

Ambition Statements

Domain		Ambition	Year 1	Year 2	Year 3	Lead Person	Primary subgroup
Leadership, Strategy and Vision	1.1	A successful People Directorate	We will restructure ASC within the People Directorate using this as an opportunity to create structures that improve our ability to manage finances.	We will experience the benefits of being in a Directorate with CSC and Education.	We will have configured ourselves to, and have evidence of, taking all opportunities to improve use of resources and learning across the Directorate, and the people we work with will have felt a positive impact of this.	Amanda Hatton	Restructure
	1.2	Utilising the Care Alliance	We have an established Care Alliance that incubates and builds collaboration and innovation, enabling more efficient use of finances.	We have a shared and agreed vision for Health & Social Care across the alliance and key areas of work to jointly manage spend are underway.	Key services within Place are unified, work together and are seamless (para 6).	Michael Melvin	Restructure
	1.3	Achieving stability and permanence	We recruit and retain sufficient numbers of staff and managers, at all levels, in permanent posts to manage demand and cost on a day to day basis and deliver savings and improvement plans.	Senior leaders are well embedded, with clear responsibilities and accountability where there are interdependencies across place, to ensure the vision is delivered (paras 7-8). <small>we have clear demand management</small>	-	Amanda Hatton	Restructure
	1.4	Managing demand (suggested priority, para 41)	We incentivise preventative work across the system, and explore developments such as small budgets (para 40).	strategies through primary, secondary and tertiary prevention, with staff having time to use their skills to provide the right support at the right time (para 9).	The VCSE are involved in planning and development of future resources to ensure robust prevention strategies (para 27).	Belinda Jones	Practice development
	1.5	Corporate/system support (suggested priority, para 41)	The ASC agenda is of interest to the whole council and health (particularly the CCG and PCNs), and all take responsibility to support our improvement, including Business Intelligence, Human Resources and Business Support (para 10).	We have the right business intelligence to monitor and improve our performance; corporate systems such as HR and business support alleviate pressure on the frontline (e.g., itrent, recruitment; para18).	The Council Plan and those of key partners, reflect the importance of valuing people and of working together to support people with our combined resources.	Amanda Hatton	Ambition Board
Issues	2.1	A happy, motivated & sufficient workforce (suggested priority, para 41)	We build upon the existing motivation from staff, and ensure they are supported to deliver a quality service, within the available resource, following the sustained strain upon the service (para 14).	We ensure that we have sufficient staff, who have sufficient time to deliver our agreed model of practice to make best use of reducing resources (paras 22 & 40).	Our ASC offer is evidenced to prevent, reduce and delay the need for formal support, and people and their communities are integral to the solutions found.	Michael Melvin	Workforce
	2.2	Engaged leaders	Elected members are involved in forums dedicated to service improvement (para 19).	Elected members are involved in improvement forums and in delivery of quality assurance and performance activities.	Elected members have the right tools to monitor the performance of ASC, and are engaged with the agenda and can support to identify where improvements may be made in use of resource.	Amanda Hatton	Ambition Board
	2.3	Coproduced, joint commissioning strategy & market position statement	We contribute to the stabilisation of the market post-pandemic, and facilitate the reopening of the community where we can.	From the foundation of a joint strategy we invest in community services which move us away from traditional forms of 'care', as a mechanism to reduce spend (para 35).	We have a commissioning strategy based on collaboration with all stakeholders; and a radical MPS which is clear in its new expectations on providers (para 33).	Director of Commissioning	Commissioning

Business Process	2.4	Neighbourhood configuration (suggested priority, para 41)	We will configure ourselves around neighbourhoods, with workers based in community settings to ensure closer proximity to the assets of place.	Social workers are part of communities, understand what is available within them, and can enable and inform early help and prevention to reduce spend on formal care (para 21).		Belinda Jones	Restructure
	2.5	Support with Direct Payments	We will scope the potential of a user led or voluntary group to support people who are interested to receive direct payments, freeing up social work time to focus on demand management and strength based approaches.	We will utilise direct payments with people to give them more control over their support and allow them to think creatively about the assets around them rather than commissioning traditional support.		Christian Walsh	Practice development
	2.6	Quality Assurance & Performance Framework	We will implement a new QA&PF for practice, including regular provision of timely team level data, to assure ourselves both of the quality of professional support offered and the right use of public resource.	We have an embedded set of quality assurance activities and enter a cycle of continual improvement which drives up practice and ensures best value for the public purse.	All workers associated with ASC are actively involved in quality assurance activities, and contribute to the feedback loop for improvement.	Abby Hands	Business Processes
	2.7	Team/budget alignment	Budgets are aligned to teams, engendering trust between managers, finance and members.	Information is triangulated to accurately reflect current circumstances, map performance and budget, and monitor and respond to financial challenges.	The business has easy access to the right finance and performance information to allow us to monitor and amend practice, improve quality and operate within budget.	Michael Melvin	Business Processes
In Support	3.1	Use of technology	We will learn from pilots and build on our assistive technology strategy (including having an AT offer aligned with reablement, para 41) to prevent, reduce and delay the need for more costly and intrusive support alternatives.	Our AT strategy complements services and is embedded in our offer and model as a key prevention strategy (para 40).	Assistive technology is an established part of our offer, available to people early and assisting to reduce and delay the need for formal support.	Richard Douglas	Practice development
	3.2	Strength based practice	SBP will be our routine way of working, supporting the agenda to prevent, reduce and delay the requirement for formal care and support (para 14).	We have used opportunities to involve and roll out this approach with partners, to make most efficient use of our shared resources.	Strength based practice is embedded across place, and the public have a clear perception of what York as 'place' can offer.	Abby Hands	Practice development
	3.3.	Building on housing relations	We work in a strength based way with housing colleagues to deliver demand management.	People with learning disabilities have housing opportunities between living in their familial home and living in a specialist supported living scheme, which offer independence and choice, and use resource more appropriately.	We have appropriate specialist provision for people who need it, and a shared model of practice for demand management.	Director of Commissioning	Commissioning
	3.4	Fostering a Preparing for adulthood approach	We have an understanding of how a PfA approach will work in York, coproducing a service that learns from the impact of the pandemic on young peoples lives (para 31).	Our PfA approach incorporates supported employment (including availability of internships) and sees efficiencies from a shared model of practice and potential shared resource across the system.	We have a PfA approach which starts at 14yrs which ensures planning and preparation with individuals and their supporters, creativity and sound decision making.	Christian Walsh	Restructure

Long Term	3.5	Intermediate care strategy (suggested priority, para 41)	We work with the PCNs to have sufficient step up provision and early discharge provision through the D2A model; and a reablement offer available to all, regardless of age or disability, assisting people beyond reablement within their home (with an associated assistive technology offer, paras 39-41). Supporting people to avoid crises,	We will build on this collaboration to ensure early identification of frailty and the right community-based services to support people early and prevent escalation (delaying the input of more costly services).	We have a joint and embedded intermediate care strategy and services developing around urgent community response and anticipatory care; all of which should delay the input of more costly services.	Sam Watts	Restructure
	3.6	s75 agreement	For those people who require complex support through CHC or s117 funding, we will have jointly agreed processes and resources to provide a seamless service.	We will scope the potential for closer collaboration through the York Alliance, and for initiatives such as pooled budgets to maximise financial efficiency.		Christian Walsh	Restructure
	3.7	Refresh of contracts	We move away from expensive and rigid contracts, and commission more community providers to promote choice and competition in the market (para 35-36).	We have competitive options within the market, and clear expectations of those who provide support around the model and principles we will commission.		Director of Commissioning	Commissioning
	3.8	LD Improvement Framework	We work with the system to identify the priority areas for development within our learning disability service (appendix), to ensure best use of resources to meet the support requirements for this population.	We work to incrementally address those areas highlighted as a priority through the ADASS improvement framework, both for quality and resource implications.	We have improved services for customers with learning disabilities and they feel a direct and positive impact of this. We have increased assurance around financial activity in this area.	Michael Melvin	Practice development
Recovery	4.1	Post pandemic growth	We build on the relationships already strengthened by the pandemic, and create a sustainable system with continued investment in community groups and volunteers.	We have support, resilience and capacity within communities to support one another and prevent, reduce and delay the requirement for costly services.	We have a whole place approach to supporting and safeguarding people.	Michael Melvin	Workforce
	4.2	Equalities placed at the centre	We highlight the inequalities brought about by covid-19 and ensure we have a strategic response which promotes the wellbeing of all communities.	We see the inequalities highlighted by the pandemic being addressed through whole system responses.	We have embedded equalities impact assessment processes which consider our role in addressing inequality in the City.	Amanda Hatton	Ambition Board