Notice of a public meeting of
Health and Wellbeing Board

To: Councillors Runciman (Chair), Cannon, Craghill and Rawlings

Keith Ramsay (Vice Chair)	Lay Chair NHS Vale of York Clinical Commissioning Group (CCG)
Sharon Stoltz	Director of Public Health, City of York Council
Martin Farran	Corporate Director-Health, Housing and Adult Social Care, City of York Council
Jon Stonehouse	Corporate Director Children, Education and Communities
Lisa Winward	Deputy Chief Constable- North Yorkshire Police
Sarah Armstrong	Chief Executive, York CVS
Siân Balsom	Manager, Healthwatch York
Julie Warren	Locality Manager (North), NHS England
Colin Martin	Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust
Patrick Crowley	Chief Executive, York Hospital NHS Foundation Trust
Phil Mettam	Accountable Officer, NHS Vale of York Clinical Commissioning Group (CCG)
Mike Padgham	Chair, Independent Care Group

Date: Wednesday, 17 May 2017

Time: 4.30 pm

Venue: The George Hudson Board Room - 1st Floor West Offices (F045)

A G E N D A

1. Declarations of Interest (Pages 3 - 4)

At this point in the meeting, Board Members are asked to declare:

- any personal interests not included on the Register of Interests
- any prejudicial interests or
- any disclosable pecuniary interests

which they may have in respect of business on this agenda. A list of general personal interests previously declared is attached.

2. Minutes (Pages 5 - 20)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on 8 March 2017.

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 by **Tuesday 16 May 2017** at **5.00 pm**

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

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Please note this meeting will be filmed and webcast and that includes any registered public speakers, who have given their permission. This broadcast can be viewed at http://www.york.gov.uk/webcasts.

Residents are welcome to photograph, film or record Councillors and Officers at all meetings open to the press and public. This includes the use of social media reporting, i.e. tweeting. Anyone wishing to film, record or take photos at any public meeting should contact the Democracy Officer (whose contact details are at the foot of this agenda) in advance of the meeting.

The Council's protocol on Webcasting, Filming & Recording of Meetings ensures that these practices are carried out in a manner both respectful to the conduct of the meeting and all those present. It can be viewed at: http://www.york.gov.uk/download/downloads/id/11406/protocol_for_webcasting_filming_and_recording_of_council_meetings_20160809.pdf

4. Appointment to Health and Wellbeing Board (Pages 21 - 24)
This report asks the Board to confirm a new appointment to its membership.

5. Initial Draft Mental Health Strategy for York 2017-2022
(Pages 25 - 48)
This report presents an Initial Draft Mental Health Strategy for York 2017 -2022 for consideration and discussion by the Health and Wellbeing Board and the Board are asked to consider the draft strategy, recommend amendments and agree further public and stakeholder consultation.

6. Status report on the Better Care Fund Programme
(Pages 49 - 60)
This report updates the Health and Wellbeing Board on the current position in relation to the Better Care Fund programme for 2016/17 and progress towards developing plans for 2017/19.

7. NHS Vale of York Clinical Commissioning Group: Medium Term Financial Strategy (Pages 61 - 126)
The Board are asked to note the Clinical Commissioning Group's Medium Term Financial Strategy.

8. Healthwatch York Reports (Pages 127 - 166)
This report asks the Health and Wellbeing Board to receive a new report from Healthwatch York entitled Unity Health Appointment Changes.

9. Urgent Business

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

Democracy Officer:

Name- Jill Pickering
Telephone No. – 01904 552061
E-mail- jill.pickering@york.gov.uk

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

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

Contact details are set out above.

This information can be provided in your own language.

我們也用您們的語言提供這個信息 **(Cantonese)**

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। **(Bengali)**

Ta informacja może być dostarczona w twoim własnym języku. **(Polish)**

Bu bilgiyi kendi dilinizde almanız mümkündür. **(Turkish)**

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ **(Urdu)**

☎ **(01904) 551550**

Agenda Annex

Extract from the
Terms of Reference of the Health and Wellbeing Board

Remit

York 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 NHS 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.

York 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 focused 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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Health & Wellbeing Board
Declarations of Interest

Patrick Crowley, Chief Executive of York Hospital
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

Keren Wilson, Chief Executive Independent Care Group

- Independent Care Group receives funding from City of York Council

Siân Balsom, Manager Healthwatch York

- Chair of Scarborough and Ryedale Carer's Resource
- Shareholder in the Golden Ball Community Co-operative Pub

Councillor Douglas

- Governor of Tees, Esk and Wear Valleys NHS Foundation Trust

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City of York Council	Committee Minutes
Meeting	Health and Wellbeing Board
Date	8 March 2017
Present	Councillors Runciman (Chair), Brooks and Cannon Siân Balsom (Manager, Healthwatch York) David Booker (NHS Vale of York CCG) - substitute for Keith Ramsey Martin Farran (Corporate Director - Health, Housing & Adult Social Care, CYC) Ruth Hill (Tees, Esk and Wear Valleys NHS Foundation Trust) - substitute for Colin Martin [agenda items 6 to 12] Jane Hustwit (York CVS) - substitute for Sarah Armstrong Phil Mettam (Accountable Officer, NHS Vale of York Clinical Commissioning Group CCG) [agenda items 1 to 6 and 8 to 9] Bill Scott (North Yorkshire Police) - substitute for Lisa Winward Wendy Scott (York Hospital NHS Foundation Trust) - substitute for Patrick Crowley) Sharon Stoltz (Director of Public Health, CYC) Jon Stonehouse (Corporate Director Children, Education and Communities, CYC)

	Julie Warren (Locality Manger (North) NHS England)
Apologies	Keith Ramsay, Councillor Denise Craghill, Patrick Crowley, Colin Martin, Rachel Potts, Lisa Winward, Sarah Armstrong and Mike Padgham

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Chair's Comments

The Chair welcomed students from South Korea who were observing the meeting as part of their studies for Masters Degree in Public Administration.

Part A - Matters Dealt with Under Delegated Powers

51. Declarations of Interest

Board Members were invited to declare any personal, prejudicial or disclosable pecuniary interests, other than their standing interests, that they had in relation to the business on the agenda.

Councillor Cannon declared a personal interest in the remit of the Board as her husband was a current outpatient at York Hospital.

52. Minutes

Resolved: That the minutes of the meeting of the Health and Wellbeing Board held on 18 January 2017 be approved as a correct record and signed by the Chair.

53. Public Participation

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

Mr Dave Merrett spoke in respect of agenda item 6 – Update on the work of the Joint Strategic Needs Assessment/Joint Health and Wellbeing Strategy Steering Group. He drew Members' attention to the impact of air pollution on health and wellbeing,

including childhood development, asthma and premature babies. Mr Merrett stated that he was concerned that this very significant issue had not been included in the updated strategy and he requested that the document be amended to reflect its importance.

The Chair clarified that this was a new strategy and was a high level strategic document. Air quality was an issue which could be brought into a number of areas of the strategy. Some of the public health budget was being used for air quality monitoring.

The Director of Public Health stated that the aim of the strategy had not been to cover every issue in detail as this was a high level report grouping the main priorities that had come out of the consultation. Air quality would fit under the wider determinants of people's health and wellbeing referred to in the strategy. The Director of Public Health stated that she had had discussions with the Executive Member for the Environment regarding air quality and the use of some of the public health budget to support the work that was taking place. The Public Health Team would also be working with the Public Protection Team to carry out more detailed work looking at the impacts of air quality.

54. Appointment to York's Health and Wellbeing Board

Board Members received a report which asked them to confirm a new appointment to its membership.

Resolved: That Gillian Laurence, Head of Clinical Strategy, NHS England be appointed as a second substitute for Julie Warren, Locality Director (North) NHS England.

Reason: In order to make this appointment to the Health and Wellbeing Board.

55. Governance Arrangements for the Health and Wellbeing Board

[See also Part B minute]

The Board received a report which asked them to formally approve recommendations which would make amendments to

the Board's membership, Terms of Reference and the delivery mechanism for the Joint Health and Wellbeing Strategy.

Board Members' attention was drawn to paragraph 7 of the report, which detailed the proposed changes, and to Annex A of the report which detailed the proposed amended Terms of Reference for the York Health and Wellbeing Board. Board Members were informed that, since the report had been published, further discussions had taken place and it was now proposed to include the wording "*To approve and make recommendations to the Executive and the Clinical Commissioning Group in respect of use of Better Care funding based upon jointly agreed plans".*

Board Members gave consideration to the structure which would be in place to enable the effective delivery of the new Joint Health and Wellbeing Strategy. Named Health and Wellbeing Board members would take responsibility for each of the themes within the new Strategy, as detailed in paragraph 16 of the report. Each of these members would be the HWBB's point of contact and assurance in terms of delivery.

The Chair paid tribute to the contribution that Councillor Brooks had made to the Board and assured her that the proposed change in membership to include the Portfolio Holder for Education, Children and Young People was not a reflection on the work that she had carried out.

Officers clarified that the proposed membership of the Health and Wellbeing Board was as detailed in paragraph 8 of the report. The proposed Terms of Reference (Annex A) would be amended accordingly.

Board Members agreed that it was appropriate for the HWBB to have some responsibilities in respect of the Better Care Fund (BCF) and noted that there may be a need to reflect the BCF Guidance once this was issued.

The Manager of Healthwatch York stressed the importance of ensuring that members of the public were aware of who to contact if they wished to raise an issue and that having Lead Members would make this clearer. The Director of Public Health stated that a HWBB newsletter would be produced and that the first edition would include governance information and an introduction to the main leads and their priorities.

Board Members noted that mapping had already started to identify groups in the city who could help with the delivery of the strategy.

It was noted that the proposed revised Terms of Reference would be forwarded to Council for consideration.

Resolved: (i) That the amendments to the membership of the Health and Wellbeing Board be approved.

(ii) That the delivery mechanism for the Joint Health and Wellbeing Strategy be approved.

Reason: To complete the review of the HWBB governance arrangements.

56. Update on the work of the Joint Strategic Needs Assessment/Joint Health and Wellbeing Strategy Steering Group

Board Members received a report which provided them with an update on work that had been undertaken by the Joint Strategic Needs Assessment/Joint Health and Wellbeing Strategy Steering Group since it last reported to the Board in September 2016. Board Members were asked to consider whether the information presented in the report gave sufficient assurance and to identify any additional information they would wish to see in future reports. Board Members commented that it would be useful for action plans with ratings to be presented to the Board to enable it to better monitor the new Joint Health and Wellbeing Strategy's implementation.

Board Members noted that the report included an update on the work programme of the Steering Group.

Board Members' attention was drawn to Annex B of the report which was the final draft of the new Joint Health and Wellbeing Strategy 2017-2022. Board Members were asked to sign off the final draft to allow for the new Strategy to be launched and for work to begin on delivering its priorities. Board Members also noted the project timeline for refreshing the JSNA, as set out in the report.

Board Members were also asked to consider the way forward for the management of future Healthwatch York reports. It was

noted that it was a requirement of Healthwatch York's service specification for an annual report to be presented. Board Members agreed on the importance of ensuring that Healthwatch reports were made public but gave consideration as to whether they should all be discussed by the Board or just be received for information. The manager of Healthwatch York stated that she welcomed the fact that the reports were presented to the Board as it gave them a degree of status and demonstrated that people were being heard. Further consideration could, however, be given as to how the recommendations contained within the reports were dealt with and managed. Referring to step 2 in paragraph 24 of the report, it was agreed that it was not necessary for the Chair of the HWBB to write to the organisations concerned. It was agreed that the process for receiving Healthwatch York reports should be reconsidered by officers.

Board Members noted Annex C of the report – the All Age Autism Needs Assessment. They acknowledged the huge amount of collaborative work that had gone into the assessment. Board Members commented on the need to ensure that there was clarity as to who was actioning aspects of the plan. Board Members agreed that it was useful for them to receive such documents but as their role was strategic it would not be appropriate for them to consider in detail documents which were largely operational.

Jane Hustwit, York CVS, gave details of a leaflet that had been prepared on "Ways to Wellbeing". She stated that York CVS was improving its communications resources and would be pleased to support the delivery of the Joint Health and Wellbeing Strategy in this way.

Resolved: (i) That the update be noted.

(ii) That the Joint Health and Wellbeing Strategy 2017-2022 be approved.

(iii) That the project timeline for refreshing the JSNA be noted.

(iv) That the recommendations arising from the All Age Autism Needs Assessment be agreed.

(v) That the progress for Healthwatch York reports be noted.

Reason: To update the Board in relation to the work of the JSNA/JHWBS Steering Group.

57. Monitoring the Performance of the Joint Health & Wellbeing Strategy

The Board considered a report which set out different options by which it could maintain oversight of progress and performance against York's Joint Health and Wellbeing Strategy 2017-2022 (JHWBS). The Board was asked to give an opinion on the different formats and breadth of performance data that was available.

Board Members' attention was drawn to the annexes of the report, which including an example of a scorecard and the use of infographics.

Board Members requested the following additional information to enable them to make an informed decision:

- Information as to what could be delivered within existing resources.
- Details of the collaboration that would take place with other parties.
- Revised terminology to replace "gold, silver and bronze standard".

Resolved: That further consideration be given to this issue at the next meeting when the requested information had been made available.[1]

Reason: To ensure the most appropriate Performance Management Framework is put in place, within available resources, to monitor the progress against the Joint Health and Wellbeing Strategy.

Action Required

1. Include on work plan TW

58. NHS Vale of York Clinical Commissioning Group's Operational Plan 2017/18 - 2018/19

Board Members received a report which presented NHS Vale of York Clinical Commissioning Group's (CCG) Operational Plan 2017/18 – 2018/19.

Board Members noted that, in accordance with the requirement for all CCGs to produce a plan detailing their work and focus for the next two years, this plan had been produced by Vale of York and submitted to NHS England (NHSE). Board Members were informed that formal approval from NHSE was awaited but the plan was in the public domain and had been presented to all three Local Authorities. The Medium Term Financial Strategy would be brought to the next HWBB meeting and would sit alongside the Operational Plan.

A briefing note had been circulated and Phil Mettam and Caroline Alexander from Vale of York CCG went through the key issues.

Board Members were informed that the CCG was about to embark on a series of public engagement events and was seeking to be open and transparent in setting out its priorities for the next two years.

Board Members' attention was drawn to the three gaps in outcomes detailed in the plan:

- Gap 1: Health and Wellbeing Outcomes
- Gap 2: Care and Quality Outcomes
- Gap 3: Financial Gap

Consideration was given to the proposals in respect of the financial gap, with a forecast financial deficit of £44.1m for 2017/18. It was acknowledged that there was a need for the CCG and its partners to plan for a different way for the population to access services and for changes in the organisation and delivery of services. The deficit had to be addressed and the costs of services better aligned to the CCG allocation of funding. Details of the financial recovery plans had been included in the document. An updated financial plan had also been circulated.

Board Members attention was drawn to the medium term strategy detailed in the plan. They were also informed of the six

key priorities contained within the plan. Work had already started on four overarching areas and Board Members were asked to consider how they could be involved in developing these programmes of work.

The Director of Public Health stated that she welcomed the scale of the ambition reflected in the plan but asked how confident the CCG was in its ability to deliver the plan taking into account the need to deliver savings and in the context of cuts to budgets. The Accountable Officer, NHS Vale of York CCG, gave details of recent discussions that had taken place regarding shared responsibilities and stated that he was optimistic that this would lead to a new approach. He outlined some of the ways in which this could take place and care and support be provided in a different way. He acknowledged that the CCG did not have a good track record for delivering efficiencies but explained that an agenda programme which the CCG had agreed and developed with the Foundation Trust was making impressive progress.

The Locality Manager (North) NHS England explained the national context and informed Board Members that the planning had been brought forward by five months and that there would be further submissions.

Councillor Cannon stated that she was pleased to note that citizens would be involved in the process but expressed concern that this had not happened sooner and that the plan was not easily accessible. She suggested that there was a need for it to be simplified and that there was greater clarity and reality when references were made to collaborative approaches. The Accountable Officer, NHS Vale of York CCG, stated that he accepted the comments that had been made but that the plan that had been presented was not the version that would be prepared for the public. Healthwatch York had been asked to support the CCG in preparing an engagement programme and a summary document would be prepared to present the information in a more accessible format. He stated that he was optimistic that there was a new and better relationship between the Local Authority and the CCG and that this joint working would help achieve the ambitions that had been set.

David Booker, NHS CCG, stated that this was a period of unprecedented pressures and there was a need to do things

differently. There was a real opportunity to work together and move forward.

In response to questions from Board Members, details were given of the Accountable Care System (ACS). It was noted that although there was no formal governance in place at present, it was a developing mechanism by which organisations were working together with a focus on locality populations and how services could be delivered in these areas. Bill Scott stated that North Yorkshire Police would hope to be one of the agencies that were included.

The CYC Corporate Director – Health, Housing and Adult Social Care, stated that he believed that there had been a missed opportunity to take a real joined-up approach. The systems that were in place did not enable agencies to work together and share information in the way they would wish. There was an added issue in the Vale of York because there were three Local Authorities. The HWBB should ask for these issues to be raised as there was a need to look at a whole system approach. The challenge to the system was enormous and demands were increasing.

The Manager of Healthwatch York, stated that she was looking forward to receiving and sharing the simplified plan and being involved in the engagement activities. Conversations were taking place with groups which it was hoped would use services differently but there were some suspicions and concerns regarding the impact on these services.

Jane Hustwit, York CVS, expressed concern that some groups may not be able to continue and that there was a lack of information on this issue.

Wendy Scott, York Hospital NHS Foundation Trust, stated that she accepted the comments that had been made regarding the way in which the document had been presented but it was important that the HWBB supported the delivery of the plan and supported the CCG in whatever way it could.

The Chair acknowledged that there was a willingness to work together but stated that unfortunately this had not happened previously. She requested that the wording in the plan be amended to reflect that, although there was a commitment to working together moving forward, this had not happened

previously. Whilst it was the intention of everyone to support the plan, this could not happen unless formal and informal discussions took place. The Chair expressed her regret that the plan had been published by the CCG on its website before it had been forwarded to the Council who should have been involved throughout the process. The Chair requested that the plan be brought back to the HWBB once it had been approved by NHS England.[1]

The representatives from the CCG explained that, prior to publication, the plan had been shared with the Chairs of the HWBBs for their comments. Unfortunately the timescale for submission had been very tight. The plan was being presented at the meeting for discussion by the HWBB.

Resolved: (i) That the unapproved two year CCG Operational Plan be received.

(ii) That, when approved by NHS England, the plan be brought back to the HWBB.

Reason: For information and engagement while awaiting full approval from NHSE.

Action Required

1. Include in work plan TW

59. Status Report on the Better Care Fund (BCF) Programme

The Board received an update report on progress in relation to the Better Care Fund (BCF) programme for 2016/17 and 2017/19.

Board Members were informed that the BCF national guidance was still awaited.

Referring to 2016/17, the Accountable Officer, NHS Vale of York CCG, stated that progress had been made in working in a more focussed and effective way. There was, however, uncertainty as to the extent to which the NHS would be required to match its previous contributions which was a real concern. An emergency meeting had recently been convened to try to find a resolution to these issues. Preparations were taking place for a

system-wide value assessment of schemes to enable an evidence-based approach to be taken on the benefits to those involved in the programmes. This information would be shared with all parties.

Board Members' attention was drawn to Annex 1 of the report which listed the BCF Schemes for 2016/17. It was noted that the Council and CCG were expecting not to be able to deliver some of the schemes. No decisions had yet been made and hence discussions had not yet taken place with the organisations concerned but it was appreciated that this was a cause of concern. Services could not just cease from 1 April.

Board Members commented on the opportunities to better utilise the BCF. Referring to paragraph 9 of the report, the Accountable Officer, NHS Vale of York CCG explained that the Accountable Care System was seeking to take a more locality based structure. It was hoped to utilise the BCF to strengthen the third sector and to work more closely with City of York Council. The arrangements for next year would be transitional.

Board Members stressed the importance of asking citizens about the services they wanted to be provided and how they should be delivered. The Director of Public Health stated that decisions had not yet been taken as to which of the services could be continued but there had to be an effective exit strategy and transition plan in place. Attention was drawn to the risks of just ceasing a service without putting mitigation in place. Risk analysis impacts needed to be carried out.

Bill Scott, North Yorkshire Police, informed Board Members of a mental health meeting that had taken place in January 2017 and which had brought services together to identify priorities and develop integrated services. The key was to translate this into service delivery. It was important to sustain or extend this provision to protect those who were the most vulnerable.

Referring to paragraph 5 of the report which stated that the majority of the schemes in the BCF had made a positive contribution, the Chair expressed concern that cuts in funding would have the opposite effect. Funding for the services could not just cease. More detail was required before decisions were taken. The Chair also queried whether Equality Impact Assessments had been carried out in view of the significant impact on equalities.

Board Members agreed on the importance of working together to address this issue. They requested that more detailed information be presented to them as to how services would be sustained or how the needs of people currently using the services would be met.

Resolved: (i) That the issues set out in the report be noted.

(ii) That more detailed information be presented at the next meeting.[1]

Reason: To enable the HWBB to have oversight of the BCF.

Action Required
1. Include item on work plan TW

60. Healthwatch York Reports

Board Members considered the following Healthwatch York reports:

- Continuing Healthcare,
- Support for Adults with Attention Deficit Hyperactivity Disorder (ADHD)
- Making York Work for People Living with Dementia.

Board Members' attention was drawn to a number of the recommendations. Details were given of the mechanism by which the recommendations would be managed. It was agreed that it would be reasonable for Healthwatch York to receive feedback on actions arising from the recommendations within six months of the publication of the report by the HWBB.

Resolved: (i) That the reports from Healthwatch York (annexes A, B and C of the report) be received.

(ii) That organisations be requested to respond to the recommendations in the Healthwatch York reports within six months of the publication of the report.

Reason: To keep members of the Board up to date regarding the work of Healthwatch York.

61. Meeting Work Programme

Board Members were asked to consider the Board's Meeting Work Programme.

Members agreed that it would be useful to receive further information from the CVS on "Ways to Wellbeing".

Board Members were informed that the DCLG had recently announced that additional funding would be administered through the BCF. Notification of the funding allocation had not yet been received but further information would be forwarded to the Board when this became available.

Resolved: That, subject to the inclusion of the following items, the work plan be approved:

- "Ways to Wellbeing"
- Further information in respect of Monitoring the Performance of the Joint Health and Wellbeing Strategy (May 2017 meeting)
- Vale of York CCG Operational Plan (when approved by NHS England)
- Update on BCF and implications for schemes (May 2017 meeting)

Reason: To ensure that the Board has a planned programme of work in place.

Part B - Matters Referred to Council

62. Governance Arrangements for the Health and Wellbeing Board

[See also Part A minute]

The Board received a report which asked them to formally approve recommendations which would make amendments to the Board's membership, Terms of Reference and the delivery mechanism for the Joint Health and Wellbeing Strategy.

Board Members' attention was drawn to paragraph 7 of the report, which detailed the proposed changes, and to Annex A of the report which detailed the proposed amended Terms of Reference for the York Health and Wellbeing Board. Board

Members were informed that, since the report had been published, further discussions had taken place and it was now proposed to include the wording "*To approve and make recommendations to the Executive and the Clinical Commissioning Group in respect of use of Better Care funding based upon jointly agreed plans".*

Recommended: That the amendments to the Health and Wellbeing Board's Terms of Reference be approved.

Reason: To complete the review of the Health and Wellbeing Board governance arrangements.

Councillor Runciman, Chair
[The meeting started at 4.30 pm and finished at 6.45 pm].

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Health and Wellbeing Board **17 May 2017**

Report of the Assistant Director, Legal and Governance

Appointment to York's Health and Wellbeing Board

Summary

1. This report asks the Board to confirm a new appointment to its membership.

Background

2. The Council makes appointments at its Annual Meeting, to Committees for the coming year. However, the Health and Wellbeing Board is able to appoint to or update its membership separate of Full Council. Therefore the following change is put forward for the Board's endorsement:

3. To appoint Phil Cain, Assistant Chief Constable for Local Policing, North Yorkshire Police as the second substitute for the Deputy Chief Constable, North Yorkshire Police. This appointment has been brought to the Board to allow for its confirmation.

Consultation

4. As this is a substitute appointment to the existing Health and Wellbeing Board membership no consultation has been necessary.

Options

5. There is no alternative nomination for the appointment.

Council Plan 2015-19

6. Maintaining an appropriate decision making structure, together with appropriate nominees to that, contributes to the Council delivering its core priorities set out in the current Council Plan, effectively. In particular, appointments to the Health and Wellbeing Board ensure that partnership working is central to the Council working to improve the overall wellbeing of the city.

Implications

7. There are no known implications in relation to the following in terms of dealing with the specific matters before Board Members:

- Financial
- Human Resources (HR)
- Equalities
- Crime and Disorder
- Property
- Other

Legal Implications

8. The Council is statutorily obliged to make appointments to Committees, Advisory Committees, Sub-Committees and certain other prescribed bodies. The Board's terms of reference also make provision for substitutes.

Risk Management

9. In compliance with the Council's risk management strategy, the only risk associated with the recommendation in this report is that an appropriate replacement would fail to be made should the Board not agree to this appointment.

Recommendations

10. The Health and Wellbeing Board are asked to endorse the appointment as set out in Paragraph 3.

Reason: In order to make this appointment to the Health and Wellbeing Board.

Author:

Judith Betts
Democracy Officer
Telephone: 01904 551078

Chief Officer Responsible for the report:

Andy Docherty
Assistant Director, Legal and Governance

Report Approved √ **Date** 28 April 2017

Specialist Implications Officers
Not applicable

Wards Affected: **All** ✔

For further information please contact the author of the report

Background Papers
None

Annexes
None

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York Health and Wellbeing Board

Health and Wellbeing Board **17 May 2017**

Report of the Corporate Director of Housing, Health and Adult Social Care & the Accountable Officer NHS Vale of York Clinical Commissioning Group.

Initial Draft Mental Health Strategy for York 2017-2022

Summary

1. This report presents an Initial Draft Mental Health Strategy for York 2017 -2022 for consideration and discussion by the Health and Wellbeing Board (HWBB).

2. The Board are asked to consider the draft strategy, recommend amendments and agree to further public and stakeholder consultation.

Background

3. The Health and Wellbeing Board's Strategy for 2017-22 identified four principal themes to be addressed. One of these themes was Mental Health and Wellbeing and the key priority for that theme was to get better at spotting the early signs of mental ill health and intervening early. We also set out other things we wanted to achieve in relation to mental health;

- Focus on recovery and rehabilitation
- Improve services for young mothers, children and young people
- Improve the services for those with learning disabilities
- Ensure that York becomes a Suicide Safer city
- Ensure that York is both a mental health and dementia-friendly environment

4. The initial draft strategy and vision for mental health in the City of York is based on that set out in the Department of Health's 2011 publication "No Health without Mental Health"

   - More people will have good mental health
   - More people with mental health problems will recover
   - More people with mental health problems will have good physical health
   - More people will have a positive experience of care and support
   - Fewer people will suffer avoidable harm
   - Fewer people will experience stigma and discrimination.

5. In order to achieve the vision, the initial draft strategy sets out the following key objectives that the Board are asked to consider and agree;

   - Shift the emphasis from mental illness to mental health
   - Move away from stigma, institutionalisation and pre-occupation with risk
   - Focus on early intervention and prevention
   - Ensure that people with mental health issues are able to participate as equal citizens of the community
   - Enable people to take control over their own lives, for example through Personal Budgets and Personal Health Budgets
   - Work collaboratively – in a spirit of co-production - with the whole person, not just the individual's symptoms

Main/Key Issues to be Considered

6. The Board are asked to consider the attached draft strategy and agree the content and vision prior to further public and stakeholder consultation. The vision is included within the attached draft for consideration and will set the direction for a strategic approach to delivering mental health services focused on early intervention and prevention for 2017-2022.

Consultation

7. The draft strategy summarised and attached as Annex A to this report have been subject to discussion and consultation involving the key partner organisations within York. The Board are asked to agree further public and stakeholder consultation as part of the recommendations within this report.

Options

8. There are no options provided within this report.

Implications

9. The Board are advised that the proposal is to undertake a public consultation on the draft strategy following which a further report will be brought back to the Health and Wellbeing Board. We will work with the Mental Health and Learning Disabilities Partnership Board to support the consultation and to develop an action plan to ensure delivery against the mental health strategy. The terms of reference of the Mental Health and Learning Disabilities Partnership Board will be reviewed with a view to the partnership board monitoring the implementation of the strategy and action plan.

Recommendations

10. The Health and Wellbeing Board are asked to consider the initial draft strategy for Mental Health and agree to further public and stakeholder consultation before a final version is submitted to the Board for agreement.

    Reason: Health and Wellbeing Board oversight of the Mental Health Strategy.

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Report Approved ✓ **Date** 6th May 2017

Specialist Implications Officer(s)
None

Wards Affected: **All** ✓

For further information please contact the author of the report
Background Papers:
None

Annexes
Annex A – Draft Mental Health Strategy for York 2017-2022

A Mental Health Strategy for York 2017-22

Contents

(To be completed when final draft is ready.)

A Mental Health Strategy for York

Foreword

In the Health and Wellbeing Board's Strategy for 2017-22, we identified four principal themes to be addressed in that period. One of these themes was Mental Health and Wellbeing; the top priority for that theme was for us to get better at spotting the early signs of mental ill health and intervening early. We also set out other things we wanted to achieve in relation to mental health:

- Focus on recovery and rehabilitation
- Improve services for young mothers, children and young people
- Improve the services for those with learning disabilities
- Ensure that York becomes a Suicide Safer city
- Ensure that York is both a mental health and dementia-friendly environment

The strategy for services for young mothers, children and young people is already covered by … That document is set out in an appendix to this strategy. This work is crucial because we know from national research that half of the adults with mental health problems experienced their first symptoms before the age of 14 and three quarters by their early 20s.

A separate strategy for people with learning disabilities is currently being considered by the Health and Wellbeing Board and so that priority is not included in this strategy.

Your views

When we asked the people of York what they wanted from the Health and Wellbeing Board's Strategy for York, you gave us a clear message that emotional and mental health should be a top priority. In particular, you called for us to:

- Re-open mental health inpatient facilities in York
- Make better mental health service provision
- Put mental health needs at the forefront of the new Strategy.
- Raise awareness of mental health and its importance, then signpost onto support services and ensure that there are fully functioning and empowered services
- Provide access to good mental health care
- Give more priority to mental health as it directly impacts 1 in 4 adults and indirectly impacts the majority of people who live in York
- Ensure that there is appropriate support for individuals

This strategy explains how we are responding to your requests.

This strategy concentrates on the city of York. The health and wellbeing messages set out here, though, are relevant to people who live outside the city and many of the services and facilities described in the strategy are available to people who do not live in York. We recognise, for example, that primary care services cross local authority and clinical commissioning group boundaries.

The Mental Health Strategy is a shared agreement among all partner organisations in the Health and Wellbeing Board with, and for, people living in York. The partners know that successful mental health services are a joint responsibility. Working in partnership is the only way that the ambitions set out in this strategy can be achieved.

Our Vision

Our vision for mental health in the city of York is based on that set out in the Department of Health's 2011 publication *No health without mental health:*

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination.

Our objectives in order to achieve that vision are to:

- Shift the emphasis from mental illness to mental health
- Move away from stigma, institutionalisation and pre-occupation with risk
- Ensure that people with mental health issues are able to participate as equal citizens of the community
- Enable people to take control over their own lives, for example through Personal Budgets and Personal Health Budgets
- Work collaboratively – in a spirit of co-production - with the whole person, not just the individual's symptoms

This strategy also supports the four specific areas for improvement set out in the Manifesto for Better Mental Health published by the Mental Health Network:

- Ensure fair funding for mental health services
- Give children a good start in life
- Improving health services for people with mental health problems
- Better lives for people with mental health problems

Finally, we will embed the recovery approach to everything we do, incorporating its values and principles of choice, hope, self-esteem, self-determination and purpose as outcomes for all.

Mental Health – National and Local Pictures

General

Mental health conditions account for nearly a quarter of the burden of disease in England but are allocated only about 1/7 of NHS funding.

Mental health problems represent the largest single cause of disability in the UK. The annual cost to the economy has been estimated at £105 billion – nearly the total annual budget of the NHS.

A quarter of all people will experience a mental health problem at some point in their life. At any one time, one in every six adults has a mental health problem.

One in every hundred people has a severe mental health problem. People with severe mental illnesses die on average 20 years earlier than the general population.

Half of the adults with mental health problems experience their first symptoms before the age of 14 and three quarters before their early 20s.

Some people have particular difficulties

- One in ten children aged 5 – 16 has a mental health problem.
- One in ten new mothers experiences postnatal depression. One in five mothers has depression anxiety or in some cases psychosis during pregnancy or in the first year following childbirth.
- Six in ten people living in hostels have a personality disorder.
- Surveys suggest that at any one time up to one in four students might experience poor mental health.
- Four out every ten people accessing homeless services have a mental health condition
- Approximately seven of every ten rough sleepers have both a mental health and a substance misuse problem.
- People who have problems with alcohol and/or drug misuse, and who also have a mental health problem, sometimes fall through the gaps where services are not joined up
- About seven in every ten prisoners also have a mental health problem
- People with a learning disability and their families tell us that we are still failing to ensure equal access to services.
- Military veterans experience higher rates of mental health problems than the general population

In York

In our Health and Wellbeing Strategy for 2017-22, the Board also undertook to "… develop a better understanding of mental health needs in York so that we can ensure our services are fit for purpose, redesigning them if necessary". We cited the following figures:

- Between 2006 - 2014 there were 154 suicides in York; 84% of those were men;
- York has a higher rate of emergency hospital admissions for intentional self-harm than the national average;
- York has an estimated 2,717 people with dementia and this number is expected to rise to 3,503 by 2025.

Students

The two universities in York – York St John University and the University of York – have between them in 2017 more than 23,000 students. Survey evidence suggests that mental health is the single most significant health concern for students. The most common problems reported include anxiety, depression, self-harm and eating disorders. Students also complain of a lack of proper mental health support and long waiting lists.

Principles, priorities and outcomes

There is a great deal of guidance from government agencies and others on how best to improve health and wellbeing outcomes for people with mental health problems. One of the most recent is the *Five year forward view for mental health* published by the independent Mental Health Taskforce in February 2016. This set out three priorities for the NHS by 2020/21:

- A 7-day NHS so that people facing a crisis can get mental health care when they need it
- An integrated approach to mental and physical health
- Promoting good mental health and preventing poor mental health

This guidance also emphasises the importance of supporting staff who are working with people with mental health problems.

In York we understand the need for an integrated approach to physical and mental health and, in particular, that there needs to be parity of esteem between mental and physical health. We believe that this can be achieved by:

- **Investing resources into mental health care based on need as we do with investment in physical health care.**
- **Increasing accountability for mental health care within primary care and GP settings as we do with physical health care.**
- **Increasing accountability for physical healthcare in mental health settings and for mental healthcare in physical healthcare settings by enhancing partnership working among the various providers and agencies.**
- **Equal efforts to improve the quality of care**: achieving the same level of access to services and the same efforts to improve standards, infrastructure and staffing in mental healthcare as in physical healthcare.
- **Equal status within healthcare education and practice**: supporting core skills and competencies in mental health for a variety of staff. Targeting schools and associated professionals for training in improving mental health in our youth, identifying early warning signs, signposting appropriately, and preventing deterioration in mental health.
- **Equally high aspirations for people with mental health problems**: Recognising people as equal partners in their own healthcare and emphasising expectations of good health and a good life. Greater investment in social inclusion, training and employment support, and encouragement of innovation in these areas.

- **Equal status in the measurement of health outcomes:** Meaningful measures of people's responses to treatment, and people's experiences of preventive and mental health services, just as in physical health care.

York's commitment to mental health

Achieving the outcomes we are aiming for means organisations and individuals in the statutory and non-statutory sectors working together. Only through partnership working can we help people to maintain good physical and mental health. We have to recognise that some people will become ill and, when that happens, they need the right help in the right place as quickly as possible. For most people, that help can be given to them while they remain in the community, usually in their own homes. Some people, though, need more intensive help and a small number might need to be admitted to hospital.

For people who need hospital care

In recognition of this, the Vale of York Clinical Commissioning Group (CCG) has commissioned the Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) to develop a mental health hospital for the Vale of York. This is to replace Bootham Park Hospital, which closed in October 2015.

At the time of writing this strategy, consideration is being given to the location and size of the new hospital following an extensive public consultation on these questions that concluded in January 2017. The hospital will be completed by December 2019. In the meantime, hospital care for people with mental health problems who need that level of support is being provided in Peppermill Court.

Enhancing care in the community in York

Starting in April 2016, health and social care partners in York have been working together to enhance support in the community in York for people with mental health problems. This began with a symposium, supported by the International Mental Health Collaborating Network (IMHCN), a charitable organisation which has been promoting a community wide approach to mental wellbeing for over twenty years, and has been followed by a series of five "learning sets".

The symposium in April 2016 featured a presentation by Dr Roberto Mezzina, the director of mental health in Trieste, Italy, on the Whole Life-Whole System approach in Trieste, where there has been 40 years of experience of development towards social inclusion, empowerment and citizenship.

To apply the lessons from Trieste in York, we need to take a community based approach, enhancing investment in housing and the voluntary and community sectors to:

- Place less emphasis on inpatient beds so that fewer people with mental health problems are supported in hospital or in care homes
- Supporting people to maintain their independence by investing in supported accommodation
- Further developing the voluntary and community sectors, in particular to support people with mental health needs into employment, training and volunteering.

We know that it will take time for us to emulate what is being done in Trieste but we are making a start by:

- Engaging with the voluntary and community sector to develop and co-ordinate a wide a range of community based activities and support services to which people can be signposted.
- Developing a Safe Haven service to operate from Sycamore House, from 6-11pm, 7 days a week – a safe place where people can seek support and sanctuary

- Re-shaping the Mental Health Recovery Team at Sycamore House to offer more effective support to people recovering from mental ill-health

- Continuing Tees, Esk and Wear Valleys' Innovation Fund which is funding innovative projects run by the voluntary and community services that support individuals who have learning disabilities or who are at risk of mental ill health or both

- Developing a housing pathway for people with mental ill health that supports recovery regardless of diagnosis or other needs, and supports people to learn or re-learn the skills to sustain a tenancy and be a participating member of their community.

- Reinforcing our "strength based" approach to supporting people with mental health problems. That means focusing not on what people cannot do, but instead concentrating positively on the skills, knowledge and other assets all of us have whatever our state of health.

- Continuing to promote Personal Budgets, Personal Health Budgets and co-production.

Promoting good health and preventing illness

Good health, both physical and mental, begins with the individual. In our Joint Health and Wellbeing Strategy for 2017-22, the York Health and Wellbeing Board committed itself to promoting the ***five steps to wellbeing*** approach to help people to improve their own mental health.

These are the five steps that, according to research, can really help to boost our mental wellbeing:

- **Connect** – connect with the people around you: your family, friends, colleagues and neighbours. Spend time developing these relationships.
- **Be active** – you don't have to go to the gym. Take a walk, go cycling or play a game of football. Find an activity that you enjoy and make it a part of your life.
- **Keep learning** – learning new skills can give you a sense of achievement and a new confidence.
- **Give to others** – even the smallest act can count, whether it's a smile, a thank you or a kind word. Larger acts, such as volunteering at your local community centre, can improve your mental wellbeing and help you build new social networks.
- **Be mindful** – be more aware of the present moment, including your thoughts and feelings, your body and the world around you. Some people call this awareness "mindfulness". It can positively change the way you feel about life and how you approach challenges.

Most of us welcome help to maintain good mental health. The city of York is fortunate in having a wide range of services and facilities available to people to promote good health and prevent illness. The *Healthwatch York* guide issued in January 2017 is called ***Mental Health and Wellbeing in York*** and lists more than 150 organisations where people can get information, advice and support with their mental wellbeing. Most of these organisations are there for people in York whether or not they are experiencing poor mental health. They offer, for example

- Help for people who have money problems

- Support for people who want to acquire new knowledge or skills

- Help with housing

- Support for older people, students, and veterans

- Help for people to get into paid or unpaid work

- Support for people who want to become more active, for example by taking part in a sport

Other organisations aim at people who might be at greater risk of experiencing mental health problems because they

- Have experienced abuse or
- Have lost a loved one or
- Are victims of crime or
- Are having difficulties in their caring role

Still others try to help people with specific difficulties such as

- Eating disorders
- Drug or alcohol problems
- Addiction to gambling
- Self harm
- Hearing voices or seeing visions that other people don't share

Building community capacity

Even with such a wide range of resources, there is scope for communities to enhance their capacity to help people to maintain good physical and mental health. City of York Council and its partners are supporting this in several ways:

Community Facilitators Since 2008, Community Facilitators have 'walked and talked' in and to community organisations and groups all over the city. They also offer individualised support to individuals, for example: helping people to find voluntary work opportunities or identifying social and leisure opportunities. Community development has become a significant part of their role.

These workers have three areas of work:

- advice and information,
- preventative work with individuals and
- community development projects.

Local Area Coordinators Three Local Area Coordinators are due to take up their posts in May 2017.

They work alongside people to:

- Build and pursue their personal vision for a good life,
- Stay strong, safe and connected as contributing citizens,
- Find practical, non-service solutions to problems wherever possible, and
- Build more welcoming, inclusive and supportive communities

Community Health Champions - These are volunteers who, with training and support from the council, can help improve the health and wellbeing of their families, communities or workplaces by:

- Motivating and empowering people to get involved in healthy activities
- Creating groups to meet local needs
- Directing people to relevant support and services

As part of a pilot scheme, Community Health Champions work closely with City of York Council's Public Health team and raise awareness of health messages amongst communities whilst helping to create supportive networks and environments for residents.

Resilient communities We want to encourage resilient communities that

- Are self-managing and less reliant on the council and other agencies for help
- Are able to minimise the disruption to everyday life that unforeseen events present
- Enable people to be more resourceful
- Enable people to have more control over their own lives
- Ensure people are equipped an willing to play a part in community life

Get better at spotting the early signs of mental ill health and intervening early

This was the top priority for mental health and wellbeing identified in the Health and Wellbeing Board's Joint Strategy 2017-22

Not everyone is able to stay well and we know that the sooner someone can get help, the more likely they are to be able to make a recovery or at least reduce the impact of the illness on their quality of life. That is why we have to get better at spotting the early signs of mental ill health and intervening early. It is clear from our engagement exercises for the Board's overall strategy that we have some way to go to get this right. We know that too many people are waiting too long to get support, for example:

- People who think they might have dementia have to wait too long to get a proper diagnosis. They should wait no more than six weeks but the average wait is about 24 weeks and some people wait much longer. We estimate that only about two thirds of the people who might have dementia have been able to get a diagnosis
- People with mental health problems triggered by their physical health sometimes don't get the help they need quickly enough.

Work is under way to address these problems:

- The York Dementia Action Alliance is working to develop a "hub" so that people with dementia or who think they might have dementia have a single point for communication and information.
- Mental Health Access & Wellbeing Team – This team has been created by bringing together the Single Point of Access and the Primary Care Mental Health Service. It will make it easier for people aged 18 and over to get the right help. A telephone conversation with a member of the team will identify whether more detailed assessment is required: from here the individual will be pointed to the appropriate service or facility, for example, the Community Mental Health Team.
- Psychiatric Liaison service – People experiencing poor physical health sometimes find that this also has an effect on their mental health. Liaison psychiatrists work closely with York hospital to ensure that help is provided at the right time and place.
- The Ways to Wellbeing project enables people who consult their GP for what appears to be a social problem rather than a medical one can get a "social prescription" such as a referral to a yoga class or a befriending service.

We also recognise that we need:

- More mental health workers in key settings such as schools, GP practices, police stations, custody suites, A&E departments and job centres
- To increase greatly the mental health knowledge and capabilities of all front line staff.
- To ensure that the broader NHS workforce is confident in dealing with mental health problems.
- To find ways of maximising the role of both clinical and non-clinical workers in primary care

Focus on recovery and rehabilitation

For people with mental health problems, the focus on recovery needs to be part of their care and support from the outset. Recovery is not the same thing as a cure and people with ongoing mental health problems can be helped to recover. Evidence suggests that stable **employment** and **housing** are important factors for recovery and several schemes are aimed at these areas.

- Converge - a partnership between York St John University and mental health service providers in the York region. It offers educational opportunities to adults aged 18 and over who use NHS and non-statutory mental health services..
- The Discovery Hub is a partnership with Converge based at York St John University and funded by Tees, Esk and Wear Valleys NHS Foundation Trust. It supports adults who have lived experience of mental illness to access educational and learning opportunities across the city of York and surrounding areas.
- The Mental Health Recovery Team at Sycamore House to offer more effective support to people recovering from mental ill-health
- City of York Council employs two mental health support workers in homeless accommodation based services. These workers provide informal specialist mental health support to people who are homeless and living in CYC hostels. Our aim is to increase the number of support workers to at least three.
- The Retreat is a charitable, not-for-profit provider of specialist mental health care. It works closely with the NHS to provide services for people with complex and challenging needs in an open, calming environment designed to enable recovery and independence. The Retreat was established over 200 years ago and was the first place where people with mental health problems were treated humanely and with dignity and respect.
- York's Skills Plan 2017-20 includes a commitment to connect more adults to jobs and career progression:
    - More supported work experience and employment opportunities for people with disabilities and mental health problems
    - Better access to information about local jobs and careers
    - More innovative "second chance" employability and re-training opportunities in non-traditional settings
    - Clear routes for referrals into skills and employment programmes for city-centre and community-based front-line services working with adults
    - Better signposting to higher level learning and vocational provision
    - Access to financial advice for those affected by welfare reform changes

Improve services for young mothers, children and young people with emotional and mental health needs

We know how important it is to identify and treat mental health problems in children and young people. The costs of not doing this, both for individuals and for the services required to support them are clear. Half of all adults with mental health problems experienced their first symptoms before the age of 14; three quarters before their early 20s

The additional financial costs associated with children with mental health problems have been estimated to be between £11,000 and £59,000 per child. These costs are spread across a variety of agencies, including education, social services and youth justice, and also include the direct cost to families.

The York Strategic Partnership for the Emotional and Mental Health of children and young people is working to achieve seven outcomes:

- Early intervention in universal settings by
    - Introducing a new School Wellbeing Service (SWS) to help schools to identify mental health problems at an early stage and to respond to them appropriately
    - Promoting the Emotional Literacy Support Assistants (ELSA) programme to help children with social and emotional difficulties to recognise, understand and manage their emotions, to increase their wellbeing and success in school.
    - Knowing which children need extra help. Signposting and ensuring access to appropriate help and services
    - Emphasising the child/young person's voice and influence
    - Promoting evidence-based interventions for children and young people with mental health needs.
    - Knowing that we are making a difference
    - Implementing a city-wide training offer to increase the confidence and competence of staff in educational settings.
- Accessible and well-targeted specialist mental health services for children and young people who need more support, including those children who have experienced neglect or abuse. More young people with mental health problems who are looked after by the local authority will recover or be helped to cope with their situation
- The emotional and mental health of young people within the youth justice system will improve
- Children and young people who need specialist high cost services will get timely access to those services Children who self-harm are quickly identified, assessed and supported with appropriate support
- Young people who will need continued emotional or mental health support will be helped to make the transition to adult services

We recognise that children and young people with complex needs – such as a learning disability, autism spectrum condition or behavioural needs – can usually best be supported to remain in their own

homes. FIRST is a specialist Clinical Psychology led service that supports families with these children to avoid the need for them to be moved far away from home for treatment.

We also believe that more needs to be done to support pregnant women and young mothers to try to avoid the mental health problems they frequently experience and to help them to cope with those and to lay the foundations for robust infant mental health post birth.

Annex A

Ensure that York becomes a Suicide Safer city

The suicide rate in York for 2013-2015 was 14 suicides per 100,000 of population and this is significantly higher than the national and regional rates (10.1 and 10.7 per 100,000 respectively).

In 2013-15 York had the highest suicide rate when compared to other local authority areas that have similar levels of deprivation. In 2013, one of the peak years for suicides in York, the age adjusted suicide rate for males of working age (18-64) was the fourth highest in England. To tackle this problem, we have decided to aim for “Suicide Safer” status in York.

The Suicide-Safer Communities designation honours communities that have implemented concerted, strategic approaches to suicide prevention. The nine pillars in this designation reflect the core elements of suicide prevention strategies around the world.

The work is co-ordinated around 9 pillars of action:

- Leadership/ Steering Committee
- Background Summary
- Suicide Prevention Awareness
- Mental Health and Wellness Promotion
- Training
- Suicide Intervention and Ongoing Clinical/Support Services
- Suicide Bereavement
- Evaluation Measures
- Capacity Building/ Sustainability

For the city of York to be designated a Suicide-Safer Community we will have to undergo an accreditation process based on a review of documentation evidencing all 9 areas. Designation is for five years with a review at that point for re-designation.

Ensure that York is both a mental health and dementia friendly environment

York aims to be a mental health and dementia friendly city. That means that everyone, from the local authority to the NHS, to educators and employers like the local corner shop and hairdresser, share part of the responsibility for ensuring that people with mental health problems including dementia feel understood, valued and able to contribute to their community.

The steps we have already taken to be a dementia friendly city include

- Supporting partners to create a dementia friendly York
- The dementia grants programme that has funded projects ranging from music, art, gardening, cycling and croquet groups, to the Harmony Café run by University of York students, the Yorkshire Film Archive, Tang Hall Community Centre and Inspired Youth. All have been within a framework of Dementia Friendly Communities.
- Dementia Engagement & Empowerment Project (DEEP) - to investigate, support, promote and celebrate groups of people with a dementia diagnosis

City of York Council and Vale of York Clinical Commissioning Group commission community health and social care services in York for people with dementia:

- Selby and York Alzheimer's Society provides a range of services including adapted sports activities, Singing for the Brain, Reading Aloud, peer support groups and dementia cafes.
- Dementia Forward provides dementia awareness training and a care navigator role, dementia advisors and a dementia café to support people with dementia in York.

Continuing on the path to becoming a dementia friendly city

This is being led by the York Dementia Action Alliance (YDAA), a network of a diverse range of partners including people living with dementia, businesses, statutory organisations and voluntary communities.

The Alliance has a four-point action plan for York to become a dementia-friendly city within the period covered by this mental health strategy. Against each action point a priority for 2017 has been identified:

- Raise awareness and tackle discrimination
    - Priority – getting out and about, improving transport
- Involve people with dementia
    - Priority – focus on identifying people and supporting involvement
- Be a hub for communication
    - Priority – develop a communications strategy
- Improve services
    - Priority – Work is underway to build up the capability, capacity and confidence of primary care clinicians to diagnose dementia and to improve the experience of people seeking a diagnosis.

The Alliance has secured funding from the Department of Health and the Alzheimer's Society to become one of ten 'Accelerator' sites to boost progress toward creating a dementia-friendly community.

City of York Council is developing a training strategy that will ensure that all its staff have been trained in being dementia-friendly by December 2018

How will we measure progress?

We will monitor our progress on

- access to and take-up of, talking therapies
- dementia diagnosis within primary care
- a sustained reduction in premature deaths among people with severe mental illness
- a sustained reduction in the number of people admitted to hospital for self-harm
- regular sharing of information between GPs and the City of York Council about people with learning disabilities
- more people telling us that they and their families feel well supported through a crisis and afterwards

We will also work to ensure that:

- there are fewer admission to hospital, particularly detentions under the Mental Health Act
- more people are discharged from statutory services and obtain employment
- the rate of smoking amongst people with a diagnosed mental health problem declines at the same rate as the rate for the general population
- the uptake of screening for cancers among people with a diagnosed severe and enduring mental illness is the same as the rate for the general population
- we test and learn from better assessment and referral arrangements in a range of settings for people with problem substance use and a mental health problem.

Glossary

(To be completed when final draft is finished.)

Other reading

(To be completed when final draft is finished.)

Health and Wellbeing Board 17 May 2017

Report of the Joint Chair(s) of the York Better Care Fund (BCF) Performance and Delivery Group.

Status report on the Better Care Fund (BCF) programme:

Summary

1. This report updates the Health and Wellbeing Board (HWBB) on the current position in relation to the BCF programme for 2016/17 and progress towards developing plans for 2017/19.

2. The latest performance dashboard for 2016/17 is attached at Annex 2.

3. Discussions are on-going with regard to the composition of the BCF plan for the next two years. Partners are working together to develop a draft plan based on local assumptions in advance of final national technical guidance being issued.

Main/Key Issues to be considered

Performance for 2016/17

4. Non-elective admissions (NEA) – Without taking ambulatory care activity into account, this measure fails the target by 1,858 admissions (which is 8.9% above plan). When taking out NEL admissions related to ambulatory care, the 2016-17 performance is 138 admissions above target (0.7%). This is partly explained by increased population growth (for which VoY CCG growth is less than that of the England average which is around 3%).

5. Delayed Transfers of Care (DTOC) – Discharges from Acute Care have reduced, which has meant that performance, improved throughout 2016/17. However, there were considerable delays to discharges from Non-Acute care from June 2016 onwards; this

increased the overall DTOC figure in Q1. Combined with delays from Non-Acute in Q2 and Q3, the overall annual target for DTOC is likely to be missed, with the expected DTOC likely to be around 4-5% higher than target. However, there was a significant improvement in DTOC in Q4 in both Acute and Non-Acute pathways, as a result of work done by agencies to better understand the systems and processes, which augurs well for 2017/18. The figures have been changed to reflect cumulative DTOC bed days at the end of each quarter, and have been revised in line with data updates accordingly.

6. Admissions to Residential Care: The rate of admissions for older people fell significantly during Q3 (all quarterly figures have been revised following up-to-date information becoming available and reflect cumulative YTD admissions) but the increase during Q4 meant that the overall number of admissions of older people was slightly higher than expected for 2016/17. A Residential Care Panel sits monthly and scrutinises new requests for Residential Care, with the emphasis on the needs of the individual. Monthly targets are in place and exception reports will be taken to performance clinics where targets are exceeded. Data on the overall number of residential care admissions for younger people is not yet available so an estimate (which assumes admissions being at target levels in Q4) has been provided; if this is met this means that the overall number will be below target during 2016/17.

7. Helping older people live at home: the measure is defined by the ASCOF and is only measuring people who have accessed Reablement through Social Care. Data is not yet available for this measure for 2016/17.

8. Injuries due to falls - Accurate March figures are not available as provisional data does not include all the activity that would be counted in this indicator. Using an estimate for March (based on the average number of admissions in previous months throughout the year) this metric fails the target by 12 admissions (1.3%). This means that it will be close as to whether this metric passes or fails the target. Final data will be available in June when the current assumptions on the year end position will be adjusted as necessary.

9. Members are asked to note that the performance position is based on provisional data and that final, validated data may change the position.

10. The final quarterly monitoring report for 2016/17 is due to be submitted at 31 May which will reflect the final year end position in terms of performance.

Section 75 for 2016/17

11. The total BCF of £12.2M has been spent in its entirety through the Section 75 Agreement for 2016/17 arrangements.

Governance – current position

12. The BCF Performance and Delivery Task Group remains in place as part of the governance arrangements relating to the BCF. Alignment of the BCF within the wider system has been delivered through the Integration and Transformation Board (ITB).

13. Given the broader geographical focus of the developing accountable care system for the Vale of York CCG population, it is appropriate to consider how the BCF fits within this wider context. A Central Locality Delivery Group has been established as part of the accountable care system arrangements but has a broader system focus beyond the BCF.

14. Going forward, it is proposed that the BCF Performance and Delivery Task Group retain operational responsibility for the BCF and that the lead officers of the City of York Council (CYC) and Vale of York CCG jointly act as the formal HWB link to the BCF Performance and Delivery Task Group.

Guidance for 2017/19

15. Further to publication of the BCF policy framework (February 2017) final technical guidance is still awaited. However, draft national guidance was issued by the Local Government Association (LGA) on 28 April 2017. This provides more detail on the assurance process, the related documents and a series of Frequently Asked Questions (FAQs). The National Better Care Support Team has recommended that local partners continue to work together to agree their local priorities, based on the content of the policy

framework and FAQs in advance of the final version of the guidance being signed off by the LGA and NHS England jointly.

Local preparation for 2017/19

16. Given the pressures in the local system and the fact that the York HWBB plan was considered within the escalation process, a request for additional resource/support was made to the national team and initial feedback received. Further advice on metrics and the development of a plan is expected to be available in the next few weeks.

17. In advance of the final version of the technical guidance being issued, partners have been considering the potential areas for BCF investment for the 2017/19 plans. The CCG has indicated that it will provide the minimum contribution to the fund and discussions are on-going as to what this element of funding is comprised of. In addition, discussions have included consideration of existing schemes and the potential for expansion of the BCF as a consequence of monies being made available via a direct grant to local government (2017 Budget announcement of £2 billion nationally). This money is included in an 'improved Better Care Fund (IBCF) grant to local authorities (LAs) and will be part of the local BCF pooled funding and plans.

18. The latest planning guidance describes three purposes for the IBCF as follows:

    - Meeting social care needs
    - Reduce pressures on the NHS, including supporting more people to be discharged from hospital when they are ready
    - Ensuring the local social care provider market is supported

19. Annex 1 sets out a list of the current investment schedule for the York HWBB BCF Plan. Discussions are on-going as to which of these investments are carried forward and what changes should be made in terms of schemes covered by the BCF. A full evaluation of the current schemes is underway to inform the final composition of the plan for 2017/19 and understand any risks/impact if investments were to cease.

20. Partners have agreed a principle that, subject to positive evaluation, the current set of BCF investments will be maintained

with any additional investment being focused on system improvements in line with local priorities.

Sign off for 2017/19 plans

21. The HWBB is responsible for signing off the final BCF plans. Given the delay in confirmation of the national timetable for submission of plans, it is currently not possible to definitively say how the HWBB meeting dates will align to the planning process. In order to ensure that the HWBB can meet this requirement, plans will be circulated electronically at the final draft stage. Should timescales require it, the Board are asked to delegate approval to the Chair and Vice-Chair for sign off of final plans.

2017/19 reporting

22. The BCF Performance and Delivery Task Group have considered the arrangements for on-going monitoring as part of the preparation for the 2017/19 plans. In order to ensure as close an alignment as possible to the national reporting requirements, the Group propose a quarterly report to the HWBB that provides a greater focus on the impact and delivery of the schemes within the Fund. The Board are asked to consider this arrangement and delegate authority to the Health and Wellbeing Partnership Officer to ensure reports are scheduled into the HWBB meeting programme.

Consultation

23. The issues summarised in this report have been subject to discussion and agreement involving a wide range of partner organisations within York and North Yorkshire.

Options

24. There are no options provided in this report.

Strategic/Operational Plans

25. The BCF plan is part of wider strategic plans of all partner organisations, including the CCG and CYC and should not be considered in isolation.

Implications

26. One of the key challenges facing partners is our stated desire to progress shared initiatives and grow the level of pooled resource whilst managing the on-going system pressure. Movement towards an Accountable Care System with localised planning and delivery provides an additional platform to develop this intent.

Risk Management

27. Detailed technical guidance is still awaited in relation to requirements for the 2017/19 plan. Discussions that have taken place in advance of the national guidance being issued suggest that there are additional risks, relating to the CCG's financial flexibilities under Legal Directions and the requirement for the CCG to operate within a fixed financial envelope as part of a wider system.

28. On-going risk management of the issues outlined in this paper remain with the lead organisation for the relevant performance metrics. The broader system efficiencies lie within the interests of all partners, however, the financial risk rests with the CYC and CCG.

Recommendations

29. The Health and Wellbeing Board are asked to:

    1. consider the revised reporting arrangements as set out at paragraph 14.
    2. approve delegated authority to the Chair and Vice Chair of final plans should this be required as set out at paragraph 21.
    3. approve the suggested reporting frequency for 2017/19 as set out at paragraph 22.

Reason: HWBB oversight of BCF

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Report Approved ✓ **Date** 4.5.2017

Wards Affected: **All** ✓

Background Papers:
None

Annexes
Annex 1 – List of BCF Schemes for 2016/17
Annex 2 – Performance Metrics Table

Glossary
BCF – Better Care Fund
CHC – Continuing Health Care
CCG – NHS Vale of York Clinical Commissioning Group
CYC – City of York Council
DFG – Disabled Facilities Grant
HWB – Health and Wellbeing Board
NEA – Non-Elective Admissions
TEWV – Tees, Esk & Wear Valleys NHS Foundation Trust
YFT – York Teaching Hospital NHS Foundation Trust

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Annex 1

List of BCF Schemes for 2016/17

2016/17 Schemes = £12,203M	£000s	Lead
York Integrated Care Hub	625	CCG
Urgent Care Practitioners	569	CCG
Hospice at Home	170	CCG
Street Triage	150	CCG
Remaining acute activity from 15/16 savings target	2,696	CCG
Community Support packages	2,174	CYC
Reablement Social Work provision	137	CYC
Carers Support	655	CYC
Community Facilitators	40	CYC
CCG Community Services Reablement and Carers Breaks	1,684	CCG
Reablement	1,099	CYC
Step Up/Down Beds	300	CYC
Telecare Falls and Lifting	192	CYC
Community equipment	180	CYC
Home adaptations	75	CYC
Carers assessments/support, Independent MH Advocacy (Care Act)	454	CYC
Disabled Facilities Grant	1,003	CYC

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Annex 2

Performance Metrics Table

Metric type	Metric description	Target	Q1 position	Q2 position	Q3 position	Year End Forecast	Performance
National:	Reduction in non-elective admissions (General & Acute)	20,781	5,528	5,641	5658	22,639	Over target
*Local metric (outwith routine reporting frame work)	Reduction in non-elective admissions (General & Acute) *National data adjusted for Ambulatory Care Recording issues	20,781	5,326	5,456	5227	20,919	Over target
National:	Delayed Transfers of Care: Number of bed days per 100, 000 of population	9,837	2,497	5,386	8,503	10,300	Over target
National:	Long-term support needs met by admission to residential and nursing care homes, per 100,000 population	657.8	112.46	345.6	489.0	616.8 (est.)	Below target
National:	Number of permanent admissions to residential & nursing care	238	70	138	191	248	Over target

Annex 2

	homes for older people (65+)						
National:	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	0.644	This metric is measured annually therefore no data is currently available for the period				No data
Local:	Injuries due to falls in people aged 65 and over per 100,000 population	2,454.7	588.4	657.5	676.2	2,486.6	Static
Local:	Overall satisfaction of people who use services with their care and support	0.758	Provisional report of 0.62				Deteriorating

Data taken from BCF Task Group Dashboard as of 5 May 2017 – Please note the year end position is based on provisional data for March 2017 which may change once final confirmed data is received

York Health and Wellbeing Board

Health and Wellbeing Board 17 May 2017
Report of the NHS Vale of York CCG, Tracey Preece, Chief Finance Officer

NHS Vale of York Clinical Commissioning Group (CCG): Medium Term Financial Strategy

Summary

1. The CCG's Medium Term Financial Strategy seeks to:
   - outline a plan for how the CCG can reach a balanced and sustainable financial position;
   - align with existing system plans, in particular, the Humber, Coast and Vale Sustainability and Transformation Plan (STP) (which the CCG is a partner to);
   - meet key statutory financial targets and business rules;
   - be consistent with the CCG's vision and support the delivery of the CCG objectives;
   - recognise and meet the scale of the challenge in the Five Year Forward View;
   - deliver operational and constitutional targets.

   The Health and Wellbeing Board is asked to note the strategy.

Background

2. Vale of York (VoY) CCG commissions health services on behalf of a population of 350,000.

3. The CCG has had an underlying financial deficit since its creation in 2013 and reported a deficit position of £6.3m at the end of 2015/16.

4. The CCG is one of nine to have recently been put into Special Measures by NHS England and received Legal Directions on 1st September 2016.

5. VoY responded with the development of a Financial Recovery Plan ('FRP'), submitted to NHSE on 6th October 2016, and including a

plan to achieve an in-year deficit of no more than £7m (£13.3m cumulative)1.

6. A new Accountable Officer has also been appointed (in post from 3rd October) to oversee the rapid organisational change required and inject challenge.

7. The CCG recognises the need to articulate a strategic plan which addresses the underlying causes of financial deficit and identifies a path to sustainability.

8. VoY spends less per head of population than any other CCG within the STP footprint yet receives the lowest allocated spend per head from NHSE (a function of how the allocation formulae recognises the health needs of the population).

9. This means that the CCG needs to spend 11% less per person than the STP average in order to live within its means.

10. VoY has taken a fundamentally different approach to the development of its strategy based on a detailed understanding of its local population needs which has allowed it to pinpoint a number of areas it needs to focus on.

11. The CCG believes that, in order to deliver real change, a radical new approach to system leadership, commissioning and delivery is now required.

12. Up until now, the health and social care system which VoY is part of has failed to produce the correct incentives and behaviours which lead to large scale efficiency savings.

Main/Key Issues to be Considered

13. No decision required.

Consultation

14. The strategy was approved by the CCG Governing Body on 2nd March and a programme of engagement with partners, stakeholders and the public is underway. The strategy was also circulated to local authority and healthcare partners soon after approval.

Options

15. No options to consider.

Analysis

16. Not applicable.

Strategic/Operational Plans

17. The Medium Term Financial Strategy informs and underpins the CCG's Operational Plan and Financial Plan, both of which are currently in draft form.

Implications

18. Implications across all areas are being considered as part of the development of programmes of work to implement the strategy. The CCG will conduct impact assessments where relevant.

Risk Management

19. Risks are reported monthly to the CCG Governing Body and managed as part of the assurance framework.

Recommendations

20. The Health and Wellbeing Board are asked to note the contents of the strategy.

    Reason: To ensure the Health and Wellbeing Board up to date with the financial strategy of the CCG.

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Report Approved	X	**Date**	*3rd May 2017*

Specialist Implications Officer(s)
Tracey Preece
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Wards Affected: **All** X

For further information please contact the author of the report
Background Papers:

None
Annexes
Annex A: NHS Vale of York CCG Medium Term Financial Strategy

Glossary

See CCG website, link:

http://www.valeofyorkccg.nhs.uk/data/uploads/governing-body-papers/governing-body-glossary.pdf

NHS
Vale of York
Clinical Commissioning Group

Vale of York Medium Term Financial Strategy

A new approach to commissioning

FINAL v0.1

Contents

NHS Vale of York Clinical Commissioning Group

EXECUTIVE SUMMARY

Executive Summary

Vale of York's current situation

- Vale of York (VoY) CCG commissions health services on behalf of a population of 350,000.
- The CCG has had an underlying financial deficit since its creation in 2013 and reported a deficit position of £6.3m at the end of 2015/16.
- The CCG is one of nine to have recently been put into Special Measures by NHS England and received Legal Directions on 1st September 2016.
- VoY responded with the development of a Financial Recovery Plan ('FRP'), submitted to NHSE on 6th October 2016, and including a plan to achieve an in-year deficit of no more than £7m (£13.3m cumulative)[1].
- A new Accountable Officer has also been appointed (in post from 3rd October) to oversee the rapid organisational change required and inject challenge.

Purpose of financial strategy

- The CCG recognises the need to articulate a strategic plan which addresses the underlying causes of financial deficit and identifies a path to sustainability.
- VoY spends less per head of population than any other CCG within the STP footprint yet receives the lowest allocated spend per head from NHSE (a function of how the allocation formulae recognises the health needs of the population).
- This means that the CCG needs to spend 11% less per person than the STP average in order to live within its means.

- The Medium Term Financial Strategy seeks to:
  - **outline a plan** for how the CCG can reach a balanced and sustainable financial position;
  - **align with existing system plans**, in particular, the Humber, Coast and Vale Sustainability and Transformation Plan (which the CCG is a partner to);
  - **meet key statutory financial targets and business rules;**
  - **be consistent with the CCG's vision** and support the delivery of the CCG objectives;
  - recognise and **meet the scale of the challenge** in the Five Year Forward View;
  - **deliver operational and constitutional targets;**
- VoY has taken a fundamentally different approach to the development of its strategy based on a detailed understanding of its local population needs which has allowed it to pinpoint a number of areas it needs to focus on.

A new approach to commissioning

- The CCG believes that, in order to deliver real change, a radical new approach to system leadership, commissioning and delivery is now required.
- Up until now, the health and social care system which VoY is part of has failed to produce the correct incentives and behaviours which lead to large scale efficiency savings.

1) Improvement Plan in response to NHSE Legal Directions (issued 1 Sept 2016), 6 October 2016

Executive Summary

- This is evidenced by the fact that only 24 to 29% of the CCG's targeted QIPP cost savings have been achieved over the past two years.
- Moving forward, VoY needs to play its part in redesigning and delivering a new health and social care system which is better able to care for patients, whilst also delivering financial sustainability.
- VoY's strategy for doing this is embedded in the work of the STP and includes a vision for new models of accountable care in VoY, strategic commissioning across the system and new approaches to system governance and risk sharing.
- This builds on the ideas put forward in the Five Year Forward View and best-practice national and international examples of whole population management and outcomes-based commissioning.
- VoY has already made progress in a number of areas, for example in articulating a vision for a VoY Accountable Care System.

Financial opportunity

- The CCG has identified 6 areas of immediate financial opportunity to focus on: Elective Orthopaedics, Out of Hospital, Outpatients, Continuing Healthcare, Prescribing and High-cost Drugs.
- Combined, these 6 opportunities have the potential to release savings to the CCG in the order of £50m by 20/21.
- Following a Confirm and Challenge process led by NHS England the CCG has now identified specific interventions and schemes (including the 6 opportunity areas and others) with a total value of £47.7m.
- This would allow the CCG to reach in-year surplus by 20/21 although a cumulative financial deficit of approximately £51m would still remain, or at best, £38m with further QIPP not yet identified.
- The CCG has agreed delivery plans, next steps and work with stakeholders to progress each of the 6 major opportunities.
- Further work to firm up the size and potential for delivery of the additional pipeline opportunities is ongoing.

Next steps

- Moving forward, VoY recognises the need to progress its financial strategy forwards, whilst also delivering on shorter-term goals.
- Development of the financial strategy will require close collaboration with providers and other STP partners, as well as a strong and realistic understanding of the capabilities required to deliver the new vision articulated.

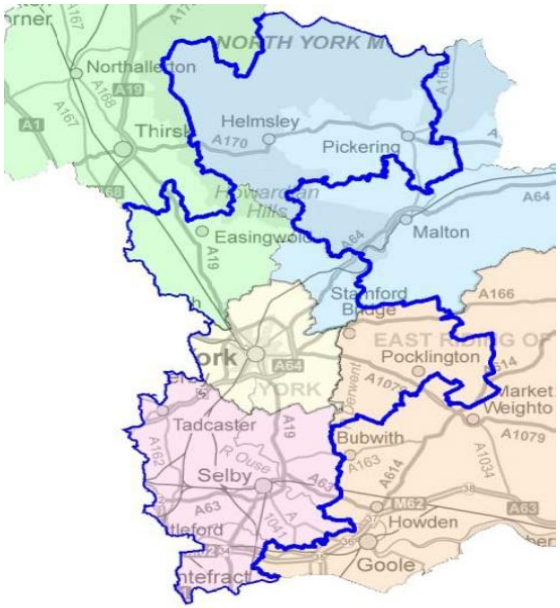
NHS Vale of York Clinical Commissioning Group

SECTION 1: INTRODUCTION

Vale of York Clinical Commissioning Group

1.1 Introduction

- Vale of York CCG is responsible for commissioning the following healthcare services on behalf of a population of 350,000:
  - Planned hospital care
  - Urgent and emergency care
  - Community health services
  - Mental health and learning disability services
  - Tackling inequality including children's health and wellbeing
- VoY's footprint covers an area of approximately 857 square miles that runs broadly north to south through North Yorkshire. It is mainly rural with a number of small market towns and the main urban centre of York .
- The Vale of York is a comparatively affluent area but with pockets of significant deprivation in the York, Selby and Sherburn-in-Elmet areas.
- Three local authority areas span VoY's commissioning population:
  - City of York Council
  - East Riding of Yorkshire Council
  - North Yorkshire County Council
- The CCG has 27 GP member practices.
- VoY's commissioning budget was £435.3m in 2016/17, with minimum growth from 2015/16 .
- Allocations, albeit indicative for future years, suggest the CCG can expect to receive minimum growth in allocations to 20/21.
- The main providers of VoY's services are:
  - York Teaching Hospital NHS Foundation Trust (acute and community services)
  - The Leeds Teaching Hospitals NHS Trust (acute services)
  - Leeds and York Partnership NHS Foundation Trust (specialist mental health and learning disability services)
  - Tees, Esk and Wear Valleys NHS Foundation Trust (mental health, learning disability and eating disorder services)
  - Hull and East Yorkshire Hospitals NHS Trust (acute services)



The CCG has had an underlying financial deficit since its creation in 2013

NHS Vale of York Clinical Commissioning Group

1.2 Recent financial performance

- The CCG has had an underlying deficit since its creation in 2013.
- Consistent under delivery of QIPP (24% of QIPP achieved in 2014/15 and 29% achieved in 2015/16) means that the organisation has been reliant on non-recurrent mitigations.
- The CCG reported a deficit position of £6.3m at the end of 2015/16. This represented a significant deterioration of £10.25m from the planned 1% surplus of £3.95m. Consequently, the CCG was classed as an organisation in turnaround.
- The CCG has experienced a range of financial and operational challenges in recent years including:
  - Growth in demand, particularly acute services, over and above that which was planned for
  - Stretched workforce and gaps in clinical leadership
  - Historical financial difficulties have strained local partner relationships
  - Limited existing joint commissioning arrangements
  - Rising elderly and frail local population leading to increased pressure on services
  - Shortfalls in the programme management and governance of QIPP schemes leading to under performance

Financial Year	2013/14	2014/15	2015/16	2016/17 Forecast
Planned Surplus/ (Deficit)	£3.7m	£2.1m	£3.9m	(£13.3m)
Actual Surplus/ (Deficit)	£2.1m	£3.9m	(£6.3m)	(£28.1m)
Planned QIPP	£10.9m	£9.4m	£19.5m	£12.2m
Actual QIPP	£4.7m	£2.3m	£5.6m	£1.9m
% delivery	43%	24%	29%	15%
Of which recurrent	£4.7m	£2.3m	£5.6m	£1.7m

The CCG was placed in Special Measures in September 2016 and has subsequently responded with a Financial Recovery Plan

Vale of York Clinical Commissioning Group

1.3 Recent history

Special Measures

- The CCG is one of nine CCGs to have recently been put into Special Measures by NHS England and received Legal Directions from the NHSE Commissioning Board on 1 September 2016.
- The Legal Directions included the requirement for VoY to:
  - Produce an Improvement Plan that sets out how it shall ensure that the capacity, capability and governance of the CCG is made fit for purpose including agreeing with the NHSE Commissioning Board how it will strengthen its financial leadership;
  - Provide for the implementation of the recommendations of the CCG Capability and Capacity Review date 28 January 2016.

VoY response

- The CCG is determined to respond positively and at pace to the Legal Directions it has received.
- The CCG has developed a Financial Recovery Plan ('FRP') with an independent assessment of facts, figures and projections. This was submitted to NHSE on 6th October 2016 and includes a plan to achieve an in-year deficit of no more than £7m (£13.3m cumulative)[1].
- A new Accountable Officer has also been appointed (in post from 3rd October) to oversee the rapid organisational change required and inject challenge.
- The FRP also outlines plans to develop the capacity and capability of the CCG through strengthening of the senior team, a new management structure and revised governance processes. This has included the creation of four new executive posts.
- Development of a new commissioning approach and this Medium Term Financial Strategy, based on evidence, benchmarking and the principles of accountable care.

1) Improvement Plan in response to NHSE Legal Directions (issued 1 Sept 2016), 6 October 2016

Without further change beyond 16/17, the CCG's in-year deficit would reach £39m by 20/21, with a cumulative deficit of £176m

NHS Vale of York Clinical Commissioning Group

1.4

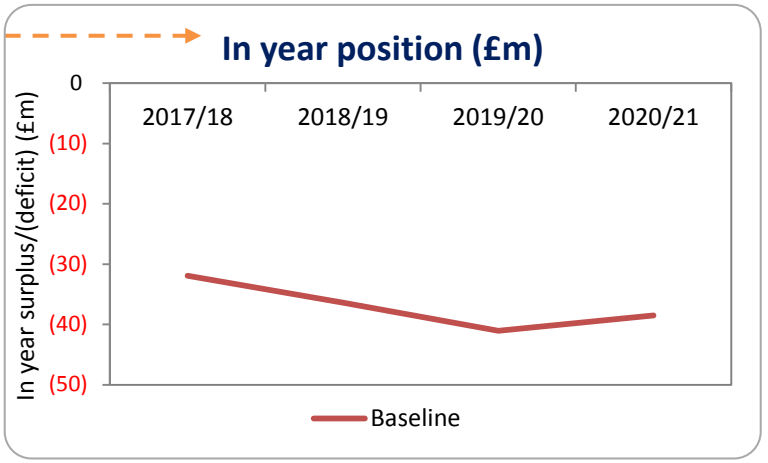
Forecast financial position: baseline

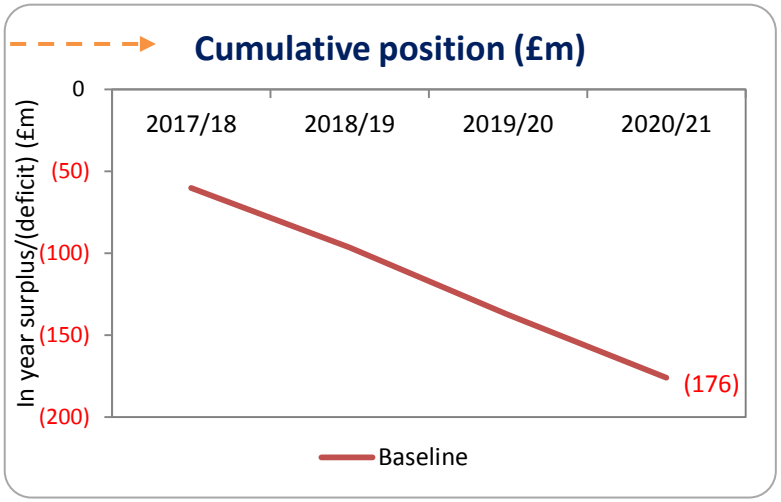
Baseline position

- These graphs illustrate the CCG's financial position to 20/21 based on no further QIPP delivery beyond 2016/17.
- Under this scenario, by 20/21:
  - The CCG's **in-year deficit** would be £39m
  - the **cumulative deficit** would be £176m
- These figures are in line with with modelling from the STP.

Implications for Legal Directions

- In this position the CCG would **fail to meet** the requirements of both its current legal directions and NHS planning guidance:
  - the CCG's legal directions require the CCG to achieve an in-year break even position in 2017/18;
  - the 2017 to 2019 NHS Planning Guidance states that deficit CCGs are *"expected to plan for return to cumulative underspend over the Spending Review period. Where this is not possible, they will be required as a minimum to improve their in-year position by 1% of allocation per year plus any above average allocation growth until the cumulative deficit has been eliminated and the 1% cumulative underspend business rule is achieved".*





1.5 Plan for document

- In addition to the development of the FRP, the CCG recognises the need to develop a longer-term strategic plan which addresses the underlying causes of its financial deficit and identifies a path to financial sustainability.
- The Medium-term Financial Strategy seeks to:
  - Outline a plan for how the CCG can reach a position of a recurrent balanced, sustainable financial position;
  - Align with existing system plans, in particular, the Humber, Coast and Vale (HCV) Sustainability and Transformation Plan (STP), which VoY is a key partner to;
  - Meet key statutory financial targets and business rules;
  - Be consistent with the CCG's vision and support the delivery of the CCG objectives;
  - Recognise and meet the scale of the challenge in the Five Year Forward View;
  - Deliver operational and constitutional targets.

- This Medium-term financial Strategy is structured as follows:
  - **Section 2** describes the CCG's overall approach to change including its plan for a radical new approach to commissioning based on a population health management approach and accountable care, grounded in the vision of the STP.
  - **Section 3** presents the findings of population analytics and benchmarking which has been carried out to understand the underlying causes of VoY's financial deficit and pinpoint areas where it needs to focus in the future, given its local population needs.
  - **Section 4** presents a number of immediate cost saving plans which have been identified through the analysis completed in Section 3, including plans for their delivery and the combined financial opportunity they represent.
  - **Section 5** provides a summary of next steps that VoY will take to progress the strategy.
  - **Section 6 Appendices** provide some supporting additional information.

NHS Vale of York Clinical Commissioning Group

SECTION 2: A NEW COMMISSIONING APPROACH

VoY CCG recognises that it will need to take a fundamentally different approach if it is to become financially sustainable

Vale of York Clinical Commissioning Group

2.1 New system approach to change

- The CCG believes that, in order to deliver on the cost saving opportunities that it has identified, a radical new approach to system commissioning and delivery is now required.
- Up until now, the health and social system which VoY is part of has failed to produce the correct incentives and behaviours which lead to large scale efficiency savings.
- This is evidenced by the fact that only 24% to 29% of the CCG's targeted QIPP cost savings have been achieved over the past two years.
- In order for the CCG to reach in-year balance by 20/21 the QIPP that must be delivered year on year equates to 2.4% of allocation. In order to eliminate the cumulative financial deficit by 20/21, a 3.3% year on year QIPP is required. This compares with an actual QIPP delivery of 1.5% in 2015/16 and 0.6% in 2014/15.
- Based on past performance, it is likely to be very challenging for Vale of York CCG to achieve an in-year balance in financial year by 20/21, let alone an elimination of its cumulative deficit by then.
- The implication is that a radically different approach to delivery of cost savings is required.

Financial Year	2014/15	2015/16
Programme and running cost allocation[1] (£m)	375,751	381,161
Planned Surplus/ (Deficit) (£m)	2.1	3.9
Actual Surplus/ (Deficit)	3.9	(6.3)
Planned QIPP	9.4	19.5
Actual QIPP	2.3	5.6
% delivery	24%	29%
Planned QIPP (% of allocation)	2.5%	5.1%
Actual QIPP (% of allocation	0.6%	1.5%

(1) Vale of York CCG 5 year plan 2014-2019
(http://www.valeofyorkccg.nhs.uk/data/uploads/publications/5-year-plan/nhs_vale_of_york_ccg__integrated_operational_plan_2014_to_2019-final-30th-june-with-signatories.pdf)

2.2 Sustainable Transformation Plan (STP) work

- The Humber, Coast and Vale (HCV) STP recognises that ensuring system sustainability must be the focus of all partners to the local health locality going forward.
- The HCV current in-year deficit for FY15/16 is £87m and this is projected to increase to an in-year figure of £420m under a "do nothing" scenario.
- The STP vision aims to tackle a number of challenges across the locality including i) poor acute provider performance; ii) provider sustainability; iii) care market sustainability; iv) the devolution agenda; v) increasing demand; and vi) an ageing primary care workforce.
- The STP identifies 6 key priorities as a route to achieving system sustainability:

1. **Greater focus on prevention -** including a focus on the broader determinants of health to drive wellbeing and prevention at scale through social investment
2. **A single acute provider model across the STP footprint** – including acute services working in a consolidated model, standardised clinical pathways, shared back office and a networked tertiary care model with links to Leeds and Sheffield
4. **Out of hospital accountable care** – including a standardised care model, a new approach to managing demand through population management approaches, transformed primary care, and increase in personal health and care budgets
5. **Mental health –** new care models and market stimulation, including better navigation of pathways, an improved approach to dementia and increased uptake of personal health and care budgets
6. **Strategic commissioning** – including common standards and planning assumptions, a smaller number of contracts, new approach to performance management of acute providers, and outcomes focused contracting approaches
7. **System-led governance** – including new rules of engagement between organisations, new approaches to payment and contracts and new statutory duties and obligations accounted for

- Further detail to the STP is provided in the Appendices.

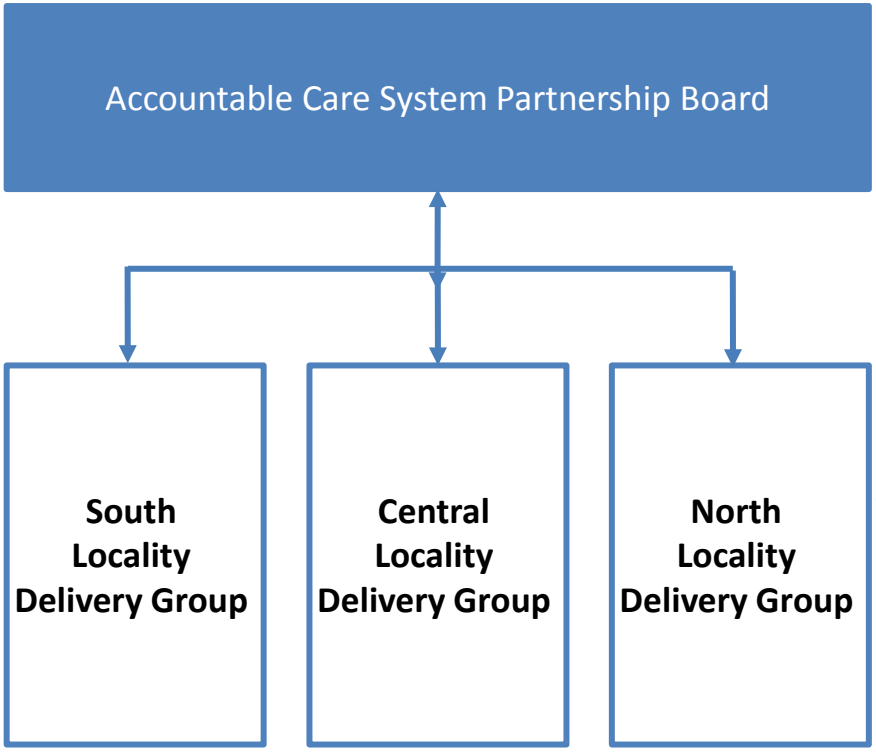
(1) Humber, Coast and Vale STP Finance Template (submitted October 2016)

2.3 System-led change

- VoY recognises that simply expanding the current model will not deliver financial sustainability.
- Moving forward, VoY needs to play its part in helping to redesign and deliver a new health and social care system which is better able to care for patients, whilst also delivering system financial sustainability.
- VoY's strategy for doing this is now embedded in the work of the emerging accountable care system, it's Local Place Based Plan and collaborative work within the STP – these includes a vision for new models of accountable care in VoY, strategic commissioning across multiple commissioner organisations and new approaches to system governance and risk sharing.
- This builds on the ideas put forward in the Five Year Forward View and best-practice examples taken both nationally and internationally on whole population management.
- Such an approach needs to based on joint working with provider and commissioner partners in the VoY and across three localities to support a whole system change that will reduce cost, manage demand and deliver better results for patients by:
  - Realigning resources within the system through an outcomes-based approach, which focuses on measuring and rewarding outcomes (end results) rather than inputs;
  - Allowing system efficiencies to be realised – duplication and over supply is eliminated while "cost shift" from one service line or organisation to another is avoided
- ;
  - Incentivising and implementing a whole system approach to prevention at individual, community and place levels across VoY and the HCV;
  - Focusing on the priorities for each locality which transform services and models of care and best deliver the improvements in outcomes – finance, health and well-being and care & quality;
  - Enabling the achievement of a scaled reduction in demand, enabled by a new relationship between residents and public services whereby individuals are empowered to take control of their own health and wellbeing;
  - Reducing dependence on oversubscribed and expensive specialist resources such as emergency services, non-elective admissions, general practitioners and care homes;
  - Supporting the right care and the right workforce to be delivered in the most efficient cost settings which deliver best outcomes for patients, including having GPs coordinate more joined-up care closer to home, and improving VoY's community response to help people leave hospital sooner;
  - Employing new contracting models and payment structures, including a phased move away from PbR, to enable an increased alignment of resources to outcomes;
  - Having an effective governance and leadership structure to develop and deliver these plans, which overcome challenges the CCG has faced in the past on collaborating effectively as a health economy;

2.4 Accountable care framework for VoY

- The CCG and partners are now actively mobilising the Vale of York accountable care system (ACS) based around a three locality delivery model. The intention is that joint programmes of transformation will be developed based on the specific local needs and priorities of these locality populations that will best address the current gaps in funding, health and social care in outcomes for the VoY population.
- This emerging accountable care system will support closer integration between all aspects of care (primary, community, mental health and social) through a focus on realigning resources in such a way that maximises outcomes (end results) for residents and patients.
- The CCG and partners have come together in an emerging accountable care system, as presented below:



Accountable Care System Partnership Board (with organisational form to be determined) is accountable for delivering agreed outcomes which best address the gaps in outcomes for the VoY locality. The Board includes representatives from providers and commissioners across the health and social care system.

Locality level commissioners and providers offering an integrated set of services determined by local priorities. This will be supported by common standards of governance, a shared asset based approach to delivery and joint decision-making. Delivery of services is based around community focused locality teams, building on existing work delivering integrated care hubs and other examples of local authority and Public Health services and new ways of working which are proving to have a positive outcome on population health improvement.

Delivery of the accountable care system will require a series of phases of work

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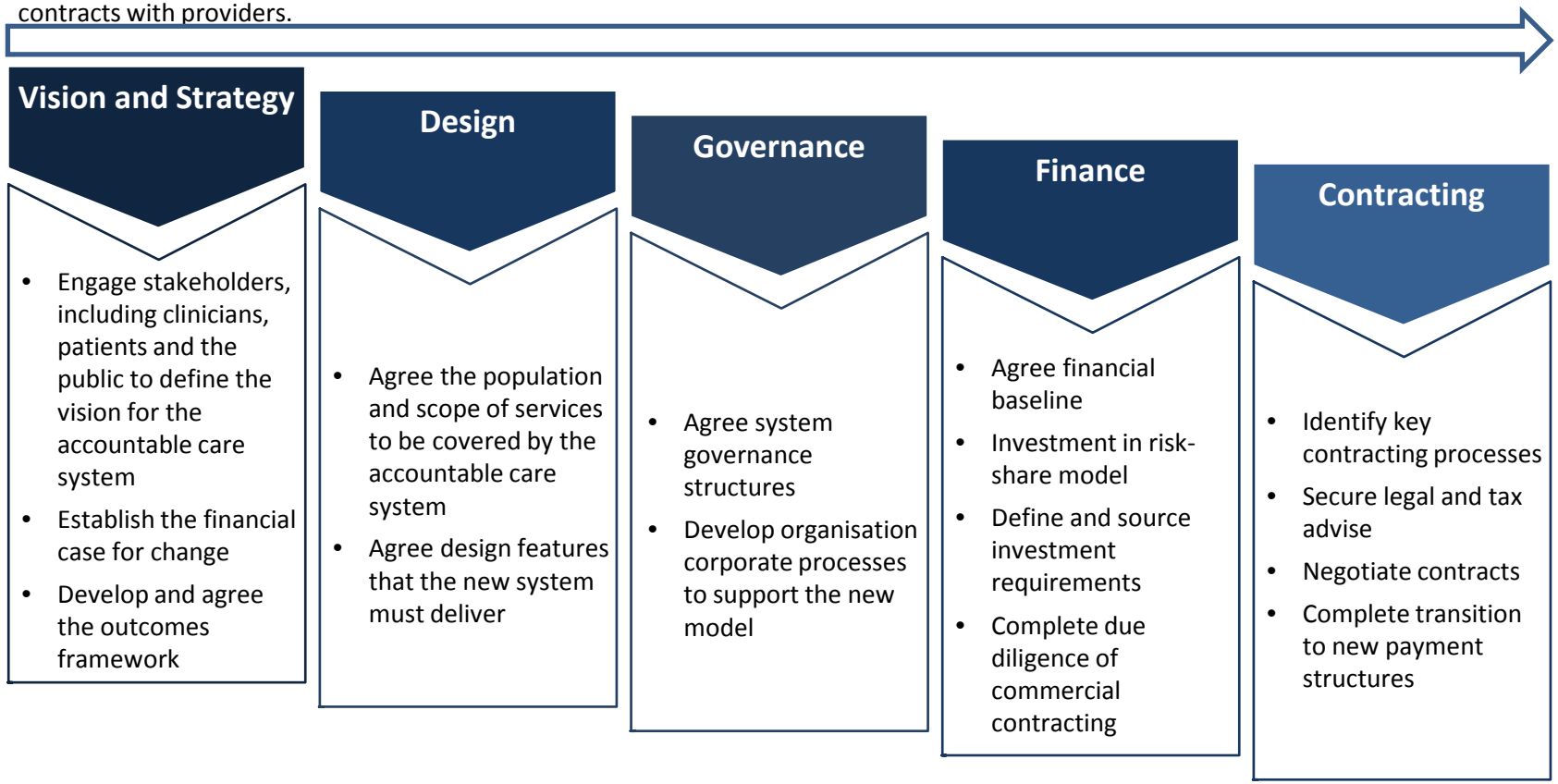
2.5 Steps to deliver an accountable care system

- The CCG recognises that development of an accountable care system for the population of the VoY will require an iterative and phased approach to mobilising alongside all health and care partners. This process has started and the ACS Partnership Board and three Locality Delivery Groups will have all met at least once by March 2017.
- A high-level five phase approach to the phases of work required is provided below. This describes the process from agreeing a strategy to defining the accountable care framework (and the outcomes that it will need to deliver), through to being able to negotiate and issue new contracts with providers.



Successfully implementing an Accountable Care Model will require the VoY system to demonstrate a series of capabilities

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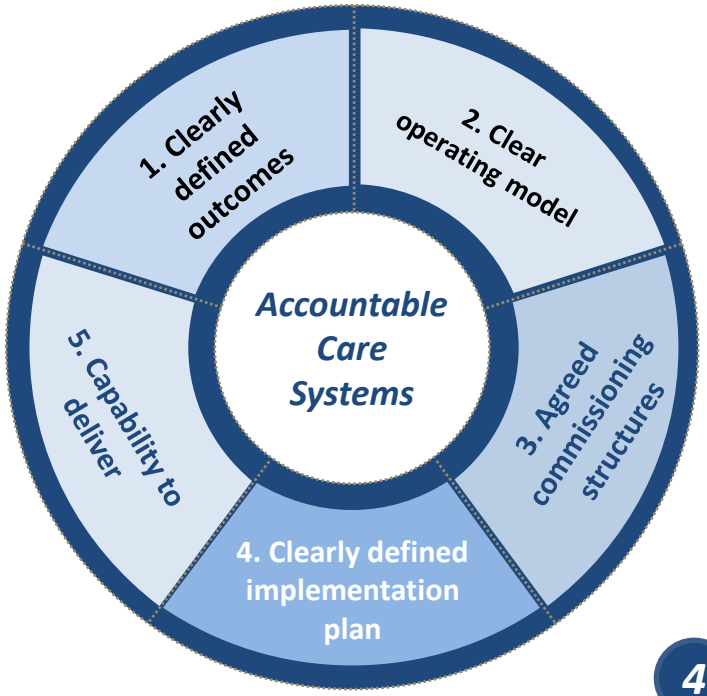
2.6 Characteristics of successful Accountable Care systems

- A review of the experiences of other health and social care systems in delivering accountable care models indicates that successful systems demonstrate a number of common characteristics and capabilities.
- VoY recognises that it will need to work with others within the system do a full self-assessment against these characteristics and then develop a plan for filling any identified capability of resourcing gaps – a review of how ACSs are developing across the STP will support this assessment.

1

- Clearly defined outcomes for the accountable care model which are aligned to the VoY Local Place Based Plan objectives (and STP)
- Focus on priorities for each locality
- Key outcomes and KPIs are shared and agreed with all impacted stakeholders
- The process for monitoring, evaluating and responding to outcomes is established



2

- Clear governance arrangements which reflect appropriate stakeholder representation
- Incentives in place to support the system to continually develop and improve outcomes
- Proposed structures are appropriate and proportionate to effective delivery and shared decision-making

3

- Options for contracting structures have been considered and a preferred approach selected – e.g. outcome based models, capitated budgets
- Proposal incorporates approach to risk management including controls to manage safety, reputational, demand and financial risks
- Clear proposals for managing performance are incorporated

4

- Comprehensive delivery plan in place including resource requirements, detailed timeline, key governance check-points, activities and interim outcomes
- Impacts of accountable care system on workforce, estates, IT and other enablers are clearly demonstrated and built into the delivery plan.
- Investment set-up costs and resource requirements have been allocated.

5

- Key capabilities to implement the plan have been defined and mapped against the current capabilities of the organisations involved e.g. Programme Leadership, PMO, enablers, clinical expertise
- A plan to fill "gaps" identified through the capabilities assessment has been agreed with appropriate resources set-aside

2.7 National policy context

- As VoY develops its thinking, it is determined to take advantage of new national thinking on accountable care models.
- This includes drawing on guidance from NHS England and the findings from the accountable care vanguard programmes.
- NHSE has stated that it expects 50 to 60% of the population will be served by a whole population model by 2020/21. It has made available a number of supporting tools and guidance to support local care economies to move towards new models of care which VoY seeks to draw on – examples include guidance on how to implement Multi-speciality Community Provider (MCP) models.
- The emerging core components of a successful MCP model align closely with VoY's vision for its own accountable care system and include a population health and care model focused on proactive and preventative care; empowerment of patients and local people to support each other and themselves; and multi-disciplinary care professionals working together to deliver health and care services for their population.
- Further clarity on the role of the GP contract within an MCP model is an area that is being looked at by a number of the vanguards and by NHS England directly. Emerging thinking indicates that general practice *must* be at the heart of the MCP model and that no MCP can be commissioned without the inclusion of primary medical services. There may be a number of different transition paths for GPs becoming part of an MCP.
- A further area where guidance is expected is the capabilities that health and social care providers who form an MCP will be expected to demonstrate. Capabilities that MCPs may be asked to demonstrate include:
  - capability to work within existing resources and deliver value for money;
  - be a well-managed and transparent organisation;
  - have full and clearly defined decisions rights;
  - use its budget flexibly in a way which enables it to innovate;
  - work collaboratively with other organisations to deliver integrated care;
  - fully harness the opportunities of digital technology;
  - empower and organise staff to work in different ways;
  - mobilise patients and their families, carers, communities and the voluntary sector;
  - give its patients choice and control and protect NHS values;
  - respect the trust placed in it by VoY's community and the tax payer; and
  - be a good employer for all staff.

2.8 Summary of VoY's new approach to commissioning

- VoY CCG recognises that it will need to take a new approach if it is to become financially sustainable. Up until now, the health and social system which VoY is part of has failed to produce the correct incentives and behaviours which lead to large scale efficiency savings.

- VoY's strategy for delivering change is grounded in the work of the Humber, Coast and Vale STP and includes a vision for commissioning based around the development of an accountable care system for the population of VoY.

- Characteristics of the new system of care will include:
  - Realigning resources within the system through an outcomes-based approach to commissioning;
  - Supporting the right care and the right workforce to be delivered in the most efficient cost settings ;
  - Incentivising and implementing a whole system approach to prevention;
  - Employing new contracting models and payment structures, including a phased move away from PbR, to deliver the right incentives and behaviours;

- Successfully implementing an Accountable Care Model will require the VoY system to demonstrate a series of capabilities and work closely with its local and STP partners to deliver on this significant programme of change.

- Section 3 will now present the findings of population analytics and benchmarking which has been carried out in order to pinpoint opportunities for VoY to focus on in the future, given its local population needs. Section 4 will then present plans for delivery of a number of immediate cost saving opportunities, including the financial opportunity they represent.

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SECTION 3: POPULATION ANALYTICS AND BENCHMARKING

We have used an innovative approach to understanding how we currently spend our population allocation based on population need

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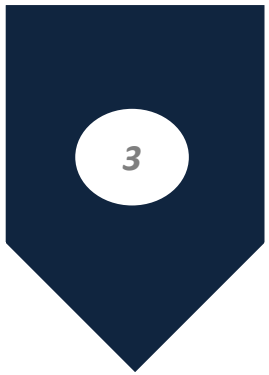
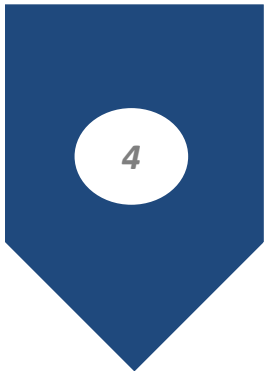
3.1 VoY's approach

Report sections		Key activities
	***Population analytics and benchmarking***	• Reviewed weighted population allocation to understand areas where VoY does and does not "live within its means" • Conducted benchmarking with other STP commissioners to understand areas of VoY over- and under-spend • Reviewed VoY population characteristics to identify underlying cause of the deficit • Reviewed Right Care analysis to identify potential areas of saving • Reviewed other literature/best practice to identify additional opportunity ideas
	***Financial opportunity***	• Identified specific financial opportunities based on population analytics/benchmarking analysis undertaken • Quantified opportunities based on evidence available • Phased savings over four year period to 20/21 • Calculated residual financial "gap" for VoY CCG under different scenarios • Reviewed delivery plans and enablers for each opportunity identified • Agreed approach to working with stakeholders and immediate next steps

VoY CCG's spend per head of population is the lowest in the Humber, Coast and Vale, however VoY also receives the lowest allocated spend per head from NHSE

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3.2

CCG spend per head

In 15/16, Vale of York CCG's **spend per head of population** was the lowest in the Humber, Coast and Vale STP footprint; at the start of 16/17, Vale of York CCG's plans also showed the **lowest forecast spend per head** (as shown in the table below).

However, Vale of York CCG has the **lowest allocation** per head in the STP footprint due to the relatively low calculated health needs of the population.

This means that, although the CCG's forecast spend per head was 9% lower than the STP average, this still leads to the **highest percentage forecast overspend** compared to funding allocation for FY17.

	NHS East Riding of Yorkshire CCG	NHS Hull CCG	NHS North East Lincolnshire CCG	NHS North Lincolnshire CCG	NHS Scarborough and Ryedale CCG	NHS Vale of York CCG	Vale of York % below STP average
Spend per head (£k, FY16)(1)	1.22	1.29	1.29	1.25	1.30	**1.13**	8%
Forecast spend per head (£k, FY17)(1)	1.26	1.31	1.31	1.26	1.34	**1.13**	9%
***Allocation per head (£k, FY17) (2)**	1.24	1.31	1.31	1.26	1.33	**1.11**	10%
FY17 % overspend forecast	1%	0%	0%	0%	1%	**2%**	

*Allocations are calculated based on the weighted population, with future years forecast using ONS population growth estimates. Understanding the basis behind the funding allocation, and comparing this with actual spend, can help to identify areas where spend may need to be reduced for the CCG to live within its means.

(1) 2016/17 Finance Plans (submitted to NHS England April 2016); population from Technical Guide to determination of revenue allocations to CCGs and commissioning areas for 2016-17 to 2020-21
(2) NHS England Allocations CCG Core Services

There is reduction of 11% made to the allocation to VoY owing to population need, level of health inequality and remoteness

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3.3 Explaining the population weighted allocation in more detail

- The relative youth, health and affluence of the VoY population means that there is a reduction of **11%** made to the unweighted allocation for VoY:
  1. This is largely driven by acute need **(-10%)** since, compared to the STP average, Vale of York has a lower proportion of population aged 50+
  2. There is also a **1%** reduction for unmet need and health inequalities as the population has a relatively low mortality ratio for under 75s
  3. There is no adjustment for the remoteness criteria
- The CCG is therefore only allocated 89p per person for every £1 per person allocated across the country. In contrast, the other CCGs in the STP footprint are allocated £1.02-£1.07 per person for every £1 per person allocated across the country

NHS Funding Formula

- Further explanation behind the calculation of allocations and the key drivers for the VoY population weighting are discussed in the **Appendix**.
- The funding allocation received by CCGs firstly depends on the number of people registered to GPs within that CCG. The registered population is then weighted based on:
  1. **Healthcare service need due to age, gender and other factors**
  2. **Unmet need and health inequalities, based on standardised mortality ratio for those under 75 years of age**
  3. **Unavoidable costs of remoteness**

Key steps in the population weighting formula (15/16 population)[1]

	Unweighted 2015 registrations	**1. Population weighted for healthcare service need**	**2. Population weighted for unmet need and health inequalities**	**3. Population weighted for cost of remoteness**	Overall % uplift as a result of weighting	"Allocation units" per person
NHS East Riding of Yorkshire CCG	301,429	313,027 (+4%)	306,262 (-2%)	306,122 (-0%)	**2%**	1.02
NHS Hull CCG	291,334	291,741 (+0%)	305,964 (+5%)	305,823 (-0%)	**5%**	1.05
NHS North East Lincolnshire CCG	168,957	174,887 (+4%)	177,690 (+2%)	177,608 (-0%)	**5%**	1.05
NHS North Lincolnshire CCG	171,625	174,057 (+1%)	175,258 (+1%)	175,178 (-0%)	**2%**	1.02
NHS Scarborough and Ryedale CCG	118,999	127,351 (+7%)	125,586 (-1%)	127,734 (+2%)	**7%**	1.07
NHS Vale of York CCG	**352,219**	**317,732 (-10%)**	**313,992 (-1%)**	**313,847 (-0%)**	**-11%**	**0.89**

(1) Technical Guide to determination of revenue allocations to CCGs and commissioning areas for 2016-17 to 2020-21 (spreadsheet J)

VoY's target allocation per head for FY17 is below all other commissioners within the STP

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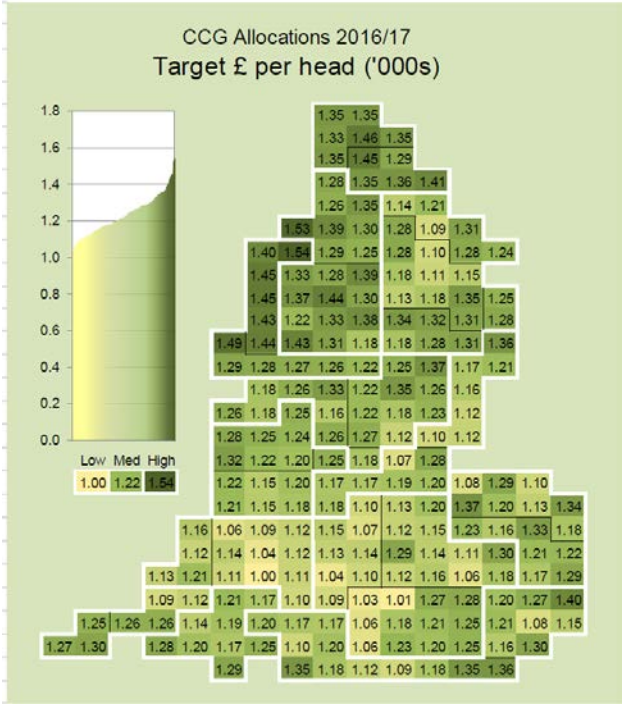
3.4

FY17 target allocations

- Target allocations are calculated based on the weighted population
- Future years are forecast using ONS population growth estimates
- Vale of York CCG has the **lowest target allocation per head in the STP footprint** for FY17, due to relatively low calculated health needs. VoY needs to target spend 11% less per person than the STP average in order to live within its means
- "Actual" allocations are then calculated based on a combination of the target allocation and the previous year allocation
- **All CCGs in the STP footprint have an actual allocation higher than their target**, so allocations will grow more slowly in this STP than the national rate



	Target allocation per head (£k, FY17)(1)	Actual allocation per head (£k, FY17)
NHS East Riding of Yorkshire CCG	1.24	1.24
NHS Hull CCG	1.28	1.31
NHS North East Lincolnshire CCG	1.28	1.31
NHS North Lincolnshire CCG	1.25	1.26
NHS Scarborough and Ryedale CCG	1.31	1.33
NHS Vale of York CCG	**1.09**	**1.11**
Vale of York % below STP average	**11%**	**10%**

(1) Technical Guide to determination of revenue allocations to CCGs and commissioning areas for 2016-17 to 2020-21

VoY receives a lower allocation weighting for population age distribution compared to others in the STP

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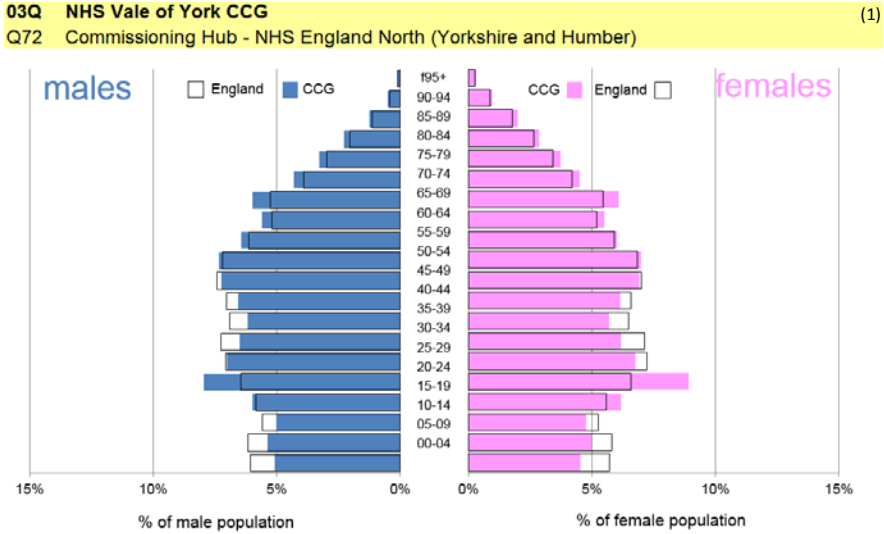
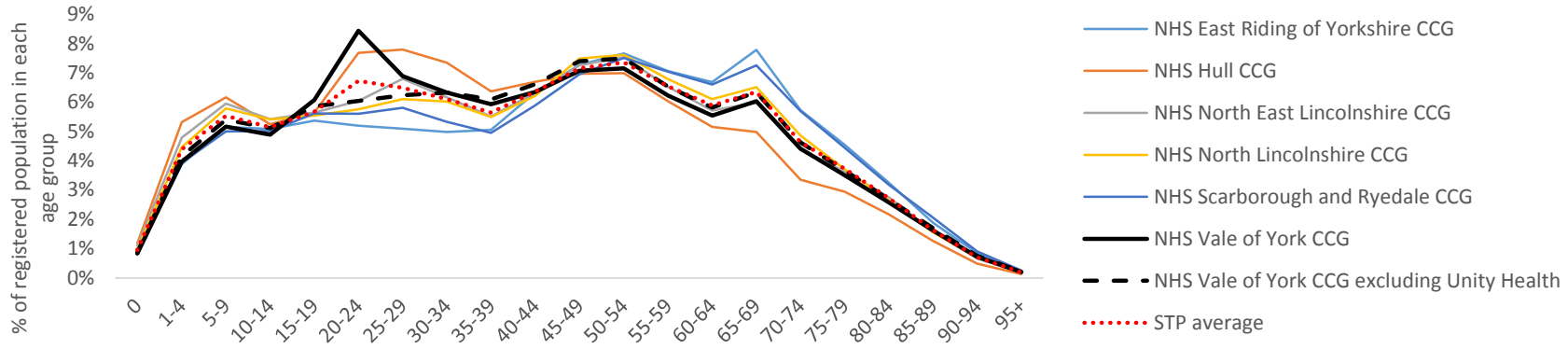
3.5 Population need

- The biggest factor in the population weighting is age distribution, as the elderly tend to have the greatest healthcare needs
- **Compared to the national average** (as shown on the right), Vale of York CCG has a higher proportion of population aged 50+
- However, compared to the STP average (shown below), Vale of York has a lower proportion of population aged 50+, although a higher proportion aged 90+
- This drives a lower weighting for Vale of York CCG **compared to the STP average**, as there are relatively fewer elderly patients. This is discussed further on the following slide
- The higher proportions in the 15-19 and 20-24 age groups is largely due to university students in York (as shown in the age distributions graph below with Unity Health excluded)



Age distributions by CCG(1)



(1) Technical Guide to determination of revenue allocations to CCGs and commissioning areas for 2016-17 to 2020-21 (spreadsheet A)

VoY has a relatively high acute spend for its level of patient need

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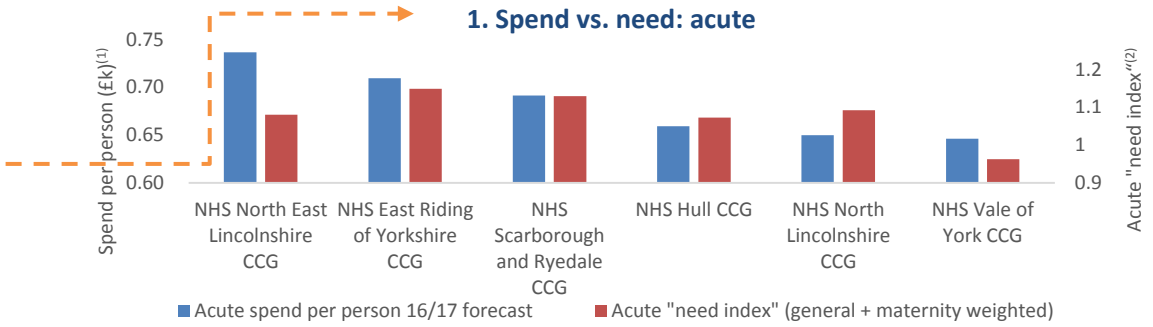
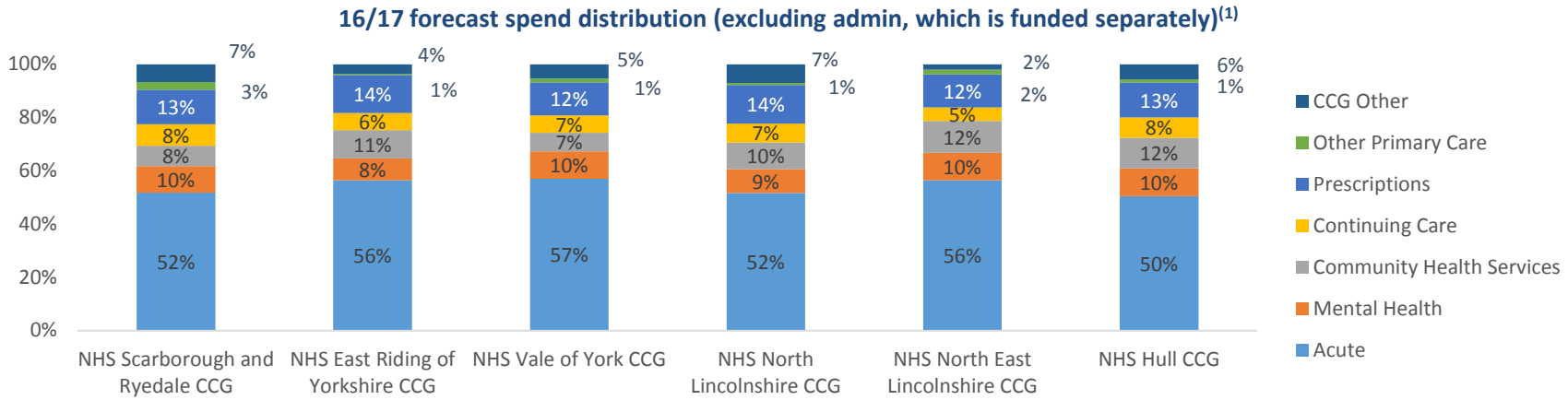
3.6

Acute spend

- A comparison of forecast spend versus need (as calculated through the population weightings) is useful for identifying areas of potential "overspend" within Vale of York
- Within the STP footprint, Vale of York CCG has a **relatively high acute spend** for the level of patient need
- Based on forecasts from the start of 16/17 (shown below), Vale of York CCG also has the **highest proportion of acute spend amongst the STP commissioners**
- Further detail is provided in the **Appendix**





(1) 2016/17 Finance Plans (submitted to NHS England April 2016); population from Technical Guide to determination of revenue allocations to CCGs and commissioning areas for 2016-17 to 2020-21
(2) Technical Guide to determination of revenue allocations to CCGs and commissioning areas for 2016-17 to 2020-21 (spreadsheets C and E)

Variability in primary care referral behaviour indicates there may be an opportunity to reduce acute spend

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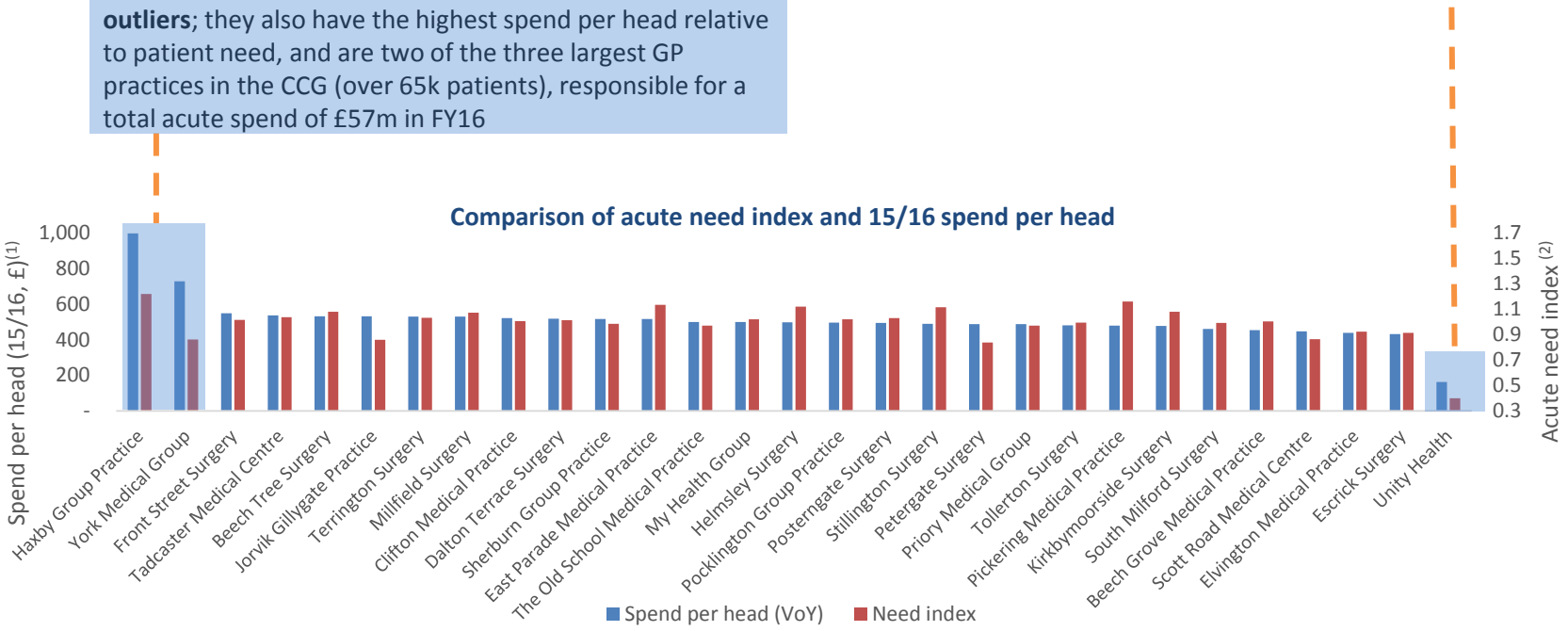
3.7 Primary care referrals

- There is wide variation in the spend per person on acute care by GP practice, indicating a potential opportunity to reduce acute referrals through a stronger primary care offering /behaviour change
- The chart presented compares acute spend per head with patient need, by GP practice:
  - **Haxby Group Practice** and **York Medical Group** are two **outliers**; they also have the highest spend per head relative to patient need, and are two of the three largest GP practices in the CCG (over 65k patients), responsible for a total acute spend of £57m in FY16
  - There may be multiple reasons for the variations however it could indicate an unnecessary level of referral to acute care when enhanced community or primary care might better serve the patients' needs
  - The University campus health centre has a high spend per head compared to need. This may result from a neighbouring elderly population to the campus



(1) Technical Guide to determination of revenue allocations to CCGs and commissioning areas for 2016-17 to 2020-21 (spreadsheet C)
(2) SUS data 2015/16

VoY spends less on community health services compared to others within the STP

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3.8 Community spend

- The chart on the previous slide also indicates that VoY has the **lowest proportion of community health services** spend in the STP
- The table below illustrates the 16/17 forecast spend per head for each of the STP CCGs, across different areas of spend. VoY CCG spends 36% less per head on community health services than the STP average.
- This indicates that there is **potential for the CCG to increase spend on community services,** which may support patients to receive care closer to home and reduce the need to spend on acute services

16/17 forecast spend per head (£, April 2016 forecasts)[1]

	NHS East Riding of Yorkshire CCG	NHS Hull CCG	NHS North East Lincolnshire CCG	NHS North Lincolnshire CCG	NHS Scarborough and Ryedale CCG	NHS Vale of York CCG	% below STP average
Acute	710	659	737	650	691	646	5%
Mental Health	103	136	135	112	134	118	3%
Community Health Services	133	151	156	126	101	78	36%
Continuing Care	81	100	67	90	109	74	13%
Prescriptions	179	170	161	182	172	141	15%

(1) 2016/17 Finance Plans (submitted to NHS England April 2016); population from Technical Guide to determination of revenue allocations to CCGs and commissioning areas for 2016-17 to 2020-21

VoY spends relatively more on older people (75+) than others within the STP, in both planned and unplanned care

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3.9

Inpatient activity and spend profile (FY16)(1)

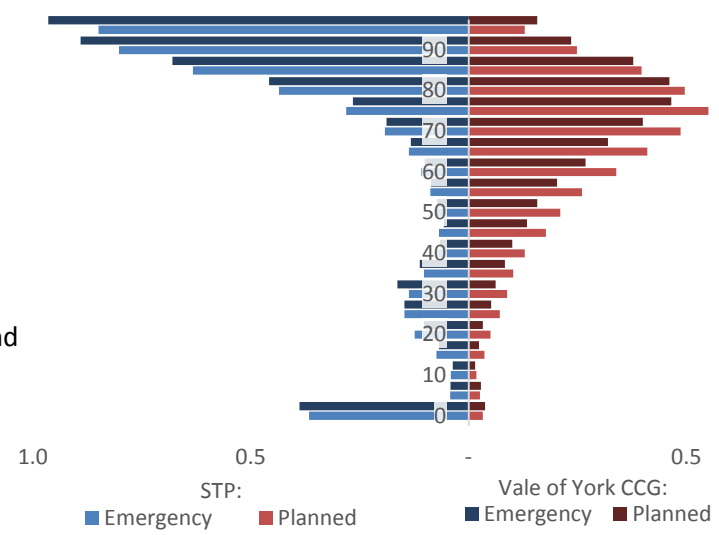
Planned inpatient care (elective and day case)

- Vale of York CCG had fewer spells per person in the population than the STP average across all age bands except 0-9 and 95+
- The spend per person was lower than the STP average for ages 5-69, but higher than the average for ages 70+

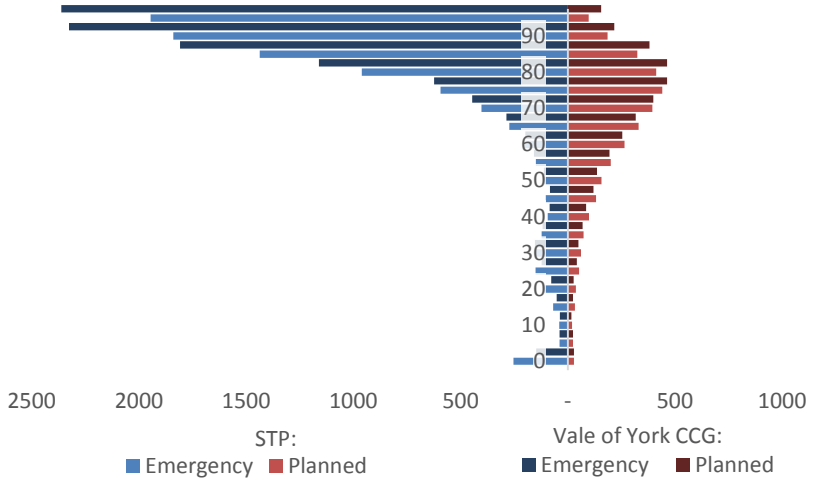
Emergency inpatient care (non-elective)

- The population aged 80+ had 9% more spells per person but 25% higher spend per person in the population
- The population aged 40-79 had fewer spells per person but a higher spend

Spells per person by age band



Spend per person by age band (£)



- On average, the FY16 spend per person on inpatient spells was **2% lower** at Vale of York CCG than across the STP:

	STP average	Vale of York CCG	% difference
Spend per head (planned)	£149	£140	-6%
Spend per head (emergency)	£223	£225	+1%
Spend per head (total)	**£372**	**£365**	**-2%**

(1) SUS data 2015/16; population from Technical Guide to determination of revenue allocations to CCGs and commissioning areas for 2016-17 to 2020-21

In planned care, there are particular opportunities in orthopaedics

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3.10 Elective orthopaedics

- Vale of York CCG's average spend per person in the population on planned care was 15% higher than the STP average for trauma and orthopaedics (T&O). The difference is most marked for older patients
- Findings from the population analytics and benchmarking indicates that VoY spends relatively more on older people (75+) than others within the STP in both planned and unplanned care. It is likely that high spend on T&O is a key driver of this overspend
- RightCare benchmarking shows that the CCG has the **4th highest primary hip replacement rates** in the country and high rates of knee replacement compared to similar CCGs

What is the potential saving?

- By bringing spending in line to the STP average, VoY could save £4.2m on planned T&O. This figure is also backed up by RightCare benchmarking findings

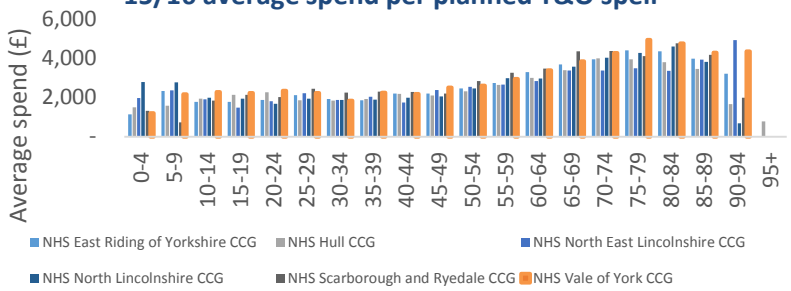
Key assumptions:

- Reduce elective orthopaedics spend to the average of the 10 similar CCGs identified by RightCare benchmarking
- Includes £0.2m savings in 17/18 identified from arthroscopies
- Includes £0.4m savings in 17/18 identified from a review of knee replacement coding & tariff following change in NICE guidance

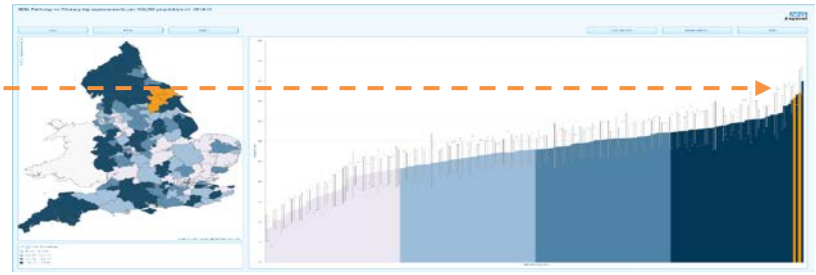
15/16 spend per head across the STP and at Vale of York CCG(1)

	STP average	Vale of York CCG	% difference
Spend per head (planned T&O)	£44	**£51**	**+15%**

15/16 average spend per planned T&O spell(1)



Primary hip replacement rates



(1) SUS data 2015/16; population from Technical Guide to determination of revenue allocations to CCGs and commissioning areas for 2016-17 to 2020-21

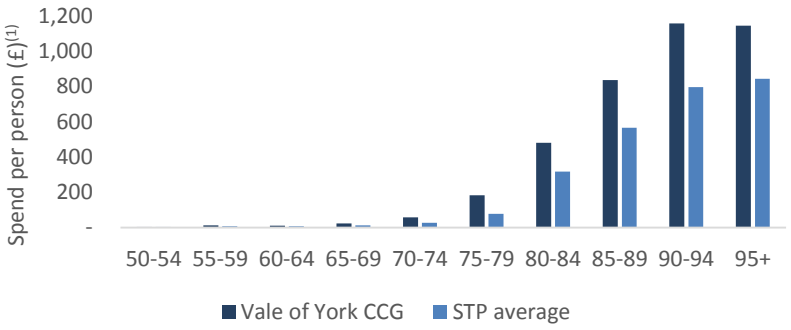
3.11 Geriatric and respiratory medicine

- In 15/16, the CCG's non-elective inpatient spend per person in the population was greater than the STP average in all four of the largest treatment specialties (Geriatric Medicine, Respiratory Medicine, Trauma & Orthopaedics, Cardiology), which account for over half of the CCG's non-elective inpatient spend; this was largely due to spend on patients aged 50+
- There are particular opportunities to reduce in spend Geriatric Medicine and Respiratory Medicine, as shown to the right:
  - In Respiratory Medicine, the Vale of York population aged 50+ had twice as many spells per person than the STP average (weighted for age distribution). The spend in VoY per person was double the STP average overall
  - In Geriatric Medicine, the Vale of York population aged 50+ had both more spells per person and a higher spend per spell (weighted for age distribution). The spend in VoY was 64% higher than the STP average overall

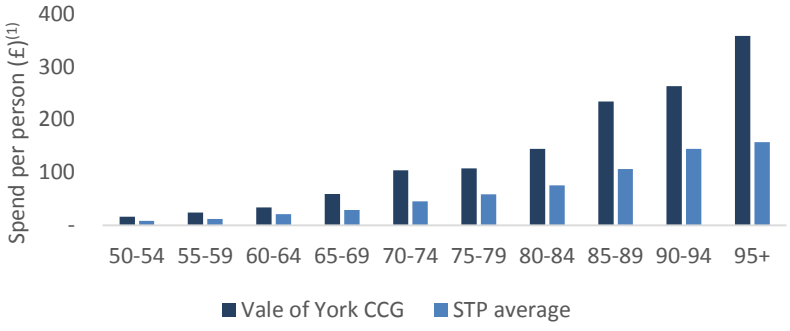
Average non-elective spend per person in the population aged 50+ (£)

	STP average	Vale of York CCG	% difference
Geriatric Medicine	£78	£128	+64%
Respiratory Medicine	£35	£70	**+101%**
Trauma & Orthopaedics	£34	£43	+28%
Cardiology	£29	£43	+49%
Total other	£213	£159	-25%
Total	**£389**	**£443**	**+14%**

Spend per person in the population on non-elective Geriatric Medicine



Spend per person in the population on non-elective Respiratory Medicine



(1) SUS data 2015/16; population from Technical Guide to determination of revenue allocations to CCGs and commissioning areas for 2016-17 to 2020-21

VoY spends more on Joint Funded Care than most other CCGs within the STP

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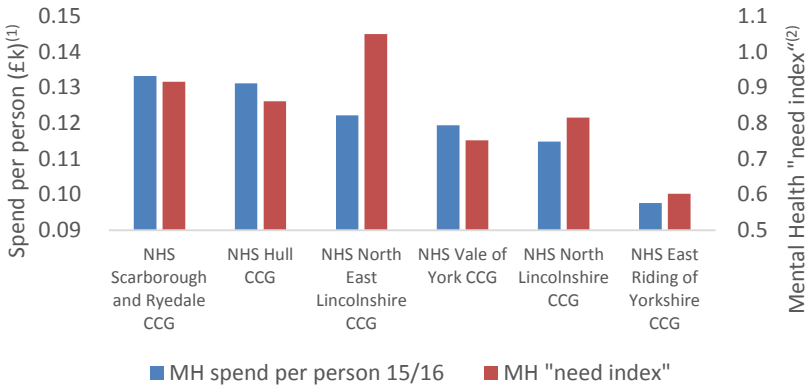
3.12

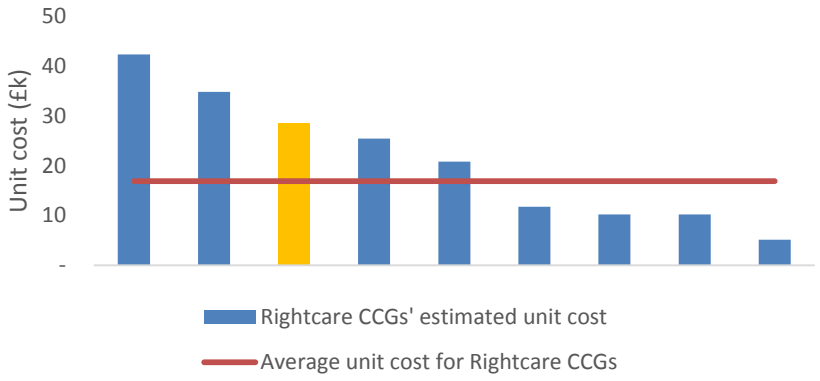
Continuing Healthcare

- STP benchmarking on mental health suggests that the CCG is not an outlier, and in 15/16 the CCG's spend on mental health services was relatively near to the STP average
- However, in May – August 2016, the CCG conducted a review into Continuing Healthcare (CHC) and Funded Nursing Care (FNC) budgets
- This covered low volume, high cost packages of care, specifically those within CHC, FNC and Mental Health
- The review included benchmarking of Vale of York expenditure and activity against available data sources for Yorkshire and the Humber CCGs and RightCare comparator CCGs
- Although Vale of York ranks at an average position across CHC and FNC it total, there are potentially areas of savings, if the CCG were to move closer to the lower end of the comparators
- The area for which Vale of York CCG is an outlier primarily relates to Joint Funded Care. The CCG is both an outlier in terms of activity and unit cost
- Against the RightCare average the CCG spends £800 per patient per annum more on Fully Funded CHC packages and £11,600 more on Jointly Funded packages. The variation to the best performing CCG in the benchmark is significantly greater
- This suggests that spend on fully funded and jointly funded CHC packages should be a key area of focus for the CCG

Spend vs. need: mental health



Joint funded care: unit cost variation(3)



(1) 2016/17 Finance Plans (submitted to NHS England April 2016); population from Technical Guide to determination of revenue allocations to CCGs and commissioning areas for 2016-17 to 2020-21
(2) Technical Guide to determination of revenue allocations to CCGs and commissioning areas for 2016-17 to 2020-21 (spreadsheet D)
(3) Review of Financial Procedures and Forecasting of Continuing Healthcare and Funded Nursing Care Budgets and Benchmarking (presented to Quality and Finance Committee August 2016)

VoY has traditionally performed well on prescribing although there are pockets of comparatively high spend

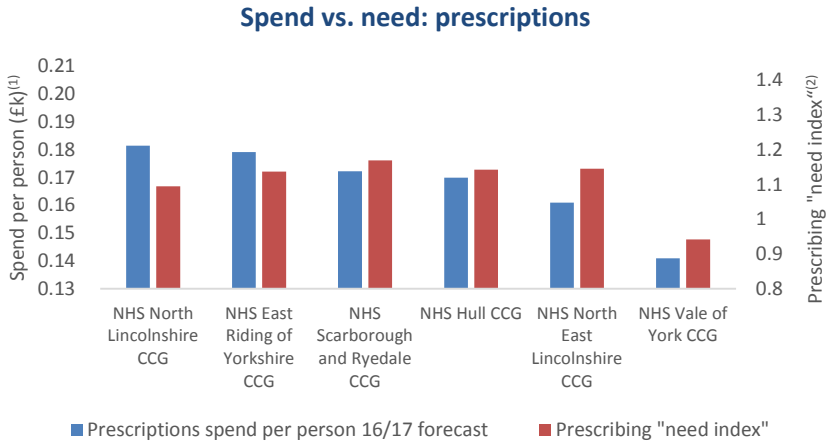
Vale of York Clinical Commissioning Group

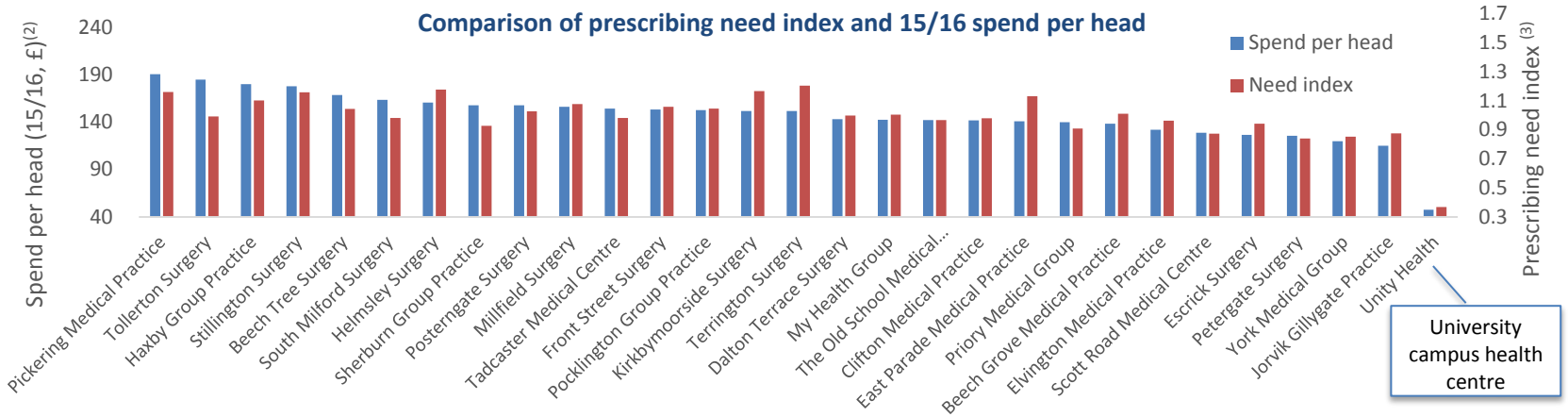
3.13

Prescribing

What is the evidence?

- Within the STP, Vale of York CCG has a relatively low prescribing spend compared to other commissioners and for its level of patient need, as illustrated in the chart opposite.
- However, there are pockets of comparatively high levels of prescribing spend within the CCG (e.g. Tollerton Surgery), where there could be opportunities for further efficiencies
- While there may be a number of reasons for the variation between GP practices (shown below), it could indicate an unnecessary level of prescribing in some instances
- If all practice alliances (Unaligned practices as an alliance) reduced to the CCG average spend per weighted head of population this would save £2.5m; £5.5m potential saving if all reduced to the lowest alliance





(1) 2016/17 Finance Plans (submitted to NHS England April 2016); population from Technical Guide to determination of revenue allocations to CCGs and commissioning areas for 2016-17 to 2020-21
(2) Technical Guide to determination of revenue allocations to CCGs and commissioning areas for 2016-17 to 2020-21 (spreadsheet D)
(3) 2015-16 Prescribing Data

By matching the performance of its top 5 performing comparators, the CCG could target additional prescribing savings

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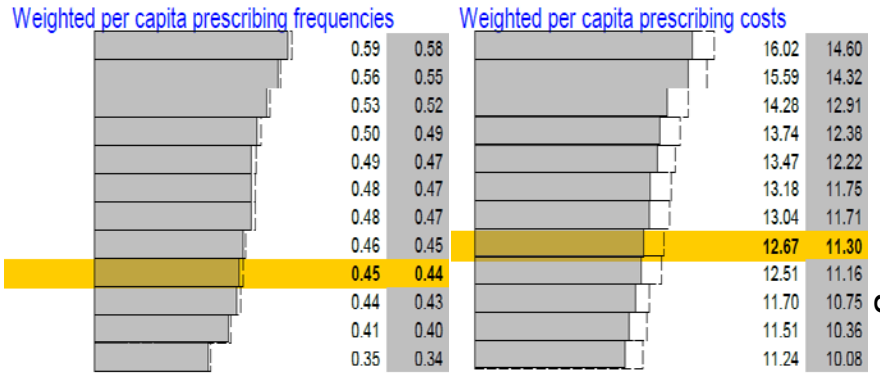
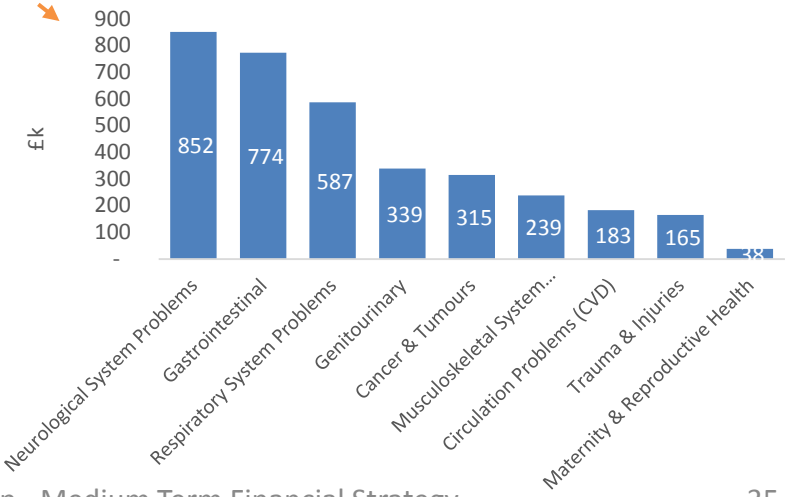
3.14 Prescribing

- Analysis performed by the Regional Drug and Therapeutics Committee on RightCare comparators (completed in July 2016) finds that VoY performs **4th and 5th out of 12 comparators** on weighted per capita prescribing frequencies and costs, respectively
- RightCare analysis also indicates that the CCG could target £3.5m of savings in prescribing costs (i.e. 7% of prescribing spend), compared to the top 5 comparison CCGs. The key disease areas for these opportunities are:
  - Neurological system problems
  - Gastrointestinal
  - Respiratory system problems
- This target opportunity does not take into account the high levels of growth in prescribing costs expected by NHS England (average growth of 4.6% per year for 17/18 to 20/21), which would increase the target savings to £4.2m by 20/21
- The CCG believes this target can be stretched further, given the historically strong achievement of prescribing savings in the past, which makes prescribing a **key area of focus for the CCG** where there is a high level of confidence that savings can be made

Prescribing frequencies and costs, analysed through Regional Drug and Therapeutics Committee, RightCare comparators (July 2016)



Opportunity based on top 5 comparators (£k)[1]



(1) RightCare 'Where to look' packs – January 2016

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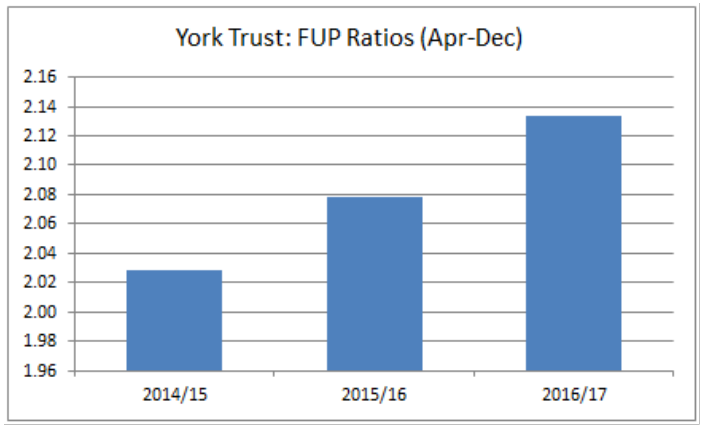
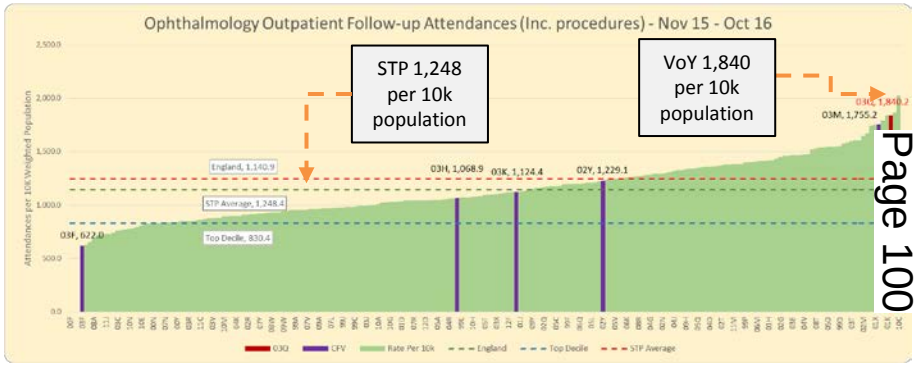
3.15 Outpatient appointments

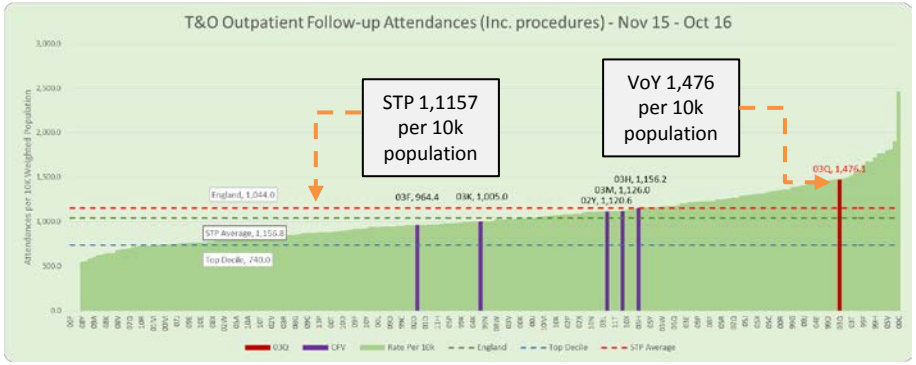
- VoY believes that there may be opportunities to achieve additional cost savings through a reduction in the number of commissioned outpatient appointments, in particular with regards to follow-up appointments.
- This is encouraged in the NHS 17/19 NHS Planning guidance that proposes new payment mechanisms to reduce the number of unnecessary follow-up outpatient appointments. Guidance stipulates that a percentage of follow-up costs will be bundled into first attendances
- In 2014/15 YTHFT developed and implemented the Conditions Registers to ensure only those patients that require an acute based appointment are followed-up bringing the first to follow-up ratio down to 1:2.02. Since then there has been a gradual increase in the ratio.



(1) HES data extract

- The opportunity is reinforced by national benchmarking data (1) around outpatient follow-ups and procedures within the two largest specialty areas for the VoY.





- The use of outpatient procedures may be beneficial in terms of avoiding day cases. However, the CCG is still likely to be an outlier that requires further exploration.

3.16 Summary of population analytics and benchmarking

- Although the CCG spends less per head on its population than any of the other STP commissioners (8% below the STP average), it is allocated the least. This is largely due to its lower calculated population need resulting from its relative youth, health and affluence
- The CCG needs to spend 11% less per person than the STP average in the future in order to live within its means
- Population analytics and benchmarking indicates that the CCG should target the following areas:
    - A reduction in spend on acute care, where the CCG has a relatively high spend, given its level of patient need
    - Savings in planned orthopaedics care where the CCG spend is 15% higher per head than comparators
    - A re-focus on community care investment, given its comparatively low spend, particularly targeted at reducing non-elective spend on older patients
    - Reductions in spend on joint funded care, where the CCG is a comparatively high spender
    - Further opportunities for efficiency savings in prescribing
    - Reducing the number of follow-up outpatient appointments
- Section 4 will now identify specific plans for the realisation of these opportunities in more detail, including agreed plans for delivery and a quantification of the financial opportunity that the plans represent

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SECTION 4: FINANCIAL OPPORTUNITY

We have identified 6 specific financial opportunities which we are taking forward to delivery immediately

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4.1

6 key opportunities

- The CCG identified 6 key areas of financial opportunity based on the population analytics and health benchmarking findings
- These opportunities have been subject to an NHS England Confirm and Challenge session with the relevant, executive director, clinical, operational and finance and contracting leads signing up to schemes that deliver the same overall amount, phased differently. Although the overall opportunity still exists, it is the confirm and challenge numbers that have been used in constructing the CCG's financial plan

Section reference	Opportunity	Initial Assessment					Confirm and Challenge Assessment				
		Total potential spend reduction (£m)	17/18 (£m)	18/19 (£m)	19/20 (£m)	20/21 (£m)	Total potential spend reduction (£m)	17/18 (£m)	18/19 (£m)	19/20 (£m)	20/21 (£m)
(4.2)	***1) Elective orthopaedics***	4.2	1.3	1.0	1.0	1.0	3.0	0.8	2.3	0.0	0.0
(4.3)	***2) Out of hospital care***	21.3	0.0	9.1	7.2	5.0	15.0	3.6	4.5	4.3	2.5
(4.4)	***3) Contracting for outpatients***	5.0	3.0	2.0	0.0	0.0	2.0	1.0	1.0	0.0	0.0
(4.5)	***4) Continuing healthcare and funded nursing care***	9.3	3.1	2.5	2.5	1.2	9.6	1.8	2.5	2.5	2.8
(4.6)	***5) Prescribing***	6.2	1.7	1.5	1.5	1.5	6.2	1.6	1.6	1.5	1.5
(4.7)	***6) High cost drugs***	2.0	0.2	0.6	0.2	1.0	2.1	0.3	0.6	0.2	1.0
	Other	0.0	0.0	0.0	0.0	0.0	9.8	6.8	1.8	1.0	0.2
	Total	**50.0**	**9.4**	**16.7**	**12.4**	**9.6**	**47.7**	**15.9**	**14.3**	**9.5**	**8.0**

- This chapter also includes VoY's agreed approaches to delivering the opportunities identified, driven by the CCG's overarching new approach to commissioning, described in Section 2 based around the following key headings:
  - What is the potential saving?
  - Key assumptions
  - How can this be delivered?
  - What are the agreed next steps?
  - How will the CCG work with stakeholders?

By bringing spending in line to the STP average, VoY could save £4.2m on elective orthopaedics

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4.2 Opportunity 1: Elective orthopaedics

What is the potential saving?

- By bringing spending in line to the STP average, VoY could save £4.2m on planned T&O. This figure is also backed up by RightCare benchmarking findings

Key assumptions:

- Reduce elective orthopaedics spend to the average of the 10 similar CCGs identified by RightCare benchmarking
- Includes £0.2m savings in 17/18 identified from arthroscopies
- Includes £0.4m savings in 17/18 identified from a review of knee replacement coding & tariff following change in NICE guidance

How can this be delivered?

- New approaches to contracting are required including use of outcomes-focused commissioning, new population management based approaches
- Potential consolidation of suppliers including working differently with private providers (65% of planned trauma and orthopaedics in VoY is currently delivered through private providers)
- Greater focus on patient self-management of musculoskeletal conditions
- Enhanced orthopaedic knowledge base in primary care and greater support GPs to better manage patients' expectations
- Use of clinical thresholds where carefully managed and evidence tested

What are the agreed next steps?

- Continued development of the new MSK pathway including patient direction to self-management tools, more referral to lifestyle interventions and evidence-based decision making prior to surgical intervention
- Development of an MSK web hub which will act as a source of information for GPs and patients and provide information on treatment options, sign-posting, and help to manage patient expectations
- Development of commissioning statements relating to BMI and smoking thresholds for hip and knee arthroplasty and hip and knee arthroscopy. Processes to be put in place to monitor implementation of thresholds via CCG's Referral Management Centre
- Implementing the CCG's *"our NHS, let's take care of it campaign"* – first phase will aim to raise awareness of waste medicine and costs to the local economy

4.2 Opportunity 1: Elective orthopaedics

- Provide support to GPs to improve their knowledge and skills through online video demonstration of joint examination, post-graduate training events and support for GPs wishing to gain more expertise in managing MSK conditions. Also ensure closer working with physiotherapists and extended scope practitioners in GP practices
- Further conversations with providers and system stakeholders to develop new approaches for contracting and payment based on whole population management strategies

How will the CCG work with stakeholders?

- Engagement with primary care to support GPs in using new MSK care pathways and engagement with the public to promote usage of the MSK web hub
- Engagement with providers and other partners in the STP to explore new models for commissioning and contracting
- MSK Programme Delivery Board consists of the commissioner, primary care and three local providers

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4.3 Opportunity 2: Out of hospital care

What is the potential saving?

- The STP analysis has estimated a potential £21.3m cost saving for Vale of York CCG, over 4 years to 20/21, by reducing need for acute care and avoiding emergency hospital admissions
- This potential saving has subsequently been supported by the further work undertaken by BDO Consulting to determine a more localised, patient level opportunity assessment for the CCG's Out of Hospital programme which estimated £20.5m.

Key assumptions:

- The STP out of hospital intervention consists of a number of targeted programmes. Each programme is assumed to reduce emergency admissions and/or A&E attendances by a percentage agreed across the STP
- Reprovision investment into primary or community services is between 10% and 50% of the cost savings, depending on the programme
- Provider fixed costs need to be recognised in the assessment of the net savings deliverable

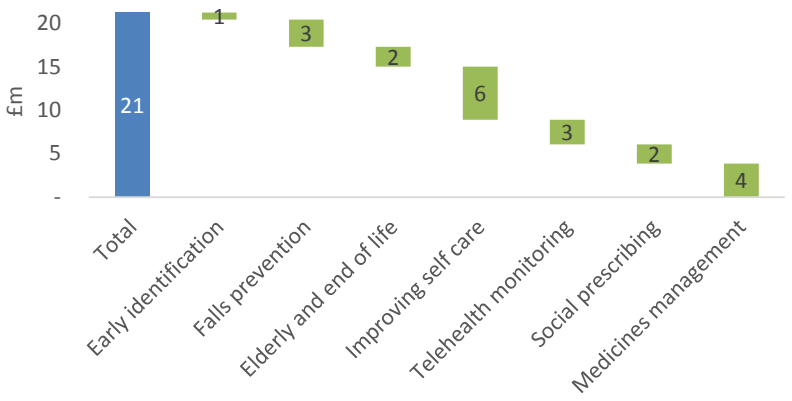
How can this be delivered – The STP vision?

- The STP vision supports integrated care pathways with primary, community and acute services working in coordination to enable patients to be treated closer to home where appropriate

(1) Modelling for the Humber, Coast and Vale STP Finance Template (submitted October 2016)

- Seven of the twelve STP-wide interventions are targeted at reducing emergency admissions and A&E attendances across the whole population, including the elderly, COPD and long term conditions:
  - Early identification
  - Falls prevention
  - Elderly and end of life
  - Improving self care
  - Telehealth monitoring
  - Social prescribing
  - Medicines management
- The total potential saving is divided between the seven STP-wide interventions shown in the graph below

STP estimated potential savings from integrated care(1)



4.4

Opportunity 2: Out of hospital care

- These interventions will prevent or reduce emergency acute activity through new models of care as part of a move towards Accountable Care services
- This will include reconfiguration of community services to deliver care closer to home in line with the CCG's vision

How can this be delivered? – Independent benchmarking and identification of high-cost patient cohorts

- In late 2016, NHS Vale of York CCG commissioned BDO Consulting to complete an independent review of patient level activity which based on a clinical review and the VoY Out of Hospital programme could potentially be deflected away from an acute setting
- Four separate cohorts were identified:
  - Acute conditions that should not usually require hospital admissions = £2m
  - Ambulatory Emergency Care deflections = £7.5m
  - Long term condition as the patients primary diagnosis = £9m
  - Two or more long term conditions (included in the 13 diagnosis codes) = £2m
- This equates to a combined total of 11,854 admissions

What are the agreed next steps?

- Work with the Humber, Coast and Vale STP to make detailed and fully costed plans for these STP-wide interventions
- Production of locality information packs that allow the identification of the opportunity at a practice and disease specific level to inform the development of targeted interventions
- Collaborate with the local community and acute providers on potential early adoption of some of these schemes
- Strong focus on geriatric and respiratory medicine given the comparatively high areas of spend in these specialities for York

How will the CCG work with stakeholders?

- Continued engagement with local authorities and community care providers both in the Vale of York area and the STP footprint
- Engagement with primary care to support GPs in changing behaviours around referral patterns

Reducing unnecessary outpatient appointments represents an potential saving opportunity of £7.1m over 4 years

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4.5 Opportunity 3: Reduced follow-up outpatient appointments

What is the potential saving?

- Potential saving of £7.1m over 4 years to 20/21
- Key assumptions:
  - Target a 1:1 new to follow-up ratio for outpatients through only providing follow-up appointments where there is clinical need
  - Reinvest 30% of savings into primary and community care

How can this be delivered?

- Increased care closer to home and reduced requirements for patients to attend hospital appointments unless it is clinically necessary
- Further streamlining of elective care pathways and outpatient redesign
- Contracting differently for outpatients including a move towards 1:1 first to follow up ratio
- The CCG continually carries out detailed and robust assessments of acute activity as part of its business as usual processes. This will be supplemented by an independent review of contract performance in 2016/17

What are the agreed next steps?

- Improved patient guidance and information
- Consider local variations to NHS planning guidance on payment reform including more far reaching reforms to complement local redesign

How will the CCG work with stakeholders?

- Engagement with primary care to encourage GPs to provide follow-up care
- Closer working with acute clinicians to explain the need for change and demonstrate the benefits
- Collaboration with STP partners on new approaches to contracting/payment

4.6

Opportunity 4: Continuing Healthcare

What is the potential saving?

- £9.6m over 4 years to 20/21
- Key assumptions:
  - £3.1m cost saving if performing at average unit cost in Fully Funded and Joint Funded care
  - £9.3m cost saving if performing at best unit cost in all areas (excluding CCGs with zero spend)
  - The CCG has modelled a move to the average (i.e. £3.1m cost saving) in 17/18 and to the best performing CCG (i.e. £9.3m cost saving) by the end of 20/21

How can this be delivered?

- Review of approaches to commissioning continuing health care including population management approaches and outcomes based contracts
- Stronger reporting and forecasting and increased scrutiny of benchmarks
- New approach to negotiation with providers
- Consider the utilisation of out of area placements in localities where the cost of care is lower than Vale of York
- Ensure adequate and timely case reviews are undertaken and are sufficiently resourced
- Negotiate the relative contribution of Health to Joint Funded Packages of Care

What are the agreed next steps?

- Further internal working between CCG finance and contracting teams to agree strategy and approach to future contracting
- Review and learning from successful joint commissioning approaches applied elsewhere

How will the CCG work with stakeholders?

- Work with community services providers to strengthen services and reduce the need for expensive nursing care packages
- New approaches to agreeing defining value and agreeing outcomes with providers

£6.0m represents the potential cost saving opportunity to VoY for prescribing over 4 years (stretch target)

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4.7

Opportunity 5: Prescribing

What is the potential saving?

- £6.2m cost saving over 4 years to 20/21 (£1.5m per year)
- Key assumptions:
  - Target saving of 3% per year, based on historic prescribing QIPP achievement
  - If the Medicines Management Team resource remains as it is then there is a highly probable risk that the targeted prescribing QIPP for 17/18 will not be delivered. As it stands the team have identified the capacity to deliver c£900k.

How can this be delivered?

- The prescribing QIPP programme has been split into four key areas with multiple individual schemes within each:
  - **De-Prescribing:** Targeted reductions in dose or cessation of medication that may be causing harm, of little benefit or potentially inappropriate. This will include Medication Reviews , specials interventions and Therapeutic Area Reviews.
  - **Rebates:** The CCG will make use of manufacturers' drug rebate schemes in line with the CCG's rebate scheme policy to continue to ensure a high standard or corporate behaviour, clinically appropriate prescribing whilst maximising savings on products supplied.
  - **Reducing Medicines Waste:** Including the reduction of repeat prescribing. This will be achieved through targeted and formal medicines optimisation training to all primary care staff.
  - **Quality Intervention:** Continue to improve high quality prescribing through cost effective medicines choices including the use of Optimise Rx, Specials and the Antibiotic Quality Premium.

What are the agreed next steps?

- A detailed programme of work has already been identified that delivers around £900k of the potential opportunity in 17/18.
- Further review and consideration of the medicines management team and potential approval of additional investment to deliver larger savings.
- Methodology to be agreed to quantify and monitor delivery of savings associated with the Reducing Medicines waste area.

How will the CCG work with stakeholders?

- Continued work with primary care to change behaviours and reduce prescribing frequency
- Work with pharmacists on waste campaigns
- Work with NHSE to ensure, where necessary ,appropriate contract arrangements and levers are used with pharmacists.

High cost drugs represent a potential saving of £2m over 4 years for VoY

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4.8

Opportunity 6: High cost drugs

What is the evidence?

- Reduction in high cost drugs due to increased competition/opening up of biosimilar alternative medicines:
  - Etanercept price reduction
  - Biosimilars for Rituximab (2017), Adalimumab (2018), Ranibizumab and Aflibercept (2020)

What is the potential saving?

- £2.1m potential saving over 4 years to 20/21
- Key assumptions:
  - Assumes 40% initial reduction in prices, 20% in following year with 50-50 gainshare between provider and commissioner

How can this be delivered?

- Commissioners and providers share the cost reduction benefit
- Acute providers take responsibility for managing the transition away from higher cost drugs and risks associated with this – including medicines management and changing consultant prescribing behaviour

What are the agreed next steps?

- Ensure contracts with acute providers in place with 50-50 gainshare agreement included
- Regular discussions with acute provider pharmacy leads to refined saving assumptions as biosimilar products come to market and ensure that patients are switched are the earliest suitable opportunity

Combined, delivery of the 6 opportunities in full imply that the CCG could reach in-year surplus by 19/20, but with a cumulative financial deficit of £51m still at 20/21

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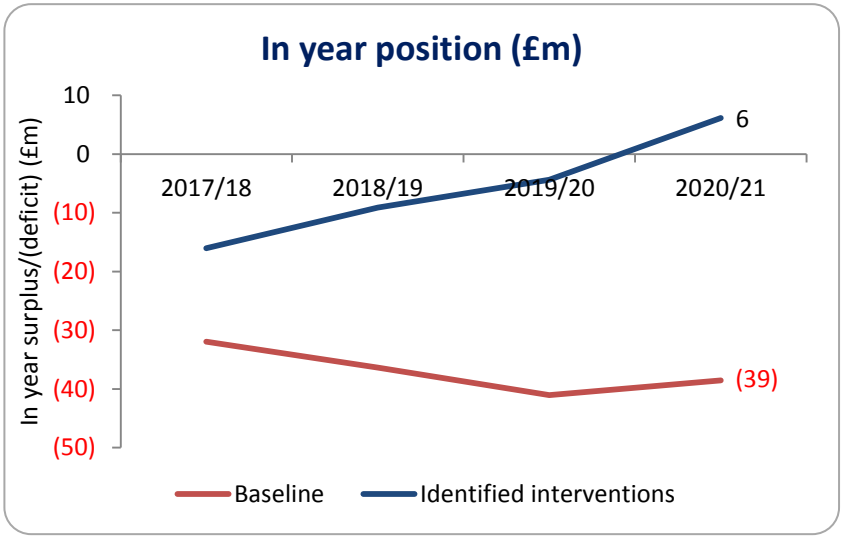
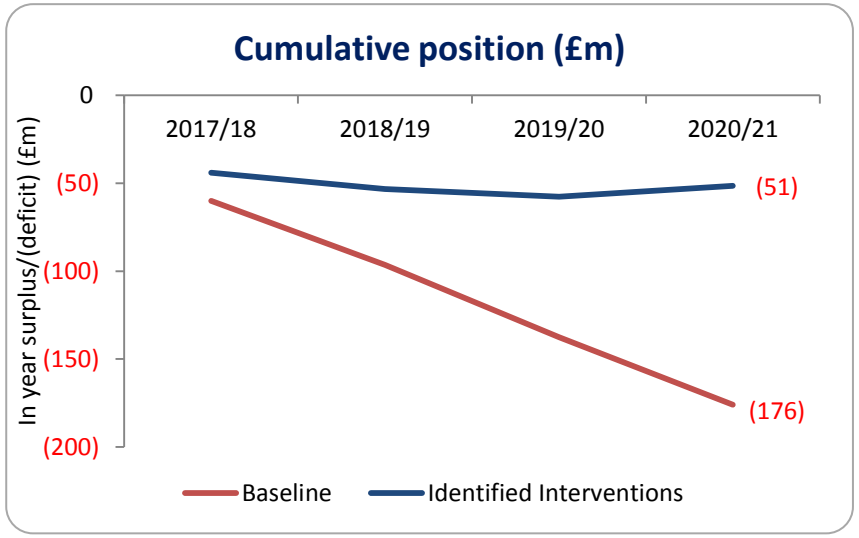
4.9

20/21 financial position with full delivery of 6 key opportunities

- The graphs below the CCG's in year and cumulative position:
  - Without making any QIPP savings, the in-year deficit would be £39m by 20/21, with a cumulative deficit of £176m ("do-nothing" scenario)
  - If the specific interventions and schemes identified through the Confirm and Challenge process were achieved in full, the CCG would reach in-year surplus by 19/20 but would still have a cumulative deficit of £51m at 20/21



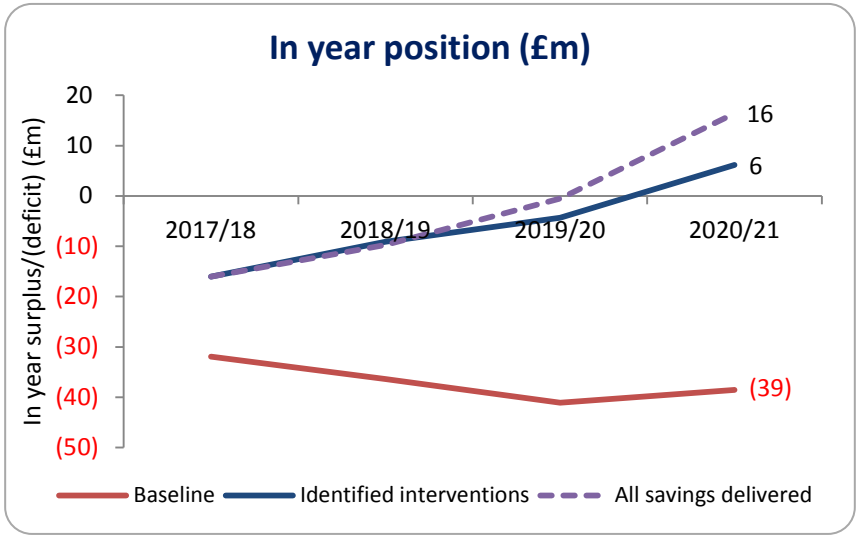


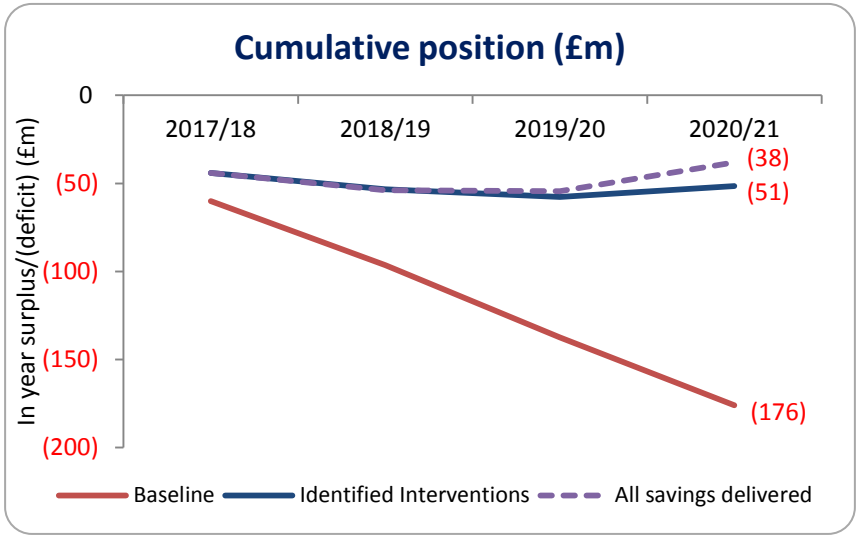
We are continuing to identify a number "pipeline savings schemes" but these opportunities are at planning stage only

Vale of York Clinical Commissioning Group

4.10 Additional opportunities

- The CCG is developing a further pipeline of schemes and opportunities which do not yet have savings quantified.
- These pipeline savings schemes are reflected in the plan as unidentified savings in 19/20 and 20/21
- If these unidentified savings were developed into specific interventions and schemes and were delivered in full then the CCG would reach in-year financial balance by 19/20 but would still have a cumulative deficit of £38m at 20/21





If the CCG were to implement the 6 opportunity areas in full, its in-year surplus would be c£45 per head by 20/21 (compared to allocation)

Vale of York Clinical Commissioning Group

4.11 3 scenario summary

- The tables below summarise the in-year and cumulative position under the three scenarios discussed:

In year position (£m)

	17/18	18/19	19/20	20/21
"Do nothing"	(32.0)	(36.4)	(41.1)	(38.5)
Identified Interventions	(16.1)	(9.1)	(4.4)	6.2
All interventions (including pipeline savings schemes)	(16.1)	(9.8)	(0.5)	16.4

Cumulative position (£m)

	17/18	18/19	19/20	20/21
"Do nothing"	(60.0)	(96.4)	(137.5)	(176.0)
Identified Interventions	(44.1)	(53.3)	(57.6)	(51.5)
All interventions (including pipeline savings schemes)	(44.1)	(53.9)	(54.5)	(38.1)

- Over 80% of the total savings opportunities have been reviewed through the Confirm and Challenge process and developed into identified interventions and schemes
- Achieving all savings including pipeline schemes would bring the CCG's spend in line with the funding allocation by 20/21, with an in year surplus of c.£45 per head by 20/21

	FY18	FY19	FY20	FY21
Estimated spend per head with identified interventions (£k)	1.31	1.30	1.32	1.33
Estimated spend per head with all interventions (£k)	1.31	1.30	1.31	1.30
Allocation per head (including core, admin and primary medical allocations) (£k)	1.26	1.28	1.30	1.34
% overspend/(underspend) forecast	**4%**	**2%**	**(0)%**	**(3)%**

4.12

Summary of financial opportunity

- VoY has identified 6 potential opportunities for cost reduction based on findings from the health analytics and benchmarking work: elective orthopaedics; out of hospital care; contracting for outpatients; continuing healthcare and funded nursing care; prescribing; and high cost drugs
- The biggest opportunity is out of hospital care, which has the potential to achieve £21.3million cumulative savings by 20/21, if delivered in full
- If the potential savings of all identified interventions were achieved in full, the CCG could reach in-year surplus by 20/21 but would still have a cumulative deficit of £51m at 20/21
- The CCG has identified a number of additional “pipeline savings schemes” but these are at planning stage only and their numbers have not been rigorously benchmarked or tested
- VoY is clear on the next steps for taking forward each of the six major opportunities identified and is carrying out further work to progress plans on the pipeline schemes

NHS Vale of York Clinical Commissioning Group

SECTION 5: NEXT STEPS

Moving forward, VoY recognises the need to progress its financial strategy forwards, whilst also delivering on shorter-term goals

Vale of York Clinical Commissioning Group

5.1 Next steps

- VoY's current situation means that it must now focus on articulating a strategy for reaching long-term financial sustainability whilst also ensuring that it delivers on short-term goals.
- As outlined in the Financial Recovery Plan, short-term priorities for the VoY include:
  - focussing on organisation stabilisation
  - delivering on key financial and operational targets articulated in the plan
  - adhering to constitutional standards
  - delivering on QIPP plans
  - meeting other requirements of the NHSE Directions, including organisational capability building and governance reforms
- In order to drive forward the medium-term financial strategy, VoY will work quickly with system partners to drive STP plans to delivery. This includes:
  - agreeing approaches to strategic commissioning across the STP, including at what spatial level commissioning will take place for different services
  - agreeing a delivery model for the single provider model across the STP footprint
  - agreeing models of system governance which will inform how the STP invests and delivers programmes of work going forward
  - agreeing system wide strategies for tackling named STP priorities including mental health and out of hospital care
- VoY will also focus on its own local population as it further develops plans for the VoY Accountable Care System. As outlined in Section 2, next steps include:
  - engaging providers, clinicians and primary care in the case for change;
  - engaging the public in the reality of the financial decisions that need to be made and how they can help and be a part of that;
  - engaging local authority and social care partners in a system financial solution that integrates services and budgets;
  - confirming the population to be covered by the VoY Accountable Care System and its scope of services;
  - agreeing the financial case for accountable care, including investment requirements;
  - learning more about the application of accountable care models applied elsewhere in the UK and abroad, and considering which aspects of their design are most relevant for the VoY;
  - considering different options of governance and organisational structure to best support the accountable care model;
  - confirming what the other enablers of a move to an accountable care model might be, including specific requirements from stakeholders;

NHS Vale of York Clinical Commissioning Group

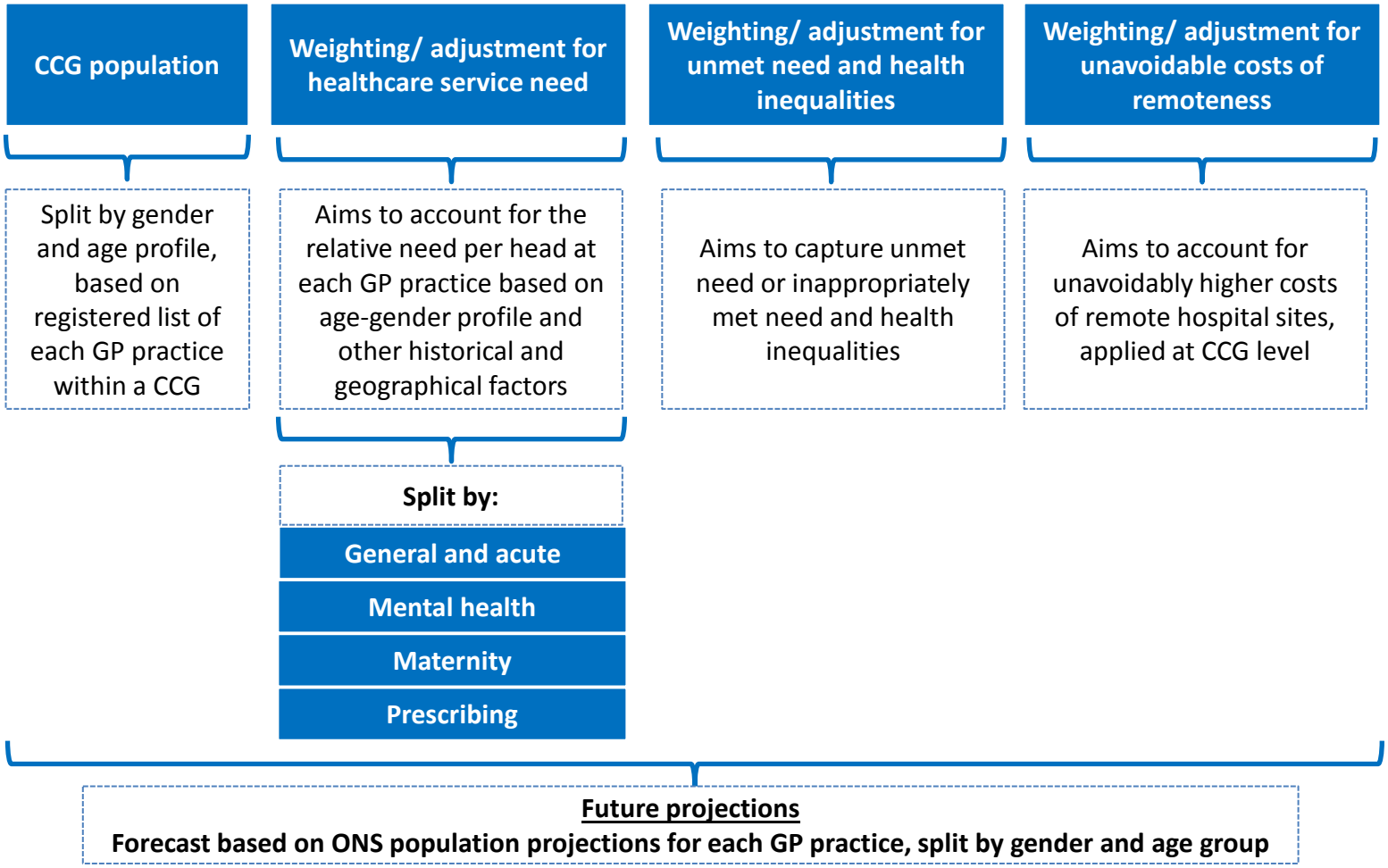
SECTION 6: APPENDICES

Commissioner allocations are calculated based on four key components

NHS
Vale of York
Clinical Commissioning Group

6.1

Weighted population formula overview(1)



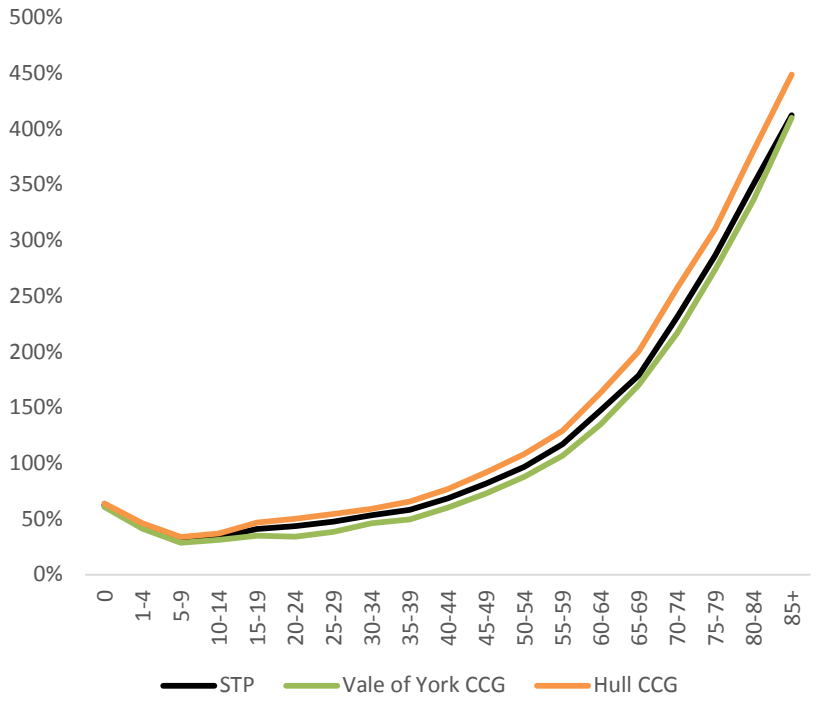
(1) Technical Guide to determination of revenue allocations to CCGs and commissioning areas for 2016-17 to 2020-21

Vale of York Clinical Commissioning Group

6.2 Acute need weighting

- The graph on the right shows the impact of the acute need weighting by age group across the STP, and specifically for Vale of York CCG and Hull CCG.
- As a result of increased health needs, the more elderly patients have an increased acute need weighting: the weighting means that for every £1 allocated to an "average" person in England, £3 would be allocated to a person with a 300% weighting.
- Weighted populations are normalised to the national total at every stage, so these weightings should be seen as relative rather than absolute.
- Based on the age distributions of registered patients within the STP, the acute need weighting brings the allocation lower for Vale of York CCG compared to the STP average, as the proportion of elderly patients is lower.
- The age distributions also show that Hull CCG has a relatively young population. However, the acute weighting also includes statistical modelling of need estimated from past healthcare use and cost (using FY12-FY14 data).
- The impact of this "past need" factor increases the weighting for Hull CCG but decreases the weighting for Vale of York CCG, which has had a relatively healthier population in the past.
- The highest age group in the weightings is 85+, so they may not fully account for the very elderly (aged 90+) population who have greater health costs than those aged 85-89. As noted in the previous slide, the proportion of Vale of York CCG's population aged 90+ is higher than the STP average.

Acute need weighting impact by age group(1)



- In 15/16, 16% of the CCG's spend on inpatient care was for patients aged 85+; however, the population weightings indicate that only 11% of the CCG's acute care allocation is for patients aged 85.

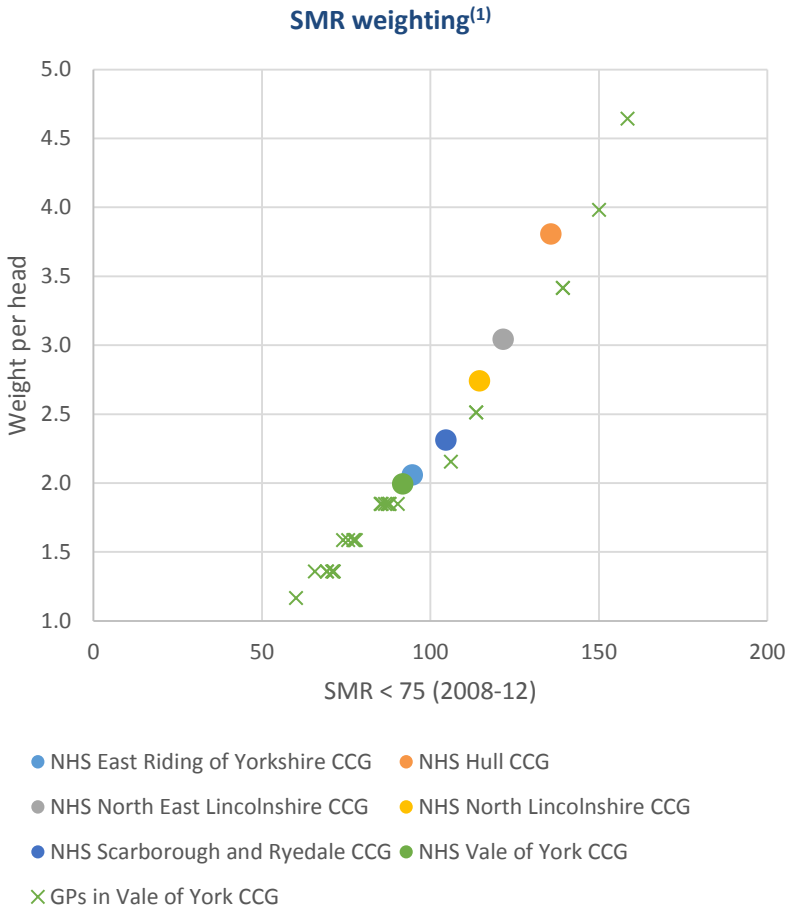
(1) Technical Guide to determination of revenue allocations to CCGs and commissioning areas for 2016-17 to 2020-21 (spreadsheets A and C)

VoY receives a lower allocation weighting for inequality compared to others in the STP

Vale of York Clinical Commissioning Group

6.3 Health inequalities

- The weighting for unmet need and health inequalities is based on the Standardised Mortality Ratio (SMR) for those under 75 years of age (SMR<75).
- Vale of York CCG has a lower SMR<75 than the other CCGs in the STP footprint, leading to a lower weighting and a reduced allocation.
- However, 4 of the 29 GP practices within Vale of York CCG have a higher SMR<75 value than the average for any CCG in the STP footprint, indicating pockets of higher deprivation within the Vale of York population.
- These are indicated in the chart on the right:



(1) Technical Guide to determination of revenue allocations to CCGs and commissioning areas for 2016-17 to 2020-21 (spreadsheet G)

Vale of York CCG has a relatively high acute spend for the level of patient need

Vale of York Clinical Commissioning Group

6.4

- Within the STP footprint, Vale of York CCG has a **relatively high acute spend** for the level of patient need.
- Spend on mental health services is relatively near to the STP average.
- Vale of York CCG has a **relatively low prescribing spend** for the level of patient need.

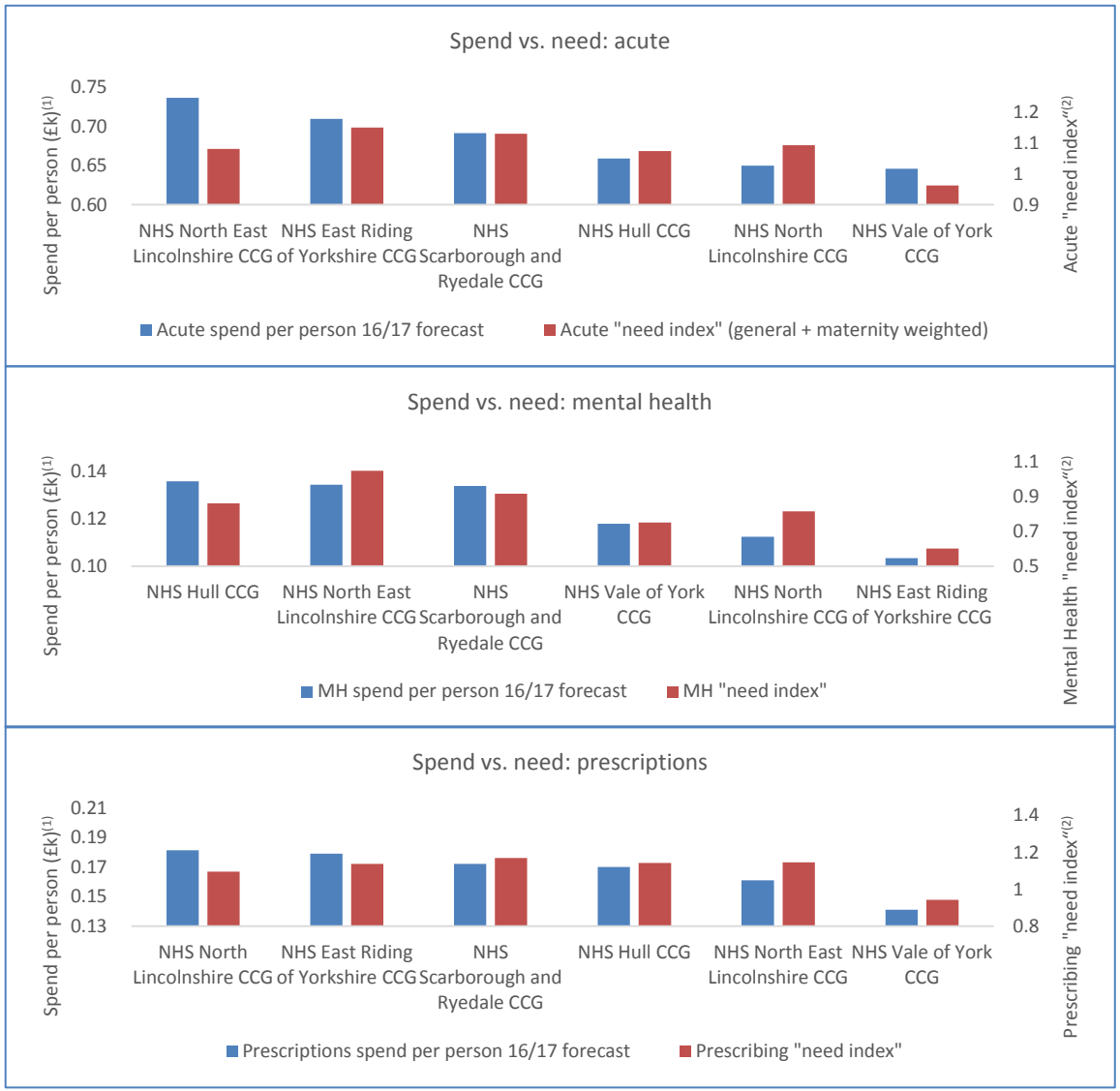
Spend to need ratios (higher numbers indicate a higher spend for the level of patient need):

	STP average	Vale of York CCG	% diff.
Acute (inc. maternity)	633	671	+6%
Mental health	151	157	+3%
Prescribing	152	150	-1%

(1) 2016/17 Finance Plans (submitted to NHS England April 2016); population from Technical Guide to determination of revenue allocations to CCGs and commissioning areas for 2016-17 to 2020-21

(2) Technical Guide to determination of revenue allocations to CCGs and commissioning areas for 2016-17 to 2020-21 (spreadsheets C-F)

Spend versus need



The VoY non-elective spend per person in the population was greater than the STP average for ages 50+ in the four largest specialities

Vale of York Clinical Commissioning Group

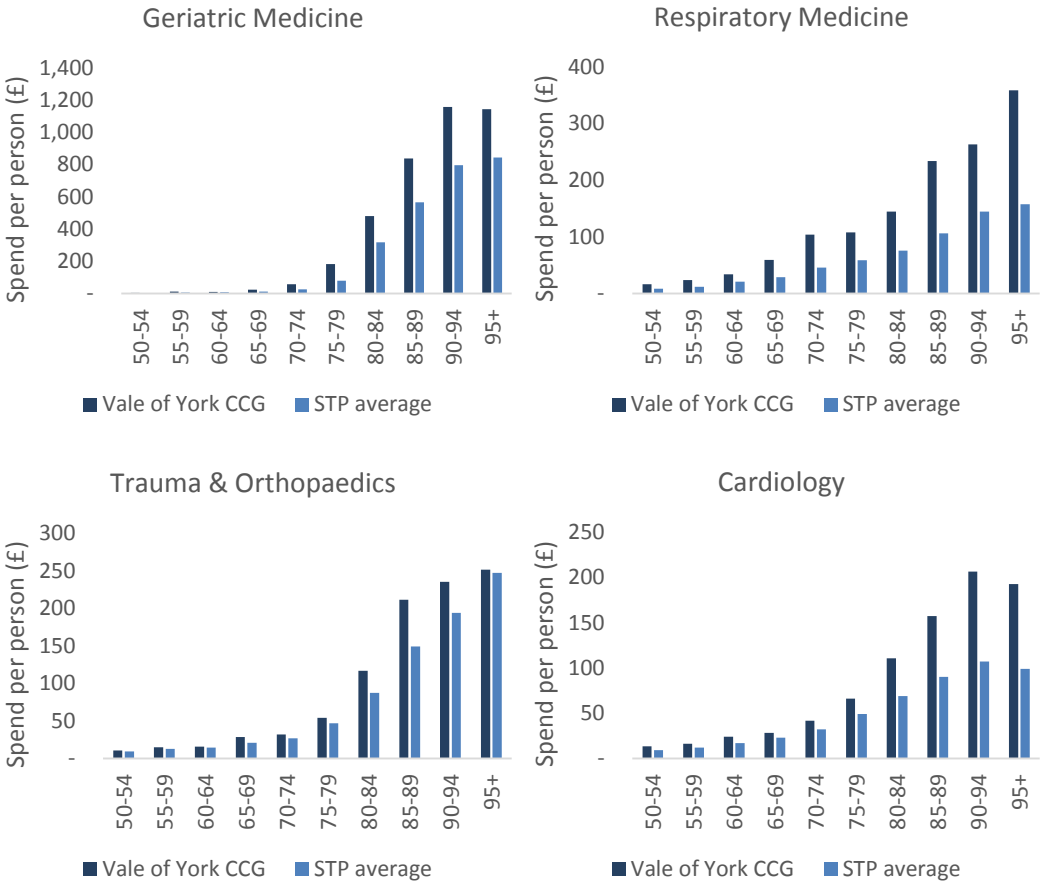
6.5

- Over 50% of Vale of York CCG's non-elective inpatient spend was in the largest 4 specialties: Geriatric Medicine (22%), Respiratory Medicine (14%), Trauma & Orthopaedics (9%), Cardiology (8%).
- The spend per person in the population was **greater than the STP average** for ages 50+ in all four of these specialties.
- The spend in respiratory medicine was **£5m higher than the STP average**, when weighted for age distribution, due to **twice as many spells per person** and a similar average spend per spell.
- The spend in geriatric medicine was **£6m higher than the STP average**, when weighted for age distribution, due to both more spells per person and a higher spend per spell.

Average spend per person in the population aged 50+ (£)

	STP average	Vale of York CCG	% difference
Geriatric Medicine	£78	£128	+64%
Respiratory Medicine	**£35**	**£70**	**+101%**
Trauma & Orthopaedics	£34	£43	+28%
Cardiology	£29	£43	+49%
Total other	£213	£159	-25%
Total	**£389**	**£443**	**+14%**

Non-elective spend profile



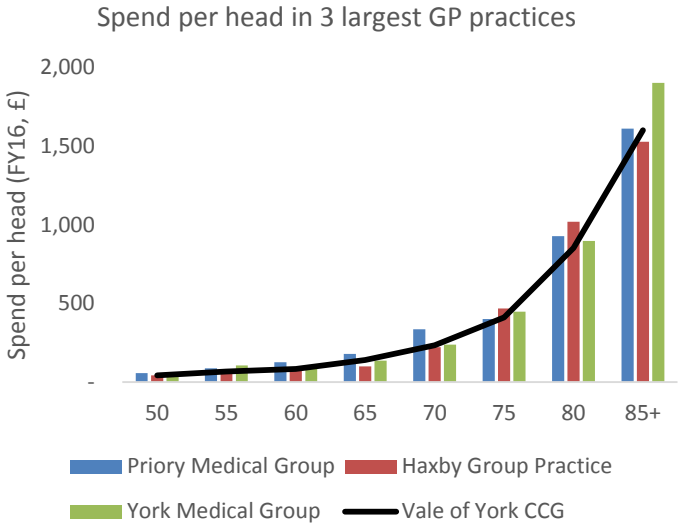
*Reducing the CCG's spend per head to the STP average for Geriatric Medicine and Respiratory Medicine for ages 50+ would bring the CCG's total non-elective spend per head to **13% lower** than the STP average, meeting the requirement of the allocations.*

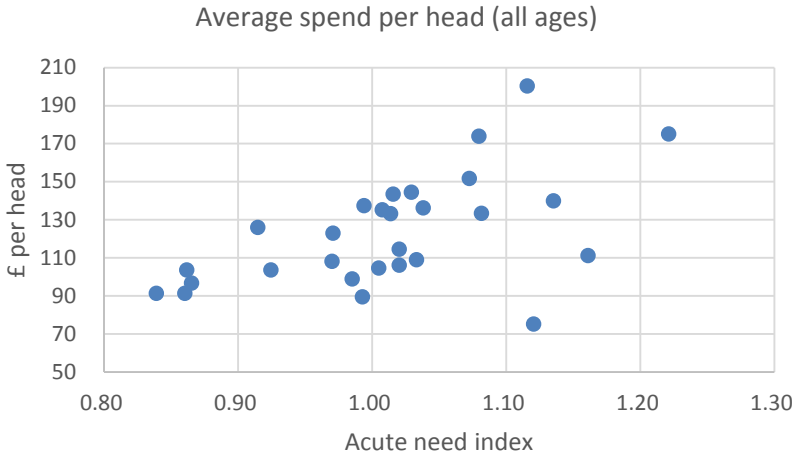
Spend per head compared with need index varies by GP practice

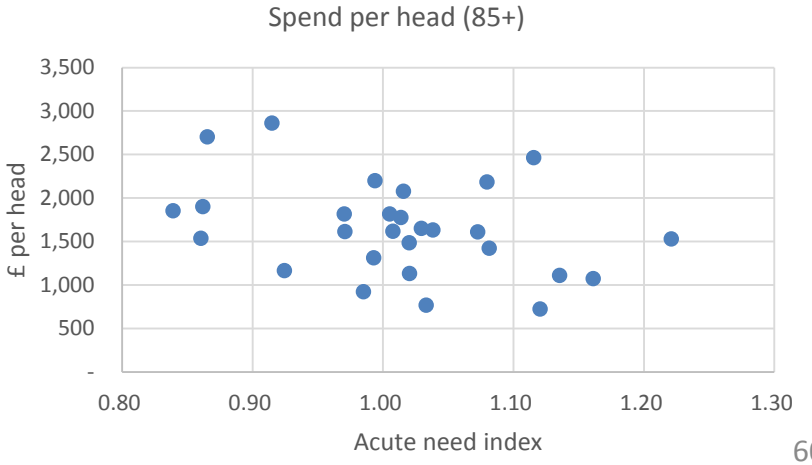
Vale of York Clinical Commissioning Group

6.6 Non-elective spend profile by GP

- The graph on the right shows the non-elective spend for ages 50+ in the largest 4 specialties (Geriatric Medicine, Respiratory Medicine, Trauma & Orthopaedics, Cardiology), for the 3 largest GP practices in the CCG.
- For ages 85+, the average spend per head is highest at York Medical Group, which has the lowest need index, and lowest at Haxby Group Practice, which has the highest need index.
- Average spend per head appears to increase with acute need index (shown below). However, spend per head for ages 85+ appears to **decrease with acute need index**.
- The acute need weighting allocates 4-5 times as much funding to people aged 85+ than to people aged under 50, but the FY16 inpatient spend per head was **10 times larger**. This indicates that the high non-elective spend on elderly patients is not in line with the funding allocations.







Note: Unity Health, with acute need index of 0.4, is not shown on these graphs.

6.7 STP: Locality plan on a page

Locality Objectives

1. Sustainable local services and viable small hospitals services, through the Ambition for Health Programme on the East Coast and an Accountable Care model for the Vale of York
2. Ensure that Scarborough Hospital and other major services are of a high quality, are financially sustainable and that we all have access to the right care, in the right place, at the right time
3. Return to financial balance by reducing demand and an activity shift. Promoting self help and prevention and providing services as close to home as clinically possible to offer a greater range of services outside of acute settings, reduce unplanned attendances and admissions and support a timely return home from acute episodes
4. Effective and appropriate planned care via the referral support service, new approaches to outpatients and clinical advice, and community-based pathways re-design informed by RightCare analysis
5. Mobilise the community resource and assets, enabling the voluntary and community sector to offer flexible support and ensure patients aware of the right place to access the right support for their needs

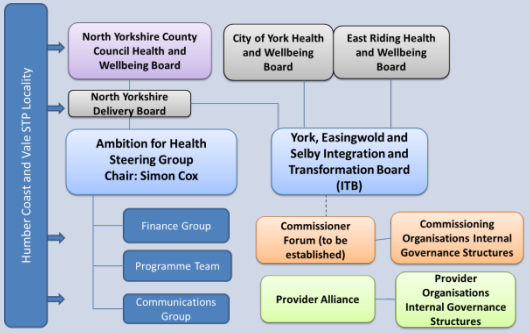
The Case for Change

The local community has an ageing population who are high users of health services, with the over 85's representing approximately 5% of the population, and accounting for approximately 20% of non-elective emergency admissions. The health needs of this cohort of patients have to be supported in a different way to achieve improved outcomes and address rural isolation alongside operational and financial sustainability.

In addition to forecast growth, the health and social care services are experiencing financial and operational pressures, partly as a result of an increase in demand and acuity of patients but also increasing workforce pressures in healthcare and domiciliary care.

Governance Arrangements

Management and clinical leads for the supporting work streams will be confirmed at the locality launch in October 2016.



Key Delivery Risks

- Vale of York Legal directions and supporting Financial Recovery and Improvement Plan
- Scarborough & Ryedale CCG Finance Recovery Plan
- System financial position
- Workforce availability
- Care market stabilisation
- Critical Care

Key Projects

- Ambition for Health programme
- Accountable Care development –
- Out of Hospital Strategy – including mental health
- Small sustainable hospital pioneer and ECIP
- Crisis Care review
- Prevention Strategy and Smoking Cessation
- Digital Roadmap and universal capabilities
- IAPT improvement plan
- Outpatients reform – Expert consultation
- Primary Care Strategy (GP 5YFV)

Targeted Clinical and Care Outcomes

- Constitutional Target delivery
- Improvements in population health measures, including: smoking cessation, reduction in obesity, alcohol related admissions, cancer survival (to address premature mortality from cancer)
- Acute activity maintained at sustainable level

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York Health and Wellbeing Board

Health and Wellbeing Board 17 May 2017

Report of the Health and Wellbeing Board Healthwatch York Representative

Healthwatch York Reports

Summary

1. This report asks Health and Wellbeing Board (HWBB) members to receive a new report from Healthwatch York entitled Unity Health Appointment Changes.

Background

2. Healthwatch York produces several reports a year arising from work undertaken as part of their annual work programme. These reports are presented to the Health and Wellbeing Board for consideration.

Main/Key Issues to be Considered

3. There are a number of recommendations arising from the report and these are set out in the table below:

Recommendation	Recommended to
Extend the hours of operation of the online booking form, for example from 7am to 7pm	Unity Health (and any other adopting practice)
Make sure patient information is clear, and provides alternatives for those without the internet. Highlight that patients can still use Patient Access for reviewing their medical records and ordering repeat prescriptions. Communicate changes to online booking	Unity Health (and any other adopting practice)

Recommendation	Recommended to
through: University screens In surgeries via poster On the website Via email including through the magazine	
Where GPs instruct patients they need a repeat appointment, GPs to make sure they have issued a pink chit (this enables patients to book as they leave)	Unity Health (and any other adopting practice)
Consider what training may be needed for receptionists to be able to talk patients through the form via telephone	Unity Health (and any other adopting practice)
Consider different ways of raising awareness and involvement through Patient Participation Groups	Unity Health (and all York practices)
Arrange a session between developers and students with an interest in the mental health options within the form to look at ways to improve the system, including sending an acknowledgement when you submit your form.	Unity Health & the developers
For future developments of the system, consider ways of linking the form with medical history, reducing the number of questions each time.	Unity Health & the developers
Consider ways of promoting patient privacy.	Unity Health
Rerun the survey through June to check whether things have improved.	Healthwatch York & Unity Health

Consultation

4. There has been no consultation needed to produce this accompanying report for the Board. Healthwatch York consults extensively to produce their reports.

Options

5. This report is for information only and as such there are no specific options for members of the Board to consider.

Analysis

6. Not applicable.

Strategic/Operational Plans

7. The work from Healthwatch contributes towards a number of the themes, priorities and actions contained within the Joint Health and Wellbeing Strategy.

Implications

8. There are no implications associated with the recommendations set out within this report. However there may be implications for partners in relation to the recommendations within the Healthwatch York report.

Risk Management

9. There are no known risks associated with the recommendations in this report.

Recommendations

10. Health and Wellbeing Board are asked to receive and comment on the report.

    Reason: To keep members of the Board up to date regarding the work of Healthwatch York.

Contact Details

Author:	**Chief Officer Responsible for the report:**
Tracy Wallis Health and Wellbeing Partnerships Co-ordinator Tel: 01904 551714	Martin Farran Corporate Director of Health, Housing and Adult Social Services **Report Approved** ✓ **Date** 04.05.2017

Specialist Implications Officer(s) None

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers:
None

Annexes
Annex A – Unity Health Appointment Changes

Glossary
A & E – Accident and Emergency Department
DNA – Did not Attend
GP – General Practitioner
IT – Information Technology
NHS – National Health Service

Unity Health

Appointment Changes

April 2017

Annex A

healthwatch York

Contents

Annex A

Unity Health Appointment Changes

Introduction

In February 2016 Unity Health's annual patient survey told them 89% of patients were dissatisfied with access. They began exploring alternatives to the current system.

In June 2016 Healthwatch York published a report, Access to GP Services. For GP practices in general this highlighted:

- Problems making appointments, including a specific concern about student appointments
- Challenges with booking systems
- Positive feedback about online systems once initial barriers had been overcome

This added to Unity's plans to explore alternatives for booking appointments. These plans needed to address challenges over making sure appointments were available for those most in need, and reduce the number of Did Not Attends (DNAs). They identified an online solution to support this work.

They began to inform patients about planned changes.

Why is Healthwatch York looking at Appointment Changes at Unity Health?

The new appointment system was brought to our attention by one of our volunteers. They were worried that without support, some people may not be able to make appointments.

We discussed this with Unity Health issue, and our plans to conduct a survey. They explained the reasons for introducing the change, and were very keen to hear more about people's experiences of using the system.

What we did to find out more

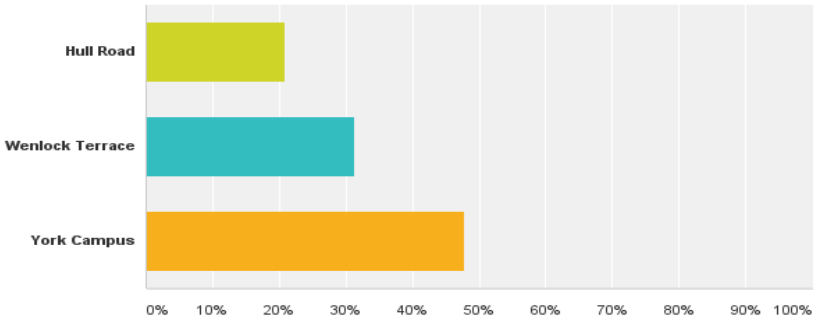
We put together a survey. Unity publicised this to all patients, via email and posters in surgeries. We also promoted the survey via twitter. One of our volunteers also shared details of the survey with University of York student networks, including the Disabled Students Network.

What we found out

We received 767 responses online and 15 paper responses.

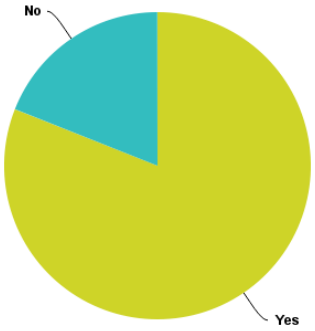
Q1 Which Unity Health surgery do you go to?

Answered: 781 Skipped: 1



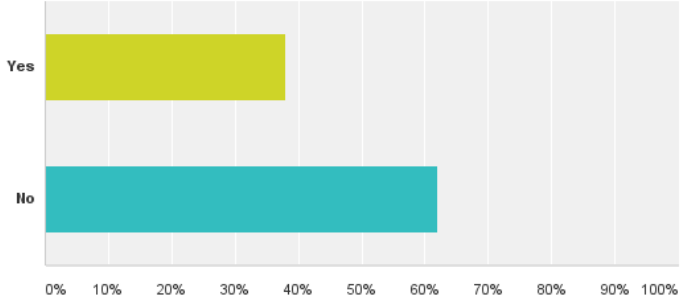
Q2 Were you with Unity Health before 19th September 2016?

Answered: 779 Skipped: 3

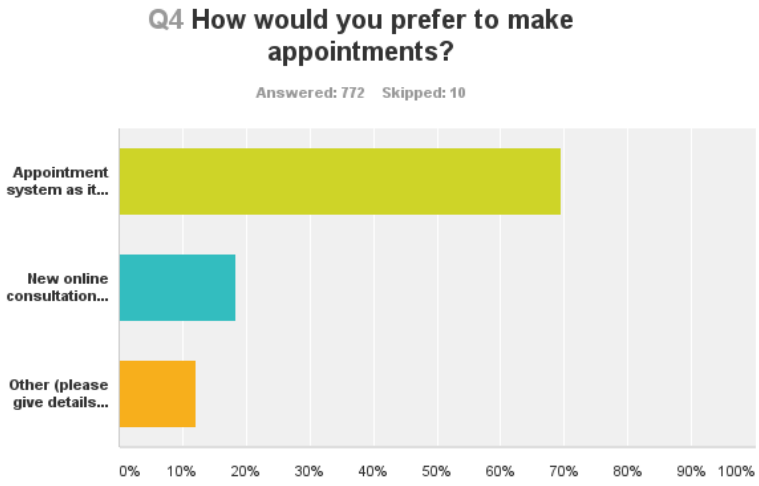


Q3 If yes, did you hear about Unity Health's proposed changes to the appointment system before they came into effect on 19th September 2016?

Answered: 695 Skipped: 87



Making Appointments



The majority responded that they preferred the old system.

There were 256 comments. Themes covered included:

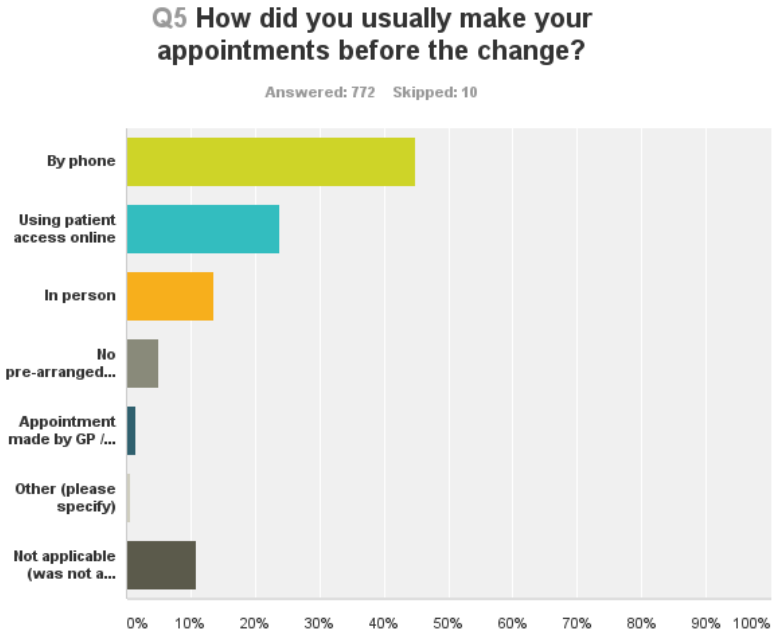
- Lack of access to a computer
- Making contact for urgent, same day appointments
- Need for an alternative system where the appointment is because of an underlying condition
- Request for patient choice around GP and appointment times, so that work, childcare, and study can be accommodated
- Need for the system to be accessible outside standard office hours for those unable to access the internet in work hours

Comments included:

“Consultation form is incredibly difficult to use, especially for those of us without regular access to a computer”.

“Using the online prebookable system, I was able to see the GP of my choice.”

“New system seems unnecessarily complicated for straightforward consultations - and it's annoying not to be able to book an appointment outside working hours”

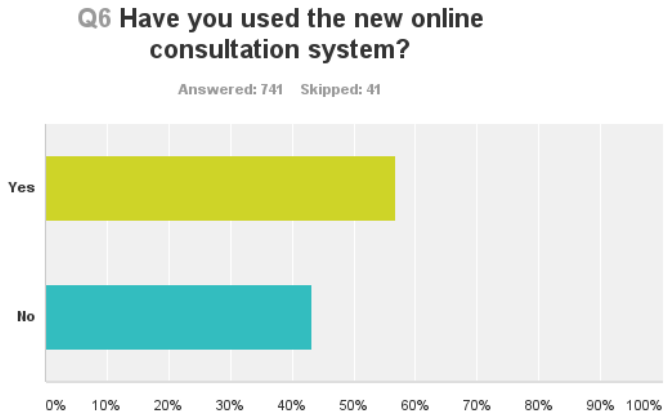


There were 113 comments for this question, with most being explanations for their preference, or problems with some means of booking. Comments included:

“This worked really well.....excellent service! My fear with the new system is that potentially serious medical problems may be missed as it discourages contact with medical professionals rather than encourage contact”

“I study abroad and am only back home at specific times, I need to be able to explain my situation and be able to book an appointment accordingly. I cannot be assigned appointments randomly.”

“(Stay and wait) Very ineffective, as someone who is ill at the time is required to stand outside in an open area in cold weather from around 7:30 to 8:30 to guarantee a spot that day (as doctor available times offer minimum to nearly no options)”



Q7 then asked for comments about their experiences. There were 531 responses. The main themes were:

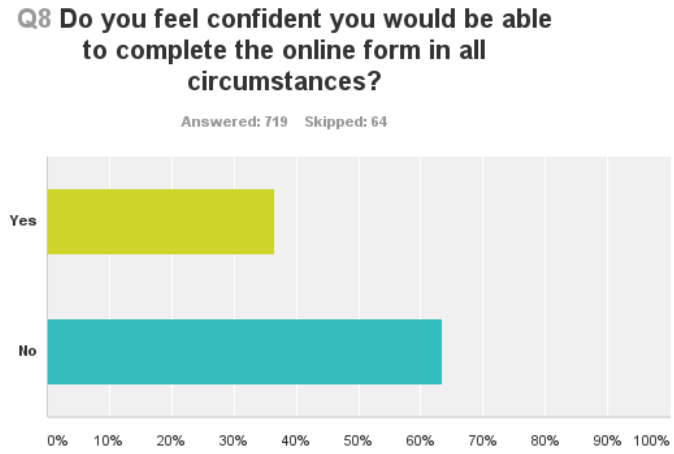
- Confusion as to whether this system is the right one for all types of appointments
- Concern over confidentiality
- Problems with the form itself – too long, too many questions, lack of options around mental health, difficult to complete when unwell
- Need for quicker route for routine prescriptions (and lack of awareness this can still be completed through Patient Access online)
- Some very positive experiences

“I found it a bit difficult because I was trying to arrange a repeat appointment. I got a bit confused as to whether it was the system I should use.”

“I am concerned about confidentiality. Why should I need to explain to someone I don't know, with no medical qualifications why I need to see Doctor.”

“I had a migraine so found it painful and took a long time, then had to ring surgery, as each time I put my symptoms in it told me to go to A&E, as migraines have similar symptoms to meningitis.”

“Excellent Service. Received a call from a GP within two hours of sending my request”



There were 237 comments made about this question. The themes were:

- Problems with internet access
- Lack of confidence in using IT
- Concern about being too ill to complete the form, especially related to mental ill health
- Issues with the form itself
- Questions on its suitability for disabled people, including people with dyslexia and other learning difficulties, arthritis, or other conditions affecting hands

“I work full time, and am not allowed to use the internet at work for personal reasons. The online form is only available during hours when I am normally working, so I will *never* be able to fill the form in unless I am not at work for some reason.”

“Forms cause a significant anxiety response for me and the first time I attempted to complete it I had to give up because I started panicking.”

“Not very computer literate and really struggle to work things out”

“It is good that 'complex' patients are not required to go this route”

“When completing the form for the 1st time, I was confronted by the question of whether there was any particular treatment I would like to try now. I didn't know (a common response I would imagine) but there was no don't know option. I tried to leave it blank as options yes/no were both

inaccurate, but I couldn't proceed without completing this question. I was not prepared to answer inaccurately, so I gave up."

Q9 – What would you do if you were unable to complete the form?

There were 506 responses to this question. The main themes were:

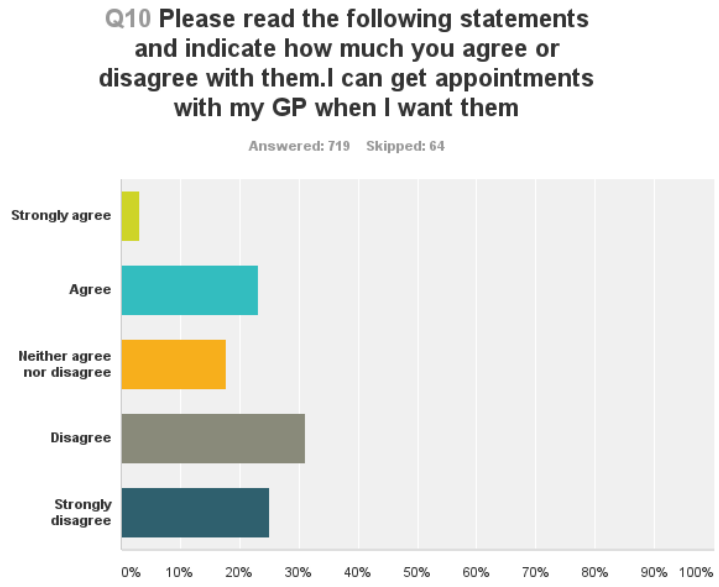
- Call or walk into surgery instead
- Try NHS 111 or A&E
- Change practice
- Ask a friend to complete it
- Go without medical treatment
- Don't know
- Lie

"Ring up or walk in to the surgery so I can speak to a real person."

"Go to hospital drop in or A & E. Change practice."

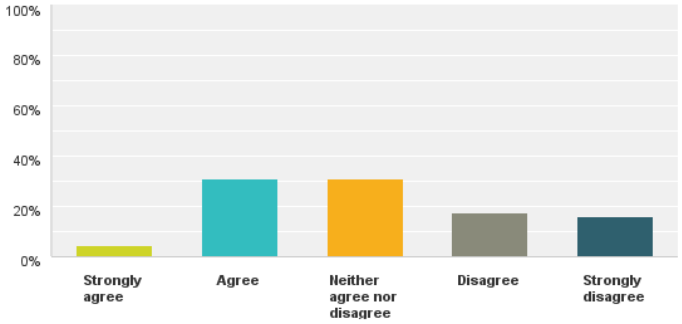
"Depends on severity of problem. Either try and last until the problem got better or call 111 if serious."

"Lie. E.g. when I had stomach pain I filled in a form about period pain since stomach pain wasn't an option."



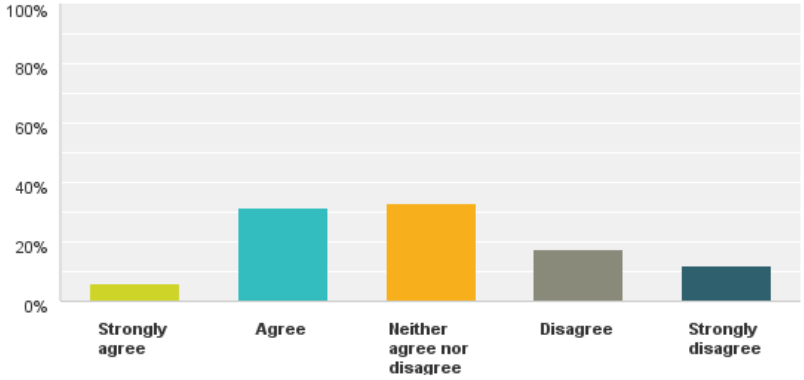
Q11 My surgery offers a a good range of early morning, evening and weekend appointment options

Answered: 711 Skipped: 72



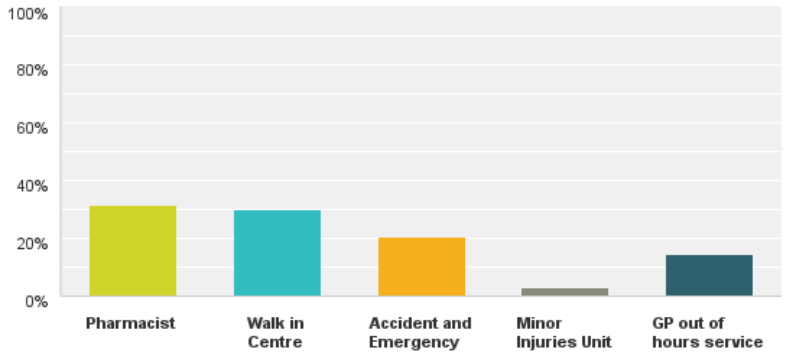
Q12 I can choose which doctor I want to see

Answered: 711 Skipped: 72



Q13 Following the change in booking system, would you consider using any of the following services instead of your GP?

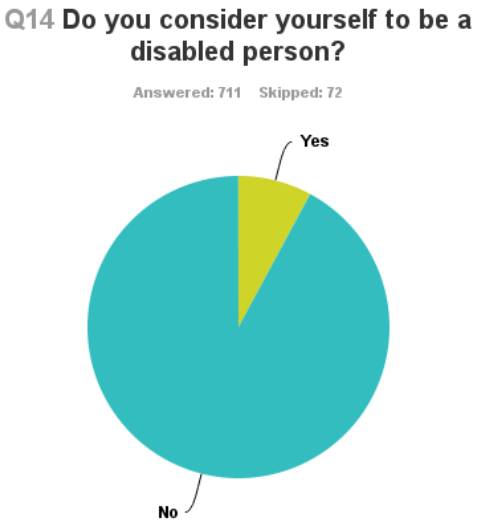
Answered: 511 Skipped: 272



There were a number of themes within the comments:

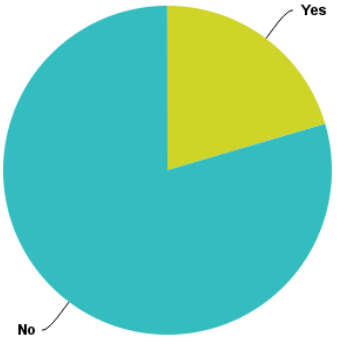
Many commented that they already use alternatives where possible. There were a number of comments about York not having a walk-in centre, and lack of awareness about the minor injuries unit. Many people are unsure as to whether there is a minor injuries unit in York. Some people would consider going to A&E instead of using their GP whereas others worry about the pressures that they would be putting on A&E. Many also commented that they only contact a GP when they need a GP.

- “Is there a minor injuries unit in York? Good idea.”
- “All services - we do consult our pharmacy, have used walk-in centres and A&E in an emergency. We are reasonable people and realise that the national health service is compromised. We only use our surgery when we need to.”
- “No - none of those services offer what I need”
- “No, I am happy with the service at Unity.”
- “I use the above when I can anyway - when I call the doctor it’s because I need a doctor”

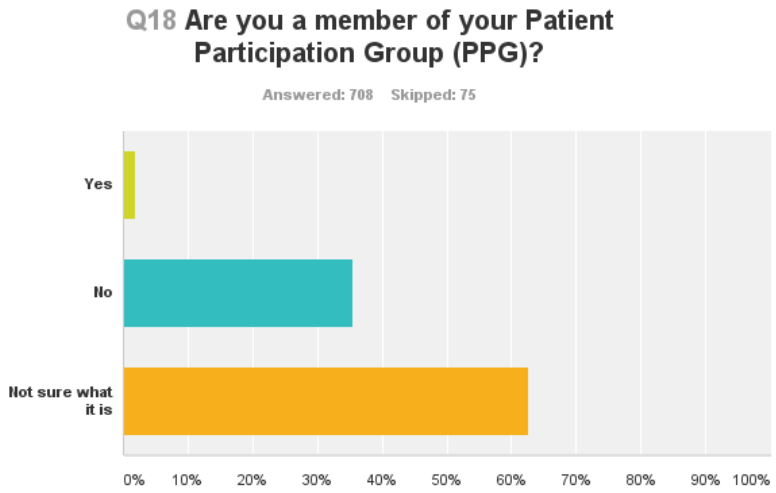


Q16 Do you consider yourself to have a mental health condition?

Answered: 709 Skipped: 74



Patient Participation Groups

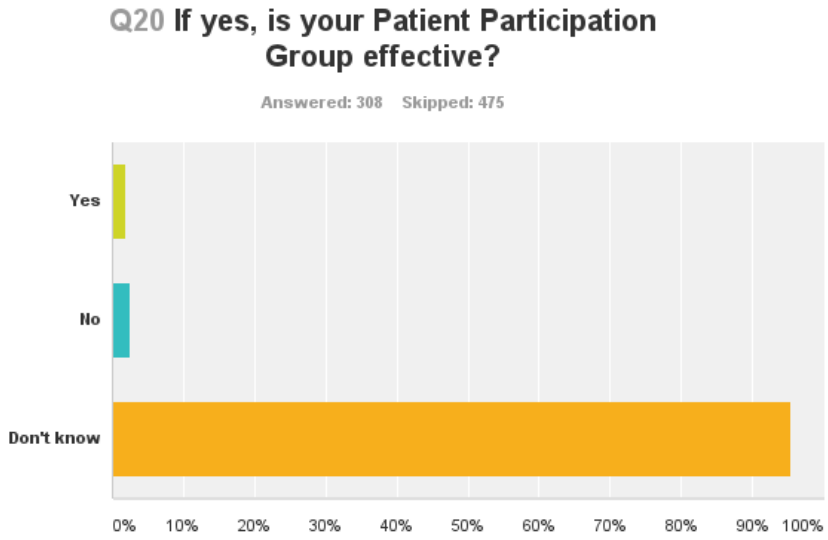


There was limited awareness of the Patient Participant Group. The majority of respondents were unsure what it is. Many would like to be asked to join. There is a clear need to raise awareness of PPGs and their function.

Q19 asked if not a member, why not

Answers fell into themes including:

- Unable to get to Wenlock Terrace / times of meetings inconvenient
- Never heard of it
- Never been invited
- I don't have time to be involved

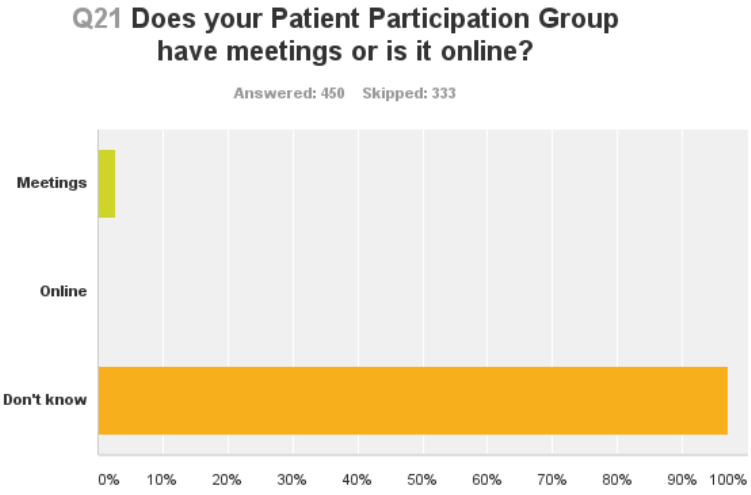


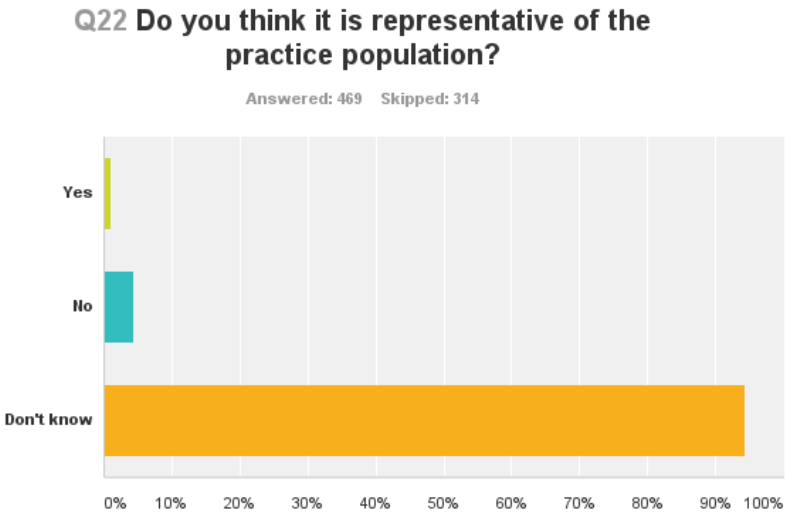
309 people answered the “effectiveness question”, with 6 saying yes, 8 no, and 294 don’t know. There were 13 comments including:

“At least it is an opportunity for residents and students to make their sides of the story heard. I believe the management do listen.”

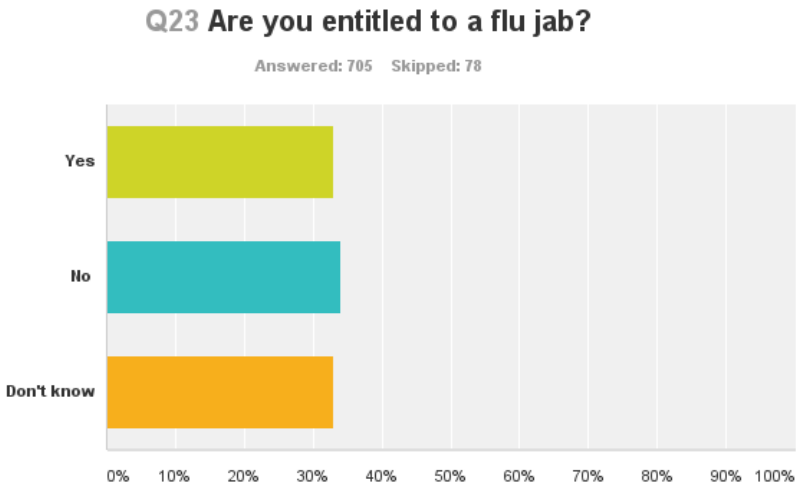
“They listen and give us space to talk.”

“Never heard of it”





Flu Jabs

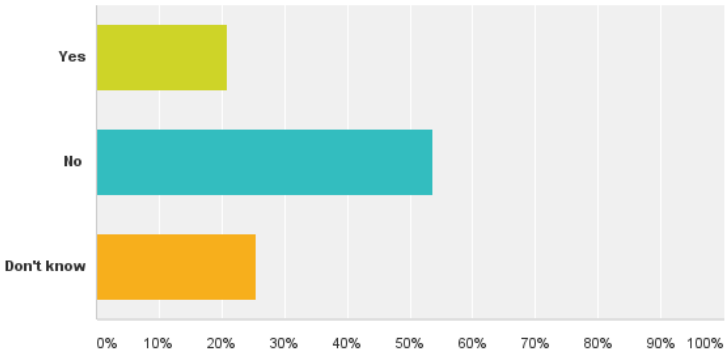


Approximately 30% of people taking part in the survey were unsure as to whether they are entitled to a flu jab.

healthwatch York

Q24 If yes, have you received a reminder to have your flu jab this year?

Answered: 428 Skipped: 355



Further information

Q25 Is there anything else you would like to tell us about your GP practice?

256 responses received. There was very varied feedback, from support to “keep improving” to requests to remove the new booking system. These included:

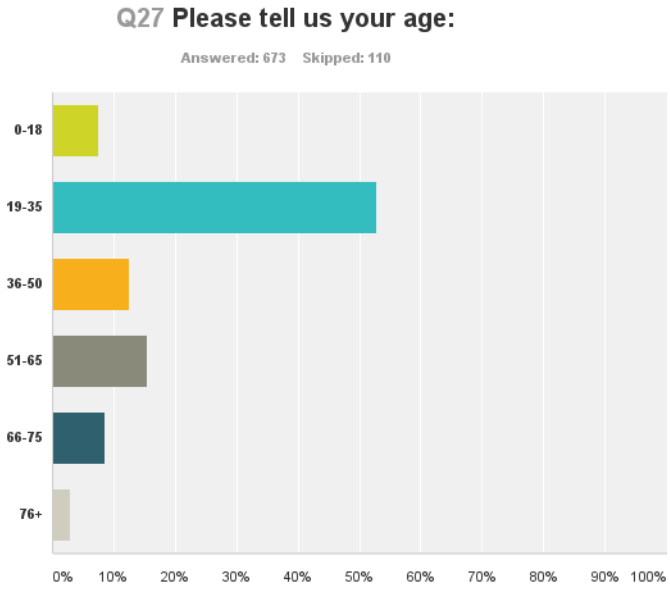
“A good practice and I am more than happy with my GP. The new 'booking system' is unhelpful, obstructive and a waste of everyone's time.”

“Very friendly staff and always try to help when they can but are always overbooked because of high demand”

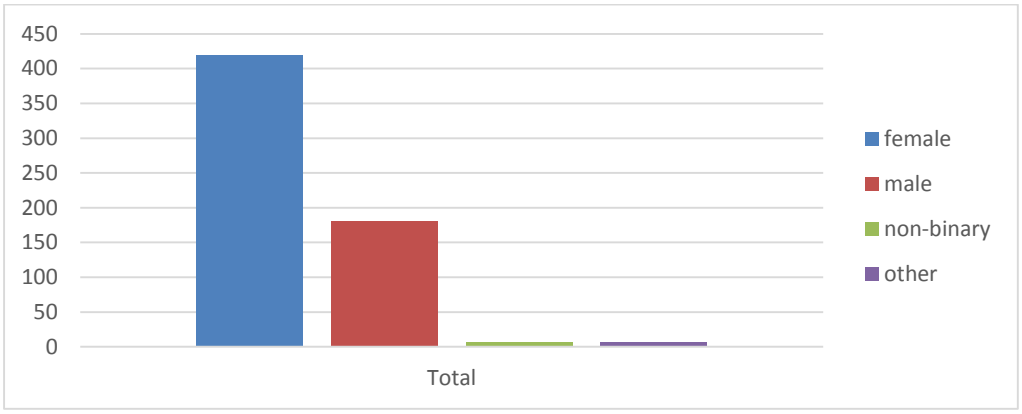
“Just want it to work for everyone. I want to be able to feel I could see someone if I needed to, and I don't feel like that at the moment I don't feel I could.”

“Please bring back the option of calling in for appointments.”

Monitoring Information



Q28 – How would you describe your gender?



613 respondents, 419 female, 180 male, 7 non-binary, 7 other.

Student Specific feedback channelled through YUSU
With thanks to Millie, Student Union President, for collating 60 comments received.

Concern the form is too long, and feels impersonal if you are talking about a sensitive issue. Concern about the parameters of the form in sending to A&E. Feels it is too sensitive. Maybe need some way to say "I do not think A&E is the right option as I'm not that poorly." Though may need some safety valves to make sure system doesn't prevent A&E direction where needed.

Lots of comments about wanting human contact / a human voice if unwell, not a form.

Gap in awareness of the system and routes to meet needs. E.g. People trying to complete the form through patient access to book appointments. Systems are separate. Currently not that many patients using patient access, but lots of really useful info, including your medical records, ability to request repeat prescriptions.

Discussed preferences about being called into an appointment. Some students would prefer anonymity, with a number based system.

Idea of being able to select times when calls will be made, to accommodate lectures.

Challenges of using form with pre-existing conditions or unrelated conditions. So for example some minor ailments might be more serious for people with asthma or diabetes. Need to be able to make this clear. People with pre-existing conditions know their condition well, and know what they need. One student talked about using the system to get an appointment with the nurse so they would realise a GP appointment is needed. Issues around how we facilitate GP access in these circumstances. Appointments for medication check-ups. How would these be enabled? Must maintain ability to take routine medication. Family history section is time consuming if your family have lots of conditions. Need to look at ways of saving this information rather than filling it in every time.

Concerns about access to contraception. Request for drop in clinics. Unity Health confirmed they are looking at running a turn up contraceptive clinic. Also will look at other specific areas where this might work. Also suggested a Fresher's Flu clinic – Unity agree this could be very useful.

Stay and wait – do people want them back? 16 Facebook likes, enjoy being able to get an appointment on the day. Others, no – 8am queue not great.

One person feels they had a very negative experience where they filled in the form, then got worse the following day, but waited 6 days. Unity confirmed this happened due to a period of staff absence.

Timeframes – need to build in systems that notify of progress. Work with developers to introduce notices – e.g. has been triaged, will be contacted within x hours.

Concern about weekend coverage – availability of the form. Could it be made available over the weekend, even if not 24/7?

Comment on phone – always engaged, or just rings out. Current system has limited functionality. Unity aware of this, phone system is being redone, but no indication of when this will happen. Tied in to improvements across all GP practices in York. In the meantime, need to highlight alternatives. E.g. Email, secure messaging through Patient Access.

Some comments about giving Unity Health additional resources to enable them to offer more appointments.

A number of positive comments received. These include:

Found the new system very helpful – used the system twice, got both appointments within a week, far far quicker than the system back home.

Overall, I have been impressed by Unity Health.

Found the online system helpful and good. I filled in the form and someone got back to me quickly.

Other / general issues

Issues around visiting the GP when you are registered elsewhere. Unity will pick these up direct with surgery staff to make sure access is being facilitated.

The address being wrong on prescriptions. Not clear addresses have always been updated. Need to keep exploring ways of data sharing between Uni and Unity. Needs to be clear to students they are separate organisations, but also unless students opt out, would be helpful to share this data across.

Issues with clinicians missing appointments, and impact on students. Acknowledgement that students nowadays pay a lot for their University experience, which can increase the feeling that their time is precious and delays unacceptable. Receptionists should be making it clear to students where a doctor has been called out unavoidably that appointments can be rebooked, and need to be apologetic. Useful to be transparent about reasons for delays. Remembering both parties are human beings!

Conclusion

Unity Health are the first practice in our area to try an online solution to the appointment challenge. However, given the current demands on GP practices, this is the beginning of a change process, not the end. The GP Five Year Forward View encourages GP practices to explore online systems to help manage demand.

It is important as unprecedented change begins across our health and social care system that we continue to monitor the impact of new initiatives on our population.

Unity Health have already taken action to address some of the concerns raised. We will be re-running the survey in June to understand how this system has bedded in.

Actions taken since the survey was completed

Unity Health have confirmed that since the initial survey was conducted they have put a number of actions in place. Unity Health have:

1. Established a fortnightly meeting in the Practice to review and monitor the access model performance alongside patient and staff feedback. This meeting is led by Louise Johnston, Managing Partner, and attended by two GP Partners, Nurse Manager and Reception Team Leader.
2. Extended the portal opening to 07.00 – 17.30. At this stage the Partners feel clinically that they are not yet ready to open the portal later. This will be reviewed.
3. Engaged ActPR to improve communication between the Practice and patients. This includes ActPR utilising the Practice Twitter and Facebook accounts.
4. Employed a Pharmacist who is part of the triage team. Her role is to carry out medication reviews, answer patient queries, support long term condition management and, with training, respond to minor ailment e-consultations.
5. Provided iPads in each surgery
6. Made sure that the reception team are trained in taking patient information over the phone when the patient is unable to access e-consultations.
7. Trained a group of reception staff to be care navigators. Because 87% of patient contact with the surgery is now via e-consultation, the reduced volume in telephone calls has given the space to train and undertake this role. This provides a focus on further enhancing the patient experience via expert sign posting and access to local services and developing social prescribing.
8. Provided patients deemed by the GP to have complex health needs with a direct phone number to the nurse triage team. This has happened despite NHSE removing the funding for this. By managing capacity in practice, they are looking to be able to offer this group of patients a double GP appointment as standard.

9. Seen a reduction in GP Did Not Attends (DNAs). DNAs for Jan – Mar 2017 averaged weekly 3.5% compared to 7% weekly average in the same period in 2016 – they've halved the number of GP DNA's. This equates to approximately 28 GP appointments being made available each week.

Recommendations

Recommendation	Recommended to
Extend the hours of operation of the online booking form, for example from 7am to 7pm	Unity Health (and any other adopting practice)
Make sure patient information is clear, and provides alternatives for those without the internet. Highlight that patients can still use Patient Access for reviewing their medical records and ordering repeat prescriptions. Communicate changes to online booking through: University screens In surgeries via poster On the website Via email including through the magazine	Unity Health (and any other adopting practice)
Where GPs instruct patients they need a repeat appointment, GPs to make sure they have issued a pink chit (this enables patients to book as they leave)	Unity Health (and any other adopting practice)
Consider what training may be needed for receptionists to be able to talk patients through the form via telephone	Unity Health (and any other adopting practice)
Consider different ways of raising awareness and involvement through Patient Participation Groups	Unity Health (and all York practices)
Run an information campaign about how to use the online form and patient access to get the best from your GP. Communicate	Unity Health / York Uni
Arrange a session between developers and students with an interest in the mental health options within the form to look at ways to improve the system, including sending an acknowledgement when you submit your form.	Unity Health & the developers
For future developments of the system, consider ways of linking the form with medical history, reducing the number of questions each time.	Unity Health & the developers
Consider ways of promoting patient privacy.	Unity Health
Rerun the survey through June to check whether things have improved.	Healthwatch York & Unity Health

healthwatch York

Appendices

Appendix 1 – Survey questions

Making appointments at Unity Health

1. Which Unity Health surgery do you go to?
○ Hull Road ○ Wenlock Terrace ○ York Campus

2. Were you with Unity Health before 19th September 2016?

○ Yes ○ No

3. If yes, did you hear about Unity Health's proposed changes to the appointment system before they came into effect on 19th September 2016

○ Yes ○ No

Prior to this date you could book appointments by phone, in person, or through Patient Access online. Unity also provided a stay and wait clinic every morning from 8am for same day appointments. Since the 19th September 2016, all appointments are made via an online consultation. You will then be contacted by the end of the next working day.

4. How would you prefer to make appointments?

○ Appointment system as it was before 19th September – stay and wait daily clinic, prebookable GP appointments

○ New online consultation form

○ Other (please give details below)

Comments

5. How did you usually make your appointments before the change?

○ By Phone ○ Using patient access online

○ In person ○ No pre-arranged appointment/walked in

○ Appointment made by GP/nurse/other health professional

○ Other (please specify) ○ not applicable

The new system

6. Have you used the new online consultation system?

○ Yes ○ No

7. If yes, what did you think of it? If no, why not?

8. Do you feel confident you would be able to complete the online form in all circumstances?

○ Yes ○ No

Comments

9. If for any reason you found it difficult to complete the form, what would you do?

Your Experience

Please read the following statements and indicate how much you agree or disagree with them.

10. I can get appointments with my GP when I want them:

○ Strongly agree ○ Agree ○ Neither agree or disagree

○ Disagree ○ Strongly disagree

Comments

11. My surgery offers a good range of early morning, evening and weekend appointment options

○ Strongly agree ○ Agree ○ Neither agree or disagree

○ Disagree ○ Strongly disagree

Comments

12. I can choose which doctor I want to see

○ Strongly agree ○ Agree ○ Neither agree or disagree

○ Disagree ○ Strongly disagree

Comments

13. Following the change in booking system, would you consider using any of the following services instead of your GP?

○ Pharmacist
○ Walk-in Centre
○ Accident and Emergency
○ Minor injuries unit
○ GP out of hours service

Comments

Access and Attitudes

14. Do you consider yourself to be a disabled person?

○ Yes ○ No

15. If yes, how accessible do you find the new booking system? Please explain your answer.

16. Do you consider yourself to have a mental health condition?

○ Yes ○ No

17. If yes, how accessible do you find the new booking system? Please explain your answer.

Patient Participation Groups

18. Are you a member of your Patient Participation Group (PPG)?

○ Yes ○ No ○ Not sure what it is

Comments

19. If no, why not?

Comments

20. If yes, is your Patient Participation Group effective?

○ Yes ○ No ○ Don't know

Comments

21. Does your Patient Participation Group have face to face meetings or is it online?

○ Meetings ○ Online ○ Don't know

22. Do you think it is representative of the practice population?

○ Yes ○ No ○ Don't know

Comments

23. Are you entitled to a flu jab?

○ Yes ○ No ○ Don't know

24. If yes, have you received a reminder to have your flu jab this year?

○ Yes ○ No ○ Don't know

25. Is there anything else you would like to tell us?

Comments

About you – Monitoring information

You do not need to answer any of the following questions, but it helps us if you do.

23. Please tell us the first half of your postcode:

24. Please tell us your age: ☐ 0-18 ☐19-35 ☐ 36-50

☐ 51-65 ☐ 66-75 ☐ 76+

25. How would you describe your gender?

26. How would you describe your ethnicity?

27. How would you describe your sexual orientation?

28. How would you describe your religious beliefs?

29. How did you hear about this survey?

30. Are you happy for us to use your comments anonymously within our report?

31. Would you like to be kept informed about Healthwatch York news and activities through our quarterly magazine? If yes, please leave your preferred contact details – either email or postal address:

Please return this survey to

Healthwatch York (Unity)
Freepost RTEG-BLES-RRYJ
15 Priory Street
York
YO1 6ET

Thank you!

Acknowledgements

Thanks to our student volunteer, who first brought this issue to our attention. We hope through working with Unity Health these concerns are being addressed.

Thanks to Millie, YUSU President, for spending time gathering the views and concerns of University of York students, and sharing them with us.

Thanks also to the members of Unity Health's Patient Participation Group for spending time with us, feeding back on our draft report.

Finally, our thanks to Unity Health, and especially Practice Manager Louise Johnston. We know how challenging it can be for providers when we highlight concerns with them. You all positively embraced this as a chance to learn more about what does and does not work for your patients. Through your support, we reached more people than any of our surveys has before. We know general practice has to change to deal with the demands it is facing. We appreciate the challenges you are dealing with to make sure your services remain viable and accessible to those who most need them. We hope this report helps you continue to improve your booking systems and keep meeting that need. It has been a pleasure working with you, and we look forward to doing so again.

Contact us:

Post:	Freepost RTEG-BLES-RRYJ Healthwatch York 15 Priory Street York YO1 6ET
Phone:	01904 621133
Mobile:	07779 597361 – use this if you would like to leave us a text or voicemail message
E mail:	
Twitter:	@healthwatchyork
Facebook:	Like us on Facebook
Web:	www.healthwatchyork.co.uk

York CVS

Healthwatch York is a project at York CVS. York CVS works with voluntary, community and social enterprise organisations in York. York CVS aims to help these groups do their best for their communities, and people who take part in their activities or use their services.

This report

This report is available to download from the Healthwatch York website: www.healthwatchyork.co.uk

Paper copies are available from the Healthwatch York office
If you would like this report in any other format, please contact the Healthwatch York office