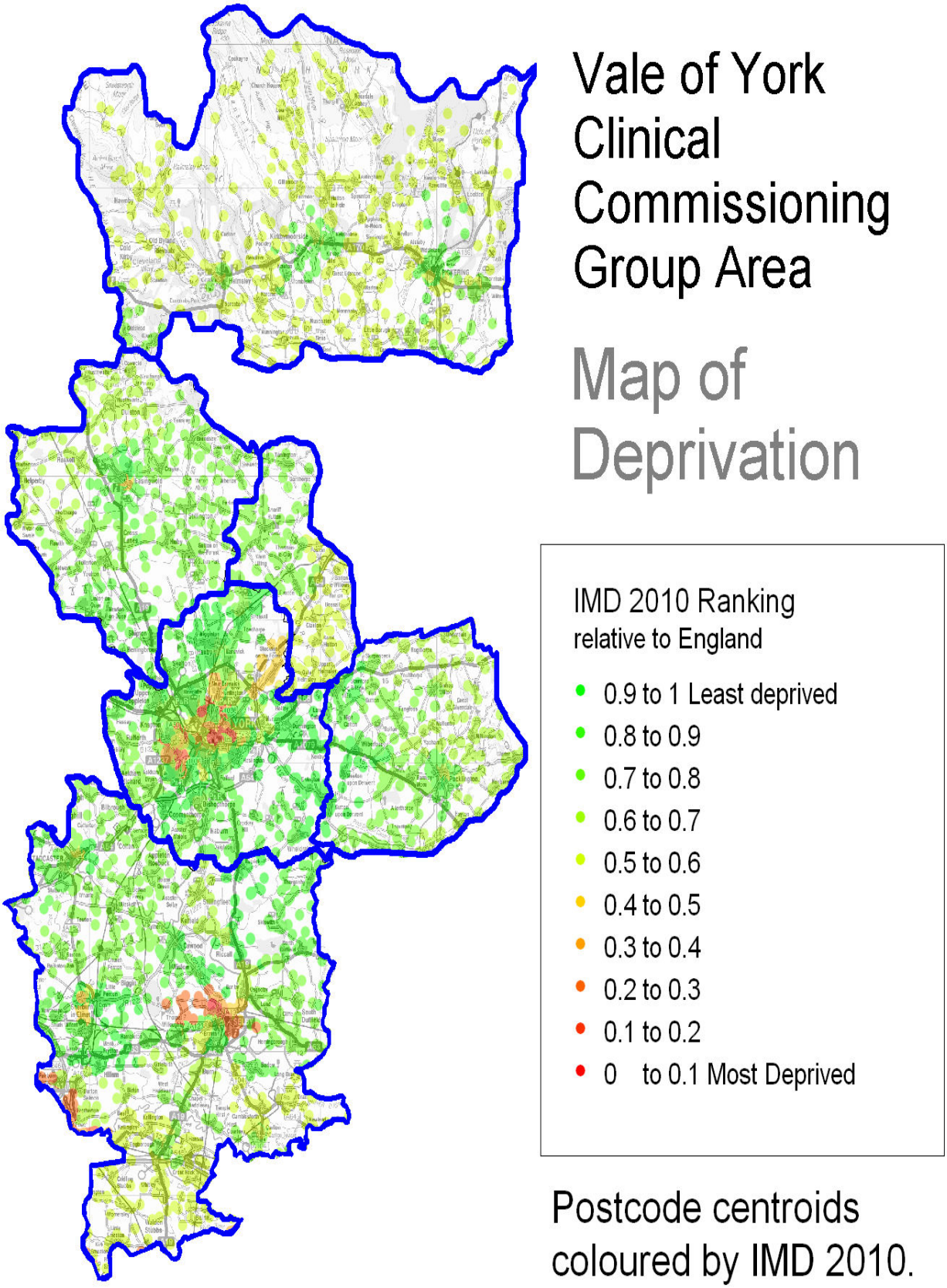
Social Marketing
The application of commercial marketing strategies to promote public health.

Specification
A document describing the requirements of a particular service.

Stakeholders
Those that can influence or be affected by an organisation's actions

Strategy
A method or plan chosen to bring about a desired future.

Appendix 2: Vale of York Clinical Commissioning Group Health Profile



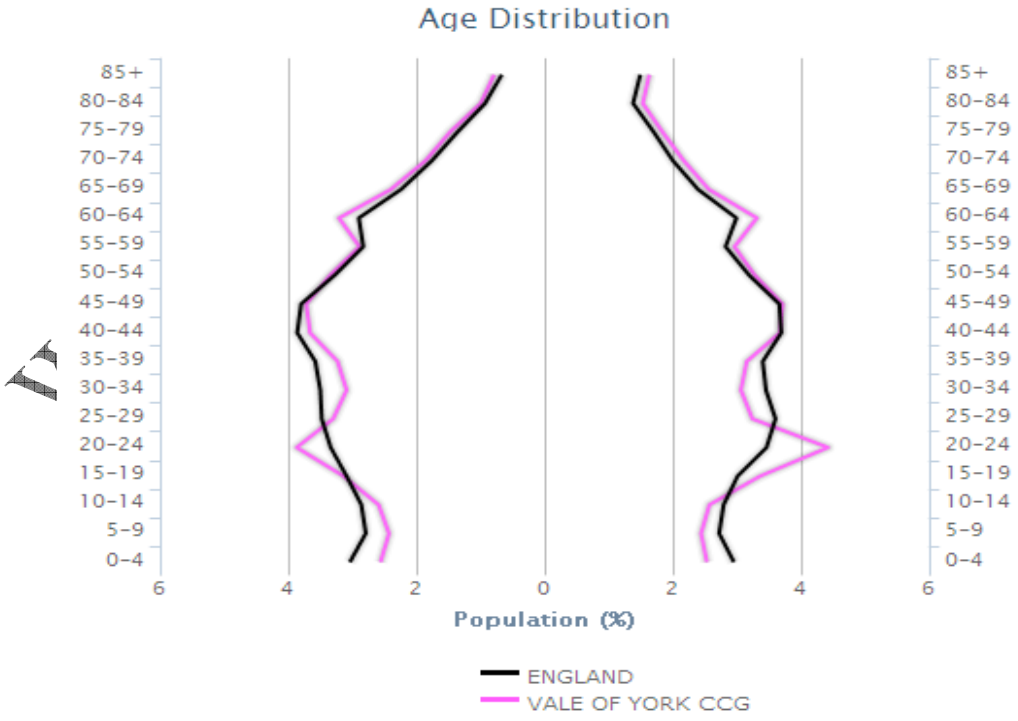
The VoYCCG locality is a mixture of urban and rural, with the majority of the population living in York, which has approximately 200,000 people living within the local authority area outlined above. VoYCCG also includes parts of North Yorkshire County Council and East Riding Local Authority areas which cover a much larger proportion of the geographical area. As a result, there are particular issues relating to the rurality of the area, especially in relation to access to services. Only 2% of the North Yorkshire County Council area (which includes Selby and the areas above York on the map) has a population density of more than 4 people per hectare and over four fifths of North Yorkshire is defined as 'super sparse' (with fewer than 0.5 people per hectare).[1]

Deprivation

Whilst the locality may be generally perceived as affluent, there are areas of specific deprivation within York and Selby as indicated on the map. There are also households with significant deprivation in the more affluent areas which the statistics can obscure. There are around 14,500 people who live in areas classified as being the 20% most deprived areas in the country[2]. The most deprived areas within the VoYCCG locality are the Westfield, Guildhall, Clifton, Heworth, Hull Road wards in York, and Selby (town).

Population profile

The age profile for VoYCCG is similar to the profile for England as a whole. However, there is a significant exception within the 20-24 age range due to the two universities in the locality (see diagram below).



[1] North Yorkshire JSNA 2008-11
[2] Index of Multiple Deprivation and ONS Population Estimates

Aging Population

For City of York Council residents, 2010 data shows that since 2001 there has been a rise of 24% in the number of people aged 80 or more years and this trend is set to continue with an additional anticipated increase of 62% by 2021. For North Yorkshire County Council residents it is estimated that there will be a 48% increase in the number of 65-84 year olds and a 65% increase in people aged over 85 for the period between 2001 and 2021.

These potential increases have significant implications for the provision of services in a society where people are living longer and may have increasingly complex needs.

Black and Minority Ethnic

There is a growing black and minority ethnic (BME) population in York, due in part to the continuing expansion of university and higher education facilities within the city. The 2001 census put York's BME population[3] at 4.9 per cent. The more recent Joseph Rowntree Foundation study in 2010 suggested this had now grown to 11 per cent of York's total population by 2009[4]. The study identified 92 different ethnic and national origins in the city and 78 different first languages[5]. For North Yorkshire, the 2001 put its BME population at 1.1%, which is also growing, only more slowly, in line with the national trend.

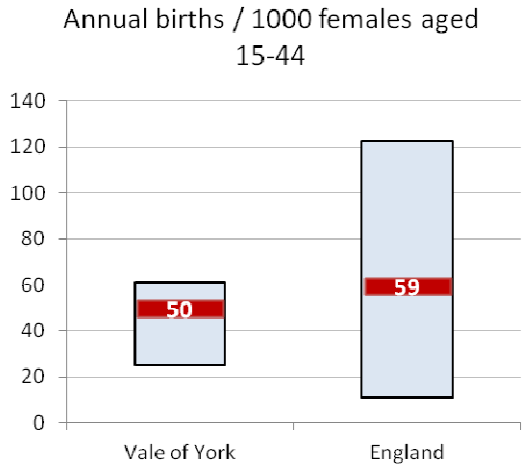
Lesbian, Gay, Bisexual or Trans Living

There is a lack of data with regards to lesbian, gay, bisexual or trans living in the VoYCCG locality (and nationally), however various government surveys suggest the percentage of the national population who are lesbian, gay, bisexual or trans is somewhere between 2% and 7% of the population.

Births and migration

VoYCCG has a birth rate which is lower than the national average, reflected in lower than average fertility rates among females aged 15-44.

Despite this, the population in the VoYCCG locality is increasing, and it is estimated[6] to have higher net migration than both the region and the UK. VoYCCG's birth rate is lower than the death rate, therefore the increase in population of can be assumed to be largely due to migration.



[3] All groups other than White British
[4] JRF – Mapping rapidly changing population growth. A case study in York 2010
[5] JRF – Mapping rapidly changing population growth. A case study in York 2010
[6] ONS Mid Year 2010 estimates

3.3 Provider landscape

Secondary care providers

In 2010/11 VoYCCG had 101,404 inpatient admissions. The table below shows the main providers that were used and the number of admissions at each provider, the number of admissions that were elective (planned).

Provider	Number of admissions (%)	*Of which elective*	% of Provider total
York Teaching Hospital	84,945 (84%)	*35,167*	87.8%
Leeds Teaching Hospital	4,264 (4%)	*2,692*	1.7%
Scarborough Hospital	2,095 (2%)	*930*	4.3%
Ramsey Healthcare	2,049 (2%)	*2,049*	2.3%
Other	8,051 (8%)	*3,236*	n/a
Total	101,404 (100%)	*44,734*	n/a

As can be seen from the above figures the vast majority of patients requiring a secondary care episode utilise services at York Teaching Hospital NHS Foundation Trust (YHFT) (88%).

The current contract value for YHFT with the VoYCCG is £151 million. This includes adjustments made for a number of key areas within the 2012/13 QIPP programme. If these areas are not realised the contract will over perform and will reflect a considerable cost pressure. For a full cost breakdown of our current contracts please go to the Financial Strategy in Appendix 6

VoYCCG has assigned clinical leads in key roles to work closely with lead clinicians from YHFT. This partnership approach is expected to result in the development of innovative approaches to the delivery of existing secondary care services, maximising cost effectiveness and clinical efficiency to improve patient experience and outcomes, whilst maintaining the highest quality standards.

Community providers

Current mainstream community nursing provision is available seven days a week between the hours of 8.30am and 6pm. It provides care for housebound patients unable to leave their home without substantial support. Community services also provide: intermediate care service provision through Community Matrons, Case Managers, physiotherapy and occupational therapy. Further services include:

- Health Visitors
- Physiotherapy
- Falls Prevention
- Fast Response
- Occupational Therapy
- Continence Services
- Tissue Viability
- Heart Failure Nurses
- Respiratory Nurses
- Specialist Palliative Care
- Nutrition and Dietetics Advice
- Diabetes Specialist Nursing

Community services have recently been transferred to YHFT thus providing an excellent opportunity to both integrate pathways of care and review current service provision. VoYCCG has identified this as a priority and have assigned a clinical lead to work with YHFT colleagues to achieve the aim of establishing a more integrated way of working between community, GP practice and social care teams.

Community hospitals and walk-in centre

There are three community hospitals and one walk-in centre within the VoYCCG locality. Patients are supported by a team of specialists including nursing staff, physiotherapists and occupational therapists, dieticians, speech and language therapists, social care providers, consultants and GPs.

Selby War Memorial Community Hospital *(check title is correct)*: 24 beds and outpatient services that include:

- Audiology;
- Children's and Adolescent Services
- Dermatology
- ENT
- Endocrinology
- Gastroenterology
- Geriatric Medicine
- General Surgery
- Gynaecology
- Orthopaedics
- Ophthalmology
- Podiatry
- Rheumatology
- Urology
- Vascular Surgery

In addition the Community Hospital provides a nurse staffed Minor Injuries Unit, diagnostic facilities (e.g. X-ray and ultrasound) and rehabilitation facilities (e.g. physiotherapy and occupational therapy)

St Monica's Hospital, Easingwold: 12 beds. In addition it also provides respite care, convalescent care, physiotherapy (including outpatient clinics), occupational therapy, musculoskeletal services and also a Haemodialysis satellite unit.

In addition to the above practices to the north of the CCG locality also access **Malton Community Hospital** (30 beds). These beds are covered overnight and at weekends by an Out of Hours service. The Community Hospital also provides outpatient services covering:

- Children's and Adolescent Services
- Cardiology
- Diabetic Medicine
- Dermatology
- ENT
- Endocrinology
- Gastroenterology
- General Surgery
- Gynaecology
- Obstetrics
- Orthopaedics
- Ophthalmology
- Respiratory Medicine
- Rheumatology
- Urology
- Vascular Surgery

In addition the Community Hospital provides a Minor Injuries Unit, which is a nurse practitioner service, overseen by GPs during weekends and evenings.

York walk-in centre: is currently a nurse-based facility fro the treatment of minor injuries and illnesses. Following a recent review of urgent care services the walk-in centre has transferred to a location adjacent to the emergency department at York Hospital as part of ongoing work around the development of an Urgent Care Centre.

Rehabilitation Units are designed to prevent unnecessary admission to or facilitate earlier discharge hospital. The units providing this in the Vale of York Clinical Commissioning Group locality are:

- White Cross Court Rehabilitation Unit (23 beds with 12 single rooms)
- St Helens Rehabilitation Unit (20 beds with 8 single rooms)
- Archways Rehabilitation Unit (22 bedded community unit) – provides both 'step up' care from home and 'step down' care from hospital. It is within the community services contract unlike White Cross Court and St Helens which are within the acute care contract.

Other Providers

A range of further contracts exist that directly support patient pathways.

- **Yorkshire Ambulance Service (YAS) –**We have identified pathway redesign and service developments which will enhance the value of this contract particularly with regard to patient outcomes and experience.

- **Voluntary Sector Contracts and Grants –** the CCG has a number of contracts covering a range of third sector providers. In the future the CCG will seek to maximise the benefits of these contracts and identify further opportunities for collaborative working.

Any Qualified Provider

Any Qualified Provider (AQP) is a way of commissioning NHS services where patients can choose who provides their care from a list of providers that meet the necessary quality standards and are willing to deliver the service for a locally set tariff. Providers can be from the NHS, private or voluntary sectors.

Providers do not receive any guarantees of volume of work as it will be up to patients to decide which provider they choose. Providers will therefore not know the number of patients they are likely to treat from month to month.

Three services covering the VoYCCG locality have been identified as being commissioned via AQP in 2012, those being:

- Non-obstetric Utlrasound – expectation that contracts will be awarded by the end of September 2012.
- Podiatry – expectation that contracts will be awarded by April 2013.
- Wheelchair service – expectation that the advertisement of this service will be published during the autumn of 2012.

3.4 Engagement/Involvement

Primary Care Involvement

Harnessing the added value of clinical input from primary care is key to delivering this strategy in terms of stimulating innovation, improving quality and ensuring value for money. Consequently the CCG will encourage awareness, engagements and ultimately ownership of commissioning decisions and in the delivery of its objectives and work programme associated with this strategy.

To enhance communication between the VoYCCG Governing Body and constituent practices, four development groups have been established, each with a Development GP Governing Body member assigned to it. A structured approach to engagement has been agreed via a monthly GP Forum, for which

each constituent practice has agreed to send a clinical representative. In addition a monthly newsletter, 'Update', highlighting current issues and news is sent to each practice.

Working with partners and stakeholders

We are proactively engaging with a wide range of local partners including local authorities, acute/community care providers, voluntary/independent sector providers, clinicians and patients/carers to ensure our plans reflect local need and that partners play a key role in any change in health service provision that may take place.

We recognise that there are many stakeholders and partners with whom we need to engage over time and in a variety of ways. We developed Public and Patient Engagement Strategy in February 2012 (see public and patient section below). To compliment this we are also in the process of developing a Communication Strategy which will enable an effective communication programme be utilised to support the effective engagements of this strategy with partners and stakeholders.

Health and Well Being Boards

VoYCCG will be represented on three Health and Well Being Boards covering City of York Council, North Yorkshire County Council and East Yorkshire County Council.

As part of the work programme associated with each Health and Well Being Board, we are anticipating that we will participate and update on a number of developments including:

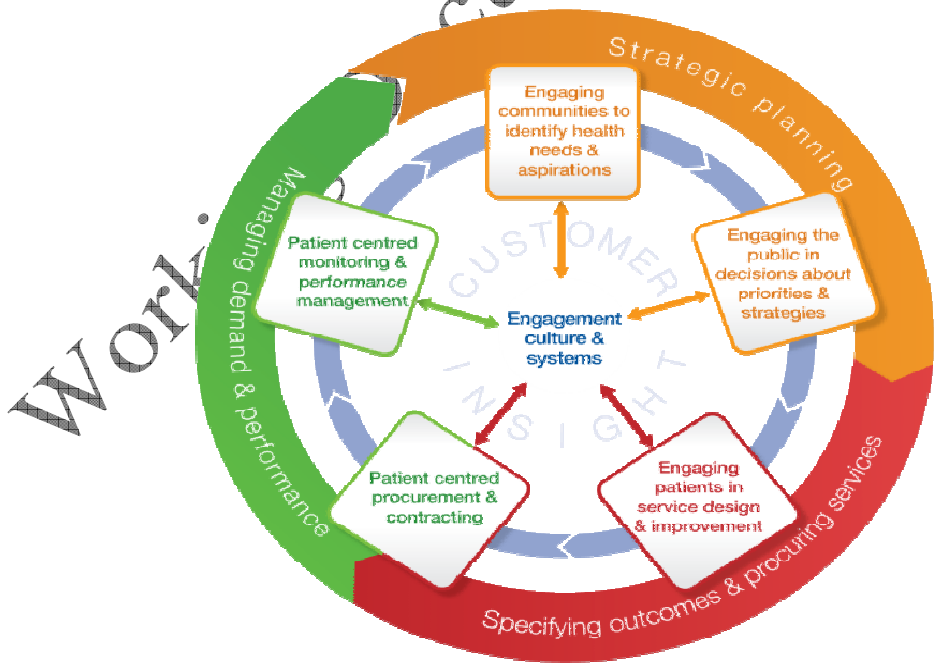
- Delivery of a Joint Strategic Needs Assessment identifying a broad range of health determinants and subsequently engaging with local practices regarding the emerging implications.
- Development of a Health and Wellbeing Strategy.
- Regular updates in relation to the development of the VoYCCG, including the development of this strategy and the VoYCCG authorisation process.
- Review of all joint commissioning arrangements between health and social care.

We acknowledge the importance of joint working with the Health and Well Being Boards and recognise the benefits gained through both the alignment and integration of commissioning strategies/plans.

Public and patients

We are committed to excellent patient care and it is essential that strong relationships and engagement processes are developed with our resident population. In so doing local people will be able to be meaningfully involved in the development and implementation of this strategy. It is vital that our residents are actively engaged in shaping the planning and delivery of local services in order to ensure that their needs and wants are met, and that healthcare is accessible and responsive to their view and experiences. We have a unique position in that we are able to communicate with patients on a daily basis via interaction with our member practices and welcome the opportunity to harness this experience in order to develop strong and effective ties with our community.

The following diagram illustrates how effective community engagement will inform all aspects of our commissioning, from detailed planning to commissioning services through to managing performance. It is these fundamental principles that formed our Public and Patient Engagement Strategy (see Appendix 4). As part of our engagement strategy we intend to have regular public events to discuss planning and delivery of local services, feedback from the event that took place in July 2012 can be found in Appendix 3.



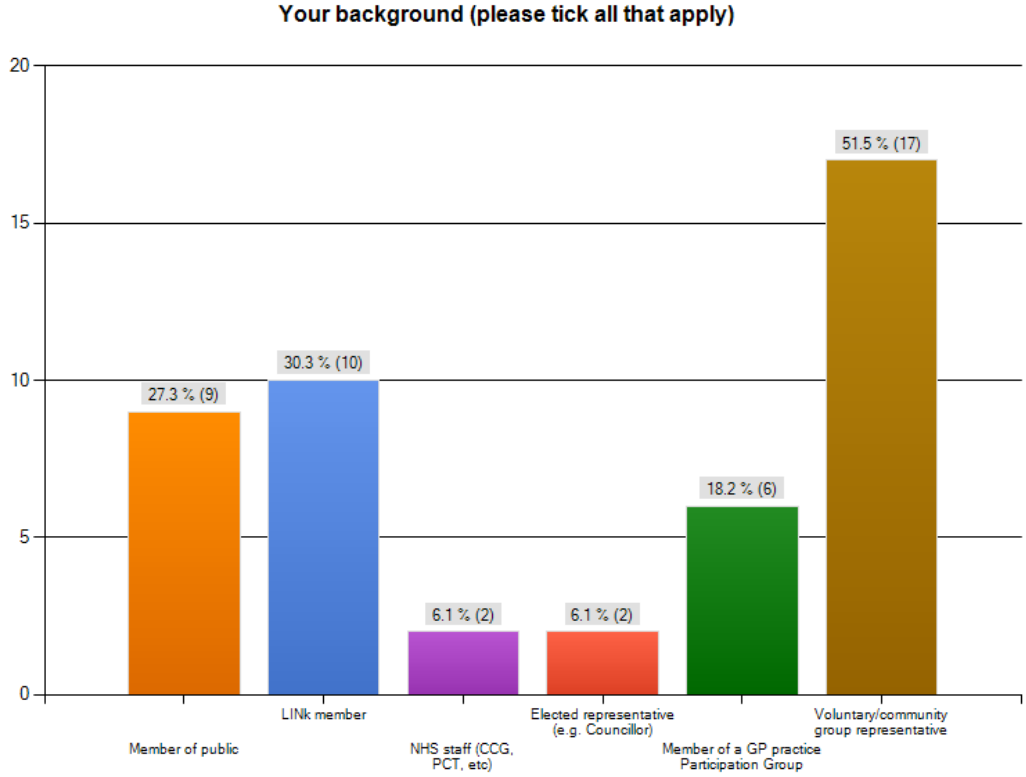
To drive this agenda forward we have appointed two Governing Body leads (the Chair and a Management Governing Body member) who will actively develop a range of public and patient engagement processes, working closely with a Steering Group, which includes four lay public members, and a dedicated public engagement officer with experience in developing effective communication methods.

Appendix 3: Vale of York CCG Public and Patient Congress
28 June 2012

Evaluation Results

1. Please tell us your background (please tick all that apply)

The majority of people attending the Congress were from local voluntary or community groups, 10 people were LINk members and 9 described themselves as a member of the public. 6 people were from GP practice Patient Participation Groups.



2. How useful overall did you find the information presented?

How useful overall did you find the information presented?		
Answer Options	**Response Percent**	**Response Count**
Unsatisfactory	2.6%	1
Satisfactory	10.5%	4
Good	50.0%	19
Excellent	36.8%	14
answered question		**38**
skipped question		**0**

3. How satisfied were you with the presentations?

How satisfied were you with the presentations?		
Answer Options	**Response Percent**	**Response Count**
Unsatisfactory	2.6%	1
Satisfactory	7.9%	3
Good	52.6%	20
Excellent	36.8%	14
answered question		**38**
skipped question		**0**

4. **Did you feel you were given enough opportunity to have your say and get your views across?**

Did you feel you were given enough opportunity to have your say and get your views across? (0 being not at all, to 3 being very well)		
Answer Options	**Response Percent**	**Response Count**
0 Not at all	2.6%	1
1	15.8%	6
2	36.8%	14
3 Very well	44.7%	17
answered question		**38**
skipped question		**0**

5. **How confident are you that the opinions given will be considered and used to influence future decision making?**

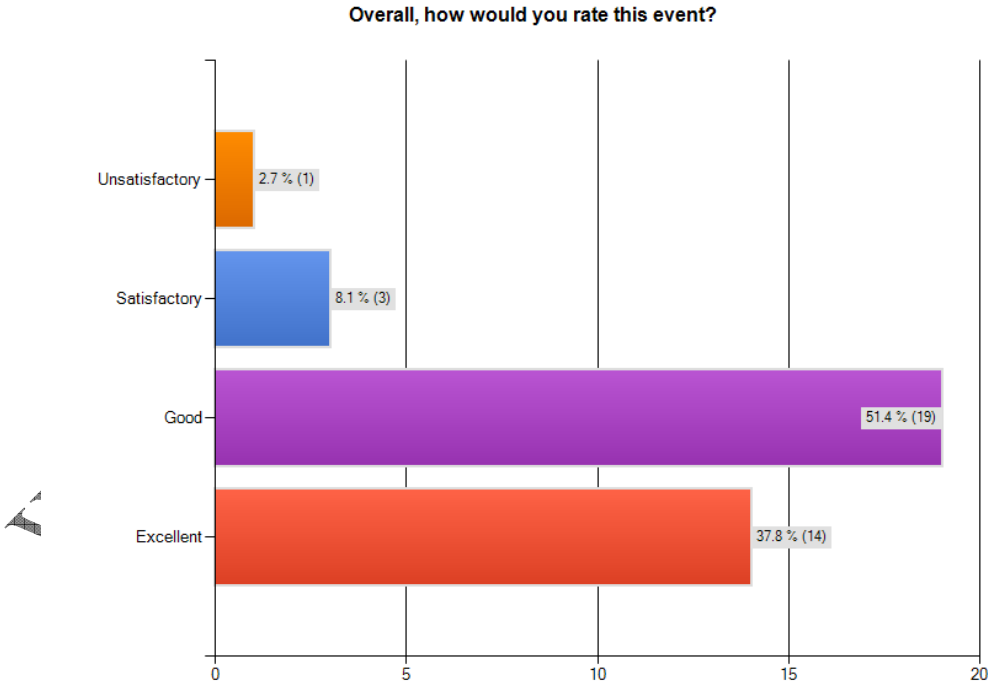
How confident are you that the opinions given will be considered and used to influence future decision making? (0 being not at all, to 3 being very well)		
Answer Options	**Response Percent**	**Response Count**
0 Not at all	2.7%	1
1	24.3%	9
2	48.6%	18
3 Very well	24.3%	9
answered question		**37**
skipped question		**1**

6. How would you rate the environment of the event?

Event environment (location, venue, catering, time, etc.)		
Answer Options	**Response Percent**	**Response Count**
Unsatisfactory	8.1%	3
Satisfactory	13.5%	5
Good	45.9%	17
Excellent	32.4%	12
Any comments?		7
answered question		**37**
skipped question		**1**

7. Overall – how satisfied were you with the event?

The vast majority of those who answered this question (37 people), felt that the event was either good (19) or excellent (14). One person ticked unsatisfactory. This respondent was a member of the public and was unsatisfied with all aspects of the event – however, they have said they would like to be invited to future events and wants to get involved in discussion groups.



7. What topics would you like to see being covered at future Public and Patient Congress events?

A cloud analysis of the most frequent words used shows the following:

- Real "consultation" about real issues Items that Vale of York CCG WILL be going to make decisions about. An item to cover health and social care "integration".
- Dementia and mental health – using facilities to support both
- Cooperation between health and social services at local levels
- Cooperation between hospitals, ambulance service, and social services
- Personal responsibility to be more involved in health care. Inviting all voluntary groups and represent – informed choice passed down to individuals.
- Progress reports on today's issues
- Patient Participation Groups in local areas – e.g. how they are run.
- Patient reps on the Steering Group – How will they be representative of patients? These reps should not be appointed by health professionals
- Progress on alternative support
- People to have an opportunity to express views on where wastage could be prevented and quick and easy savings to be made
- The challenge to the existing NHS and it's institutions (Hospitals, clinics, health centres) of greater private [involvement]
- Medical datums for intervention, e.g. at what value is one decided to be, say, diabetic
- Public involvement avenues
- Holistic Planning! Geographic and democratic nature of such a large rural county
- Progress in relation to the joint working between health and social care.
- 2. Partnership working with voluntary sector providers
- Not sure it's for the Public and Patient Congress – but some form of direct engagement with Voluntary Sector re: what services they feel they can deliver and how this might happen
- More specific topics
- Complaints, public supervisions, accountability, suggestions, monitoring
- Shared budgets with Local Authorities
- How you are monitoring and evaluating patient outcomes (Qualitative) as well as financial results and 'numbers treated'

- Working with the voluntary sector. Valuing existing voluntary services and good practice.
- Voluntary sector and patient participation. Carers, mental health
- How the voluntary sector can be more involved in developing plans.
- Carers
- Mental Health
- Addressing social issues. Deprivation/ Inequality alongside healthcare/ promotion / Integrated work between voluntary, third sector. What can third sector bring? Third sector presentation.
- Link between social services and GP practices - i.e. neighbourhood teams?
- Top 10 cost factors involved in £19m deficit instead of reading the "Worst nightmare" says North Yorkshire & York PCT Chief" in local media.
- 3. Presentation by Public Health doctor on new responsibilities in the area.

9. Would you like to be invited to future events?

36 out of 37 people who answered this question said Yes – 97%

10. Would you like to get involved in future discussion groups?

30 people said they would. One person answered No.

11. Interest in which discussion groups/ future work?

The table below shows the level of interest expressed by those who answered. The highest level of interest was in relation to carers, then long-term conditions, end of life care and dementia.

I am particularly interested in (please tick all that apply)		
Answer Options	**Response Percent**	**Response Count**
All long term conditions	57.1%	20
Diabetes	28.6%	10
Heart disease	25.7%	9
Stroke	40.0%	14
Chest conditions	17.1%	6
Psychiatric Liaison	40.0%	14
End of life care	54.3%	19
Urgent Care	42.9%	15
Ophthalmology	17.1%	6
Gynaecology	25.7%	9
Dermatology	22.9%	8

Rheumatology & Pain Management	40.0%	14
Dementia	48.6%	17
Carers	57.1%	20
Anything else?		6
	answered question	**35**
	skipped question	**3**

Anything else?

3 respondents stated Mental Health
1 person mentioned Orthopaedics
1 person specified Disabilities
2 people stated that they were interested in all of the above issues.
1 commented that All other health AND social care issues were of interest

12. Contact details

35 people have given their contact details

13. Name of the Congress

Our Steering Group feels that the name 'Congress' is a bit too business-like. People attending the event were asked to put forward any alternatives that may help encourage more patients and the public to attend.

The most important words or phrases were:

- 5 people suggested the term Forum in one way or another
- 3 people are ok with the name Congress

All responses are listed below

- In Kent we called our group the 'Health Matters Reference Group'
- Forum
- I Like 'Congress'
- Happy with Congress
- Public and patient participation event
- The name is not important. What is important is that patients have confidence in CCGs, in that they are open and honest
- Agree – Consultation to replace Congress
- Liaison meetings
- Forum
- Public Involvement Forum
- Discussion or simply Meeting!
- Conference
- Your Health – For All Events VoYCCG
- Forum
- Congress is OK

- Community Conversation
- VoY CCG Participate
- Forum
- Steering? Way Forward? Discussion? Input? Ideas?
- Empowering Engagement in Health and Social Care
- "Consultation" Event

14. General Comments

The vast majority of the comments made were very positive. There were a few suggestions – mainly around choosing more accessible venues for future events, and more publicity.

All comments are listed below:

- Where are the under 30's? The average age of the public must have been 50+... I'm a bit dubious about the Question Time's relevance Everyone should have a name badge - with at least their first name
- Very informative evening. The public need to be aware of this type of event
- Need more focus on agenda
- Interesting
- Stop hiding information to the public - cluster group minutes, reducing spending on “local clinical value treatments”
- Many thanks for the opportunity to get involved and I hope that any of my comments are treated as positive
- Very out of the way – no public transport, only car users could attend
- It was well worth the long (because of rush hour) and steamy journey
- Quite encouraging, much better than I expected (This is a compliment!)
- Feel more medically friendly with a bit more understanding of your problems and commitment
- Can you give reassurance that if citizens wish to be cared for by NHS service and not private companies (even if the latter are competitive) that they will be unless no alternative is available?
- These events are a really good source of information but need to be more localised
- A useful discussion
- Very positive event
- Excellent
- Looking forward to the next one. I don’t feel that all participants understood the financial implications of what they ‘preferred’ in session 1
- Excellent event
- Excellent approach. Need more clinicians (pharmacists etc) here too
- Extremely interesting and enjoyable. Longer time for meeting people/networking would have been nice
- Would like some attention given to the professional services the voluntary sector offers. The materials / information / publicity for the event could have been greater. The vol sector appears as an ‘also ran’. We are essential!

- Can you please make the next event more accessible
- Thanks!
- Well worth attending to share ideas
- Event could be held with environmental/ green considerations – e.g. public transport accessible. Good fruit though, and well done on organisation/ planning.
- More publicity around events please.
- Myself and our X Practice Manager only discovered the existence of this Public, Patient Event last week! Great idea. Hopefully say on website return comments/ feedback so I can add to my PPG Noticeboard?

Appendix 4: Details of priority setting process

VALE OF YORK CLINICAL COMMISSIONING GROUP

Board Meeting

2 February 2012

Report From: **Rachel Johns**
Associate DPH and Locality Director

Report Subject: **Prioritisation Update**

Report Status: **Open**

1. Introduction

At the board session on 5 January 2012, VOYCC continued to develop the approach to prioritisation. Once again Sue Baughan from the Public Health Observatory assisted which was very useful. The session covered:

- Agreeing the strategic objectives
- Agreeing the associated prioritisation criteria
- Weighting the criteria
- Testing this with existing or potential areas of work
- Rapid filtering of the strategic plan long list.

2. Corporate objectives

Work on the Vision and Values is well developed and will shortly be finalised. These set out how VOYCC will work and have a direct relationship to the strategic objectives which set out what VOYCC has to do. After debate and discussion it was agreed that the strategic objectives for Vale of York CCG are to:

- Improve healthcare outcomes
- Reduce health inequalities
- Improve the quality and safety of commissioned services
- Improve efficiency
- Achieve financial balance

3. Prioritisation Criteria

The board agreed that these corporate objectives mean that future decisions and activity should be prioritised and considered against the following critiera:

- Does it improve healthcare outcomes?
- Does it reduce inequalities in health outcomes?

- Does it improve the quality and safety of commissioned services?
- Does it improve efficiency?
- Is it feasible and strategic? (supported by clinicians, partners, patients)

It was recognised that any action would need to be considered within the financial constraints of the CCG but it was agreed that this consideration would be applied separately from the initial prioritisation process as resource implications may have an absolute impact and should not be hidden.

4. Weighting the Criteria

Although the board found it relatively straightforward to agree the prioritisation criteria, it was recognised that they may not carry equal weight and an exercise was undertaken to consider the relative importance given by attending board members.

The board discussed variations in their individual weightings which was useful for both prioritisation and organisational development. It was recognised that partners and public stakeholders might apply different weightings and this will be pursued in the next steps.

The average weightings given by the 11 board members present were:

Does it improve healthcare outcomes?	11.5
Does it reduce inequalities in health outcomes?	11.27
Does it improve the quality and safety of commissioned services?	9.68
Does it improve efficiency?	8.55
Is it feasible and strategic? (supported by clinicians, partners, patients)	9

5. Testing Against Areas of Work

The board used the criteria to test the relative prioritisation of three areas within the draft strategic plan. This was a useful process which gave results which were broadly in line with expectations:

Criteria	Weight	Levels of Care		111		Smoking in Long term Conditions	
		Score	Weighted Score	Score	Weighted Score	Score	Weighted score
Does it improve healthcare outcomes?	11.5	3	34.5	1	11.5	5	57.5
Does it reduce inequalities in health outcomes?	11.3	3	33.8	2	22.5	5	56.4
Dose it improve the safety and/or quality of commissioned services?	9.7	5	48.4	3	29.0	1	9.7
Does it improve efficiency?	8.5	5	42.7	3	25.6	5	42.7
Is it feasible and strategic?	9	5	45.0	5	45.0	3	27.0
		Total	204.5	Total	133.7	Total	193.3

It should be noted that as the average weights were not dramatically different they would not have changed the order of prioritisation but did influence the relative difference.

6. Rapid Filtering of Long List

Due to time constraints and a lack of worked up detail it was not possible to apply these criteria to every topic included in the long list of priorities within the draft strategic plan. However it was possible to consider each of them against a spectrum of Impact (summary of first four criteria) and Feasibility. This allowed further work to focus on those which are likely to have the greatest impact and chance of success within 2012/13.

The following is a simplified representation of the discussion.

High Impact / Low Feasibility	**High Impact / High Feasibility**
Dermatology Urgent assessment Cardiology Psychiatric Liaison	Long Term Conditions (including smoking) Nursing Home care Dementia Ophthalmology End of Life
Low Impact / Low Feasibility	**Low Impact / High Feasibility**
	Gynaecology Neurology MSK extension

7. Next Steps

This process agreed strategic objectives, piloted prioritisation for VOYCC and allowed rapid filtering of strategic plan work areas. It was generally recognised that this was a very useful process which required further refinement and consideration of the views of partners and the public. The strategic plan will be updated to reflect the work to date and further sessions will refine this process to allow for longer term planning. This will include a session with Patients Congress, likely to be in the early summer.

Appendix 5:

Communication and stakeholder engagement strategy 2012/13

Version 0.6, August 2012

Contents

1.0 Introduction

This strategy outlines the engagement and communications approach, processes and activities that we, NHS Vale of York Clinical Commissioning Group (CCG), will employ during 2012/13 and beyond.

It has been written in accordance with our vision, mission and values and seeks to support their delivery.

Our vision is:
"To achieve the best health and wellbeing for everyone in our community."

Our mission is to:

- commission excellent healthcare on behalf of, and in partnership with, everyone in our community;
- involve the wider clinical community in the development and implementation of services;
- enable individuals to make the best decisions concerning their own health and wellbeing;
- build and maintain excellent partnerships between all agencies in health and social care;
- lead the local health and social care system in adopting best practice from around the world;
- ensure that all this is achieved within the available resources.

Our values are:

- Communication **– Open and clear communication at all times, inside and outside the organisation, is essential for us to succeed. We recognise that the messages we send out need to be clear to everyone who receives them.**
- Courage **– We have the courage to believe that our community has the capacity to understand complex health issues and that it can be trusted to participate in making decisions on the allocation of health resources.**
- Empathy **– We understand that not all ills can be cured. We understand the suffering this causes and we work to reduce it.**

- Equality **– We believe that health outcomes should be the same for everyone. We will reduce unnecessary inequality.**
- Innovation **– We believe in continuous improvement and we will use the creativity of our stakeholders and staff.**
- Integrity **– We will be truthful, open and honest and will maintain consistency in our actions, values and principles.**
- Measurement **– We recognise that successful measurement is a cornerstone of successful improvement.**
- Prioritisation **– We will use an open and transparent process to arrive at value driven choices.**
- Quality **- We strive to be the best that we can be and to deliver excellence in everything we do.**
- Respect **– We have respect for individuals, whether they are patients or staff colleagues. We respect the culture and customs of our partner organisations.**

2.0 Overarching objectives of this strategy

The objectives of this strategy are to:

- **provide a robust communication and engagement framework for us to follow, in line with the requirements for authorisation and wider policy;**
- **empower our members and staff to appreciate the need for communications and engagement as part of their role within the CCG;**
- **ensure a clear and consistent voice between our CCG and its various stakeholders;**
- **facilitate dialogue between our CCG and its stakeholders to ensure they are part of the decision making process and uphold the our commitment to 'no decision about me, without me';**
- **develop and maintain mutual goodwill and understanding between our CCG and its stakeholders, resulting in the formation of a positive reputation amongst stakeholders;**
- **ensure that information about our CCG and its business is readily available and accessible to those who need it;**
- **ensure that we are able to fulfil our statutory duties;**
- **position our CCG as the leader of the local NHS.**

3.0 Communication and engagement governance

The patient and public engagement element of this strategy has been developed by the NHS Vale of York CCG Public and Patient Engagement Steering Group which comprises the following members:

Prof Alan Maynard (Chair)	Vale of York CCG
Sian Balsom	York CVS/ & nominated rep for North Yorkshire and York Forum
Chris Edmondson	Lay Member
Sarah Harrison	North Yorkshire LINk
Helen Mackman	Lay Member
Carol Pack	York LINk
Juliana Sharp	Lay Member
Pat Sloss	Yorkshire and Humber CSS
Dr Cath Snape	Vale of York CCG
Graham Tissiman	Lay Member

Communications Steering Group

A Communications Steering Group has also been established which is responsible for delivering the communication elements of this strategy. The members of this group are:

Dr Shaun O'Connell	**(Vale of York CCG)**
Dr Cath Snape	**(Vale of York CCG)**
Dr David Hayward	**(Vale of York CCG)**
Rachel Potts	**(Vale of York CCG)**
Alex Trewhitt	**(North Yorkshire and Humber CSU)**

4.0 Policy context for this strategy

The context in which we operate will significantly influence the delivery of communications and engagement in the future. National and local policy acknowledges and promotes the need to improve involvement in and communicating core values, actions and strategies to local communities.

4.1 The Health and Social Care Act 2012

CCGs are required by law to:

- involve the public in the planning and development of services;
- involve the public on *any* changes that affect patient services, not just those with a "significant" impact;
- set out in their commissioning plans on how they intend to involve patients and the public in their commissioning decisions;
- consult on their annual commissioning plans to ensure proper opportunities for public input;
- report on involvement in their Annual Report;
- have lay members on their governing body;
- have due regard to the findings from the local HealthWatch;
- consult Local Authorities about substantial service change;
- have regard to the NHS Constitution in carrying out their functions;

- act with a view to securing the involvement of patients in decisions about their care; and
- promote choice.

4.2 Developing Clinical Commissioning Groups – Towards Authorisation

This guidance advises that the proposed content of the authorisation process is built around six domains, one of which is 'meaningful engagement with patients, carers and their communities'. As part of being granted authorisation, we are required to demonstrate capability across each of the domains.

4.3 NHS Operating Framework 2012/2013

The Operating Framework for 2012/2013 outlines that the need for good systematic engagement with staff, patients and the public is essential so that service delivery and change is taken forward with the active involvement of local people.

4.4 The Equality Act 2010

The Equality Act 2010 promotes that patients should have equal access to care when they need it. To support development of commissioning plans and decision making, it is essential that particular attention is paid to effective engagement and communication methods for disadvantaged, vulnerable groups and for people who currently struggle to access services. Communication needs of staff, patients and members of the public should be carefully considered and engagement is important to ensure we understand the impact of its decisions on different people.

4.5 The NHS Constitution

The NHS Constitution came into force in January 2010. It places a statutory duty on NHS bodies and explains a number of rights which are a legal entitlement. One of these is the right to be involved directly or indirectly through representatives:

- **in the planning of healthcare services;**

- **the development and consideration of proposals for changes in the way those services are provided; and**
- **in the decisions to be made affecting the operation of those services.**

4.6 The York and North Yorkshire Compacts

A national Compact has been in place since 1998 involving national and local government and the voluntary/community sector. It outlines a way of working that improves their relationship for mutual advantage. The Coalition Government renewed the Compact agreement with the civil society organisations in England in December 2010. Both York and North Yorkshire have a Compact agreement supported by the unitary Local Authorities and the voluntary and community sector. Within both Compact agreements there is an overarching statement which set out the principles, undertakings and commitments to work together for mutual advantage. This is underpinned by specific codes of practice on key areas of collaboration. We will explore the potential for becoming a signatory of both Compact agreements.

5.0 Priority areas for patient and public engagement

We want to involve people at every stage of the commissioning cycle, using their knowledge and experiences of local health services. This will cover:

- **assessing the needs** of our population to help us determine what and where services need to be provided;
- **reviewing existing service provision** to identify gaps in provision and potential for improvements;
- **deciding priorities**, identifying which areas of work will be done;
- **Designing services** and ensuring our community is engaged at the beginning of any service development;
- **producing an annual plan** to provide details of spending, future plans and how the public have been engaged;
- **managing performance** and monitoring performance against plans;
- **seeking public and patient views** on their experience of local health services.

5.1 How we will get there

Assessing needs - the Joint Strategic Needs Assessment (JSNA) will be the main method for assessing current and future needs at a population level and will be the responsibility of the Health and Well Being Boards that cover our CCG locality. Working with these Boards, we will develop robust processes to ensure public and patient engagement is integral in the development of the JSNA.

Reviewing existing service provision

a. Complaints, concerns and experiences will be used to identify areas of development.
b. Patient surveys of current services ensuring all specifications/contracts for new services include patient feedback as part of an evaluation process.
c. Develop a system for accepting ideas (see appendix 1 for proposed PPE structure)

d. Discussions with relevant 'joint working groups' e.g. mental health, older people, children and young people, carers.
e. Public and Patient Forum, open to everyone, will be held twice a year.

Deciding priorities

Deciding priorities will be the role of the CCG Governing Body (which includes lay representation) and needs to be transparent to the public. This should include:

a. An explicit review of alternatives.
b. Discussions with relevant 'joint working groups'.
c. Involvement of the CCG Public and Patient Forum (see appendix 1).

Designing services

a. Every service design process includes patient and public engagement (PPE), taking into account patients, public, interest groups and geography.
b. PPE is identified in initial project plans within business cases.
c. Discussions with relevant 'joint working groups' e.g. for mental health, older people, children and young people and carers.

Managing performance of services

a. Ensure all new services include patient feedback as part of the evaluation process.
b. Robust links with Health and Wellbeing Boards.
c. Discussions with relevant 'joint working groups'.

Annual Plan

a. Plan to be written in plain English
b. Widely circulated using joint distribution where possible.
c. Available online and in different formats.
d. Discussed at Patient/Public Forum.

'No decision about me without me'

All services will ensure genuine patient centred care with patient participation, e.g. implementation of informed decision making and encouraging use of decision making tools where appropriate.

Future developments

Progress on delivering this strategy will be reviewed and reported on annually. This will provide an opportunity to take into account relevant local and national issues that may be arising, e.g. personalisation.

6.0 Structure to delivering public and patient engagement (see appendix 1)

We have established two key mechanisms for facilitating engagement with patients and the public:

- **Patient and Public Engagement (PPE) Steering Group**
  The remit of the group is to oversee and monitor engagement, develop, implement and review progress on the PPE strategy. The group also provides guidance to CCG commissioners, thus ensuring PPE is embedded in all commissioning activities.
  The specific activities used to engage will vary depending on the different topics for review.
- **Public and Patient Forum**
  The Public and Patient Forum will be held twice a year. The Forum is open to the public, all stakeholder and patient reference groups. It will receive reports from the PPE Steering Group on work being undertaken by the CCG as well as being encouraged to contribute to discussions on CCG activities.

We will use the 'Patient Engagement Continuum' as a way of identifying a number of ways of engaging with the public (see appendix 2) and the Patient

Experience and Engagement Commissioning Cycle (appendix 3) will be used to identify at what points we work with patients and stakeholders in the commissioning process

7.0 Our approach to clinical engagement

Clinical engagement is critical to ensure we gain support from our clinical colleagues for the decisions we make as an organisation.

Our engagement with clinicians will be ongoing and the way in which we facilitate engagement will vary depending on the nature of the issue.

However, we have already established two key mechanisms to ensure the opinions of local clinicians are heard and considered as part of our commissioning cycle, both of which are detailed below.

GP forum

The GP Forum is held once a month and is open to all GP Practice staff across the Vale of York.

Each Forum focuses on a particular theme which gives attendees the opportunity to discuss the issue in detail and feed back their ideas to the group. Themes discussed at GP Forums held so far have included:

- Reducing non-elective admissions and managing patient flow
- Telehealth
- NHS Constitution
- Prescribing

Occasionally, the GP Forum will be held in the format of a ‘consultation café’ whereby secondary care consultants are available to discuss specialist areas with attendees. Our first consultation café proved very successful and gave attendees the opportunity to discuss specialist areas such as:

- Gynaecology

- ENT
- Urology
- Cardiology

The outcomes of the Forum are fed into the commissioning cycle and reported via the monthly GP Practice Update.

Project specific steering groups

There is a need for us to facilitate engagement with organisations that have a role to play in the successful delivery of specific CCG-led projects.

This will involve the creation of specific steering groups comprising representatives from partner organisations to ensure they are integral to the development of the project.


Vale of York CCG
• Patients at the centre – Kenneth
• Partnership working
• Clinical engagement

8.0 Communicating with our stakeholders

We have a wide range of stakeholders with whom we need to communicate with. Wherever possible, we will establish mechanisms to facilitate dialogue with them to ensure we can respond appropriately to their needs.

The following table highlights the priority **stakeholders along with recommendations for when they should be communicated with (note that the method of communication is covered in section 11).**

Stakeholder	When to communicate with them
GP practices within the CCG	**Staff working within GP Practices are considered to be primary internal stakeholders. They must therefore be kept informed of issues and developments in a timely manner and be made aware of issues before they become public knowledge.** **As GP Practice staff have direct contact with patients, they should be seen and treated as CCG ambassadors who have a high level of influence over shaping public perceptions toward the CCG.**
Political stakeholders (including Overview and Scrutiny Committees)	**Political stakeholders have a significant level of influence over the success of CCG projects and can also play an important role in terms of reputational management amongst members of the public.** **Political stakeholders should be communicated with at a personal level, which will largely be achieved through members of the CCG building trusting relationships with them.** **The level of communication required with political stakeholders should always be considered at the start of any new project or service redesign.** **The more information and justification that can be given to them about the need for change, the more supportive they**

	may be. **Political stakeholders should always be copied into proactive press releases to ensure they are informed prior to stories hitting the media.**
Partner organisations (providers, voluntary sector, local authority etc)	**Building an open and trusting relationship with our partners can help ensure their support during times of change.** **They also play a key role in cascading information to the 'end users'.**
Patients and the public	**Patients and the general public need to have access to information about issues that will impact upon on them. This can help create a mutual understanding and appreciation for why the change needs to be made.** **Facilitating two-way communication with patients and the public is essential if we are to uphold our commitment to being a responsive organisation.**
Media	**We need to build credible links with the media to ensure they view the CCG as a trusted partner – someone they can come to for an expert view on health related matters.** **This will be achieved by responding quickly to their enquiries and being flexible in our approach to dealing with them. Monitoring media trends will also be important to support the CCG in being proactive on particular issues.**

9.0 Positioning and brand values

The emergence of this new organisation brings with it the opportunity for a fresh start.

Although the public perception of the NHS brand is generally positive, there are reputational issues associated with the PCT which the CCG will wish to steer away.

A favourable reputation is often achieved through consistency – both in terms of how the organisation behaves and how it interacts and is seen by people.

Consistency in voice will be achieved through having the communications steering group, as it will essentially act as a gatekeeper for all public facing information relating to the CCG.

However, internal communications within the CCG is paramount to ensuring there is as little dissonance between how the CCG brand is perceived internally and externally.

It should be noted that to build a successful brand externally, it needs to 'cook' from within by staff acting as ambassadors for the brand and fully appreciating its values.

The ultimate vision for the CCG brand is to be recognised as a trusted local leader of the NHS. Its voice must be authoritative, while at the same time showing empathy for local people's needs.

During 2012/13, the communication strategy aims to raise the profile of Vale of York CCG and begin to realise this vision.

10.0 Branding and visual identity

For the foreseeable future, Vale of York CCG should brand itself as a 'non-statutory NHS organisation', therefore using the following logo:

Vale of York
Clinical Commissioning Group

As the CCG is branded under the NHS, all associated correspondence and literature should comply with the NHS branding guidelines, a copy of which can be accessed here: http://www.nhsidentity.nhs.uk/

The organisation should always be referred to as either 'NHS Vale of York Clinical Commissioning Group' or 'Vale of York CCG'. The abbreviation 'VOYCCG' should never be used.

Over time, a 'house style' will be developed that differentiates the CCG from other NHS organisations. This house style should bolster the CCGs brand values and make it instantly recognisable – something which can be challenging in such a complex and multi-faceted environment as the NHS.

A series of corporate templates and corresponding brand guidelines will be produced to ensure proper use of the NHS Vale of York CCG brand.

10.1 Tone of voice

We will aim to communicate in plain English at all times – both in written and verbal communication. The use of acronyms should be kept to a minimum or at least explained within the document.

To support this, communication should follow guidance provided by The Campaign for Plain English, available at http://www.plainenglish.co.uk/free-guides.

11.0 Methods of communication

The following section outlines the key methods of communication we use to communicate with various stakeholders, along with a description of how each will be used.

11.1 Internal communication with GP practices

An online survey of staff working in GP practices was undertaken to establish the most effective way to communicate with them.

The key findings from the 97 surveys received were used to determine the following key methods of communicating with GP practice staff:

Weekly email updates

The purpose of the weekly email update is to ensure practice staff only receive information from the CCG that is relevant to them. This will ensure they are not bombarded with information which increases the likelihood of them reading the information.

The email update will be sent every Monday to Practice Managers and Commissioning Leads with each GP Practice. These updates will include any operational issues and actions that need to be undertaken that week. Where necessary, the email will contain information from third parties too, and third parties should be encouraged to send information in this way rather than directly to individual practices.

The updates will not include any general information about CCG development or wider issues such as feedback from the monthly GP forums. The updates can however include reminders about upcoming events.

Monthly practice updates

A practice update will be created in PDF format and sent to Practice Managers for onward cascade to all practice staff.

The primary objective of this update is to feed back on the monthly GP Forums, as well as to provide an update on the development of the CCG and wider issues affecting GP Practices.

Practice Liaison Representatives

We have identified four CCG Board members to act as GP Practice Liaison Leads.

The role of the Liaison Leads is to act as conduit between GP practices and the CCG Board. Each of the four Leads is responsible for a small number of GP Practices.

Intranet

An intranet is currently being developed which will act as a repository of information for GPs and Practice staff.

The intranet will be part of the CCG website and accessible from anywhere – not restricted to those connected to the N3 network.

Over time, we will look to establish and online forum which will facilitate sharing of best practice and discussion about key issues.

11.2 Media management

The media plays a key role in helping shape a positive reputation and should be treated as partner with which we must build a constructive relationship.

A separate media management protocol has been developed which outlines roles and responsibilities, particularly with regard to reactive media management.

In terms of proactive media management, a forward plan of press releases will be developed taking into consideration the achievement of key milestones in our development and, later on, the implementation/change of new services and initiatives.

Although every effort will be made to sell-in these stories to the media, even if they are not picked up, they will still provide a useful timeline of achievements to be placed on our website.

A key feature of our media approach will be the continual reference to our Patient and Public Engagement Steering Group. Making this group visible will help to demonstrate that decisions have not been in isolation and give a level of ownership to the members of these groups.

11.3 Online presence

Having a strong online presence is important because it:

- **facilitates dialogue;**
- **allows communication in 'real time' and is especially useful in crisis situations;**
- **reaches a range of audiences – both young and old;**
- **enables you to communicate in innovative ways, such as through the use of video;**
- **is an effective way to build a list of contacts who want to be kept informed of information relating to the CCG.**

Corporate website

In the interim, we will have a dedicated section hosted within the existing NHS North Yorkshire and York website.

However, over time, a new standalone website will be launched at: www.valeofyorkccg.nhs.uk

Social media

The role social media can play in reaching those who are deemed 'hard to reach' should not be underestimated.

An official profile for NHS Vale of York CCG will be established on Facebook, Twitter and YouTube. These will be managed by a select number of members from the communications steering group.

Facebook and twitter feeds will be used to further promote stories featured on the proactive media list, and also used to promote upcoming events. YouTube will be used to feature video briefings and films such as the Public and Patient Forum.

11.4 Stakeholder communication

Stakeholders, such as political representatives and partner organisations, will be made aware of issues in a timely manner. The nature of the issue will dictate the level of communication required, for example, they should be informed of a serious incident before it hits the local press.
Timely stakeholder communication will be made possible by maintaining an up to date stakeholder database.

Quarterly stakeholder update

A quarterly stakeholder newsletter will be produced which will act as the main vehicle of communication for keeping a wide range of stakeholders informed of developments within the CCG.

A plan for how and where this will be distributed will be developed.

11.5 Other forms of external communication

Depending on the nature of what needs to be communicated, it may be necessary for us to employ other forms of communication in addition to those detailed above.

The following methods should be considered as part of any communication initiative:

- **Advertising in local press and community magazines such as 'Your Local Link'**
- **Posters and leaflets**
- **PowerPoint presentations**
- **Profiling opportunities in local, regional and national media and events – this will be key to positioning NHS Vale of York CCG as a trusted health expert, thus bolstering the vision to be recognised as the local leader of the NHS.**

12.0 Key communication priorities for 2012/13

The following key communication priorities have been identified for 2012/13:

- **Ensure that the communication requirements contained within the 'CCG readiness for authorisation' checklist are fulfilled;**
- **Develop and launch a dedicated website for the CCG;**
- **Build a positive relationship with local media outlets (such as York Press, BBC Radio York, Selby Times, Pocklington Post), to be achieved through regular briefings and profiling opportunities;**
- **Develop a distinctive visual design style for the CCG to be used across all corporate materials;**
- **Build internal communication networks with GP practices and other organisations to ensure they are kept informed of CCG developments;**
- **Ensure communication protocols are embedded to ensure appropriate and timely communication with stakeholders**
- **Monitor the effectiveness of communication activities to help inform the communication strategy for 2013/14.**

13.0 Evaluating our communications

In order to ensure effectiveness, all methods of communication will require some form of ongoing evaluation.

Surveys, particularly using online solutions such as Survey Monkey, are a good way to collate ongoing feedback on particular methods of communication and brand awareness.

The communications steering group will periodically review each of the aforementioned methods of communication to ensure they are achieving the desired results; for example, by gauging the satisfaction of GPs in terms of how informed they feel.

14.0 Budget

An annual budget will be allocated in order to help plan communication activities and ensure money is spent in the most effective way.

This will be particularly important as the CCG begins to agree strategic priorities as communication is likely to play a key role in achieving them. For example, if the management of long term conditions becomes a key strategic priority, communication materials may be required to explain any changes to patients. This will inevitably have cost implications.

15.0 Progress made so far

Our CCG has made excellent progress so far in this transition year. Below is a description of some of the highlights from our communication and engagement activities.

Public and patient forum

We have so far held two very successful Public and Patient Forums, both of which attracted significant numbers of patients and voluntary sector representatives.

The last Forum, held in June, focussed on giving attendees a feel for how difficult the prioritisation process is and the challenges faced by the CCG in doing this.

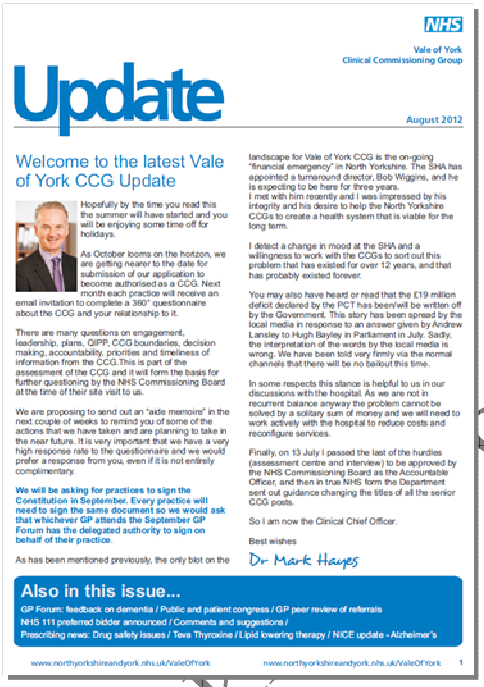
Feedback obtained from attendees was very positive and many said they now appreciate the complexities of commissioning and that there is not an infinite pot of money to pay for all the health services people want.

One aspect of the Forum we hope to improve in the future is encouraging more young people to attend and give their views.

Engaging GP Practice staff

Another aspect of engagement and communication that has been particularly effective over the past 12 months is with colleagues from our constituent GP Practices.

Our monthly GP Forum has been very well attended and has facilitated some very interesting and productive discussions around topics such as Telehealth, non-elective hospital admissions and prescribing.



NHS
Vale of York
Clinical Commissioning Group

Update

August 2012

Welcome to the latest Vale of York CCG Update

Hopefully by the time you read this the summer will have started and you will be enjoying some time off for holidays.

As October looms on the horizon, we are getting nearer to the date for submission of our application to become authorised as a CCG. Next month each practice will receive an email invitation to complete a 360° questionnaire about the CCG and your relationship to it.

There are many questions on engagement, leadership, plans, QIPP, CCG boundaries, decision making, accountability, priorities and timeliness of information from the CCG. This is part of the assessment of the CCG and it will form the basis for further questioning by the NHS Commissioning Board at the time of their site visit to us.

We are proposing to send out an "aide memoire" in the next couple of weeks to remind you of some of the actions that we have taken and are planning to take in the near future. It is very important that we have a very high response rate to the questionnaire and we would prefer a response from you, even if it is not entirely complimentary.

We will be asking for practices to sign the Constitution in September. Every practice will need to sign the same document so we would ask that whichever GP attends the September GP Forum has the delegated authority to sign on behalf of their practice.

As has been mentioned previously, the only blot on the landscape for Vale of York CCG is the on-going "financial emergency" in North Yorkshire. The SHA has appointed a turnaround director, Bob Wiggins, and he is expecting to be here for three years. I met with him recently and I was impressed by his integrity and his desire to help the North Yorkshire CCGs to create a health system that is viable for the long term.

I detect a change in mood at the SHA and a willingness to work with the CCGs to sort out this problem that has existed for over 12 years, and that has probably existed forever.

You may also have heard or read that the £19 million deficit declared by the PCT has been/will be written off by the Government. This story has been spread by the local media in response to an answer given by Andrew Lansley to Hugh Bayley in Parliament in July. Sadly, the interpretation of the words by the local media is wrong. We have been told very firmly via the normal channels that there will be no bailout this time.

In some respects this stance is helpful to us in our discussions with the hospital. As we are not in recurrent balance anyway the problem cannot be solved by a solitary sum of money and we will need to work actively with the hospital to reduce costs and reconfigure services.

Finally, on 13 July I passed the last of the hurdles (assessment centre and interview) to be approved by the NHS Commissioning Board as the Accountable Officer, and then in true NHS form the Department sent out guidance changing the titles of all the senior CCG posts.

So I am now the Clinical Chief Officer.

Best wishes

Dr Mark Hayes

Also in this issue...

GP Forum: feedback on dementia / Public and patient congress / GP peer review of referrals
NHS 111 preferred bidder announced / Comments and suggestions /
Prescribing news: Drug safety issues / Teva Thyroxine / Lipid lowering therapy / NICE update - Alzheimer's

www.northyorkshireandyork.nhs.uk/ValeOfYork

www.northyorkshireandyork.nhs.uk/ValeOfYork 1

Our monthly Practice Update has also been well received and we have now been producing it for 12 months. Each edition includes an update from Dr Mark Hayes, Chief Clinical Officer, about the CCGs progress towards authorisation and the challenges being faced by the local health economy.

The Update also highlights actions GP Practices can take to support the CCGs priorities, and includes a specific section around prescribing.

CCG team building exercise

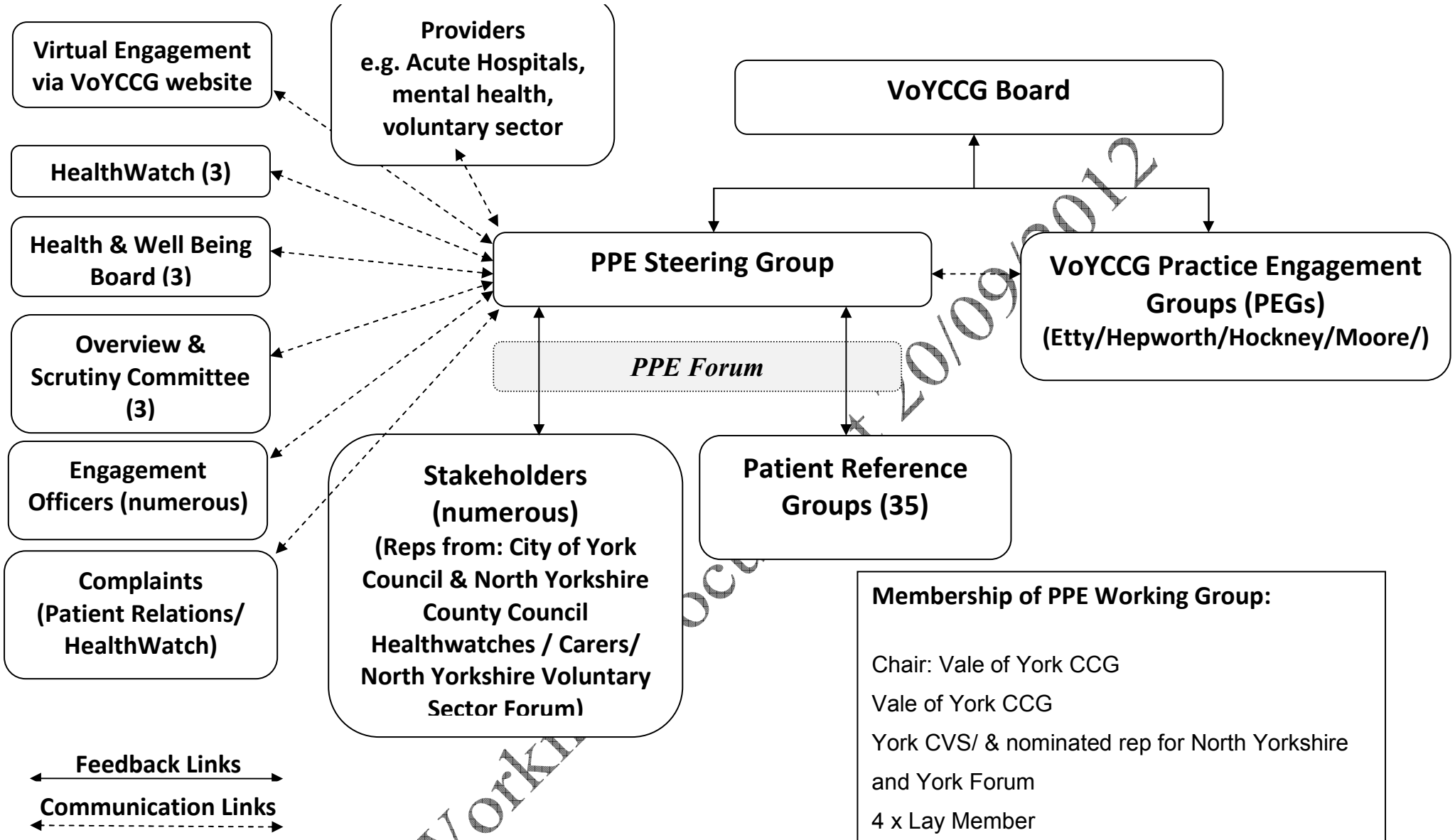
In July, the CCG held a team building exercise to give members and newly aligned CSS representatives the opportunity to meet each other and get everyone thinking about CCG priorities.

The afternoon involved a number of facilitated sessions which aimed to get people thinking about the CCGs vision, how they contribute towards achieving it and also to think about any specific areas that need to be improved.

The session was very productive and resulted in attendees leaving with a shared appreciation for each others' role and feeling more engaged in the vision of the CCG.

APPENDICES

Appendix 1: Structure to delivering public and patient engagement



Membership of PPE Working Group:

Chair: Vale of York CCG

Vale of York CCG

York CVS/ & nominated rep for North Yorkshire and York Forum

4 x Lay Member

North Yorkshire LINk

York LINk

Yorkshire and Humber CSU

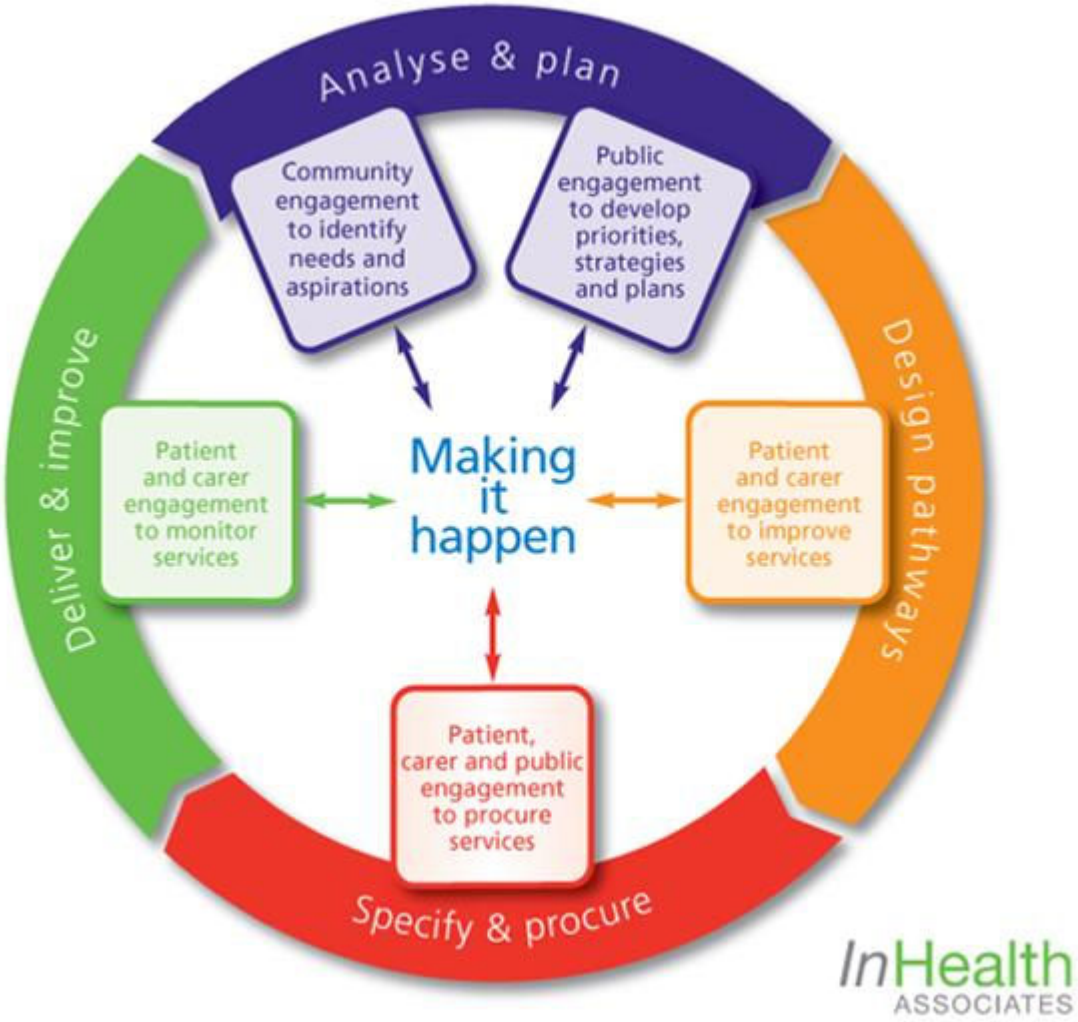
Appendix 2: Patient Engagement Continuum

1. INFORMATION GIVING	2. INFORMATION GATHERING	3. CONSULTATION	4. PARTICIPATION	5. COLLABORATION
Purpose: To provide people with information to assist their understanding	Purpose: To collect information about attitudes, opinions and preferences that will assist understanding and as a consequence decision-making.	Purpose: To obtain feedback on specific policies, business cases or proposals	Purpose: To involve people actively at all stages to ensure their concerns are understood and considered, and to give them some influence on and ownership of decisions.	Purpose: To bring people into active partnership[and agree sharing of resources and decision-making
Examples: Fact Sheets Newsletters Websites	Examples: Surveys Questionnaires Focus Groups	Examples: Consultation papers Public meetings Subject surgeries	Examples: Workshops Stakeholder dialogue	Examples: Local Strategic Partnerships Advisory Panels

Appendix 3: Patient Experience and Engagement Commissioning Cycle

For full details on the cycle visit:

http://www.institute.nhs.uk/tools/the_engagement_cycle/the_engagement_cycle_introduction.html



Appendix 6

Vale of York Clinical Commissioning Group
Draft Financial Strategy
2013/14 – 2015/16

Delivering the CCG's Financial Strategy

Financial Framework

Vale of York Clinical Commissioning Group (CCG) are seeking authorisation to become an NHS body and become operational from 1 April 2013. The CCG is currently operating in shadow form and whilst the financial strategy specifically relates to the CCG some elements are derived from a disaggregation of the NHS North Yorkshire and York (NHSNYY) financial plan. Most importantly NHS NYY operates within a very challenging financial environment and for 2012/13 has submitted a deficit plan of £19m. The CCG strategy assumes a proportionate amount of that deficit will transfer over to the CCG in 13/14.

Due to the challenging financial position of NHSNYY not only does the CCG face the prospect of commencing operations with a requirement to repay a proportion of inherited deficit it also needs to ensure there is sufficient focus on the underlying recurrent position (run rate position). The transformation the CCG aims to achieve will require a shift of resources across the health system; the challenge will be to do this at scale, without significant resources to pump prime initiatives. The overarching vision of the CCG is to take a whole system approach with significant partnership working with all Local authorities within its boundaries and a collaborative approach with its main acute and community provider York Teaching Hospitals NHS Foundation Trust.

Details of CCG level allocations are not expected until autumn 2012 so planning assumptions are currently based on a disaggregation of NHS NYY allocations. Financial analysis is derived from the national data collection baseline exercise, which considered NHSNYY financial accounts outturn for 2011/12 and financial plan for 2012/13. As at the date of publication NHSNYY has not delegated running costs budgets and so assumptions are based on the national running cost maximum expenditure allowance. There will be amendments to the financial data collection in relation to specialist commissioning although the planning assumption is any budgetary or allocation change would be matched with an expenditure change. As such this financial strategy should be seen as an evolving document and will require periodic updates as clarity on the operation, funding and responsibilities within the new NHS architecture is confirmed. It is anticipated a formal review will be conducted once CCG allocations are notified and once the NCB publishes its Charter for 2013/14.

Medium term financial plan 2012/13 – 2015/16

Table 1 Medium term financial plan

Vale of York CCG has developed its outline strategic plan, based on a range of scenarios, it is important to emphasise that the significant financial risk in the local health system means any variance from plan in 12/13 has a material impact on the whole strategic programme. There are three scenarios presented here.

- The base case is a CCG level plan derived from the PCT 12/13 plan of a £19m deficit, this plan assumes full delivery of all QIPP schemes and no contract budget overspends. The planning assumption for the VOYCCG is that a proportion of this deficit will become chargeable against the 2013/14 allocation (£5.3m)
- A revised scenario details the impact of a £5.8 budgetary overspend (this is over and above the CCG's share of the planned £19m deficit), this is based on month 4 VOY dashboard information and assumes the required actions to bring spend back in line are undelivered.
- A revised scenario based on a £10m budgetary overspend, this is based on provider predictions of activity and expenditure growth throughout the remained of 2012/13

The three scenarios are summarised in the table 1 to 3 below and more detailed is provided in Appendix A, B and C. The initial planning assumption (base case)shows a return to recurrent balance in 2013/14.

Table 1 Base Case, achievement of 2012/13 plan including share of £19m PCT deficit

Table 1	2012/13			2013/14			2014/15			2015/16		
	Rec	NR	Total	Rec	NR	Total	Rec	NR	Total	Rec	NR	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Anticipated Resources Available	**353,687**	**6,690**	**360,377**	**363,590**	**6,690**	**370,280**	**367,226**	**6,690**	**373,916**	**370,898**	**6,690**	**377,588**
Anticipated Expenditure	**-382,570**	**-639**	**-383,209**	**-381,114**	**167**	**-380,947**	**-378,497**	**833**	**-377,664**	**-379,698**	**0**	**-379,698**
Surplus/(deficit)	**-28,883**	**6,051**	**-22,832**	**-17,524**	**6,857**	**-10,667**	**-11,271**	**7,523**	**-3,748**	**-8,799**	**6,690**	**-2,109**
Planned efficiencies	17,528	0	17,528	17,781	0	17,781	17,334	0	17,334	18,579	0	18,579
Surplus/(deficit)	**-11,355**	**6,051**	**-5,304**	**257**	**6,857**	**7,114**	**6,063**	**7,523**	**13,586**	**9,780**	**6,690**	**16,470**
Contingeny				0	-913	-913	0	-3,633	-3,633	0	-3,632	-3,632
Defict repayment				**0**	-5,304	-5,304	0	897	897	0	8,850	8,850
Surplus/(deficit)	**-11,355**	**6,051**	**-5,304**	**257**	**641**	**897**	**6,063**	**4,787**	**10,850**	**9,780**	**11,908**	**21,688**

Table 2 Assumed £5.8m in year overspend (in addition to share of £19m deficit)

Table 2	2012/13			2013/14			2014/15			2015/16		
	Rec	NR	Total	Rec	NR	Total	Rec	NR	Total	Rec	NR	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Anticipated Resources Available	**353,687**	**6,690**	**360,377**	**363,590**	**6,690**	**370,280**	**367,226**	**6,690**	**373,916**	**370,898**	**6,690**	**377,588**
Anticipated Expenditure	**-388,376**	**-639**	**-389,015**	**-385,228**	**167**	**-385,061**	**-384,586**	**833**	**-383,753**	**-384,945**	**0**	**-384,945**
Surplus/(deficit)	**-34,689**	**6,051**	**-28,638**	**-21,638**	**6,857**	**-14,781**	**-17,360**	**7,523**	**-9,837**	**-14,047**	**6,690**	**-7,357**
Planned efficiencies	17,528	0	17,528	18,129	0	18,129	18,503	0	18,503	18,916	0	18,916
Surplus/(deficit)	**-17,161**	**6,051**	**-11,110**	**-3,509**	**6,857**	**3,348**	**1,144**	**7,523**	**8,667**	**4,870**	**6,690**	**11,560**
Contingeny				0	-927	-927	0	-3,691	-3,691	0	-3,681	-3,681
Defict repayment				**0**	-11,110	-11,110	0	-10,689	-10,689	0	-7,713	-7,713
Surplus/(deficit)	**-17,161**	**6,051**	**-11,110**	**-3,509**	**-5,180**	**-8,689**	**1,144**	**-6,857**	**-5,713**	**4,870**	**-4,704**	**165**

Table 3 Assumed £10m in year overspend (in addition to share of £19m deficit)

Table 3	2012/13			2013/14			2014/15			2015/16		
	Rec	NR	Total	Rec	NR	Total	Rec	NR	Total	Rec	NR	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Anticipated Resources Available	**353,687**	**6,690**	**360,377**	**363,590**	**6,690**	**370,280**	**367,226**	**6,690**	**373,916**	**370,898**	**6,690**	**377,588**
Anticipated Expenditure	**-392,570**	**-639**	**-393,209**	**-389,644**	**167**	**-389,477**	**-388,984**	**833**	**-388,151**	**-389,328**	**0**	**-389,328**
Surplus/(deficit)	**-38,883**	**6,051**	**-32,832**	**-26,054**	**6,857**	**-19,197**	**-21,758**	**7,523**	**-14,235**	**-18,429**	**6,690**	**-11,739**
Planned efficiencies	17,528	0	17,528	18,381	0	18,381	18,757	0	18,757	19,172	0	19,172
Surplus/(deficit)	**-21,355**	**6,051**	**-15,304**	**-7,673**	**6,857**	**-816**	**-3,001**	**7,523**	**4,522**	**743**	**6,690**	**7,433**
Contingeny				0	-938	-938	0	-3,733	-3,733	0	-3,722	-3,722
Defict repayment				**0**	-15,304	-15,304	0	-19,058	-19,058	0	-20,269	-20,269
Surplus/(deficit)	**-21,355**	**6,051**	**-15,304**	**-7,673**	**-9,385**	**-17,058**	**-3,001**	**-15,268**	**-18,269**	**743**	**-17,302**	**-16,559**

Financial Planning Assumptions

The financial parameters included within this document build on the principles set out in the 12/13 Operating Framework, and supporting documents such as Payment by Results guidance.

The following assumptions have been made

- Allocation uplift at PCT level for 2012/13 was 2.8% this is assumed to continue until 2013/14, the forward projection from 2014/15 has been assumed at 1%
- The CCG control total for 2012/13 will be a deficit of £5,304, this is a % apportionment of the NHSNYY deficit plan of £19m
- The plan is structured to fulfil the requirement to create recurrent headroom of 2% which can only be utilised on a non recurrent basis.
- Inflation on tariff and non tariff is 2.5% and continues at this level for the duration of the plan
- Efficiency on tariff and non-tariff is -4.3% in 2012/13, and assumed to be -4.0% in each future year. The net impact on the tariff and non-tariff from 2013/14 onwards is therefore -1.5%
- The assumptions on tariff inflation and efficiency will be reset annually upon publication of the national tariff guidance.
- Payments for non elective activity will continue at 30% marginal tariff rate for the duration of the plan, similarly any QIPP reductions related to non-elective activity would also be at 30% marginal rate unless activity returns to a level below the 2008/09 threshold
- The financial impact of non payment for readmissions has been built into the plan although the clinical audit to review the baseline is underway
- The locally negotiated financial envelope for CQUINS payments of 1.5% is only assumed for 2012/13, the plan reverts to an assumption of 2.5% from 2013/14 onwards
- Additional health and social care funding for reablement is excluded from this financial plan as resources have transferred to the Local Authority, they will however be referenced in the overall strategy as a key enabler to the redesign of the local health and social care system.
- The assumption for prescribing is that inflationary increases are offset by efficiencies and therefore no uplift in prescribing expenditure is planned for until 2014/15 at which point a 1% increase is assumed.
- At this stage in the planning process there is no assumed investment in strategic developments, and service redesign or QIPP schemes are based on in year pay back and the QIPP plan should be net of any required investment. A strategic review is underway across the wider health economy and decisions on investment will be made in line with the published strategy.
- Demographic growth is assumed to be 2.8% in 2013/14 then increases to 3% from 2014/15 onwards.
- The assumed level of QIPP is 2% in each year of the financial plan
- Specialist commissioning figures submitted as part of the national baseline exercise are subject to change. As at the point of publication no notified changes have been made.

- As at the date of publication no corporate or running cost budgets have been delegated from the PCT cluster, the planning assumption is that budget delegation will match running cost assumptions as detailed in that section.

System Wide External Review

Two of the three scenarios modelled above in the medium term financial plan show that the CCG would not achieve its statutory break even duty until 2015/16 or longer if further corrective action is not taken, This is not a new financial challenge that faces the local heath economy and the former PCT has received in the region of £100m of financial support up to the end of 2011/12. For 2012/13 the PCT will receive no external support and has submitted a deficit plan. The implications for the Vale of York CCG is a brought forward deficit of £5.3m but with a higher underlying recurrent expenditure figure in the region of £11.3m

In order to address the financial challenges the whole system faces an external review has been commissioned and is due to issue its findings at the end of October 2012. No assumptions have been made within this plan of those findings, other than further significant actions will be identified to deliver radical service reconfiguration options that deliver the system wide change required.

All key stakeholders with the health economy have committed to the review including the 3 Acute and community providers within the North Yorkshire Patch one of Which York teaching Hospitals Foundation trust is the major service provider for Vale of York.

Once the North Yorkshire wide review is published and key stakeholders commit to the implementation programme this plan will be revised to take into account those additional savings.

Financial collaboration and risk sharing

NHS North Yorkshire and York has existed in its current geographical structure since 2005/06, prior to that date there were 4 PCT's covering North Yorkshire, at that time there was a strong collaborative working model which has continued through a locality model, although not identical to the proposed CCG's configurations there is a strong commitment across the health economy to maintain this collaboration, there are three key strands to this:

- Functions run at a North Yorkshire Level where there is an intention to continue through commissioning support services, for example continuing care, commissioning for vulnerable people, non-contract activity.

- Host contract arrangements where one CCG will lead on negotiation, in year performance and contract management, for Vale of York this will include York Teaching Hospitals Foundation Trust, Leeds and York Partnerships NHS Foundation Trust, Leeds Teaching Hospital Trust.
- Financial risk sharing, this is proposed to cover three areas, continuing health care, funded nursing care, high cost patients, all 4 North Yorkshire CCGs will pool resources to share risk and benefits of these areas.

Due to the challenging financial position across the whole of North Yorkshire a strategic review is currently underway, where it is beneficial both financially and strategically to collaborate VOY will do so.

Run rate

An important aspect of the financial plan for VOY is the analysis of run rate expenditure. NHS North Yorkshire and York has had historical financial problems and in 12/13 submitted a deficit plan. It is important the CCG fully understand the recurrent underlying rate of spend to ensure it is on a trajectory of improving the position and not heading further into deficit. It is essential that there is a forensic understanding of commissioning decisions, QIPP schemes and efficiency proposals and that these are all mapped to a monthly run rate analysis. This will be routinely monitored by the governing body 2012/13 onwards.

Where does the money go?

The table below details where the CCG expends its resources. The majority of resource is expended with York Hospitals Foundation Trust, following the acquisition of Scarborough and North East Yorkshire, this accounts for 47.2%
.

Table 4 where does the money go

		12/13 £000	%
Commissioned Services			
	York Hospitals Foundation Trust (Acute services)	150,760,703.6	41.2%
	York Hospitals Foundation Trust (Community Services)	17,613,460.3	4.8%
	Harrogate District Foundation Trust (Acute services)	1,292,766.2	0.4%
	Harrogate District Foundation Trust (Community services	8,999,232.8	2.5%
	Scarborough & North East Yorkshire NHS Trust	4,073,884.7	1.1%
	Leeds and York Partnership Trust	29,861,508.3	8.2%
	Yorkshire Ambulance Service	12,342,151.6	3.4%
	Leeds Teaching Hospital Trust	11,639,692.0	3.2%
	Ramsey Hospital - clifton park york	6,510,750.5	1.8%
	Hull & East Yorkshire NHS Trust	4,513,266.9	1.2%
	Nuffield Hospital - York	1,871,680.6	0.5%
	Mid Yorskhire	1,833,405.8	0.5%
	Tees Esk & Wear Valley MH	1,341,471.0	0.4%
	South Tees Foundation Trust	1,296,563.5	0.4%
	Total Major NHS Contracts above £1m	**253,950,537.6**	**69.4%**
	Other NHS Contracts below £1m.	8,136,171.3	2.2%
	NHS Non Contract Activity	6,072,301.1	1.7%
	Private Providers contracts below £1m	1,030,240.3	0.3%
	Other NHS Commissioning	3,092,544.4	0.8%
Total NHS contracts		**272,281,794.7**	**74.5%**
	Partnerships	2,718,070.8	0.7%
	Hospice payments	1,218,226.4	0.3%
	Pooled Budgets	5,049,416.7	1.4%
	Continuing Care	20,014,115.5	5.5%
	Funded Nursing Care	4,400,626.6	1.2%
Total Non NHS Contracts		**33,400,456.0**	**9.1%**
Total Commissioned Services		**305,682,250.7**	**83.6%**
Primary Care			
	Prescribing	46,438,850.0	12.7%
Total Primary Care		**46,438,850.0**	**12.7%**
	Corporate Services	tba	0.0%
	Pocklington practice commissioning to be split	13,560,000.0	
	Deficit Repayment	0.0	0.0%
Total Corporate Services		**13,560,000.0**	**3.7%**
Total Commissioned & Corporate Services		**365,681,100.7**	**100.0%**
	deficit	-5,303,684.2	

Running costs

The NHS commissioning board have set a running cost allowance for each CGG based on registered population adjusted to ONS clusters. For Vale of York this is £8.35m which equates to £24.74 per head of population (unadjusted). This is in line with expectations and the initial management structure ensures the CCG will operate within its running cost total. Throughout the remainder of 2012/13 the CCG will work closely with the PCT cluster to develop its understanding of non-pay expenditure and conclude the business case for HQ location. A significant number of support functions will be provided by the North Yorkshire and Humber commissioning support service.

Table 5 Structure Costs (Pay and Non Pay)

Running Costs	**£000's**
Board of Governors	£1,121
Clinical Engagement	£268
Management Costs	£1,804
Non pay (including CSS)	£4,985
Total	**£8,178**
Population	337,500
Running Cost per Head	**£24.23**
National Running Cost Target	£8,350
National Running Cost Per Head Target	£24.74

Practice Level information

Up to 2010/11 the PCT utilised the DH fair shares toolkit to calculate practice level budgets as part of the practice based commissioning initiative. Once the CCG is established as a statutory NHS body it will be provided with an allocation, PCT level data collection exercises have been conducted in September 2011 and July 2012 to ensure the DH has sufficient information to map expenditure from the current NHS architecture to the new system which incorporates CCGs. In addition a revised allocation formula will be put in place. This will notify the CCG of its Actual allocation and an assessment will be made of its distance from a fair shares allocation. It is also anticipated that a policy on how CCGs may move to a fair shares allocation will be published. In a period of flat growth where uplifts to the overall NHS allocation are only intended to cover inflationary increases any movement towards fair shares will be small, as such the CCG should not anticipate any significant movement from the overall PCT allocation for 12/13, once it has been disaggregated.

Once the overall CCG allocation is known the intention will be to refresh practice level budgets and ensure there is a consistent process for continuing the movement towards fair share practice level budgets**.**

Cash

CCGs will operate in a similar cash regime to PCTs. There will be an annual cash limit within which the CCG must remain. As part of the closedown of the PCT a greater understanding of the anticipated year end position will be sought, as with any business there is a time lag between service delivery and payment for those services, the CCG must ensure sufficient cash is available to meet those year end obligations inherited from the PCT.
Once the CCG is fully functioning in 2013/14 it will be responsible for the direct payment to providers for services. As the vast majority of CCG business is covered by the standard NHS contract 74% of all cash expenditure will flow in equal 12ths. In addition almost 13% is to cover prescribing spend, this means that each month 87% of the CCG cash flow is known. In year adjustments would have to be made for contractual under/overtrades.

Financial governance

As part of its establishment the CCG is considering its requirement to establish robust financial and corporate governance arrangements, there are several key policy and procedure documents that the CCG will adopt prior to establishment, the key ones being:

- Constitution
- Standing Orders and Standing Financial instructions
- Prime financial procedure documents
- Scheme of Delegation

In addition the CCG will be using the SBS ledger system to ensure its obligations for accounting for public funding can be met, a scheme of delegation for authorisation of all expenditure will be embedded within the system.

Committees of the board will be in place to seek assurance that the organisational governance is sound and assurance can be placed on the mechanisms in place, this will be done predominantly through the audit and governance committees.

QIPP

The VOY CCG qipp scheme for 12/13 is £7.3m detail of the schemes are provided below, there will be a mix of new schemes and full year effect of schemes that commenced in 11/12. As 12/13 is the base year for the financial strategy it is essential all schemes are fully delivered.

Table 6 Strategic QIPP plan

	Ref	Workstream	Strategy workstream	Target action	12/13	13/14	14/15	15/16
[redacted]	VOYCC1	3	Elective Care pathways	Dermatology;	£26,378	£18,842		
				Ophthalmology;	£53,769	£38,407		
				Cardiology;	£68,160	£68,160		
				Gynaecology.	£57,040	£0		
	VOYCC2	2	LTC	LOC	£1,162,028	£1,144,424		
	VOYCC3	2	MH - Dementia	Psych liaison	see CE11			
	VOYCC4	2	Urgent care	Urgent care pathway	£100,000			
	VOYCC5	3	MSK expansion	Orthopaedics	£660,339			
				Pain Management	£49,654	£16,551		
				Rheumatology	£47,882	£15,961		
				Orthopaedics	£169,532			
				Pain Management	£67,199	£22,400		
				Rheumatology	£744,079	£35,162		
	VoYCC6	3	Contracting	Effective use of Contract/VFM	£2,135,342	£818,984		
	VoYCC7	x	Lucentis		£1,488,793	£1,488,793	£819,076	
	VoYCCG 8	x	Medicine Management		£485,811			
			unidentified QIPP			£3,749,285	£7,341,980	£7,282,449
	Total				£7,316,006	£7,416,969	£8,161,056	£7,282,449

In order to deliver the financial strategy detailed in table 1, QIPP schemes which are 2% of expenditure will be required from 13/14 onwards; these are in addition to any national provider efficiency requirements set in the operating framework and PBR tariff guidance. The medium term QIPP schemes are tabled above. The detailed schemes are a continuation of schemes already commenced. There is still a significant amount of required but unidentified QIPP at this point.

Capital

Once established it is not anticipated the CCG will have any significant assets, buildings within the locality are in the process of transferring to Foundation Trusts or NHS Property Company,

The majority of IM&T infrastructure relates to those buildings or is to support primary care so is assumed not to be on the CCG balance sheet.

Future capital may be required as part of our system redesign aspirations, however it is assumed that the CCG will work with the NHS and other partners to secure any necessary capital.

At this stage the CCG does not anticipate that it will have a baseline capital allocation.

Appendix A Base Case to PCT planned £19m deficit

Category	2012/13 Rec £'000	2012/13 NR £'000	2012/13 Total £'000	2013/14 Rec £'000	2013/14 NR £'000	2013/14 Total £'000	2014/15 Rec £'000	2014/15 NR £'000	2014/15 Total £'000	2015/16 Rec £'000	2015/16 NR £'000	2015/16 Total £'000
RESOURCE AVAILABILITY												
Revenue Resource Limit	334,499	0	334,499	353,687	0	353,687	363,590	0	363,590	367,226	0	367,226
Pocklington Practice	16,512		16,512									
Revenue Growth	9,366	0	9,366	9,903		9,903	3,636		3,636	3,672		3,672
2% Topslice	-6,690	6,690	0	0	6,690	6,690		6,690	6,690		6,690	6,690
assumed return of NEL threshold funding												
Total Resources Available	**353,687**	**6,690**	**360,377**	**363,590**	**6,690**	**370,280**	**367,226**	**6,690**	**373,916**	**370,898**	**6,690**	**377,588**
UNAVOIDABLE EXPENDITURE												
Baseline expenditure	-345,558	-2,784	-348,342	-365,042	167	-364,875	-361,334	833	-360,501	-361,163	0	-361,163
Pocklington Practice	-16,512	0	-16,512	0		0	0		0	0		0
CQUIN	-6,568	2,146	-4,423									
Contract inflation	-6,106	0	-6,106	-6,472		-6,472	-7,050		-7,050	-8,312		-8,312
Demographic Growth	-7,826		-7,826	-7,600		-7,600	-8,114		-8,114	-8,223		-8,223
Cost Pressures				-2,000		-2,000	-2,000		-2,000	-2,000		-2,000
Contingency	0	0	0		-913	-913	0	-3,633	-3,633	0	-3,632	-3,632
Sub Total	**-382,570**	**-639**	**-383,209**	**-381,114**	**-746**	**-381,860**	**-378,497**	**-2,800**	**-381,297**	**-379,698**	**-3,632**	**-383,329**
TOTAL REMAINING FOR INVESTMENT	**-28,883**	**6,051**	**-22,832**	**-17,524**	**5,944**	**-11,580**	**-11,271**	**3,890**	**-7,381**	**-8,799**	**3,058**	**-5,741**
Strategic Investments (Gross)												
Strategic Investments			0			0			0			0
FINANCIAL POSITION BEFORE EFFICIENCIES	**-28,883**	**6,051**	**-22,832**	**-17,524**	**5,944**	**-11,580**	**-11,271**	**3,890**	**-7,381**	**-8,799**	**3,058**	**-5,741**
EFFICIENCY SAVINGS												
Provider Efficiencies	10,212	0	10,212	10,480		10,480	10,067		10,067	11,316		11,316
Quality and Productivity Programme	7,315		7,315	7,301		7,301	7,267		7,267	7,263		7,263
Revised In Year (Deficit) / Surplus	**-11,355**	**6,051**	**-5,304**	**257**	**5,944**	**6,201**	**6,063**	**3,890**	**9,953**	**9,780**	**3,058**	**12,838**
(deficit repayment)/ return of surplus					-5,304	-5,304		897	897		8,850	8,850
	-11,355	**6,051**	**-5,304**	**257**	**641**	**897**	**6,063**	**4,787**	**10,850**	**9,780**	**11,908**	**21,688**

Appendix B Forecast overspend of £5.8m plus share of PCT planned £19m deficit

Category	2012/13 Rec £'000	2012/13 NR £'000	2012/13 Total £'000	2013/14 Rec £'000	2013/14 NR £'000	2013/14 Total £'000	2014/15 Rec £'000	2014/15 NR £'000	2014/15 Total £'000	2015/16 Rec £'000	2015/16 NR £'000	2015/16 Total £'000
RESOURCE AVAILABILITY												
Revenue Resource Limit	334,499	0	334,499	353,687	0	353,687	363,590	0	363,590	367,226	0	367,226
Pocklington Practice	16,512		16,512									
Revenue Growth	9,366	0	9,366	9,903		9,903	3,636		3,636	3,672		3,672
2% Topslice	-6,690	6,690	0	0	6,690	6,690		6,690	6,690		6,690	6,690
assumed return of NEL threshold funding												
Total Resources Available	**353,687**	**6,690**	**360,377**	**363,590**	**6,690**	**370,280**	**367,226**	**6,690**	**373,916**	**370,898**	**6,690**	**377,588**
UNAVOIDABLE EXPENDITURE												
Baseline expenditure	-351,364	-2,784	-354,148	-368,848	167	-368,681	-367,099	833	-366,266	-366,082	0	-366,082
Pocklington Practice	-16,512	0	-16,512	0		0	0		0	0		0
CQUIN	-6,568	2,146	-4,423									
Contract inflation	-6,106	0	-6,106	-6,617		-6,617	-7,197		-7,197	-8,461		-8,461
Demographic Growth	-7,826		-7,826	-7,762		-7,762	-8,290		-8,290	-8,402		-8,402
Cost Pressures				-2,000		-2,000	-2,000		-2,000	-2,000		-2,000
Contingency	0	0	0		-927	-927	0	-3,691	-3,691	0	-3,681	-3,681
Sub Total	**-388,376**	**-639**	**-389,015**	**-385,228**	**-760**	**-385,988**	**-384,586**	**-2,858**	**-387,444**	**-384,945**	**-3,681**	**-382,945**
TOTAL REMAINING FOR INVESTMENT	**-34,689**	**6,051**	**-28,638**	**-21,638**	**5,930**	**-15,708**	**-17,360**	**3,832**	**-13,528**	**-14,047**	**3,009**	**-5,357**
Strategic Investments (Gross)												
Strategic Investments			0			0			0			0
FINANCIAL POSITION BEFORE EFFICIENCIES	**-34,689**	**6,051**	**-28,638**	**-21,638**	**5,930**	**-15,708**	**-17,360**	**3,832**	**-13,528**	**-14,047**	**3,009**	**-5,357**
EFFICIENCY SAVINGS												
Provider Efficiencies	10,212	0	10,212	10,712		10,712	10,302		10,302	11,555		11,555
Quality and Productivity Programme	7,315		7,315	7,417		7,417	8,201		8,201	7,362		7,362
Revised In Year (Deficit) / Surplus	**-17,161**	**6,051**	**-11,110**	**-3,509**	**5,930**	**2,421**	**1,144**	**3,832**	**4,976**	**4,870**	**3,009**	**7,879**
(deficit repayment)/ return of surplus					-11,110	-11,110		-10,689	-10,689		-7,713	-7,713
	-17,161	**6,051**	**-11,110**	**-3,509**	**-5,180**	**-8,689**	**1,144**	**-6,857**	**-5,713**	**4,870**	**-4,704**	**165**

Appendix C Forecast overspend of £10m plus share of PCT planned £19m deficit

Category	2012/13 Rec £'000	2012/13 NR £'000	2012/13 Total £'000	2013/14 Rec £'000	2013/14 NR £'000	2013/14 Total £'000	2014/15 Rec £'000	2014/15 NR £'000	2014/15 Total £'000	2015/16 Rec £'000	2015/16 NR £'000	2015/16 Total £'000
RESOURCE AVAILABILITY												
Revenue Resource Limit	334,499	0	334,499	353,687	0	353,687	363,590	0	363,590	367,226	0	367,226
Pocklington Practice	16,512		16,512									
Revenue Growth	9,366	0	9,366	9,903		9,903	3,636		3,636	3,672		3,672
2% Topslice	-6,690	6,690	0	0	6,690	6,690		6,690	6,690		6,690	6,690
assumed return of NEL threshold funding												
Total Resources Available	**353,687**	**6,690**	**360,377**	**363,590**	**6,690**	**370,280**	**367,226**	**6,690**	**373,916**	**370,898**	**6,690**	**377,588**
UNAVOIDABLE EXPENDITURE												
Baseline expenditure	-355,558	-2,784	-358,342	-373,042	167	-372,875	-371,264	833	-370,431	-370,228	0	-370,228
Pocklington Practice	-16,512	0	-16,512	0		0	0		0	0		0
CQUIN	-6,568	2,146	-4,423									
Contract inflation	-6,106	0	-6,106	-6,722		-6,722	-7,303		-7,303	-8,569		-8,569
Demographic Growth	-7,826		-7,826	-7,880		-7,880	-8,418		-8,418	-8,531		-8,531
Cost Pressures				-2,000		-2,000	-2,000		-2,000	-2,000		-2,000
Contingency	0	0	0		-938	-938	0	-3,733	-3,733	0	-3,722	-3,722
Sub Total	**-392,570**	**-639**	**-393,209**	**-389,644**	**-771**	**-390,415**	**-388,984**	**-2,900**	**-391,884**	**-389,328**	**-3,722**	**-387,328**
TOTAL REMAINING FOR INVESTMENT	**-38,883**	**6,051**	**-32,832**	**-26,054**	**5,919**	**-20,135**	**-21,758**	**3,790**	**-17,968**	**-18,429**	**2,968**	**-9,739**
Strategic Investments (Gross)												
Strategic Investments			0			0			0			0
FINANCIAL POSITION BEFORE EFFICIENCIES	**-38,883**	**6,051**	**-32,832**	**-26,054**	**5,919**	**-20,135**	**-21,758**	**3,790**	**-17,968**	**-18,429**	**2,968**	**-9,739**
EFFICIENCY SAVINGS												
Provider Efficiencies	10,212	0	10,212	10,880		10,880	10,472		10,472	11,727		11,727
Quality and Productivity Programme	7,315		7,315	7,501		7,501	8,284		8,284	7,445		7,445
Revised In Year (Deficit) / Surplus	**-21,355**	**6,051**	**-15,304**	**-7,673**	**5,919**	**-1,754**	**-3,001**	**3,790**	**789**	**743**	**2,968**	**3,710**
(deficit repayment)/ return of surplus					-15,304	-15,304		-19,058	-19,058		-20,269	-20,269
	-21,355	**6,051**	**-15,304**	**-7,673**	**-9,385**	**-17,058**	**-3,001**	**-15,268**	**-18,269**	**743**	**-17,302**	**-16,559**

Appendix 7 QIPP 2012/13

Quality, Innovation, Productivity and Prevention		NHS North Yorkshire and York	
Name of Initiative	Elective Care Pathways (VoYCC1)	High level description of Initiative	Modifying a number of elective care pathways to enable procedures currently provided in a secondary care setting to be transferred to the community and closer to people's homes.
Lead Director	Rachel Potts	Link to National Workstream	Delete as appropriate: ***Commissioning & Pathways*** Planned Care
Overall description/scope		**Resource management**	
Description: This initiative is as a direct consequence of work carried out during 2011/12 by Vale of York Clinical Commissioning Group clinicians. The focus is to initialise clinician to clinician discussions about the transfer of service provision that is currently provided in secondary care to a community setting, then taking a partnership approach to developing plans and implementing the transfer. Specialties for consideration during 2012/13 are: Dermatology; Ophthalmology; Cardiology; Gynaecology, In addition practices will be able to take part in a referral review process, whereby they can discuss the appropriateness of specific referrals with secondary care consultants, thereby identifying best practice for future referrals made within GP practices. **Expected outcomes/benefits to patient & commissioner** ➢ More equitable access and treatment of patients for specialties identified ➢ A reduction in referrals to secondary care ➢ Increased patient satisfaction ➢ Improved access to advice and information and increased knowledge and awareness of the management of the specialties identified ➢ Effective and streamlined care pathways minimising the number of patient visits required		**All financial assumptions based on 2010/11 prices** **Contract baseline**. £2,883,710 (annual baseline) **Potential savings from the initiative** £330,000 (cumulative) **Project teams members** Dermatology (Dr Tim Maycock, Andrew Bucklee, Kirsty Kitching) Ophthalmology (Dr Shaun O'Connell, Lisa Barker, Stacey Marriott, Kirsty Kitching) Cardiology (Dr David Hayward, Andrew Bucklee, Kirsty Kitching) Gynaecology (Dr Emma Broughton, Stacey Ransome, Kirsty Kitching) Referral Reviews (Dr Emma Broughton, Dr David Hayward, Stacey Ransome) **Resource End Product** To develop new care pathways within identified specialties that will provide a more streamlined and more accessible service for patients. Improve referral processes at GP practice level.	

Programme management

- Delivery of all QIPP opportunities and enabling projects will be monitored through our corporate programme management approach.
- Delivery will take place at locality level where possible and county wide where necessary.
- All QIPP activities will be monitored centrally in the PCT through an approach that will monitor, for each QIPP activity:
    1. Potential savings
    2. The savings trajectory and timeline
    3. Actual savings
    4. Activity levels
    5. Progress towards project outcomes

Lead managers will be accountable for achievement of savings.

- Whole health economy activities (as agreed by the SME) will also be monitored on a monthly basis by the SME.

Timescales and Milestones

Milestones

Description of milestone	Milestone date
Implement changes to the GS018 (Ophthalmology) care pathway.	January 2012
Consider and agree revisions to Post Menopausal Bleeding (Gynaecology) care pathway	January 2012
Develop and agree new specification for Post Menopausal Bleeding	February 2012
Consider and agree revisions to Cardiology (palpitations) care pathway	March 2012
Agree contract changes to existing Post Menopausal Bleeding service	April 2012
Proposal for referral review process presented to CCG membership for consideration	June 2012
Implement agreed changes to Post Menopausal Service	July 2012
Consider and agree revisions to existing Dermatology care pathway.	August 2012
Develop and agree new specification for Cardiology (palpitations)	August 2012
Evaluate changes to the GS018 care pathway and consider revisions as necessary.	August 2012
Referral review process (based on gaining agreement from CCG membership): Agree specialties for reviewing and agree tariff for consultant involvement	August 2012
Consider and agree further revisions to the existing Ophthalmology care pathway	Sept 2012
Consider and agree further revisions to the Gynaecology care pathway (Urogynae/Abnormal Menstrual Bleeding)	Sept 2012
Agree contract changes to existing Cardiology (palpitations) service	Sept 2012
Evaluate changes to Post Menopausal Bleeding care pathway and consider revisions as necessary	Sept 2012
Implement referral review process	Sept 2012
Develop and agree new specification for Dermatology	October 2012
Develop and agree new specification for Ophthalmology	Nov 2012
Agree contract changes to existing Dermatology service	Nov 2012
Develop and agree new specification for Gynaecology (Urogynae/Abnormal Menstrual Bleeding)	Nov 2012

Agree contract changes to existing Ophthalmology service	Dec 2012
Implement agreed changes to Cardiology palpitations care pathway	Dec 2012
Agree contract changes to existing Gynaecology service re Urogynae/Abnormal Menstrual Bleeding	Feb 2013
Implement agreed changes to Dermatology service	March 2013
Implement agreed changes to Ophthalmology service	April 2013
Implement agreed changes to Urogynae/Abnormal Menstrual Bleeding	April 2013
Evaluate effectiveness of referral review process (based on 3 months data)	April 2013
Evaluate changes to Cardiology (palpitations) care pathway and consider revisions as necessary	May 2013
Evaluate changes to Gyanecology (Urogynae/Abnormal Menstrual Bleeding) care pathways and consider revisions as necessary	Sept 2013
Evaluate changes to Dermatology and Ophthalmology care pathways and consider revisions as necessary	Sept 2013

Risks		
Risks identified	**Mitigating actions**	**Timescale**
Lack of support from acute sector colleagues.	• Maintaining a partnership approach throughout the whole development and implement stages. • Escalate to VoYCCG Board/ NY Review Board	Ongoing
New pathways do not enable improvements in patient flows, therefore not reducing the cost base	• Build in evaluation process and allow for remedial actions to be undertaken	Ongoing
Lack of management capacity to implement milestones within agreed timescales	• Escalate to the VoYCCG Board for recommendations for remedial action	Ongoing
Lack of clinical leadership capacity to move the various projects within this scheme forward.	• Escalate to VoYCCG for recommendations for remedial action	Ongoing

Stakeholder engagement		
Stakeholder group and purpose	**Start date and frequency**	**Method of engagement**
York Hospital as the main provider are a key partner in ensuring a partnership approach	Monthly meetings of the CMB performance/quality sub-group	Meetings, reports
GP Practice are key supporters of the new approach	Monthly meetings of VoYCCG GP Forum.	Meetings, reports
Patients and public need to be assured that the future care pathways will meet their needs.	As required	Local media, websites, VoYCCG Patient/Public Congress

£'000	FY12/13	FY13/14	FY114/15	Total
Expenditure	0	0	0	0
Saving	205	125	0	330
Total net savings	**205**	**125**	**0**	**330**

Note the savings have been assumed based on pathway changes to deliver the net impact of 10% savings. The calculations are on outpatient first attendances at the moment, so as to not duplicate the savings assumed on the First to Follow Up QIPP.

Quality, Innovation, Productivity and Prevention		NHS North Yorkshire and York	
Name of Initiative	Long Term Conditions (VoYCC2)	High level description of Initiative	Providing a health system where people receive care and support in the least dependent setting (based on the levels of care system theory) enabling them to reach their optimum level of health.
Lead Director	Rachel Potts	Link to National Workstream	Delete as appropriate: ***Commissioning & Pathways*** Long Term Conditions ***Provider Efficiency*** Clinical Support Rationalisation

Overall description/scope	**Resource management**
Description: The focus of this scheme is to utilise the Levels of Care theory with particular relevance to those people with long term conditions. We specifically expect to implement a method of risk stratification within each GP practice, embed Levels 3 (intermediate care – facility based) and 4 (intermediate care - home based) in the community via Neighbourhood Care Teams and an integrated approach to a single point of co-ordination. We also aim to optimise people's level of health through encouraging self management of their conditions, aided by embedding the use of technology where there is sufficient evidence to support its use in the community. **Expected outcomes/benefits to patient & commissioner** ➢ Improved access to services. ➢ Increased number of people remaining in their own home and maintaining their independence ➢ Improved service user and carer experience, satisfaction and quality of life ➢ Reduction in admissions to acute settings ➢ Reduction in length of stay in acute settings ➢ Reduction in current levels of acute bed base.	**All financial assumptions based on 2010/11 prices** **Contract baseline**.£34,479,300 (12/13 estimate based on 11/12 actual) **Potential savings from the initiative**: £2,306,000 cumulative **Project team members** Dr Tim Hughes, Andrew Bucklee, Kirsty Kitching, Janna Bridgeman **Resource End Product** See description

Programme management	Timescales and Milestones
- Delivery of all QIPP opportunities and enabling projects will be monitored through our corporate programme management approach. - Delivery will take place at locality level where possible and county wide where necessary. - All QIPP activities will be monitored centrally in the PCT through an approach that will monitor, for each QIPP activity: 1. Potential savings 2. The savings trajectory and timeline 3. Actual savings 4. Activity levels 5. Contracting changes and/or notifications 6. Progress towards project outcomes Lead managers will be accountable for achievement of savings. • Whole health economy activities (as agreed by the SME) will also be monitored on a monthly basis by the SME.	**Milestones**

Description of milestone	Milestone date
Neighbourhood Care Team specification first draft completed	Jan 2012
Early implementer (phase 1) sites for NCTs agreed	Jan 2012
Agree reduction in non-elective threshold baseline	March 2012
Practices trained in use of risk stratification tool	April 2012
Neighbourhood Care Team specification agreed with partners	June 2012
Neighbourhood Care Team specification requirements embedded into YHFT Service Improvement Plan	June 2012
Remaining NCT practice clusters agreed	July 2012
Initiate roll out of Early Implementer Neighbourhood Care Teams	July 2012
NCT (early implementers) commence training/development programme	Aug 2012
NCT (early implementers) commence MDT process for risk profiled patients	Aug 2012
Commence first draft of specification for Single Point of Co-ordination drafted with local authority partners	Sept 2012
NCT (early Implementers) share learning with Phase 2 NCTs	Sept 2012
Consider and agree revisions to existing Diabetes care pathways (Type I & II)	Sept 2012
Consider and agree revisions to existing COPD care pathway	Sept 2012
Initiate roll out of phase 2 of Neighbourhood Care Teams	Oct 2012
NCT (Phase 2) commence training/development programme	Nov2012
NCT (Phase 2) commence MDT process for risk profiled patients	Nov 2012
Agree amendments to existing specification for Diabetes	Nov 2012
Agree amendments to existing specification for COPD	Nov 2012
Phase 1 & Phase 2 NCTs to share learning with Phase 3 NCTs	Dec 2012
Agree contract changes (if required) to existing Diabetes service	Dec 2012
Agree contract changes (if required) to existing COPD service	Dec 2012
Single Point of Co-ordination specification agreed	Jan 2013
Initiate roll out of remaining Neighbourhood Care Teams (Phase 3)	Jan 2013
NCT (Phase 3) commence training/development programme	Feb 2013
NCT (Phase 3) commence MDT process for risk profiled patients	Feb 2013

	Implement changes to existing Diabetes & COPD service in accordance with care pathway changes	March 2013
	Single Point of Co-ordination implemented	April 2013
	Evaluate changes to Diabetes care pathways (Type I & II) and consider revisions as necessary	Sept 2013
	Evaluate changes to COPD care pathway and consider revisions as necessary	Sept 2013

Risks		
Risks identified	**Mitigating actions**	**Timescale**
Lack of support from acute sector, community services and local authorities re neighbourhood care and neighbourhood care teams	• Maintaining a partnership approach throughout the whole development and implement stages	Ongoing
New pathways does not enable improvements in patient flows, therefore not reducing the cost base	• Iterative approach to the cost based modelling	Ongoing
GP practices not engaged in the implementation of telehealth/smoking cessation	• Escalate to the VoYCCG Board for recommendations for remedial action	Ongoing
Unable to reach agreement for the reduction of the non-elective threshold baseline	• Escalate to the VoYCCG Board for recommendations for remedial action. • Escalate to the SME for recommendations for remedial action.	Ongoing
Lack of management capacity to implement milestones within agreed timescales	• Escalate to the VoYCCG Board for recommendations for remedial action	Ongoing
Stakeholder engagement		
Stakeholder group and purpose	**Start date and frequency**	**Method of engagement**
Hospital providers (acute and community) are key partners in ensuring a whole systems approach	Monthly meetings of the TCS Board	Meetings, reports
Local Authorities (NYCC/CYC) are key partners in the design and implementation of this integrated approach	Monthly meetings of Adult Commissioning Group. Regular meetings with key personnel engaged with the process	Meetings, reports
GP Practice are key supporters of the new approach	Monthly meetings of VoYCCG GP Forum. Meeting with practice personnel as and when required	Meetings, reports
Patients and public need to be assured that the future model will meet their health and social care needs.	As required	Local media, websites, VoYCCG Patient/Public Congress

£'000	FY12/13	FY13/14	FY14/15	FY15/16	Total
Expenditure	0	0	0	0	0
Saving	1,162	1,144	0	0	2,306
Total net savings	**1,162**	**1,144**	**0**	**0**	**2,306**

Quality, Innovation, Productivity and Prevention		NHS North Yorkshire and York	
Name of Initiative	Urgent Care (VoYCC4)	High level description of Initiative	Modifying a number of elements within the urgent care pathway.
Lead Director	Rachel Potts	Link to National Workstream	Delete as appropriate: ***Commissioning & Pathways*** Urgent Care

Overall description/scope	**Resource management**
Description: Our first initiative is as a direct consequence of work carried out during 2011/12 by Vale of York Clinical Commissioning Group clinicians. The focus is to initialise clinician to clinician discussions about revising the existing adult and paediatric assessment process and care pathways associated with ambulatory care, falls and catheterisation. It will also include the elements within the previous QIPP initiative for the integrated unscheduled care service. **Expected outcomes/benefits to patient & commissioner** ➢ All patients who access the service will receive a clinical response and outcome that is appropriate to their clinical needs. ➢ Patients will feel fully informed of the outcome of their clinical assessment and treatment plan and where clinically appropriate will receive advice on self care. ➢ Improve integration with Out-of-Hours. ➢ Safer and more efficient care and treatment. ➢ Fewer inappropriate ED attendances. ➢ Patients are streamed to the appropriate service for their health need. ➢ Reduce ED re-attendances and re-admissions. ➢ Reduce length of stay. ➢ Shorter waiting times. ➢ Improve throughput. ➢ Patients are treated with dignity and respect.	**All financial assumptions based on 2010/11 prices** **Contract baseline** : £6,280,000 **Potential savings from the initiative** : £100,000 (cumulative savings) **Project team members** Dr David Hayward, Stacey Ransome, Kirsty Kitching **Resource End Product** To initialise clinician to clinician discussions about revising the existing adult and paediatric assessment process and care pathways associated with ambulatory care, falls and catheterisation Ensuring that the wishes of residents within Nursing Homes are sought and recorded and with consent shared with the right people to ensure that those expressed wishes are realised. A consequence of this is an expected reduction in non-elective admissions.

- Improve patient experience and satisfaction..
- Improved competencies between primary care and secondary care practitioners and create a more integrated workforce.

A further initiative will be to work with Nursing Care homes to ensure a consistent approach to the quality of the care that residents receive. Vale of York CCG will analyse what its contribution to this system issue is and then work through a partnership approach with the Nursing Care Home providers

Programme management

- Delivery of all QIPP opportunities and enabling projects will be monitored through our corporate programme management approach.
- Delivery will take place at locality level where possible and county wide where necessary.
- All QIPP activities will be monitored centrally in the PCT through an approach that will monitor, for each QIPP activity:
    1. Potential savings
    2. The savings trajectory and timeline
    3. Actual savings
    4. Activity levels
    5. Progress towards project outcomes

Lead managers will be accountable for achievement of savings.

- Whole health economy activities (as agreed by the SME) will also be monitored on a monthly basis by the SME.

Timescales and Milestones

Milestones

Description of milestone	Milestone date
Analyse Nursing Home non-elective admission data	June 2012
With partners develop templates for Advance Care Plans (ACPs), End of Life Plans(EoLCPs) and Emergency Care Plans(ECPs)	Aug 2012
Agree reduction in non-elective threshold baseline	Aug 2012
Consider and agree revisions to Cellulitis care pathway (Ambulatory Care)	Aug 2012
Consider and agree revisions to Falls care pathway	Sept 2012
Review existing contractual processes for adult and paediatric assessment	Sept 2012
Agree revisions to existing contract for adult and paediatric assessment	Oct 2012
Consider and agree revisions to Catheterisation care pathway	Oct 2012
Develop and agree new specification for Cellulitis care pathway	Oct 2012
Visit Nursing care Homes with most non-elective admissions, promoting use of ACPs, EoLCPs and ECPs. In addition also promote use of flu jabs. Also promote use of SBAR referral form.	Oct 2012
Agree contract variations required to implement Cellulitis care pathway	Nov 2012
Develop and agree new specification for Falls care pathway	Dec 2012
Evaluate changes to adult and paediatric assessment and consider revisions as necessary	Jan 2012
Agree contract variations required to implement Falls care pathway (YAS)	Dec 2012
Develop and agree new specification for Catheterisation care pathway	Jan 2013
Agree contract variations required to implement Catherisation care pathway	Feb 2013
Implement agreed changes to Cellulitis service	Apr 2013
Implement agreed changes to Falls service	Apr2013
Analyse non-elective admissions from Nursing Homes and evaluate success	Apr 2013

	of VoYCCG initiative and consider revisions to approach as necessary.	
	Implement agreed changes to Catheterisation service	June 2013
	Evaluate changes Cellulitis care pathway and consider revisions as necessary	Sept 2013
	Evaluate changes Falls care pathway and consider revisions as necessary	Sept 2013
	Evaluate changes Catheterisation care pathway and consider revisions as necessary	Nov 2013

Risks		
Risks identified	**Mitigating actions**	**Timescale**
Lack of support from acute sector colleagues.	• Maintaining a partnership approach throughout the whole development and implement stages. • Escalate to VoYCCG Board/ NY Review Board	Ongoing
New pathways do not enable improvements in patient flows, therefore not reducing the cost base	• Build in evaluation process and allow for remedial actions to be undertaken	Ongoing
Unable to reach agreement for the reduction of the non-elective threshold baseline	• Escalate to the VoYCCG Board for recommendations for remedial action. • Escalate to the SME for recommendations for remedial action.	Ongoing
Lack of management capacity to implement milestones within agreed timescales	• Escalate to the VoYCCG Board for recommendations for remedial action	Ongoing
Lack of clinical leadership capacity to move the various projects within this scheme forward.	• Escalate to VoYCCG for recommendations for remedial action	Ongoing

Stakeholder engagement		
Stakeholder group and purpose	**Start date and frequency**	**Method of engagement**
York Hospital as the main provider are a key partner in ensuring a partnership approach	Monthly meetings of the CMB performance/quality sub-group	Meetings, reports
GP Practice are key supporters of the new approach	Monthly meetings of VoYCCG GP Forum.	Meetings, reports
Patients and public need to be assured that the future care pathways will meet their needs.	As required	Local media, websites, VoYCCG Patient/Public Congress

£'000	**FY12/13**	**FY13/14**	**FY14/15**	**FY15/16**	**Total**
Expenditure	97.0	0	0	0	97.0
Saving	197.0	0	0	0	197.0
Total net savings	**100.0**	**0**	**0**	**0**	**100.0**

Quality, Innovation, Productivity and Prevention		NHS North Yorkshire and York	
Name of Initiative	MSK Development	High level description of Initiative	Clinical Assessment, Triage and Treatment Service within a community setting covering the Orthopaedic and musculoskeletal needs of the York and Selby Locality.
Lead Director	Rachel Potts,	Link to National Workstream	Delete as appropriate: ***Commissioning & Pathways*** Planned Care

Overall description/scope	**Resource management**
An expansion to the existing community based Orthopaedic/MSK service across the York and Selby locality, to include Pain Management and Rheumatology. The overarching objective will be to meet the needs of all patients with musculoskeletal symptoms and allow GP's clear access to a more efficient and effective care pathway. It will also embrace the principle of innovation in healthcare delivery, whilst maintaining robust clinical governance and risk management strategies. This will be underpinned by robust financial plans. **Expected outcomes/benefits to patient & commissioner** ➢ Transfer activity from acute hospital setting to the community ➢ Improve the clinical pathway by developing joint working between primary and secondary care providers and clinicians ➢ Reduce health inequalities by improving access to the service ➢ Improvement in patient and referrer experience ➢ Help to reduce long term disability ➢ Achievement of 18 week targets for all referrals relevant to the service: o Achieve maximum of 4 weeks from GP referral to assessment and commencement of treatment.	**All financial assumptions based on 2010/11 prices** **Contract baseline**.£ 2,926,676 (YFT only costs shown elsewhere) **Potential savings from the initiative** £1,828,800 (cumulative) **Project team members** • Andrew Bucklee • Kirsty Kitching • Dr Shaun O'Connell **Resource End Product** To further enhance the existing community MSK service to encompass service elements of Pain Management and Rheumatology

Programme management	Timescales and Milestones
- Delivery of all QIPP opportunities and enabling projects will be monitored through our corporate programme management approach. - Delivery will take place at locality level where possible and county wide where necessary. - All QIPP activities will be monitored centrally in the PCT through an approach that will monitor, for each QIPP activity: 1. Potential savings 2. The savings trajectory and timeline 3. Actual savings 4. Activity levels 5. Contracting changes and/or notifications 6. Progress towards project outcomes Lead managers will be accountable for achievement of savings. • Whole health economy activities (as agreed by the SME) will also be monitored on a monthly basis by the SME.	**Milestones** Description of milestone / Milestone date Review use of Informed Decision Making Tools within MSK service, make recommendations and consider revisions to contract as necessary. — Feb 2012 Annual review of MSK service provision and consider revisions as necessary. — Sept 2012 Consider and agree revisions to existing Pain Management care pathway — Oct 2012 Consider and agree revisions to Rheumatology care pathway — Dec 2012 Agree amendments to existing service specification for Pain Management — Dec 2012 Agree amendments to existing service specification for Rheumatology — Feb 2013 Implement changes to existing Pain Management service in accordance with changes to existing care pathway — Mar 2013 Implement changes to existing Rheumatology service in accordance with changes to existing care pathway — May 2013 Evaluate changes made to the Pain Management care pathway and consider revisions as necessary. — Sept 2013 Evaluate changes made to the Rheumatology care pathway and consider revisions as necessary. — Nov 2013

Risks		
Risks identified	**Mitigating actions**	**Timescale**
Previously unmet demand	GP education / awareness Implementing and monitoring compliance with PCT thresholds Negotiate risk management arrangements above threshold levels	ongoing
Assumptions based on national evidence not realised	Implementing and monitoring compliance with PCT thresholds Clinical audit to measure appropriateness of onward referrals	ongoing

Increased demand affecting delivery of 18 weeks	Tolerances included within contract around demand (capacity review)	ongoing

Stakeholder engagement		
Stakeholder group and purpose	**Start date and frequency**	**Method of engagement**
York Hospital as the main provider are a key partner in ensuring a partnership approach	Monthly meetings of the CMB performance/quality sub-group	Meetings, reports
GP Practice are key supporters of the new approach	Monthly meetings of VoYCCG GP Forum.	Meetings, reports
Patients and public need to be assured that the future care pathways will meet their needs.	As required	Local media, websites, VoYCCG Patient/Public Congress

+

£'000	FY12/13	FY13/14	FY14/15	FY15/16	Total
Expenditure	**0**	**0**	**0**	**0**	**0**
Saving	**1,738.7**	**90.1**	**0**	**0**	**1,828.8**
Total net savings	**1,738.7**	**90.1**	**0**	**0**	**1,828.8**

Note 1 – This has been calculated based on the full year cost of the service, less the part year cost already assumed in the financial plan. Also included is the part year cost assumption for the expansion for Pain Management or Rheumatology.

Note 2 – The savings are assumed as the full year effect less the part year assumed in the forecast outturn. The expansion into Rheumatology and Pain Management is calculated with a start date of 1st July 2012.

Note 3 – all calculations are based on 11/12 prices.

Quality, Innovation, Productivity and Prevention

NHS North Yorkshire and York

Name of Initiative	Effective use of Contract / VFM (VoYCC6)	High level description of Initiative	Effective use of contract to ensure value for money within existing resources.
Lead Director	Rachel Potts	Link to National Workstream	Delete as appropriate: ***Provider Efficiency*** Back office Efficiency and Optimal Management / Procurement / Clinical Support Rationalisation / Supporting Staff Productivity / Medicines Use and Procurement

Overall description/scope

Using the contract mechanisms available, the following areas will be targeted to ensure VFM and improve clinical quality within the local health community:

1) Outpatient First : Follow Up Attendances
Work towards achieving national best practice first to follow up rates of 1.89 over 4 years with York Hospitals NHS Foundation Trust.

	2012/13	2013/14	2014/15
Ratios	2.10	2.00	1.90
Saving	£820,853k	£818,984	£819,076k

Use national benchmarking data to work with Provider to target specialties which are above best practice, but manage as a capped ratio for total follow up to enable operational flexibilities.

2) Consultant to Consultant Referrals
To ensure that only appropriate consultant to consultant referrals are made, York FT will be given a target to deliver consultant to consultant proportions back to the 09/10 outturn position.

Of the total outpatient activity seen at York FT 21% is generated by a consultant to consultant referral.

£118,253 saving in 12/13

Resource management

All financial assumptions based on 2010/11 prices

Contract baseline.£20,437,246

Potential savings from the initiative

	2012/13	**2013/14**	**2014/15**
Outpatient First to Follow Ratios	£820.8k	£819K	£819.1
Consultant to Consultant Referrals	£118.3k	0	0
Total	£939.1	£819k	£819.1k

Project team members

- Kirsty Kitching
- Kathryn Brewin
- Angie Richards
- GP Lead

3) Agree different tariffs for treatment for ARMD
- OP Procedures for treatment rather than local tariff
- Discussions around assessment tariffs year 2

Identify how you are going to measure improvement / delivery:

The performance management arrangements are as follows :

1) Outpatient First : Follow Up Attendances

The capped ratio would be included within Schedule 3 part 4A of the contract and would be monitored via the Finance and Activity sub group. A financial adjustment would be made at reconciliation where appropriate to bring the provider back in line with the target.

2) Consultant to Consultant Referrals

The proportionate level of referrals would be included within Schedule 3 part 4A of the contract and would be monitored via the Finance and Activity sub group. A financial adjustment would be made at reconciliation where appropriate to bring the provider back in line with the target.

3) ARMD

Tariffs agreed in the contract

Expected outcomes/benefits to patient & commissioner

- Improved value for money
- A reduction in the number of follow-ups across all levels of care

Resource End Product

See description

Programme management

- Delivery of all QIPP opportunities and enabling projects will be monitored through our corporate programme management approach.
- Delivery will take place at locality level where possible and county wide where necessary.
- All QIPP activities will be monitored centrally in the PGT through an approach that will monitor, for each QIPP activity:
  1. Potential savings
  2. The savings trajectory and timeline
  3. Actual savings
  4. Activity levels
  5. Contracting changes and/or notifications
  6. Progress towards project outcomes

Timescales and Milestones

Milestones

Description of milestone	Milestone date
Agree ratios and consultant to consultant proportions	15th March 2012
Agree tariff arrangements for ARMD	15th March
Sign Contract	16st March 2012
April Freeze data to assess full month final impact	June 2012
Quarter 1 to assess impact on estimate against target	Sept 2011
Discuss options around tariffs for assessments	December 2012

Lead managers will be accountable for achievement of savings. • Whole health economy activities (as agreed by the SME) will also be monitored on a monthly basis by the SME.	

Risks		
Risks identified	**Mitigating actions**	**Timescale**
Failure to agree KPI's and changes to pathway	• Early discussions and negotiations. Identify Provider benefits and savings to incentivise movement to new model	31/03/12
OP Follow ups discharged from hospital and referred incurring OP First Attendance (additional cost)	• Identify practices and escalate to GPCC board	Sept 2012
OP Follow ups discharged from hospital, resulting in additional primary care workload	• GPCC leadership and direction	April 2012
	•	

Stakeholder engagement		
Stakeholder group and purpose	**Start date and frequency**	**Method of engagement**
Contract Management Board	Monthly - Ongoing	Meeting
Finance and Activity Sub Group	Monthly	Meeting
Performance and Quality Sub Group	Monthly	Meeting
Locality Team	Monthly	Meeting
SME	Fortnightly - ongoing	Meeting / Report

£'000	FY12/13	FY13/14	FY14/15	FY15/16	Total
Expenditure				**0**	**0**
Saving	**2,135**	**819**	**819**	**0**	**0**
Total net savings	**2,135**	**819**	**819**	**0**	**0**

Quality, Innovation, Productivity and Prevention		NHS North Yorkshire and York	
Name of Initiative	Lucentis to Avastin for ARMD (VoYCC7)	High level description of Initiative	Transfer of Lucentis to Avastin.
Lead Director	Rachel Potts	Link to National Workstream	Delete as appropriate: ***Commissioning & Pathways*** Elective care

Overall description/scope	**Resource management**
Description: This initiative is to oversee the transfer from Lucentis to Avastin for the treatment of Age Related Macular Degenerative Conditions. **Expected outcomes/benefits to patient & commissioner** ➢ Improved value for money	**All financial assumptions based on 2010/11 prices** **Contract baseline**. £4,187,232 **Potential savings from the initiative**: £1,488,000 (cumulative) **Project team members** Dr Mark Hayes Rachel Potts Kirsty Kitching **Resource End Product** See description

Programme management	**Timescales and Milestones**
- Delivery of all QIPP opportunities and enabling projects will be monitored through our corporate programme management approach. - Delivery will take place at locality level where possible and county wide where necessary. - All QIPP activities will be monitored centrally in the PCT through an approach that will monitor, for each QIPP activity: 1. Potential savings	**Milestones** Description of milestone — Milestone date Include discussions to transfer in contracts — March 2012 Agree governance / risk process — June 2012

2. The savings trajectory and timeline 3. Actual savings 4. Activity levels 5. Progress towards project outcomes Lead managers will be accountable for achievement of savings. • Whole health economy activities (as agreed by the SME) will also be monitored on a monthly basis by the SME.	

Develop communications/engagement plan	June 2012
Implement communications/engagement plan	July 2012
Initiate transfer	August 2012
Complete transfer	Ongoing
Evaluate use of Avastin	December 2012

Risks		
Risks identified	**Mitigating actions**	**Timescale**
Lack of support from acute sector colleagues.	• Maintaining a partnership approach throughout the whole development and implement stages. • Escalate to VoYCCG Board/ NY Review Board	Ongoing
New pathways do not enable improvements in patient flows, therefore not reducing the cost base	• Build in evaluation process and allow for remedial actions to be undertaken	Ongoing
Unable to reach agreement for the reduction of the non-elective threshold baseline	• Escalate to the VoYCCG Board for recommendations for remedial action. • Escalate to the SME for recommendations for remedial action.	Ongoing
Lack of management capacity to implement milestones within agreed timescales	• Escalate to the VoYCCG Board for recommendations for remedial action	Ongoing
Lack of clinical leadership capacity to move the various projects within this scheme forward.	• Escalate to VoYCCG for recommendations for remedial action	Ongoing
Stakeholder engagement		
Stakeholder group and purpose	**Start date and frequency**	**Method of engagement**
York Hospital as the main provider are a key partner in ensuring a partnership approach	Monthly meetings of the CMB performance/quality sub-group	Meetings, reports
GP Practice are key supporters of the new approach	Monthly meetings of VoYCCG GP Forum.	Meetings, reports
Patients and public need to be assured that the future care pathways will meet their needs.	As required	Local media, websites, VoYCCG Patient/Public Congress

£'000	FY12/13	FY13/14	FY14/15	FY15/16	Total
Expenditure	0	0	0	0	0
Saving	1,488	1,488	0	0	1,488
Total net savings	**£1,488**	**£1,488**	**0**	**0**	**1,488**

Shadow Health and Wellbeing Board **3rd October 2012**

A joint approach to engagement and consultation

1. Summary

In developing the Joint Health and Wellbeing Strategy we have engaged with over 200 people, including partners, stakeholders, community groups and volunteers. This engagement which has been carried out on behalf of the Shadow Health and Wellbeing Board has helped develop the priorities for the draft strategy and it has also highlighted the benefits having a joint approach to engagement and consultation across health and wellbeing organisations. The Shadow Health and Wellbeing Board have an opportunity to build on this joint approach, ensuring we continue to engage with communities in the long term beyond the development of the strategy. We are committed to involving communities in decision making, planning and shaping our health and wellbeing services.

The Board are asked to:

- Note the engagement that has already happened to develop the draft health and wellbeing strategy.
- Support a joint approach to engagement and consultation for the longer term by organisations represented on the shadow health and wellbeing board.
- Confirm how this approach is taken forward.

2. Background

The vision of York's Health and Wellbeing Board is:

For York to be a community where all residents enjoy long, healthy and independent lives, by ensuring that everyone is able to make healthy choices and, when they need it, have easy access to responsive health and social care services which they have helped to shape.

To realise this vision, we need to make sure we are effectively engaging with our residents, individuals and communities.
We need to:

- Understand their health and wellbeing, their needs and how services can best respond.
- Involve people in shaping and developing services so we can plan future provision
- Inform people, not only about services available but how they can improve their own and others' health and wellbeing.

3. Developing the strategy

The Shadow Health and Wellbeing Board are currently developing York's Joint Health and Wellbeing Strategy. This will outline the health and wellbeing priorities for the city from 2013 to 2016 and how the organisations represented on the Board will work together to achieve them.

Following the recommendations of the new Joint Strategic Needs Assessment and consultation held at the Health and Wellbeing Stakeholder event in May 2012, the Board confirmed that the priorities for the Joint Health and Wellbeing Strategy should be:

1. Making York a great place for older people to live
2. Addressing health inequality
3. Improving mental health and intervening early
4. Enabling all children and young people to have the best start in life
5. Creating a financially sustainable health and wellbeing local system

Since July, we have been engaging further with stakeholders, community groups, staff and Board members to explore each priority. We have asked them what principles and actions should be included in the strategy in order to make the biggest difference and help achieve our five priorities listed above.

4. Continuing to engage in the longer term

Further consultation and engagement will continue once the draft health and wellbeing strategy has been written, between October and the end of November. The council's Neighbourhood Management Team and the Director of Public Health are currently working on how we can facilitate engagement at a local level, within neighbourhoods

and encourage participation in discussions and decisions around health and wellbeing issues.

The Neighbourhood Management Team is currently developing a neighbourhood approach to deliver clarity of purpose and effective coordination of services in local areas. The following tools are used:
1. Ward profiles –information specific to that on the economy, employment, community safety, environment and levels of satisfaction, complemented by local knowledge.
2. Ward audits – describe all resources and facilities within the ward, the activities being delivered and by whom, and schedules of work and help identify gaps in provision.
3. Community contracts - state the ward priorities; describe council service levels and what is expected of local communities; provide data against which communities can measure service delivery; enable partners to design and test services to meet community need within available budget; and guide the allocation of resources at a local level.
4. Ward action plans - describe the activity that will be undertaken by partners within existing resources to fill the gap between the priorities within the contract and the existing provision described in the ward audit. This also provides a tool to support monitoring.

Longer term there is an opportunity here to link this localised planning and engagement at a strategic level – the local data could inform the priorities of the Health and Wellbeing Board and partnership boards that sit below it who will deliver the Health and Wellbeing Strategy.

5. The Issue

There is a lot of engagement and consultation being carried out by organisations represented on York's Shadow Health and Wellbeing Board. This was evident during our engagement with stakeholders in developing the health and wellbeing strategy. The public are being asked similar questions on similar topics by number of organisations. There is an opportunity for the Shadow Health and Wellbeing to lead the way in integrating how health and wellbeing organisations engage with residents, individuals, communities and those who use our services.

This paper will now explore the option of joining up some of the consultation and engagement and the steps needed to make this happen.

6. Options

Option A

The shadow health and wellbeing board support a joint approach to engagement and consultation and commit to continuing to consult and engage in the long term. This includes:

- Working towards an overarching framework for engagement and consultation, agreeing what we will and won't work together on.
- Jointly plan, via the Health and Wellbeing Board Secretariat, a number of events relevant to the work of the board
- Create a mechanism for sharing feedback between partners from events or exercises, such as a shared engagement calendar.

Option B

Organisations represented on the shadow health and wellbeing board continue to carry out their own engagement and consultation.

7. Analysis

Option A

Developing an overarching framework for consultation and engagement for the Shadow Health and Wellbeing Board will lead to higher quality engagement, which will benefit both our residents and organisations on the board. Residents will have their voices heard by a number of health and wellbeing organisations, and although they may be consulted less, their influence will be increased. Organisations can share resources in jointly planning events or exercises. They will also share residents' opinion, input, feedback and solutions which will be valuable for all organisations on the board in developing health and wellbeing strategies for the city. This will also avoid any duplication and the risk of our residents experiencing 'consultation fatigue'.

To put this option into practice it is suggested that we take the following actions:

- The board host two events a year (similar to the stakeholder event held in May) to share information on the board's work and progress and allow our residents to contribute to it.

- The organisations on the board nominate a named contact for consultation and engagement work.
- The Health and Wellbeing Secretariat will coordinate information about consultation and engagement via the named contacts. The aim would be to hold an engagement calendar for the health and wellbeing board that can be shared between partners.

This will facilitate a joint approach to service planning and joint commissioning. However, we recognise that organisations on the health and wellbeing board will still continue to carry out consultation on specific topics, which are relevant to particular areas of work within their organisation.

The table below summarises consultation and engagement events that organisations on the shadow health and wellbeing have planned over the coming months. Please note that this is only a snapshot and does not include all events that are planned. This process has helped identify where there is potential to work towards this joint approach - bringing together planning and sharing any outcomes.

Organisation	Lead Officer	Planned consultation/ engagement events
York CVS	Catherine Surtees	- 22 October: Voluntary sector strategic forum - 31 October: Forum for organisations working with people with learning difficulties - Forum for organisations working with children and families
York Teaching Hospital	Kay Gamble	- Neurological pathways (date TBC) - Ongoing: Patient Advisory and Liaison Service
VOYCCG	Pat Sloss	- 8 November: Public and patient forum
Leeds and York Partnership NHS Foundation Trust	Andrew Howorth	- 28 September: Older Peoples Service review and proposed Care Home team *Alongside this we will reconfigure our in-patient beds and provide specialist in-patient care from 4 Community units for the elderly. A full plan will be rolled out over the next 2 months, reporting to Health scrutiny in December.* 18 October: Creating Conversations at the York Knowledge Cafe We are working in partnership with the Vale of York CCG, and City of York Council to engage with people around the future shape of mental health care, how to best use our limiting resources, work better in joined up partnership, and work together to challenge stigma and discrimination.
City of York Council	Kate Bowers (engagement) Business Intelligence Hub (consultation)	- Ongoing: series of events in local areas, supported by Neighbourhood Management and run by Ward Councillors - October: Results of 'Big Survey', including feedback on 'Protecting vulnerable people' -Proposal – yet to be confirmed: children and young people's health related behaviours questionnaire through schools (contact Amanda Gaines)
Shadow health and wellbeing board	Health and Wellbeing Secretariat	- October- December: consultation on draft health and wellbeing strategy - December (date TBC): Health and wellbeing stakeholder event (proposed)

Option B

That organisations and sectors represented on the Health and Wellbeing Board carry out their own engagement and consultation with residents and stakeholders. However, there are a number of issues that we could consult on together, especially where this relates to the work of the health and wellbeing board or the development of strategies. The board's work has a focus on joining up services, commissioning and moving towards integration, which does not fit well with this approach.

8. Council Plan

The proposals in this paper have particular relevance to the 'Building Strong Communities' and 'Protecting Vulnerable People' strands of the council plan.

9. Implications

- **Financial**
  A joined up approach to engagement and consultation across health and wellbeing organisations will offer opportunities to save resource through organisations working together to jointly plan and run events.

- **Human Resources (HR)**
  No HR implications

- **Equalities**
  Option A advocates a longer term commitment to engaging and consulting with communities on health and wellbeing issues to influence the decisions of the Shadow Health and Wellbeing Board. This will have a positive impact on equalities – the potential to include more of our residents, better communicate with them and for them to increase their influence across the whole health and wellbeing system.

- **Legal**
  No legal implications

- **Crime and Disorder**
  No crime and disorder implications

- **Information Technology (IT)**

No IT implications

- **Property**
  No Property implications

10. Risk Management

There are no significant risks associated with the recommendations in this paper.

11. Recommendations

Members of the Shadow Health and Wellbeing Board are asked to consider the following recommendation.

Option A

Reason: This will lead to a more effective consultation and engagement framework influence the work of the board. It has benefits for both residents and organisations and will complement the board's ambitions for increased integration between health and wellbeing organisations, commissioning and services.

Contact Details

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Report Approved √ **Date** 24 September 2012

Wards Affected: **All** √

For further information please contact the author of the report

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