CITY OF YORK COUNCIL

Notice of a public meeting of

Health and Wellbeing Board

To: Councillors Simpson-Laing (Chair), Looker and Healey,

Kersten England (Chief Executive, City of York Council), Dr Paul Edmondson-Jones (Deputy Chief Executive and Director of Health and Wellbeing, City of York Council), Dave Jones (Chief Constable,North Yorkshire Police),Garry Jones (Chief Executive, York Council for Voluntary Service (CVS)), Siân Balsom (Manager, Healthwatch York), Chris Long (Local Area Team Director for North Yorkshire and the Humber, NHS England),Patrick Crowley (Chief Executive, York Teaching Hospital NHS Foundation Trust), Dr Mark Hayes (Chief Clinical Officer, Vale of York Clinical Commissioning Group), Rachel Potts (Chief Operating Officer, Vale of York Clinical Commissioning Group), Chris Butler (Chief Executive, Leeds and York Partnership NHS Foundation Trust) and Mike Padgham (Chair, Independent Care Group)

Date: Wednesday, 29 January 2014

Time: 4.30 pm

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

A G E N D A

1. Introductions

2. Declarations of Interest (Pages 1 - 2)

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.

3. Minutes (Pages 3 - 12)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on 4 December 2013.

4. 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 **Tuesday 28 January 2014** by **5.00 pm**.

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

5. "If You Could Do One Thing"(Local Actions to Reduce Health Inequalities)-Professor Kate Pickett and Professor Alan Maynard, University of York (Pages 13-14)

Professor Kate Pickett will present to the Board recent findings on health inequalities, to be published shortly by the British Academy under the title "If You Could Do One Thing". Professor Maynard will discuss his work on the role of evidence and evaluation in reducing inequality.

6. Building the Relationship between the Health and Wellbeing Board and the Health Overview and Scrutiny Committee (Pages 15 - 54)

This report asks the Health and Wellbeing Board (HWBB) to consider their working relationship with the Health Overview and Scrutiny Committee (HOSC) and puts forward some suggestions as to how this can be progressed.

7. **Urgent Care and Delayed Transfers of Care Update** (Pages 55 - 60)
This report provides a summary of how the national Winter Pressures Money allocation has been used to support the local health and social care economy. The report outlines the schemes which have been agreed by local Urgent Care Working Group (UCWG) and how Vale of York Clinical Commissioning Group (CCG) is monitoring outcomes.

8. **Clinical Commissioning Group Strategic Planning Update** (Pages 61 - 70)
The purpose of this report is to provide an update on the NHS Vale of York Clinical Commissioning Group's (CCG) strategic planning process and highlight progress made to date together with forthcoming plans.

9. **Integrating Health and Social Care- Draft Integrated Plan** (Pages 71 - 98)
This report accompanies York's draft submission of the initial plan for the Better Care Fund (BCF).

10. **Local Safeguarding Children Arrangements- Changes and Developments** (Pages 99 - 136)
The report covers recent activity undertaken in respect of child safeguarding and asks the Health and Wellbeing Board to consider the format in which it would like to receive future reports.

11. **Any Other Business**
Any other business which the Chair considers urgent under the Local Government Act 1972.

<u>Democracy Officer:</u>
Name- Judith Betts
Telephone No. – 01904 551078
E-mail- judith.betts@york.gov.uk

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

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

This page is intentionally left blank

Health & Wellbeing Board
Declarations of Interest

Cllr. Tracey Simpson-Laing, Deputy Leader of City of York Council
- Member of Unison
- Safeguarding Adult Board, CYC – Member
- Peaseholme Board – Member
- Governor of Carr Infant School

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

Patrick Crowley, Chief Executive of York Hospital
None to declare

Dr. Mark Hayes, (Chair, Vale of York Clinical Commissioning Group)
GP for one day a week in Tadcaster.

Rachel Potts, Chief Operating Officer, Vale of York Clinical Commissioning Group)
None to declare

Garry Jones, Chief Executive York Council for Voluntary Service
As the Council for Voluntary Service has the contract to run York Health Watch

Chris Butler, Chief Executive of Leeds and York Partnership NHS Foundation Trust
None to declare

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

Siân Balsom, Manager Health Watch York

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

This page is intentionally left blank

Agenda Item 3

City of York Council	Committee Minutes
Meeting	Health and Wellbeing Board
Date	4 December 2013
Present	Councillors Simpson-Laing (Chair), Looker, Kersten England (Chief Executive, City of York Council) Dr Paul Edmondson-Jones (Deputy Chief Executive and Director of Public Health and Wellbeing, City of York Council) Kevin Hall (Interim Director of Adults, Children and Education, City of York Council) Siân Balsom,(Manager, Healthwatch York) Dr Mark Hayes (Chief Clinical Officer, Vale of York Clinical Commissioning Group Rachel Potts (Chief Operating Officer, Vale of York Clinical Commissioning Group) Chris Butler (Chief Executive, Leeds and York Partnership NHS Foundation Trust) Ken McIntosh (Acting Assistant Chief Constable, North Yorkshire Police) (Substitute for Dave Jones) Catherine Surtees (Partnerships Manager, York Council for Voluntary Service (CVS)) (Substitute for Garry Jones) Julie Warren (Director of Commissioning, NHS England) (Substitute for Chris Long) Wendy Scott (Director of Community Services (Scarborough, Whitby and Ryedale, York and Selby) York Teaching Hospital NHS Foundation Trust)

Apologies	Councillor Healey
	Mike Padgham (Chair, Independent Care Group)
	Dave Jones (Chief Constable, North Yorkshire Police)
	Garry Jones (Chief Executive, York Council for Voluntary Service (CVS))
	Chris Long (Local Area Team Director for North Yorkshire and the Humber, NHS England)
	Patrick Crowley (Chief Executive, York Teaching Hospital NHS Foundation Trust)

---

22. Declarations of Interest

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

Siân Balsom updated her standing interest by confirming that she was the Chair of Scarborough and Ryedale Carer's Resource, not the Vice Chair as previously stated.

No other interests were declared.

23. Minutes

In reference to Minute Item 16 (Integrating Health & Social Care-Integration Transformation Fund), Board Members were updated that the line and that *the other half would be new money* was now incorrect, as this money is already in existing budget baselines .

Resolved: That the minutes of the Health and Wellbeing Board held on 2 October 2013 be signed and approved by the Chair as a correct record subject to amendment detailed above.

24. Public Participation

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

Jake Furby from the York Lesbian Gay Bisexual and Trans Forum (LGBT) spoke about how the Forum were producing a document on health and wellbeing issues that LGBT people in York were facing. He requested that partners support the Forum's research when producing the Joint Strategic Needs Assessment (JSNA) 2013-14. He also asked for further minority strands to be included in the JSNA.

The Director of Public Health and Wellbeing confirmed that he would be happy to include within the JSNA, the Forum's research and any information they could provide on other minority groups.

25. The Mental Health Challenge

Board Members received a report which asked them to note the contents of the Mental Health Challenge.

David Smith, Chief Executive from The Retreat presented the report. Board Members were informed how Group Leaders had been approached to sign the Challenge to get them to sign up to the Challenge. He had been encouraged by their responses, and those from other Members of the Council. He explained that it was particularly significant that partners noted the Challenge as during one point in the city's history, it was at the centre of Mental Health care in the country.

The Health and Wellbeing Board would act as collective champions for Mental Health. In addition, Councillor Looker reported that she reported that she would undertake a special responsibility for Mental Health on the YorOK Board.

The Chair suggested that David Smith be invited to the next Board's development session to work with Board Members on the Challenge. It was also noted that the Board would receive an update regarding the Challenge in six months time.

Resolved: That the Mental Health Challenge be adopted.

Reason: To promote equality in mental health.

26. A & E Winter Pressures Money

Board Members received a report which updated them on the use of additional money to fund schemes which would support health and social care to address winter pressures.

Members asked for information on the top reasons for presentation at Accident and Emergency. It was confirmed that this information could be provided and it was suggested that this be circulated to the Board.

It was noted that NHS England would be monitoring all NHS Trusts on a daily basis throughout the winter period, and that patients would be moved to where the care offered was the most suitable for them.

The Chair suggested that an update on the schemes to address pressures to health and social care services be provided at the next meeting and that comparative information from NHS England be included in this update.

Resolved: (i) That the report be noted.

(ii) That additional and further information be circulated between Board Members and partners on the top reasons for presentation in A & E Departments.

(iii) That a further update on A & E Winter Pressures Money be given at the next meeting of the Health and Wellbeing Board.

Reason: To co-ordinate work across partners.

27. Joint Strategic Needs Assessment-Progress Update

Board Members received a report which updated them on progress made for the Joint Strategic Needs Assessment (JSNA) 2013-14 for the Health and Wellbeing Board (HWBB).

In addition to the report, the Board were informed that a Health Inequalities Board had not yet been set up, but that an external lead had been given the responsibility to establish a Poverty Action Group, whose work would feed into the Health Inequalities Board.

Discussion took place regarding the JSNA as a web based resource and general resource issues in the collation of up to date data on Health and Wellbeing in the city.

Some Board Members pointed out that if the JSNA was online, it might be more difficult to bring a formal report back to the Board. It was suggested that a quarterly update could be brought to the attention of the Board in regards to what had been recently added on to the website. However, as a web based resource it was noted that the local information might not seem as robust as national data. In reference to points made under Public Participation, it was noted that there was a lack of data on ethnicity and sexuality within the JSNA.

In regards to general resource issues, it was noted that York Council for Voluntary Service was currently undertaking work on Learning Difficulties and that North Yorkshire Police had researchers who if approached might be able to help the Public Health Team in the collation of data for the JSNA.

Resolved: That the report and key recommendations be noted.

Reason: To co-ordinate work across partners and maintain the flow of information in an optimal manner.

28. Clinical Commissioning Group Strategic and Operational Planning Update

Members received a report which gave them an update on the NHS Vale of York Clinical Commissioning Group (CCG)'s strategic planning process and highlight emerging themes for further consideration.

Board Members were informed that the CCG's Operational Plan would now be extended by a year, to become a two year plan. Officers added that a two year plan was being considered for Adult and Social Care in the city and so it would be helpful to align this and the CCG plan.

In regards to emerging themes for further consideration, some Board Members felt that a highly significant area to concentrate on was on those who were newborn and up to 2 years old. Others suggested a future theme around the reduction of Out of Area Placements and working with hospitals on psychiatric care.

It was also requested by some Board Members that dates for consultation on the CCG plan be circulated to partners. Some Board Members felt that there also needed to be further lay involvement in the deep dive work for the JSNA.

Board Members were informed that updates on action plans would be considered at the Board's meeting in April 2014.

Resolved: (i) That the report and key recommendations be noted.

(ii) That dates for the next consultation on the CCG Operational Plan be circulated to partners.

(iii) That a summary of all partners' operational plans be considered by the Board at their meeting in April.

Reason: To co-ordinate work across partners and maintain the flow of information in an optimal manner.

29. Older People and People with Long Term Conditions Partnership Board

Board Members were due to receive a report which asked the Board to agree to the Constitution, Terms of Reference and Membership for the Older People and People with Long Term Conditions Partnership Board (OPPLTC PB). It also asked the Board to consider an item escalated to them by the OPPLTC PB around the delay in setting up of the Health Inequalities Partnership Board.

It was suggested that this report not be considered at the meeting and be deferred until the next Board Meeting in January. This was because the Terms of Reference for the OPLTC PB might not have taken into account the work of transformation of Adult Social Care, in particular the Integrational Transformation Fund.

Resolved: That consideration of the report be deferred until the next Board Meeting.

Reason: In order to update the Terms of Reference in regards to the transformation of Adult Social Care.

30. Autism Self Assessment Framework Return Summary

Members received a report which asked them to note the second self assessment submission by the Council and its partners for the implementation of the Autism strategy.

One Board Member felt that a greater emphasis needed to be placed on having strategies to get adults with autism into employment. For instance, the person may be capable of doing the work but might struggle with interviews.

Resolved: That the report and statutory return be noted.

Reason: To fulfil the statutory requirements.

31. Local Government Declaration on Tobacco Control

Board Members received a report which asked them to note that City of York Council have signed up to the Local Government Declaration on Tobacco Control, and to consider whether they wished to endorse the Declaration's aims on behalf of all organisations engaged in tobacco control across the City.

Officers confirmed that a workshop would be held in January regarding tobacco control across the city. It was hoped that the event would be the first step in developing a multiagency strategy and a working group, which would firstly report to the Health Inequalities Board and then to the Health and Wellbeing Board.
The Board also acknowledged the work that had already been undertaken by Officers in regards to tobacco control in the city.

Resolved: That the report be noted and the following resolution be agreed;

"That the Health and Wellbeing Board welcomes City of York Council's signing up to the Local Government Declaration on Tobacco Control. As partner organisations engaged in improving, we also endorse the Declaration's commitment to tackling the harm caused by tobacco in our population. We also commit ourselves to work to reduce prevalence and participate in a city-wide strategy for tobacco control."

Reason: In order to confirm the Council's commitment, and that of its partners, to improving health and reducing inequalities by tackling the harm caused by tobacco in our population.

32. Progress Report-Section 136 Place of Safety

Board Members received a report which asked them to note and make comment on the progress made on providing a Place of Safety for York and North Yorkshire.

The Head of Mental Health and Vulnerable Adults from the Partnership Commissioning Unit presented the report.

Two representatives, one from NHS Property Services and the other from the construction company Balfour Beatty (Mansell) were in attendance at the meeting to answer questions from Board Members.

It was reported that there had been a delay in building works on the site due to necessary agreements required by NHS Property Services, but that this had been resolved. The expected date of completion of the works would be 24 January 2014.

The Chair expressed disappointment at the delay in the completion date, she pointed out that the Board had been informed at their last meeting in October that the work would be completed by 10 January 2014 at the latest.
She asked that NHS Property Services confirm in writing that agreements to begin work had been signed and that construction works would begin.

Discussion took place on what cover would be provided until the facility opened, how resilient it would be and what capacity it would provide. It was noted that current demand for the use of the Place of Safety fluctuated, however the Police did expect an increase in demand when the facility opened. They confirmed to Board Members that the impact on the Police would not be unmanageable and that if a Police Officer found a person in distress they would always try to find the best solution for them, and this might mean by using other methods.

The Chief Executive of Leeds and York Partnership NHS Foundation Trust informed the Board about training they had offered to the Police. They were currently commissioning street triage training for West Yorkshire Police.

The Chair suggested that an item on street triage training be put on a future agenda.

Resolved: (i) That the report and associated annex be noted.

(ii) That NHS Property Services confirm in writing to the Chair the completion date of the Section 136 Place of Safety Facility.

(iii) That an item on the Triage Training for the Police provided by Leeds and York Partnerships NHS Foundation Trust be considered at a future Board meeting.

Reason: In order to inform the Health and Wellbeing Board of progress made towards providing a Place of Safety for York and North Yorkshire.

33. Other Remarks

The Chair offered her thanks on behalf of the Board to Kevin Hall, the Director of Adults, Children and Education for all the hard work he had carried out in his role.

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

Health and Wellbeing Board 29 January 2014

Report of the Deputy Chief Executive and Director of Health & Wellbeing

"If You Could Do One Thing" – Professor Kate Pickett and Professor Alan Maynard, University of York

Summary

1. Professor Kate Pickett will present recent findings on health inequalities, to be published shortly by the British Academy under the title "If You Could Do One Thing". Professor Maynard will discuss his work on the role of evidence and evaluation in reducing inequality.

Background

2. Professor Pickett, co-author of "The Spirit Level", a key work on inequality at an international level, has contributed to a new work entitled "If You Could Do One Thing – Nine local actions to reduce health inequalities", with a chapter on the role that the Living Wage can play. Professor Maynard has written a chapter on the role of evidence and evaluation in reducing inequality.

   The details of the British Academy publication can be found here: http://www.britac.ac.uk/policy/Health_Inequalities.cfm

Main/Key Issues to be Considered

3. There will be a presentation on the current findings on inequality.

Consultation

4. Not applicable.

Options

5. There are no options for the Health and Wellbeing Board to consider.

Analysis

6. Not applicable.

Strategic/Operational Plans

7. This topic relates to the theme of the CYC Council Plan “Protect vulnerable people”. It also links to the priorities and actions identified in the Joint Health and Wellbeing Strategy under the priority “Reducing health inequalities”.

Implications

8. Equalities and finance implications are contained within the material presented to the Board. There are no other known implications.

Risk Management

9. There are no risks attached to the recommendation below.

Recommendations

10. The Health and Wellbeing Board are asked to consider the contents of the presentation.

    Reason: In order to inform future work of the Health and Wellbeing Board.

Contact Details

Author:	**Chief Officer Responsible for the report:**			
Helena Nowell Policy Officer Office of the Chief Executive City of York Council 01904 551746	Dr Paul Edmondson-Jones Deputy Chief Executive/ Director of Health& Wellbeing City of York Council 01904 551993			
	Report Approved	✓	**Date**	*21 January 2014*

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers: None

Annexes: None

Glossary: Not applicable

 Agenda Item 6

Health and Wellbeing Board **29th January 2014**

Report of the Deputy Chief Executive and Director of Health and Wellbeing

Building the Relationship between the Health and Wellbeing Board and the Health Overview and Scrutiny Committee

Summary

1. This report asks the Health and Wellbeing Board (HWBB) to consider their working relationship with the Health Overview and Scrutiny Committee (HOSC) and puts forward some suggestions as to how this can be progressed.

2. The ultimate aim of this report is to look at ways of building a robust working relationship between the two bodies.

3. The Health Overview and Scrutiny Committee met on 15th January to consider this report and Paul Edmondson-Jones will give a verbal update at the meeting on the comments they made.

Background

4. The Health Overview and Scrutiny Committee and the Health and Wellbeing Board perform two discrete functions within the Council's formal meeting structure as summarised below:

<u>Role of the HOSC</u>

5. The HOSC is a Committee of the Council and is comprised of seven cross-party elected members. The Committee has the power to hold both the Local Authority and NHS bodies to account for the health and social care services they provide. From April 2013 all commissioners and providers of publically funded health and social care have been covered by these powers, along with the health and social care policies arising from the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy

(JHWBS) for the city. The HOSC *must* be consulted by local NHS bodies when they are planning to make major changes to services.

The Committee can seek to influence the proposed changes and work collaboratively with the NHS; however, if after this the Committee still considers the changes not to be in the best interests for the city's residents it can ask the authority to refer the matter to the Secretary of State for Health.

6. In addition to this the HOSC can undertake discrete reviews around specific topics and make recommendation to the Local Authority or any publically funded health organisation that improvement be made.

Role of the HWBB

7. The Health and Wellbeing Board is a Committee of the Council with 15 members including local Councillors, the Director of Public Health and Adult Social Services, the Director of Children's Services and the Chief Executive at City of York Council, the Clinical Commissioning Group (CCG), Healthwatch York, York Council for Voluntary Service, Leeds and York Partnership Foundation Trust, York Teaching Hospital NHS Foundation Trust, NHS England, Independent Care Group and North Yorkshire Police.

8. The overall purpose of the Board is to bring together bodies from the NHS, public health and local government, including Healthwatch as the patient's voice, jointly to plan how best to meet local health and care needs. Their three principal statutory duties are:

   i. To assess the needs of their local population through a JSNA

   ii. To set out how these needs will be addressed through a Joint Health and Wellbeing Strategy (JHWBS) that offers a strategic framework in which CCGs, local authorities and NHS England can make their own commissioning decisions

   iii. To promote greater integration and partnership, including joint commissioning, integrated provision and pooled budgets

Developing the Relationship

9. Whilst needing to be mindful of the distinct roles both the HOSC and HWBB undertake there would be merit in developing the relationship between the two bodies to avoid duplication of work, to undertake complementary work and to gain an understanding of how best to work together.

10. Some areas across the country have started to develop protocols, guidelines, memoranda of understanding and/or frameworks setting out these relationships. In particular it is noted that most of these are at least three-way and include the local Healthwatch as well.

11. In order to progress this and start to work together in a more structured, yet flexible way, the following are suggested ways forward:

12. Meetings - An annual meeting or bi-annual meetings between the Chairs of HOSC, HWBB and potentially the Partnership Boards that sit beneath the HWBB (this could also include key officers). This would allow for informal information sharing on current work streams, issues, concerns and pressures. It would be useful if Healthwatch York, as the acknowledged lead representative of the patient voice, were invited to these meetings as well in order that they might share their work programme.

13. The Chairs of both the HWBB and HOSC are invited, as observers, to each other meetings although it is recognised that this may not always be possible. Where possible key officers should also attend as observers.

14. Annual Scrutiny Work Planning Event - The HWBB will submit into the annual scrutiny work planning event (usually held April each year) any work streams that can be shared to avoid duplication of work.

15. Development of a Framework - The development of a framework, which allows flexible working between the HOSC, HWBB and the patient voice. Any framework would set out the clearly defined roles for each of these areas and give useful examples of ways of working together on specific issues such as commissioning or reconfiguration of services along with some example scenarios. It could also clearly set out the role of each body in terms of the JSNA and the JHWBS.

16. Guidelines on reporting lines would also be included, together with how to make referrals from one body to another (i.e. HWBB suggesting that HOSC may want to undertake a specific review).

17. Any framework developed would need to be flexible and would be put in place on the understanding that both HOSC and HWBB are independent bodies and have autonomy over their work programmes, methods of working and any views or conclusions that they might reach.

Consultation

18. To date both officers working in the Scrutiny Team and in the Public Health Team have been asked to input into this report. Dependent on the preferred way forward then a representative for the patient voice would also need to be identified and included in the process of any framework developed.

Options

19. Members can either:

    (i). Choose to progress the suggestions at paragraphs 12-17 of this report, including developing a draft framework to be considered at a future meeting of both HOSC and HWBB

    (ii). Choose not to progress the options at paragraphs 12-17 of this report.

Analysis

20. Given the common aims of the HOSC and HWBB are to improve health outcomes and ensure the commissioning and delivery of appropriate health and social care services for the residents of York, it is vital that they aim to:

    - work in a climate of mutual respect, courtesy and transparency in partnership
    - have a shared understanding of their respective roles, responsibilities, priorities and different perspectives
    - share work programmes

21. Putting into place the suggestions within this report for an operational framework would, ultimately, move us closer to these aims.

22. It should be noted that the aims of both HWBB and HOSC are unlikely to happen effectively without the patient voice being heard. It is therefore suggested that any framework developed should be between HOSC, HWBB and a representative of the patient voice.

23. As part of the process of preparing this report guidance from the Centre for Public Scrutiny (CfPS) has been referred to, as have some examples of frameworks put in place in other areas. The guidance from CfPS and an example of one framework have been attached as background papers to enable the HWBB to better understand roles and relationships as well as gaining some idea of what a framework may look like.

24. It is acknowledged that the local Healthwatch is the consumer champion for health and social care which represents the patient voice; however there may be times, dependent on the issues under discussion, when other organisations representing the patient voice need to be involved.

25. It is therefore suggested that the HWBB consider asking Healthwatch York to take the lead for the patient voice role in any framework developed.

Council Plan 2011-2015

26. This report is linked with the protecting vulnerable people element of the Council Plan 2011-2015.

Implications

27. There are no known implications associated with the recommendations within this report.

Risk Management

28. In compliance with the Council's risk management strategy there are no known risks associated with the recommendations within this report. However there is a risk that work around the wider health agenda will not be cohesive without a framework or some clear guidelines being put in place.

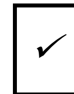
Recommendations

29. It is recommended that option (i) be developed and a further report be submitted to future meetings of this Board and HOSC, setting out a proposed framework

Reason: In order to establish a strong working relationship between HOSC, HWBB and the patient voice in York.

Contact Details

Author:	**Chief Officer Responsible for the report:**
Tracy Wallis Health and Wellbeing Partnerships Co-ordinator Tel: 01904 551714	Dr Paul Edmondson-Jones Deputy Chief Executive and Director of Health and Wellbeing Tel: 01904 551993

Report Approved  **Date** 20.01.2014

Specialist Implications Officer(s) None

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers:

Background Paper 1 – Centre for Public Scrutiny Guidance – Local Healthwatch, Health and Wellbeing Boards and Health Scrutiny (Roles, Relationships and Adding Value) (Online Only)

Background Paper 2 – Example Framework – Working Together to Improve Outcomes for the People of Leicestershire (Online Only)

Annexes

None

Abbreviations used within the report

CCG – Clinical Commissioning Group

CfPS – Centre for Public Scrutiny

HOSC – Health Overview and Scrutiny Committee

HWBB – Health and Wellbeing Board

JHWBS – Joint Health and Wellbeing Strategy

JSNA – Joint Strategic Needs Assessment

NHS – National Health Service

This page is intentionally left blank

Local Healthwatch, health and wellbeing boards and health scrutiny

Centre for Public Scrutiny
accountability, transparency, involvement

Roles, relationships and adding value

healthwatch

Local Government Association

The Centre for Public Scrutiny

The Centre for Public Scrutiny (CfPS), an independent charity, is the leading national organisation for ideas, thinking and the application and development of policy and practice to promote transparent, inclusive and accountable public services. We support individuals, organisations and communities to put our principles into practice in the design, delivery and monitoring of public services in ways that build knowledge, skills and trust so that effective solutions are identified together by decision-makers, practitioners and service users.

Local Government Association

The Local Government Association (LGA) is the national voice of local government. We work with councils to support, promote and improve local government.

We are a politically-led, cross party organisation which works on behalf of councils to ensure local government has a strong, credible voice with national government. We aim to influence and set the political agenda on the issues that matter to councils so they are able to deliver local solutions to national problems.

The LGA covers every part of England and Wales, supporting local government as the most efficient and accountable part of the public sector.

Visit www.local.gov.uk

Acknowledgements

This publication has been written by Laura Murphy (Independent Consultant and CfPS Expert Adviser) and Su Turner from the Centre for Public Scrutiny.

We are very grateful to the following people for their contributions to this publication.

Lorraine Denoris, Local Government Association
Lucy Hamer, Care Quality Commission
Claire Lee, East Sussex County Council
Helen Kenny, West Sussex County Council

We are also grateful to the following Councils for sharing their experience, challenges and learning to date that has been used to inform this publication.

Bournemouth Borough Council
Derbyshire County Council
Devon County Council
Dorset County Council
Gateshead Council
London Borough of Sutton

Introduction and what we know

Local authorities, the NHS and local community organisations have a history of working together to improve outcomes for local people. The health and care reforms introduce some new structures and processes and working out how best to bring these together with continuing existing arrangements can be complex. But what remains constant throughout the transition is a shared goal: to improve health, social care and wellbeing outcomes for communities.

This guide aims to help local leaders and others to understand the independent, but complementary, roles and responsibilities of council health scrutiny, local Healthwatch and health and wellbeing boards. This guide does not aim to cover every eventuality; it is a 'snapshot' that can be a basis for discussions about how existing and new bodies will work together and how they can build on local agreements and legislative requirements.

Council health scrutiny

Councils with social care functions can hold NHS bodies to account for the quality of their services through powers to obtain information, ask questions in public and make recommendations for improvements that have to be considered. Proposals for major changes to health services can be referred to the Secretary of State for determination if they are not considered to be in the interests of local health services. The way councils use the powers is commonly known as 'health scrutiny' and forms part of councils' overview and scrutiny arrangements. From April 2013 all commissioners and providers of publicly funded healthcare and social care will be covered by the powers, along with health and social care policies arising from the Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies. Health scrutiny also has a valuable pro-active role; helping to understand communities and tackle health inequalities.

Local Healthwatch

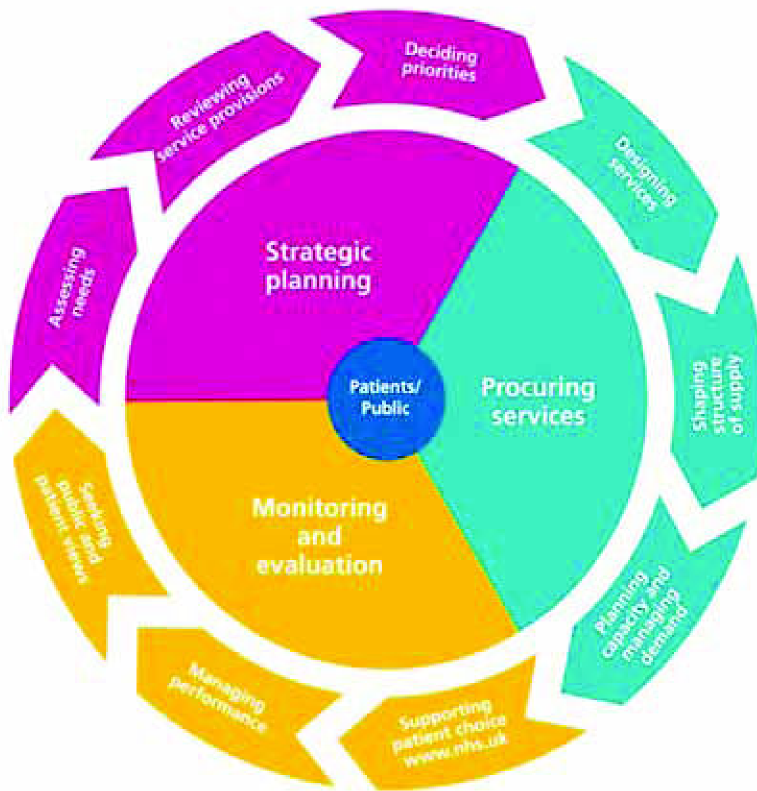
Local Healthwatch will be the local consumer champion for health and social care representing the collective voice of people who use services and the public. It will build up a local picture of community needs, aspirations and assets and the experience of people who use services. It will report any concerns about services to commissioners, providers and council health scrutiny. It will do this by engaging with local communities including networks of local voluntary organisations, people who use services and the public. Through its seat on the health and wellbeing board, local Healthwatch will present information for the Joint Strategic Needs Assessment and discuss and agree with other members on the Board a Joint Health and Wellbeing Strategy. It will also present information to Healthwatch England to help form a national picture of health and social care. Local authorities will need to ensure that their local Healthwatch operates effectively and is value for money; managing this through their local contractual arrangements.

Health and wellbeing boards

Health and wellbeing boards are committees of councils with social care responsibilities, made up of local councillors, directors of public health, adult social services and children's services; clinical commissioning groups; and local Healthwatch. They will collectively take the lead on improving health and wellbeing outcomes and reducing health inequalities for their local communities. Although set up with a minimum prescribed membership, how Boards operate will be different in response to local circumstances. Health and wellbeing boards are an executive function of the council and are responsible for identifying current and future health and social care needs

and assets in local areas through Joint Strategic Needs Assessments; and developing Joint Health and Wellbeing Strategies to set local health and social care priorities, providing a framework for the commissioning of local health and social care services. Individual Board members will be held to account in different ways (for example, clinical commissioning groups are authorised and assessed by the NHS Commissioning Board) but health and wellbeing boards can also be collectively held to account for their effectiveness through council scrutiny.

All three have a role to play in the way local services are planned and delivered. How they interact with each other will have a direct influence on improving outcomes for communities and people who use services. The 'commissioning cycle' provides a number of opportunities for each function to add value.

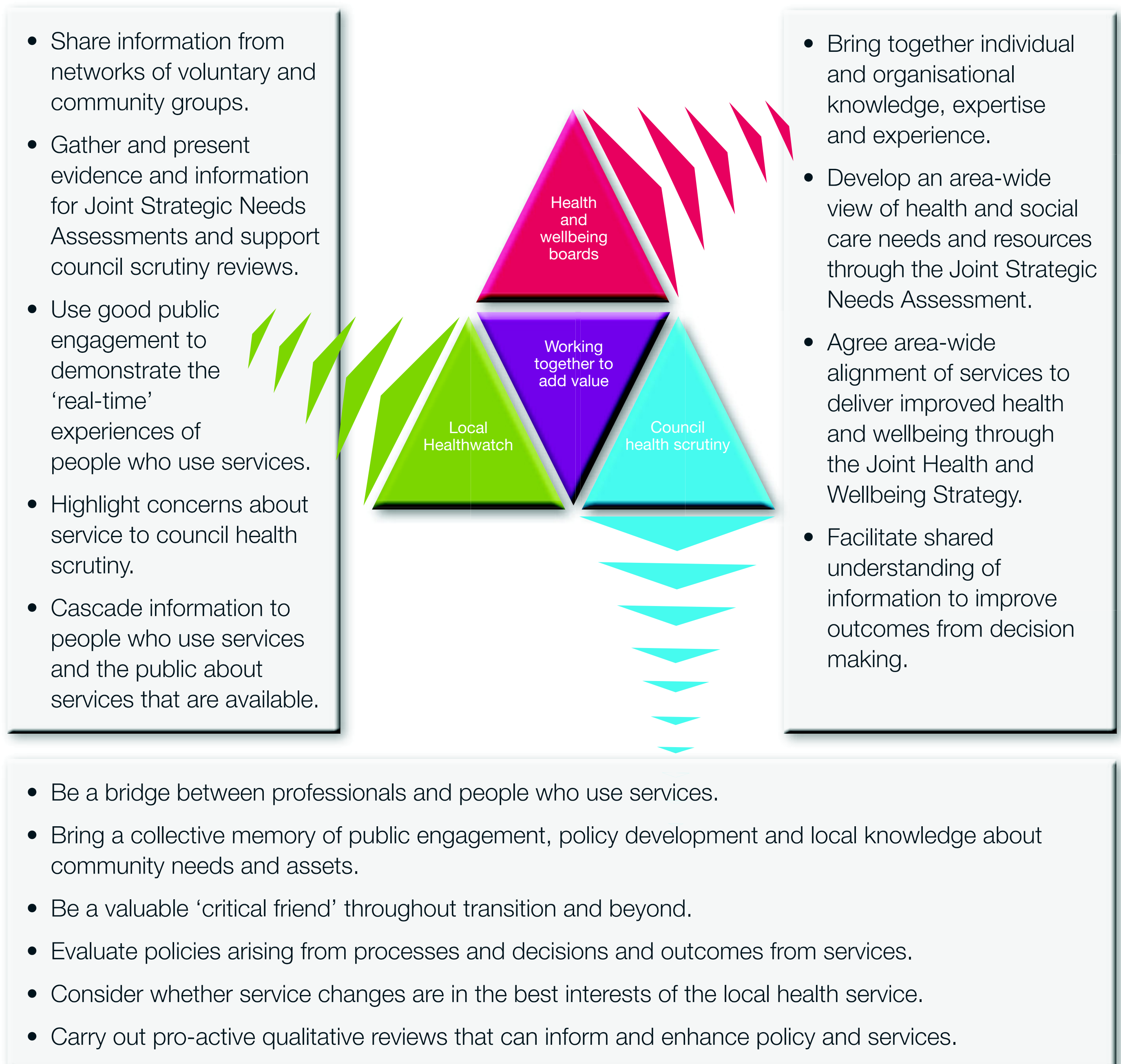


Courtesy of The NHS Information Centre for health and social care. Full diagram available at: www.ic.nhs.uk/commissioning

Copyright © 2011, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved

Working together for better outcomes

Local structures and ways of working will be different. With a focus on the fundamental principle of improving outcomes for local people, there are opportunities for bodies to better work together and add value to each other's work. Here are just some ways that each can bring value to the other.



- Share information from networks of voluntary and community groups.
- Gather and present evidence and information for Joint Strategic Needs Assessments and support council scrutiny reviews.
- Use good public engagement to demonstrate the 'real-time' experiences of people who use services.
- Highlight concerns about service to council health scrutiny.
- Cascade information to people who use services and the public about services that are available.

- Bring together individual and organisational knowledge, expertise and experience.
- Develop an area-wide view of health and social care needs and resources through the Joint Strategic Needs Assessment.
- Agree area-wide alignment of services to deliver improved health and wellbeing through the Joint Health and Wellbeing Strategy.
- Facilitate shared understanding of information to improve outcomes from decision making.

- Be a bridge between professionals and people who use services.
- Bring a collective memory of public engagement, policy development and local knowledge about community needs and assets.
- Be a valuable 'critical friend' throughout transition and beyond.
- Evaluate policies arising from processes and decisions and outcomes from services.
- Consider whether service changes are in the best interests of the local health service.
- Carry out pro-active qualitative reviews that can inform and enhance policy and services.

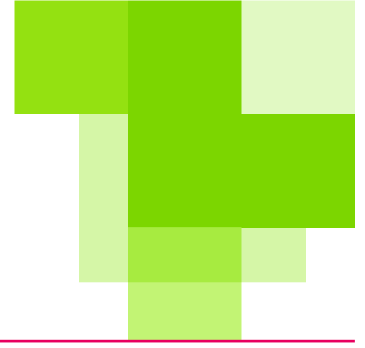
Listening and responding to communities and people who use services is fundamental to each function but each will have different reasons and ways to gather views and experiences. Sharing information and expertise is just one example of how value can be added at different points throughout the cycle of assessing need, devising strategies, commissioning and providing services.

How might this work?

The following basic scenarios are examples of how the three functions might complement rather than duplicate each other's work.

Scenario 1: Refreshed Joint Strategic Needs Assessments indicate a need for integrated health and social care teams aligned with GP practices:

Health and wellbeing board	The Board has a duty to support integrated services and, reflecting on the Joint Strategic Needs Assessment decides to include integrated teams as a priority in Joint Health and Wellbeing Strategy.
Local Healthwatch	Undertakes local research about what people who use services are looking for, identifies gaps in service provision and feeds the outcomes into the health and wellbeing board to influence the Joint Health and Wellbeing Strategy.
Council health scrutiny	Examines the process in light of councillors' knowledge of their local area and makes recommendations about how the people who use services, particularly vulnerable groups, can be informed about changes to services. Six months after implementation of the strategy, it assesses what impact the changes have had and makes recommendations for improvement.



Scenario 2: An issue related to health inequalities: a low uptake of child vaccination in particular wards:

Health and wellbeing board	The refreshed Joint Strategic Needs Assessment indicates a low uptake which has implications for health and social care in some council wards. Because the reasons are unclear, the health and wellbeing board asks health scrutiny to review the issue.
Local Healthwatch	Through their seat on the health and wellbeing board, local Healthwatch were involved in reviewing the Joint Strategic Needs Assessment, and it now uses it's local networks to gather views about why some children are not being immunised and reports this to the Board and health scrutiny.
Council health scrutiny	Health scrutiny asks local Healthwatch to gather local views. As a result of discussions with clinical commissioning groups, schools, health visitors and social workers, makes recommendations about ways to improve the uptake of immunisations. (Alternatively, in a two-tier area the District/Borough Council in which the particular wards lie could undertake the review on behalf of the county council – this is determined and co-ordinated locally to avoid duplication).

Scenario 3: A reconfiguration of maternity services across council areas:

Health and wellbeing board	Providers have proposed this as a solution to improving outcomes and make better use of available resources. The health and wellbeing board assesses whether the plans fit their Joint Health and Wellbeing Strategy and takes a strategic view on the outcomes and engagement with the clinical commissioning groups.
Local Healthwatch	Undertakes a comprehensive exercise to gather the views from people who use services and the public, checks whether consultations reflect what is known about best practice and presents views as a health and wellbeing board member and to council health scrutiny during the formal consultation process.
Council health scrutiny	Agrees that proposals are a substantial/significant variation, and through joint arrangements with other councils, engages in early discussions with the commissioners/providers regarding policy, plans and consultations. It also engages during the formal consultation stage to analyse the proposals in a public forum, taking evidence and coming to a conclusion about whether the proposals are in the best interests of the local health service.

Pulling out the learning

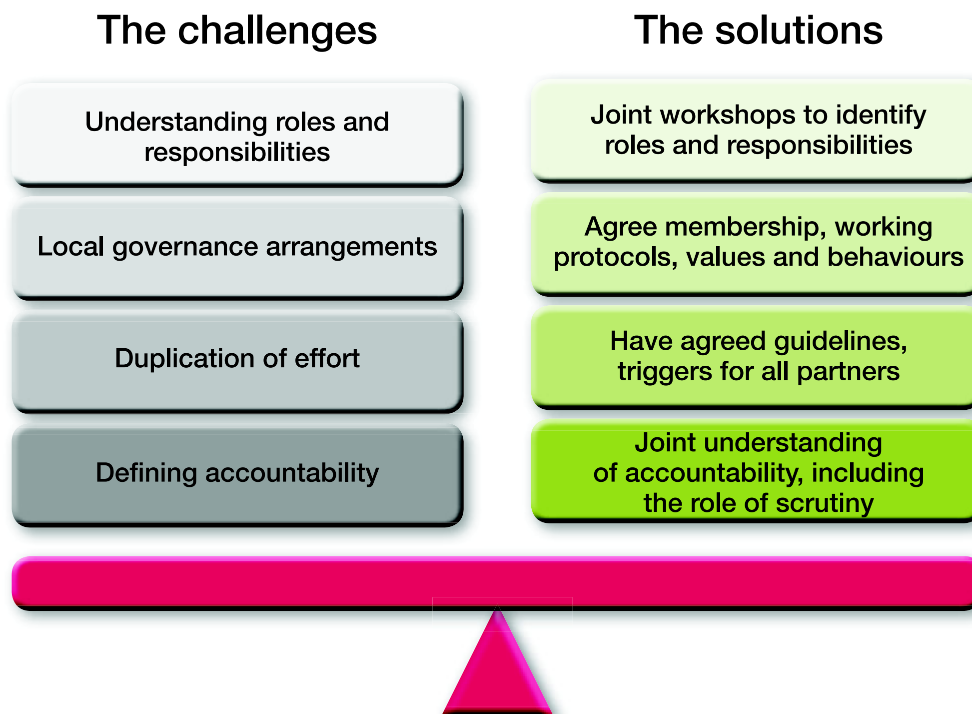
Fundamental principles

There are some fundamental principles, which have been identified by councils, these include:

- Improved health and social care are a common goal.
- Early discussions are vital to ensure no one is left out.
- Everyone has responsibility to develop relationships, not just to engage formally.
- Good relationships lead to good communication, identifying where value can be added.

The challenges, myths and solutions

Our work has identified a number of challenges for local leaders and some possible ways to achieve solutions. These challenges will be solved according to their local context and are likely to be best overcome where there is a shared willingness to work together. Whilst each function will have ways to check their progress, scrutiny can cement arrangements for transparency, inclusiveness and accountability.



Relationships – a gaze into the future…

Taking the emerging learning from our work, below is an 'appreciative' look at what roles and relationships could look like in "Healthyshire" in 2015.

Representatives from health scrutiny, local Healthwatch and the Healthyshire Health and Wellbeing Board meet together with a range of other partners to evaluate how health and care outcomes have improved over the last year. Whole system events are very popular, allowing partners to draw on their strengths and complement each other. The event creates an atmosphere of 'togetherness' where partners can contribute or challenge knowing that their views will be understood and acted on. They've got to this stage because:

Health and wellbeing board members are committed to working with others with clear lines of accountability. They encourage open and honest discussions about the challenges faced by all partners in the new landscape and have dealt with any conflicts quickly and openly. By actively seeking and sharing information, the Board has developed a comprehensive analysis of health and social care needs and assets. Balancing those needs against national and local policy it has developed a robust strategy to improve health and social care and reduce inequalities which is well understood and accepted. They work constructively with health scrutiny, welcoming their involvement. People who use services and the public are central to the Board's work, and people understand how local agencies are improving health and social care outcomes.

Local Healthwatch has built on the LINk legacy by maintaining volunteer capacity and expanding their networks to include a wide range of people and groups so that a comprehensive voice is heard at the health and wellbeing board and this is reflected in strategies and commissioning plans across health and social care. Problems are quickly brought to the attention of partners, knowing that they are listened to and acted upon. They gather and present views to support reviews carried out by health scrutiny. They have contributed to national thinking through their engagement with Healthwatch England.

Council health scrutiny has influenced health and social care in a variety of ways by encouraging transparency, involvement and accountability throughout the planning and delivery of services. Officers and councillors shared their experience and knowledge during transition so that relationships could be built. It's pro-active reviews of health and social care themes provide timely evidence and constructive recommendations to commissioners and providers. Health scrutiny is involved very early on in discussions about reconfiguration of health services and takes a view about whether changes are in the interests of local health services. It acts as a 'bridge' between politicians, professionals and communities, so that solutions are identified together.

Putting it into action

We can start by asking the right questions. Here are some that partners are already asking – you may have other questions that are relevant to your local area:

1. How do we ensure that we complement not duplicate other's work?
2. How can we best use our roles to add value so that together we improve outcomes?
3. Are we taking the right steps to build effective relationships and understanding of partners' roles and responsibilities? (Consider barriers to effective partnership working too).
4. How will we make sure we work together in transparent, inclusive and accountable ways?
5. How are we providing leadership?
6. What is working well or not so well?

For health and wellbeing boards:

1. What are we doing to demonstrate that every Board member is an equal partner?
2. How are we sharing learning and good practice with our partners and neighbours?
3. What steps are we taking to ensure that we have integrated working?
4. How are we collectively and individually demonstrating transparency, inclusiveness and accountability?
5. How are we engaging with providers to ensure delivery of outcomes?
6. How can we work alongside health scrutiny to address the wider determinants of health?

For local Healthwatch:

1. How are we balancing our dual role of ‘consumer champion’ and policy maker on the health and wellbeing board?
2. How have we taken the best of the LINk legacy and developed it?
3. What are we doing that demonstrates we are getting the widest range of views, particularly those of the least heard communities?
4. Can we demonstrate that we use the feedback we get to impact on our decision-making?
5. What are we doing to make it clear how we will treat any safeguarding issues we come across?
6. What steps are we taking to help health scrutiny in its role?
7. How do we plan to work with the Care Quality Commission and Healthwatch England to exchange information about the quality and safety of services?

For Council health scrutiny:

1. How can we best ensure that Joint Strategic Needs Assessments reflect needs and aspirations of local people and that Joint Health and Wellbeing Strategies reflect credible priorities that commissioners follow?
2. What steps are we taking to help people understand scrutiny and how it adds value?
3. What are we doing to pro-actively engage with clinicians but also with professionals outside health and social care?
4. How does health scrutiny work with national bodies, for example the NHS Commissioning Board, Monitor and the Care Quality Commission?
5. What can we do to be an effective ‘bridge’ between politicians, professionals and communities throughout the commissioning cycle?
6. Are we thinking strategically and pro-actively about how we can best use our resources to tackle inequalities and keep in touch with the experience of people who use services?

Websites

The Centre for Public Scrutiny
www.cfps.org.uk

Local Government Association
www.local.gov.uk

Care Quality Commission
www.cqc.org.uk

Healthwatch England
http://www.cqc.org.uk/public/about-us/partnerships-other-organisations/healthwatch

Publications

Health overview and scrutiny: Exploiting opportunities at a time of change
http://www.cfps.org.uk/publications?item=7008&offset=25

Smoothing the way
http://www.cfps.org.uk/publications?item=7081&offset=25

10 questions to ask if you are scrutinising arrangements for Healthwatch
http://www.cfps.org.uk/publications?item=7005&offset=25

Building successful Healthwatch organisations
http://www.local.gov.uk/c/document_library/get_file?uuid=c96a438b-dbb5-4cfa-8669-8c42a999cbdd&groupId=10171

The Centre for Public Scrutiny
Local Government House
Smith Square
London SW1P 3HZ

Tel 044 (0)20 7187 7362

www.cfps.org.uk

CfPS is a registered charity no 1136243

October 2012
L12-693

WORKING TOGETHER TO IMPROVE OUTCOMES FOR THE PEOPLE OF LEICESTERSHIRE

Health and Wellbeing Board

Respecting Independence

Shared Understanding

Work Programmes

Mutual Respect

Transparency

Share ideas and Data

Local Healthwatch

Health Overview and Scrutiny Committee

PROTOCOL BETWEEN THE LEICESTERSHIRE HEALTH AND WELLBEING BOARD, THE LEICESTERSHIRE COUNTY COUNCIL HEALTH OVERVIEW AND SCRUTINY COMMITTEE AND HEALTHWATCH LEICESTERSHIRE

DATE 5 SEPTEMBER 2013

This protocol concerns the relationship between the Leicestershire Health and Wellbeing Board, the County Council Health Overview and Scrutiny Committee and Healthwatch Leicestershire. Its purpose is to ensure that:-

(i) Mechanisms are put in place for exchanging information and work programmes so that issues of mutual concern/interest are recognised at an early stage and dealt with in a spirit of co-operation and in a way that ensures the individual responsibilities of the Health and Wellbeing Board, the Health Overview and Scrutiny Committee and Healthwatch Leicestershire are managed;

(ii) There is a shared understanding of the process of referrals and exchange of information and that arrangements are in place for dealing with these.

……………………….	………………………..	………………………..
Chairman of the Health and Wellbeing Board	**Chairman of the Health Overview and Scrutiny Committee**	**Chairman of the Healthwatch Board**

DATE …………./……/2013

ROLE OF THE HEALTH AND WELLBEING BOARD

The membership of the Health and Wellbeing Board (the Board) is set out in the Health and Social Care Act 2012 and comprises elected members, County Council officers and representatives of partner organisations.

The Board has been appointed by the County Council as a subcommittee of the Executive to:-

(i) Discharge directly the functions conferred on the County Council by Sections 195 and 196 of the Health and Social Care Act 2012 or such other legislation as may be in force for the time being;

(ii) Carry out such other functions as the County Council's Executive may permit.

[Note: the County Council's Executive has yet to decide to delegate any additional functions to the Board.]

The main aims of the Board are:-

1. To identify needs and priorities across Leicestershire and publish and refresh the Leicestershire Joint Strategic Needs Assessment (JSNA), so that future commissioning/policy decisions and priorities are based on evidence.

2. To prepare and publish a Joint Health and Wellbeing Strategy (JHWS) and Plan on behalf of the County Council and its partner Clinical Commissioning Groups (CCGs), so that work is done to meet the needs identified in the JSNA in a co-ordinated, planned and measurable way.

To do this the Board will:-

3. Communicate and engage with local people on how they can achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing by working with other stakeholders.

4. Have oversight of the use of relevant health and social care resources across the whole of the public sector so it can support the integration of health, social care and public health.

5. Monitor performance against agreed targets, service standards and patient safety across the local health and social care sector so as to inform future commissioning.

For more information regarding the working arrangements of the Board please visit www.leics.gov.uk/healthwellbeingboard

ROLE OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE

The Health Overview and Scrutiny Committee (the Committee) is a County Council Committee comprising democratically elected members. It acts as a lever to improve the health of local people and ensure that the needs of local people are considered as an integral part of the delivery and development of health services. It is also responsible for reviewing and scrutinising any matter relating to the planning, provision and operation of health services within the area administered by the County Council.

The role of the Committee is:-

1. To scrutinise the executive functions of the County Council in relation to public health.

2. To monitor the performance of the Health and Wellbeing Board in respect of the executive functions outlined in 1. above and any other partnerships as appropriate that are associated with those functions.

3. To scrutinise the exercise by health bodies of functions, which affect the area of the County Council.

4. To make arrangements for responding to consultation by local health bodies for substantial development of the health service or substantial variation in the provision of such services save where these are dealt with through a joint committee with other Social Services authorities.

To do this the Committee will:-

- Identify gaps in patient pathways;
- Focus on patient experience;
- Consider the impact of major service changes;
- Ensure value for money;
- Question Senior Managers of relevant NHS bodies and relevant health service providers.

In undertaking the above, the Committee will work with the relevant regulatory bodies and with Healthwatch Leicestershire (HWL) which also has a monitoring role.

The Committee recognises the strategic role of the Health and Wellbeing Board and the importance of its own role in scrutinising and supporting the work of that Board; to this end, it strongly recognises the importance of the scrutiny of outcomes and the impact on patient experiences, which in turn will help inform commissioning decisions.

For more information regarding the operation of the Health Overview and Scrutiny Committee please view the Guide to Health Scrutiny by visiting http://www.leics.gov.uk/healthscrutinyguide.pdf.

ROLE OF HEALTHWATCH LEICESTERSHIRE

Each top tier Local Authority has the statutory responsibility for ensuring a Local Healthwatch service is available in their area. Leicestershire County Council has commissioned Healthwatch Leicestershire (HWL), which will not only work in the County, but also with neighbouring Local Healthwatches where it is necessary in relation to services covering a wider area.

Whilst recognising its independent role, Healthwatch Leicestershire, by virtue of the fact that it has representation on the Health and Wellbeing Board and is a participating observer of the Clinical Commissioning Group Boards, will need to engage in a constructive way with key commissioning bodies.

The Key Roles of Healthwatch Leicestershire will be to:

- Be a consumer champion for Health and Social Care;
- Engage with local communities, including those who are vulnerable or often unheard;
- Engage with the voluntary sector and patient led groups;
- Monitor, Review and Challenge the commissioning and provision of health and social care services ;
- Provide a signposting service to give information and help the public to find out about the care choices available to them;
- Provide information to service providers on public and patient experiences and hold service providers to account;
- Take on the work of the Local Involvement Networks (LINks);
- Represent the views of people who use services, carers and the public on the Health and Wellbeing Board;
- Report concerns about the quality of health care to Healthwatch England who can then recommend that the Care Quality Commission take action.

To carry out these roles, Healthwatch Leicestershire will:-

- Collect and share relevant public opinions/experiences in an evidence based approach;
- Have oversight of trends and local issues;
- Access the Healthwatch England repository of information;
- Consider service changes;
- Exercise its statutory Enter and View power;
- Hold regular discussions with commissioners and providers.

For more information about the role and function of Healthwatch Leicestershire please visit http://www.healthwatchleicestershire.co.uk/

WORKING PRINCIPLES

Given the common aims of the Health and Wellbeing Board, the Health Overview and Scrutiny Committee and Healthwatch Leicestershire are to improve health outcomes and ensure the commissioning and delivery of high quality, appropriate and efficient services, it is vital that they:-

(i) Work in a climate of mutual respect, courtesy and transparency in partnership;

(ii) Have a shared understanding of their respective roles, responsibilities, priorities and different perspectives;

(iii) Promote and foster an open relationship where issues of common interest and concern are shared and challenged in a constructive and mutually supportive way;

(iv) Share work programmes and information or data they have obtained to avoid the unnecessary duplication of effort.

Whilst recognising the common aims and the need for closer working, it is important to remember that the Health and Wellbeing Board, the Health Overview and Scrutiny Committee and Healthwatch Leicestershire are independent bodies and have autonomy over their work programmes, methods of working and any views or conclusions they may reach. This protocol will not preclude any individual body from working with any other local, regional or national organisation to deliver their aims.

WHAT WILL THIS MEAN IN PRACTICE?

Example 1 – Commissioning

The Role of the Health and Wellbeing Board, the Overview and Scrutiny Committee and Healthwatch Leicestershire

The Board, the Committee and HWL all share an interest in ensuring that there are effective arrangements in place so that the services provided meet the identified needs of local people. Each will, therefore, need to look as to how best it can discharge its individual responsibilities and functions. To allow the most effective use of resources and avoid unnecessary duplication this may give rise to the need for an annual, joint planning workshop.

The Board, the Committee and HWL are independent bodies and have different roles and responsibilities. There may be occasions when any of the three bodies has a different perspective on an issue arrived at due to the different roles. A mutual respect for the different opinions will be held by all.

The Board will

- Inform/refer to the Overview and Scrutiny Committee any concerns regarding commissioning intentions, including the assessed impact on patients, and seek its views;
- Update the Committee on its progress with the JSNA and the JHWS and seek its views;
- Take account of and respond to the opinions of HWL;
- Take account of and respond to any comments submitted by the Committee.

The Board may

- Request the Overview and Scrutiny Committee to undertake a detailed piece of work where there are particular issues of mutual concern. (The Committee may choose not to do so if it so wishes);
- Request (subject to available resource) HWL to undertake a particular piece of work in order to inform the Board of public opinion and experience of services where there are particular concerns and enable the public to influence decisions. (HWL may choose not to do so if it wishes).

The Overview and Scrutiny Committee will

- Scrutinise and comment on the JSNA and the JHWS;
- Inform/refer to the Board any findings of concern regarding the commissioning or delivery of NHS and care services, including any locally perceived gaps and relevant patient experiences;
- Scrutinise the effectiveness and impact of NHS commissioned services and care services and advise the Board of issues/concerns to be reflected in future commissioning plans;
- Inform the Board of any responses given to consultations or other statutory documents;
- Take account of the opinions and views of HWL.

[In exceptional circumstances where a Commissioning plan is deemed not to be in the best interests of local residents the Committee may ask the County Council to refer the matter to the Secretary of State for Health.]

The Overview and Scrutiny Committee may

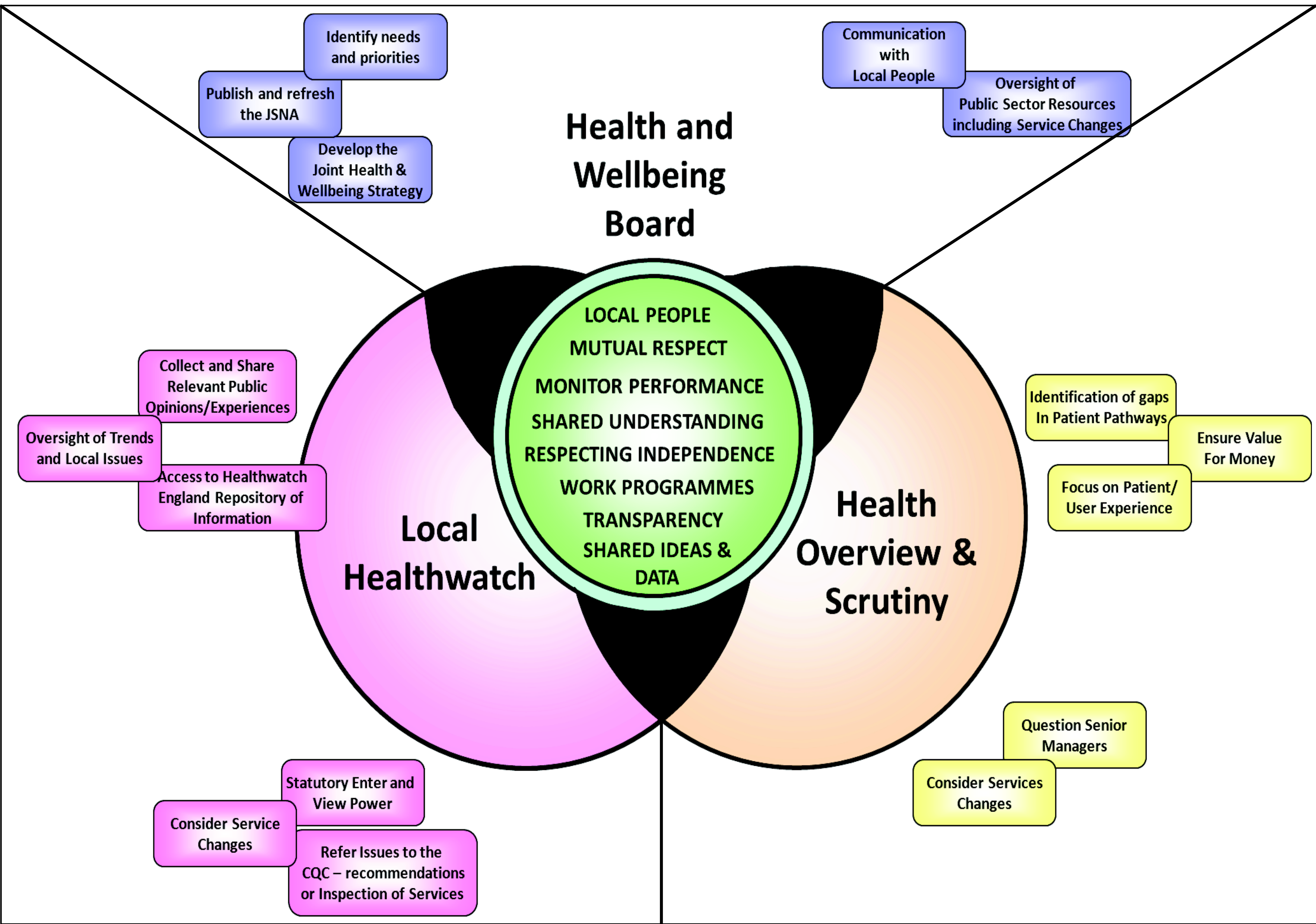
- Request HWL(subject to available resource) to undertake a particular piece of work in order to inform the Committee of public opinion and experience of services where there are particular concerns and enable the public to influence recommendations. (HWL may choose not to do so if it so wishes);
- Make recommendations to commissioners and providers of relevant health services;
- Make recommendations to the Board.

Healthwatch Leicestershire will:

- As a member of the Health and Wellbeing Board, provide information and challenge from the perspective of the public, service users and carers as well as appropriate intelligence on any strategic and/or commissioning concerns;
- Work with the Board and the Committee and provide information and comments as the public champion;
- Regularly inform the Committee of current issues and, in exceptional circumstances, request the Committee to consider whether a formal referral to the Secretary of State for Health is required;
- Provide the Committee with information as required and/or requested for specific topics and issues regarding patients and users experiences and access to services (subject to available resource);
- Establish a protocol regarding any referrals it makes to the Care Quality Commission about the quality of services provided locally;
- Use the intelligence of Healthwatch England.

Healthwatch Leicestershire may:

- Undertake its own pieces of work where it has relevant evidence to support the work;
- Refer matters to Healthwatch England who can then recommend that the Care Quality Commission take action.


ENSURING IMPROVED OUTCOMES FOR LEICESTERSHIRE PEOPLE
Identify needs and priorities
Publish and refresh the JSNA
Develop the Joint Health & Wellbeing Strategy
Health and Wellbeing Board
Communication with Local People
Oversight of Public Sector Resources including Service Changes
Collect and Share Relevant Public Opinions/Experiences
Oversight of Trends and Local Issues
Access to Healthwatch England Repository of Information
Local Healthwatch
LOCAL PEOPLE
MUTUAL RESPECT
MONITOR PERFORMANCE
SHARED UNDERSTANDING
RESPECTING INDEPENDENCE
WORK PROGRAMMES
TRANSPARENCY
SHARED IDEAS & DATA
Health Overview & Scrutiny
Identification of gaps In Patient Pathways
Ensure Value For Money
Focus on Patient/ User Experience
Statutory Enter and View Power
Consider Service Changes
Refer Issues to the CQC – recommendations or Inspection of Services
Question Senior Managers
Consider Services Changes

WHAT DOES THIS MEAN IN PRACTICE?

Example 2

An Issue Regarding a Major Reconfiguration of Services

Health and Wellbeing Board Role

The Board, as the strategic multi-agency body charged with oversight of the local health and social care economy, will have a key role in the early shaping of any reconfiguration proposals and later in assessing the detail and impact of any such proposals on the wider economy of the area. It will also be charged with ensuring that the plans have taken account of the JSNA and Joint Health and Wellbeing Strategy.

The Board will:

- Confirm and challenge the impact assessment, including how proposals will seek to meet identified gaps in commissioning, identifying overlaps in the proposals and ensuring value for money;
- Refer to the Committee for comments/opinions concerning outcomes, patient experiences, pathways and access issues;
- Receive initial reports and in depth reports from the Committee;
- Use the findings to feed into further discussions about the commissioning of the proposed services and potential decommissioning of associated services;
- Seek opinion of neighbouring Boards as appropriate;
- Seek the views of HWL; this will normally be done through the HWL representatives on the Board;
- Be reliant on professional relationships to influence change.

Health Overview and Scrutiny Committee Role

The Committee is a statutory consultee and has responsibility for ensuring that health service changes reflect the needs of the local population and are in the best interests of the area.

The Committee will:

- Scrutinise the commissioners' perspective of the proposals;
- Scrutinise the providers' perspective of the proposals;
- Take information from other interested and affected bodies e.g. user/carer groups. VSOs, staff representatives;
- To consider the information provided by HWL;
- Come to a view about the matter and advise the Board accordingly; or
- Form a view as to whether an in-depth Review of the Patient Pathway and experience is needed in order to understand the outcomes for patients/users;
- Seek opinion of neighbouring Committees as appropriate;
- Report the review findings to the Board;
- Respond to the public consultation.

Ultimately, the County Council has the statutory power to refer the matter to the Secretary of State for Health. It will use that power on the recommendation of the Health Overview and Scrutiny Committee.

Healthwatch Leicestershire Role

HWL, by virtue of its membership of the Board and as an observer of the CCG Boards, will be a party to initial discussions and decisions which may lead to major reconfiguration of commissioned services. Whilst recognising this, HWL, nevertheless will have an independent role in the subsequent review and scrutiny or consultation of the proposals and be able to:

Healthwatch Leicestershire will:

- Consider the commissioning plans and offer a strategic view from the public perspective to the Board, including any cross-border issues and work with other relevant Local Healthwatch organisations;
- Undertake a detailed exercise to gather patients' and public views both in the pre consultation phase and during the consultation period using and co-

ordinating available information and engagement processes, having particular regard to issues of quality and access;

- Access the Healthwatch England information repository to add value to the evidence;
- Inform/report to the Committee and the Board the outcome of the HWL public opinion exercises regarding the potential impact for patients.

Healthwatch Leicestershire has a statutory power to refer matters to Healthwatch England who can then recommend that the Care Quality Commission take action. It can also raise concerns with the Health Overview and Scrutiny Committee.

Health and Wellbeing Board **29 January 2014**

Report of Rachel Potts, Chief Operating Officer, NHS Vale of York Clinical Commissioning Group

Urgent Care and Delayed Transfers of Care Update

Summary

1. This report provides a summary of how the national Winter Pressures Money allocation has been used to support the local health and social care economy. The report outlines the schemes which have been agreed by local Urgent Care Working Group (UCWG) and how Vale of York Clinical Commissioning Group (CCG) is monitoring outcomes.

Background

2. Winter pressures monies were allocated to the Vale of York CCG in October 2013 to be used across the local health and social care economy. Key areas identified for the use of the fund included admission avoidance, supported discharge and equipment. As a result of detailed discussions with partners, funds were allocated to a number of schemes in late October and implemented throughout November, December and into January 2014. Each scheme was agreed by the Urgent Care Working Group (UCWG), where stakeholders and partners across the health and social care system are represented. A number of metrics were agreed by the UCWG to ensure that impact of each scheme could be measured, and changes made where schemes did not deliver as anticipated.

Main/Key Issues to be considered

3. The key issues were to allocate funding in line with the description from NHS England. Schemes were prioritised which could be implemented quickly, where staffing could be put in place, and where defined and measurable outcomes could be identified.

4. **Consultation**

The Urgent Care Working Group approved all the plans. This group has representation from Vale of York, Scarborough and Ryedale and East Riding CCG's; Yorkshire Ambulance Service; City of York Council and North Yorkshire County Council; Mental Health Trusts from Tees, Esk and Wear Valley and Leeds and York Partnership Foundation Trust; Healthwatch and NHS England.

5. **Options**

This paper is for information only.

6. **Analysis**

The schemes prioritised by the UCWG to be funded by the winter pressures money are as follows. All schemes are providing evaluation information to the UCWG to enable the impact on the health and social care system to be

6.i. **Phlebotomy Outreach Services**; Following analysis of the amount of time that the Community District Nursing service spent taking routine blood samples, a proposal has been funded to deliver this service through the hospital phlebotomy team. This is expected to free up the skilled District Nursing team to undertake more complex tasks. The impact on the District Nursing Service is being monitored to ensure that additional activity is undertaken to support vulnerable patients.

6.ii **Hospice At Home and End of Life Practitioners**; this project is providing additional weekend and evening support to individuals on an end of life pathway to enable them to die at home when at the end of their life, if this is their place of choosing.

6.iii **Emergency Department workforce**; additional funding has been committed to support the hospital to provide additional Registrars and senior nurses to work in the Emergency Department (ED) during the winter period. The aim is to enable more people to be discharged from ED following senior clinical review and decision making.

6.iv **Patient Transport**; funds have been allocated for additional discharge support by the voluntary sector to ensure elderly patients can be discharged in a timely way. The scheme provides transport home at times when other patient transport services are not available. If required, help can also be provided when individuals get home for carer support overnight to support individuals staying at home in the first few hours after discharge.

6.v **Extension of the Rapid Access and Treatment Service** into the early evening; the joint hospital and social care team has received additional funding to increase the hours of support available. This will help to ensure that packages of care are put into place as quickly as possible to prevent unnecessary admission to health and/or social care beds.

6.vi **Additional social work posts**; additional hours funded to support the main reablement teams during the winter period and optimise the number of individuals supported.

6.viii **Equipment**; additional funding over the winter period to ensure that there are no delayed discharges due to lack of availability of equipment, including items such as beds, mattresses and hoists.

6.ix **Homeless support worker**; this project is providing funding for a support worker for the three busiest evenings of the week within the Emergency Department. The support worker will work with staff to identify homeless patients who have no medical need and transfer them to the ArcLight centre for support.

6.x **Block and spot purchase of step-up and step-down beds**; this project increases the bed capacity available for patients to be transferred to if they require step up, or step down support from the acute hospital. This capacity aims to ensure that individuals do not remain in hospital beds when they may be appropriately supported in other settings, and hence which maintain patient flow across the health and social care system.

6xi **Integrated hospital/community team;** this team has been provided with additional funding to continue to support individuals outside of a hospital setting until March 2014. The scheme is being evaluated to understand the impact of this additional team over and above the core community nursing service.

6xii **Emergency Care Practitioners**; an additional three members of staff from the Yorkshire Ambulance Service have been employed to work alongside regular ambulance crews to attend falls, faints and minor injuries. This service aims to see and treat individuals in the home or at the scene instead of conveyance to hospital. Similar pilots in our locality have shown a 50% reduction in conveyance to the Emergency Department for minor call outs.

6.xiii **Care Homes Support Project**; this project is currently being developed with partners to be implemented in the near future as one of the schemes for the Better Care Fund. It aims to support care homes in the management of vulnerable patients and prevent unnecessary admissions to hospital or to other escalation beds. Where individuals need to be admitted for elements of their care, the scheme will aim to support discharge at the earliest appropriate opportunity. This pilot project will be extended beyond the winter pressure funding to enable it to be implemented and tested fully.

6.xiv **Community Single Point of Access**; this project will set up a single point of access for health and social care professionals to call for referral or advice. The initial pilot is being developed in partnership with Yorkshire Ambulance Service and will be sustained beyond the winter pressure funding to enable testing of the model on improved pathways of care. This project responds to one of the key issues identified by the community in recent engagement events run by the CCG for a single point of access to services.

Following the most recent UCWG on 19th December 2013, a proposal for a whole system dashboard has been approved. This will be taken forward at the next meeting of the 23rd January 2014.

7. Strategic/Operational Plans

The above schemes all have specific metrics identified and data will be recorded so that their effectiveness can be reviewed and schemes maintained if appropriate. Where plans are larger scale these have been included as proposals for the Better Care Fund planning process and form part of the 2014/15 CCG strategic plan to test and pilot potential transformational schemes.

8. Implications

8.i **Financial –** all schemes are funded out of time limited winter pressures monies. Where there is an ongoing funding requirement these are being fully risk and value assessed prior to a decision for longer term funding from the various partner agencies.

8.ii **Human Resources (HR) –** all teams that have been continued until March 2014 have been notified. Temporary staff or extensions to existing hours have been implemented for other trial schemes

8.iii **Equalities –** all schemes cover patients within all of the Vale of York area who would usually access services within this catchment area.

8.iv **Legal –** no legal implications anticipated

8.v **Crime and Disorder –** no implications anticipated

8.vi **Information Technology (IT)** – where IT is involved for healthcare professionals, appropriate training is provided

8.vii **Property** – no schemes involve additional property

8.ix **Other -** none

9. Risk Management

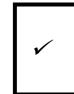
All schemes have been reviewed by the UCWG and agreed as appropriate and have appropriate data recording mechanisms in place. The CCG is using this opportunity to test innovative schemes and has encouraged new ideas from providers not previously involved in winter pressures funding. All schemes are being assessed on performance, finance and outcomes on a monthly basis and if not delivering anticipated benefits will be reviewed. Where mitigating actions cannot be put in place to deliver expected outcomes, then schemes will be terminated and alternative projects identified.

Recommendations

10. The Health and Wellbeing Board are asked to note the work being undertaken to support the health and social care system throughout the winter period and to support pilot projects which may form part of the future Better Care Fund approach.

Reason: So that the Board is kept informed.

Contact Details

Author:	**Chief Officer Responsible for the report:**
Becky Case Senior Improvement and Innovation Manager NHS Vale of York Clinical Commissioning Group 01904 554129	Rachel Potts Chief Operating Officer NHS Vale of York Clinical Commissioning Group 01904 555787
	Report Approved  **Date** *20 January 2014*
	Rachel Potts, Chief Operating Officer

Health and Wellbeing Board 29 January 2014

Report of the Chief Operating Officer of the Vale of York Clinical Commissioning Group, Rachel Potts

Clinical Commissioning Group Strategic Planning Update

Summary

1. The purpose of this report is to provide an update on the NHS Vale of York Clinical Commissioning Group's (CCG) strategic planning process and highlight progress made to date together with forthcoming plans.

Background

2. The CCG, as one of the key partners in the Health and Wellbeing Board, has undertaken to update the Board on current progress made towards the development of strategic and operational plans.

Main/Key Issues to be Considered

3. Board Members are asked to note the progress to date as outlined in the attached Annex A.

Consultation

4. Details of consultation with stakeholders are outlined in Annex A.

Options

5. Board members are asked to consider how they wish to receive further updates.

Analysis

6. Not applicable.

Strategic/Operational Plans

7. This report contains details of the updated strategic and operational plans of the Clinical Commissioning Group.

Implications

8. There are no known implications.

Risk Management

9. There are no known risks.

Recommendations

Members are asked to note:

1) Note the paper and key recommendations
2) Consider how the Board would like further updates and engagement throughout this process.

Reason: To co-ordinate work across partners and maintain the flow of information in an optimal manner.

Contact Details

Author:	**Chief Officer Responsible for the report:**
Lynette Smith Head of Integrated Governance Vale of York Clinical Commissioning Group	Rachel Potts Chief Operating Officer Vale of York Clinical Commissioning Group 01904 555787
	Report Approved √ **Date** 17.01.14

Wards Affected: **All** √

For further information please contact the author of the report

Annexes
Annex A – Clinical Commissioning Group Strategic and Operational Plan Update

Glossary

NHS
Vale of York
Clinical Commissioning Group

Annex A-

Clinical Commissioning Group Strategic and Operational Planning Update
January 2014

1.0 Purpose of the Report

To provide an update on the NHS Vale of York Clinical Commissioning Group's (CCG) strategic planning process.

2.0 Background

2.1 The NHS planning guidance 'Everyone Counts: Planning for patients 2014/15 – 2018/19 ' was published on the 20th December 2013, and provides the national context and priorities to inform local planning. Local Commissioners are required to work with partners and providers to deliver a five year vision and two year detailed operational plan which will meet the requirements of the national mandate and provide local transformation for health care.

2.2 All plans are expected to deliver against the NHS Outcomes Framework and set performance ambitions in seven areas (below). In addition the Strategic Plans should include commitments to improving health, reducing health inequalities and deliver a parity of esteem across mental and physical health. The guidance sets out transformational service models across primary and acute care and requires a continuous focus on the 'essentials' of access, quality, innovation and value across health services.

NHS
Vale of York
Clinical Commissioning Group

NHS
England

5 Outcome Domains, 7 Measures (Ambitions)

Outcome Domain	Measures (Ambitions)
• Preventing premature death	• Securing additional years of life for people with treatable mental and physical conditions
• Quality of life for LTCs	• Improving health related quality of life for people with long term conditions
• Quick recovery from ill health	• Reducing avoidable time in hospital • Increasing elderly people living independently at home on discharge
• Great experience of care	• Increasing positive experience of hospital care • Increasing positive experience of care outside hospital
• Safe care	• Significant progress on eliminating avoidable deaths

6 NHS | Presentation to [XXXX Company] | [Type Date]

2.3 The five-year strategic plan must articulate the shared vision for the local health economy and is expected to be supported by partners and providers. The Health and Well-Being Board has a key role in ensuring the strategic plan can be delivered across the local area.

2.4 The planning guidance also provided information on the financial allocations for CCGs for 2014/5 and 2015/16. It is expected that the financial plan will be submitted alongside the strategic plan. NHS England has reviewed all allocations this year, and the CCG is currently modelling the financial impact for the next two years. For NHS Vale of York CCG the allocation is in line with the planned forecast.

2.5 The deadline for both the final operational plan and the draft five year plan is the 4th April 2014. The final draft of the five year strategic plan must be submitted in June 2014.

2.6 NHS Vale of York CCG is working on the CCG boundaries as the 'Unit of Planning' for the five year plan, to allow for flexibility in approach across the three local authorities.

This will enable the CCG to reflect the priorities of each of the Health and Well-Being Boards and the Better Care Fund planning.

3.0 Progress to Date

3.1 The CCG has held three governing body workshops and held regular internal project team meetings. These have reviewed performance information, demographics, policy drivers, national mandates and local priorities from Health and Well-Being Board and existing strategic plans for relevant partners as part of the needs assessment. In addition senior commissioning leads have reviewing the date modelling to identify area and for performance improvement and efficiency.

3.2 Feedback from consultation events carried out to date by the CCG have been analysed alongside health related feedback from public events and consultations held by local authority partners to inform the development of the plan. The engagement feedback has been triangulated with available performance and financial information to identify initial areas for transformation over the next five years and areas for continuous improvement. These areas and the supporting projects will be consulted upon between January and March with stakeholders and the public.

Priority areas of work

	Areas of Work	Levels of Ambition
Integration of care (initial focus – frail elderly and LTC)	**Community Services Review**	• Securing additional years of life • Improving the health related quality of life for people with LTCs • Reducing the amount of time people spend avoidably in hospital
	Care Home Multi-Disciplinary Team Pilots	
	Enhanced Rapid Assessment Team	
	Community Equipment Review	

	Hospice at Home	• Increasing the number of older people living independently at home following discharge from hospital • Increase the number of people with mental and physical health conditions having a positive experience of care outside hospital
Mental Health -	**Review of future models of care** **Mental Health Commissioning Strategy**	• Securing additional years of life • Improving the health related quality of life for people with LTCs • Reducing the amount of time people spend avoidably in hospital • Increase the number of people with mental and physical health conditions having a positive experience of care outside hospital
Urgent Care Reform	**Out of Hours Review** Additional Emergency Care Practitioners **Seven Day working / Primary Care Strategy**	• Reducing the amount of time people spend avoidably in hospital

NHS
Vale of York
Clinical Commissioning Group

Planned Care	• **Neurology** • **CVD** • **Pathology** • **Referral Support Service**	• **Reducing the amount of time people spend avoidably in hospital** • **Increasing the number of people having a positive experience of hospital care**
Primary Care	• Primary Care Strategy • eConsultations • Pre-Op Assessment	• Reducing the amount of time people spend avoidably in hospital • Increase the number of people having a positive experience of care outside of hospital
Children and Young People	• Children and Families Act • Looked After Children health services • CAMHS Strategy • Maternity Review	• Securing additional years of life • Improving the health related quality of life for people with LTCs • Reducing the amount of time people spend avoidably in hospital
Cancer	To be identified (meetings arranged and GP lead appointed in December)	• Securing additional years of life

3.3 The CCG is holding a stakeholder event on January 22nd to share more detail under these themes, seek views on these and other areas for consideration and seek feedback on the future direction for health services. Local partners including the local authority, health providers, healthwatch and voluntary organisations have been invited.

4.0 Next Steps

4.1 The CCG is currently modelling the financial and performance metrics to inform the detailed planning for the next two years. This includes reviewing the performance measures in the Outcomes Framework and setting 'levels of ambition' against the seven national ambitions detailed in figure 1. In addition the CCG is developing a number of specific projects within these themes to drive efficiencies and pilot innovation.

4.2 The first draft of the plan is required to be developed by the 14th February for initial submission. This draft will form the basis of engagement activity during February and early March. This will be available on the CCG website and four specific public and patient engagement events are being planned for February to share the detail on the strategic and operational plan and provide an opportunity to shape the plan.

Report Sponsor:
Rachel Potts, Chief Operating Officer

Author:
Lynette Smith, Head of Integrated Governance.

Glossary of Terms used

Strategic and Operational Planning Update

CAMHS – Child and Adolescent Mental Health Services

CCG – Clinical Commissioning Group

CVD – Cardiovascular Disease

NHS – National Health Service

LTC – Long Term Condition

This page is intentionally left blank

Vale of York
Clinical Commissioning Group

Health and Wellbeing Board 29 January 2014

Report of the Deputy Chief Executive of City of York Council and the Chief Clinical Officer of NHS Vale of York Clinical Commissioning Group

The Better Care Fund

Summary

1. This report accompanies York's draft submission of the initial plan for the Better Care Fund (BCF) - attached as Annex A.

2. It is requested that the Health and Wellbeing Board:

   a. Review the draft submission for the Better Care Fund.
   b. Agree with the approach set out in the Better Care Fund draft submission.
   c. Agree that final approval for the Better Care Fund initial plan will be delegated to the Chair on behalf of the Board.

Background

3. In October 2013, an update on integrating health and social care was presented to the Health and Wellbeing Board. The Board noted the direction of travel of our local integration plan, endorsed the creation of the Collaborative Transformation Board to oversee the creation of our integration plan and noted the timetable for this plan. The initial draft plan, for the Better Care Fund submission, has now been drafted (see Annex A).

4. The Better Care Fund (formerly known as the Integrated Care Fund) has been set up to support councils and Clinical Commissioning Groups (CCGs) to deliver their local plans for integrating health and social care. The fund amount is £3.8 billion nationally; this represents a top slice (3%) of CCG budgets to be reinvested in local integration plans (it should be noted that this is

not new money and therefore we must develop our plans wisely in order to derive the maximum benefits for our residents).

5. An additional £200 million has now been made available to support the development of plans. For the City of York element of the wider Vale of York CCG footprint this equates to £610,000 and will be used to support the development of our plan in 2014/15 with the main fund £11.281million being used to deliver the new scheme in 2015/16.

6. The BCF is a vehicle to help us deliver our local plan to integrate health and social care, a core purpose of the Health and Wellbeing Board, and a duty under the Health and Social Care Act 2012 and the Care Bill (currently going through Parliament).

7. This report summarises our draft initial plan, which has been jointly prepared by Vale of York CCG and City of York Council. Due to the short timeframe the government has set out for preparing integration plans, our plan is being circulated in draft form and it has not yet had formal approval by senior management teams within City of York Council or Vale of York CCG. We are actively working with colleagues and health partners to ensure that they are engaged in our plan and fully support the development and the direction of travel.

8. The timescales for the BCF are as follows:

   - 29th January: initial plans are presented to York Health and Wellbeing Board
   - 14th February: initial plans submitted to NHS England
   - March 2014: plans assured by NHS England and Ministers
   - Early April 2014: final detailed plans approved by York Health and Wellbeing Board and submitted to NHS England

Between 29th January and throughout March we will continue to work on the details that will be required for the final plan to be submitted.

Key Issues to be Considered

9. York's integration plan is proposing a transformation of the local health and social care system – a different model for the delivery of health and social care services. Our vision is to create a health and social care system with our residents very much at the centre of all our practice, with support that is joined up around them.

10. This is a major change that will result in a more responsive approach, through increased cross-organisational working and more innovative use of pooled budgets, leading to true personal wellness budgets. This will require significant practice and system change, with an increased focus on partnership working that will deliver improved outcomes for residents and organisational financial benefits.

11. York's integration plan is focused on three elements:

    a. The development of a pilot Intensive Support Team made up of health and social care staff – that will have the ability and tools to rapidly assess, diagnose issues and needs. They will then be able to activate more immediate solutions to help people remain at home or return there at the earliest opportunity.
    b. Shared Care Records - so people "only have to tell their story once".
    c. Single Access Point – a health or social care lead professional accountable for the individual as they move between health and social care services.

12. We will develop and test our approach in 2014/15, so we can deliver our plan in 2015/16.

13. The BCF carries a number of conditions that must be met, these are:

- Protection for adult social care services (where there is a health benefit).
- 7 day services available in health and social care to support discharge and prevent weekend admissions via Accident and Emergency.
- Better data sharing between health and social care based on use of the NHS number
- Putting in place an accountable lead professional for integrated packages of care
- Agreement on the consequential impact of changes in the acute sector

14. Our plan will include details of risks that will be shared and managed collaboratively to help implementation and meet the above conditions. As our plan is in its early stages, we will work through any potential impact these changes could have as the plan develops.

Consultation

15. The Collaborative Transformation Board has been running since May 2013, to facilitate engagement with providers and commissioners across the statutory and voluntary sector and Health Watch, to ensure engagement with patients.

16. On 16th December 2013, City of York Council and Vale of York CCG co-hosted a Health and Social Care Integration Workshop, attended by many of the representatives above. The event was used as a platform for communication, engagement and co-design, drawing on local experiences to help prioritise and develop support options for whole-system integration.

17. We are committed to continuing engagement and consultation with residents, patients, providers and other stakeholders. Our local integration plan will be developed with them to ensure we have full support across the City for these changes to the local health and social care system.

Options

18. It is a requirement that Health and Wellbeing Boards sign off BCF local integration plans. There will be a number of opportunities for the Health and Wellbeing Board to have further detailed discussion about our local integration via the Collaborative Transformation Board and a development session in March (date to be confirmed).

Analysis

19. Not applicable

Strategic/Operational Plans

20. Supporting the integration of health and social care services is a core purpose of Health and Wellbeing Boards. This is a key theme running through York's Health and Wellbeing Strategy 2013-16 and is related to all five priorities, with particular relevance to 'Creating a financially sustainable local health and social care system'.

Integration is a fundamental element in the Vale of York CCG Strategic Plan 2014-19 and their Operational Plan 2014-16.

Implications

21. Our local BCF integration plan is in its early stages, but as the plan develops and our approach is tested during 2014/15, the extent of any implications will be identified. There are likely to be a number of implications, including financial, human resources, legal and equalities resulting from this whole system change.

Financial
To be identified
Human Resources (HR)
To be identified
Equalities
To be identified
Legal
To be identified
Crime and Disorder
None
Information Technology (IT)
To be identified
Property
None
Other
None

Risk Management

22. As we develop the details of our project fully there are potential areas of risks these are: HR, financial and reputational. The BCF integration plan is at an early stage, as we develop this further and testing of the new models begin; these risks will be identified, rated and mitigated. Integration can only be achieved though genuine partnership working across the Vale of York CCG footprint, which includes North Yorkshire and East Riding local authorities.

Recommendations

23. The Health and Wellbeing Board are asked to:

    a. Review the draft submission for the Better Care Fund.
    b. Agree with the approach set out in the Better Care Fund draft submission.
    c. Agree that final approval for the Better Care Fund initial plan will be delegated to the Chair on behalf of the Board.

Reason: So that the Health and Wellbeing Board can take full and formal ownership of our integration plan and our approach to the use of the Better Care Fund. It is a requirement that Health and Wellbeing Boards sign off the Better Care Fund plans before they are submitted to NHS England.

Contact Details

Authors:
Helen Sikora
Health and Wellbeing Policy and Partnerships Officer
City of York Council
01904 551134

Wynn Spencer
Adult Social Care Transformation Lead
City of York Council
01904 553235

Chief Officers Responsible for the report:
Dr. Paul Edmondson-Jones
Deputy Chief Executive
City of York Council
01904 551993

Dr. Mark Hayes
Chief Clinical Officer
NHS Vale of York Clinical Commissioning Group
01904 555789

Report Approved	x	**Date**	*17/01/2014*

Specialist Implications Officer(s)
None

Wards Affected: **All** x

For further information please contact the author of the report

Background Papers:
None

Annexes

Annex A – Draft Better Care Fund initial plan

Glossary
Not applicable

This page is intentionally left blank

Local Government Association

NHS England

Annex A

Better Care Fund planning template – Part 1

Please note, there are two parts to the template. Part 2 is in Excel and contains metrics and finance. Both parts must be completed as part of your Better Care Fund Submission.

Plans are to be submitted to the relevant NHS England Area Team and Local government representative, as well as copied to: NHSCB.financialperformance@nhs.net

To find your relevant Area Team and local government representative, and for additional support, guidance and contact details, please see the Better Care Fund pages on the NHS England or LGA websites.

1) PLAN DETAILS

a) Summary of Plan

Local Authority	**City of York Council**
Clinical Commissioning Groups	**NHS Vale of York**
Boundary Differences	**City of York Council sits entirely within the footprint of NHS Vale of York CCG. However the CCG also sits within the boundaries of both North Yorkshire County Council and East Riding of Yorkshire and the CCG is working across organisational boundaries to ensure all plans align**
Date agreed at Health and Well-Being Board:	**29/01/2014**
Date submitted:	**<dd/mm/yyyy>**

Minimum required value of BCF pooled budget: 2014/15	**£3,354K** Which comprises: Health Gain Transfer £2,744K Better Care Funding 14/15 £610K
2015/16	**£11,281,000**
Total agreed value of potential pooled budget: 2014/15	**£4.665K** Which comprises: As above £3,354K Reablement Funding £915K Carers Funding £396K
2015/16	**£11,281,000**

b) Authorisation and signoff

Signed on behalf of the Clinical Commissioning Group	NHS Vale of York
By	Dr Mark Hayes
Position	Chief Clinical Officer
Date	<date>

Signed on behalf of the Council	City of York Council
By	Dr Paul Edmondson-Jones MBE
Position	Deputy Chief Executive
Date	<date>

Signed on behalf of the Health and Wellbeing Board	York Health and Wellbeing Board
By Chair of Health and Wellbeing Board	Councillor Tracey Simpson-Laing
Date	date

c) Service provider engagement

Please describe how health and social care providers have been involved in the development of this plan, and the extent to which they are party to it

All major providers and commissioners are already signed up to our vision for person centred, integrated health and social care at the highest level via York's Health and Wellbeing Board (H&WB). Our main providers are also represented on this board. Our integration plan proposed in this submission is absolutely consistent with this vision and the core principles set out in York's Joint Health and Wellbeing Strategy.

A Collaborative Transformation Board (a sub-committee of H&WB Board) has been running since May 2013, chaired by City of York Council (CYC) Deputy Chief Executive and attended by senior representatives from commissioner and provider organisations including NHS Vale of York CCG (VoY), York Teaching Hospitals Foundation Trust (YTHFT), Leeds York Partnership Foundation Trust (LYPFT) and CYC Adult Social Services and representatives from the voluntary sector and health watch. Neighbouring Local Authorities who also sit within the footprint of Vale of York CCG are also represented on this board.

We have a number of existing programmes which have included a range of health and social care providers as active participants and our voluntary and community sector as a whole, providers are now also being engaged to help us co design future plans.

On 16th December 2013, CYC and VoY co-hosted a Health and Social Care Integration Workshop, attended by many of the representatives above. The event was used as a platform for communication, engagement and co-design, drawing on local experiences to help prioritise and develop support options for whole-systems integration. The workshop also gave attendees the opportunity to share learning about different ways that they had managed to overcome barriers to integrated care already.

The outputs from the workshop will be used to develop our model for the pilots to enable us to bring health and social care services together and help make person-centred, coordinated care a reality, improve outcomes for residents and provide better value for money, helping to ensure a sustainable, health and social care service that can work together to meet an individuals' needs.

The model we are proposing will:

- Help to address ways of jointly managing budgets / shared resources.
- Support effective risk stratification.
- Provide a rich stream of learning to help in the development and delivery of integrated care that will be shared between all organisations.

- Assist us with modelling the financial implications of integrated care.
- Provide relevant examples of internal and external models and comparators.
- Ensure that patients and service users are at the centre of future models of care.

d) Patient, service user and public engagement

Please describe how patients, service users and the public have been involved in the development of this plan, and the extent to which they are party to it

By focusing on our vision for whole system integrated care we have been able to engage with all partners, including patients / users. We believe this will help us to achieve true co-design of the future sustainable model for health and social care delivery.

Our vision is based on what people have told us is most important to them. Over the past 2 years, with the establishment of the CCG, the Health and Wellbeing Board and our first Joint Health and Wellbeing Strategy, both City of York Council and VoY have engaged extensively with patients and carers, residents, and the workforce across the public, private and voluntary sectors about the vision and priorities for health and social care. York's Health and Wellbeing remains committed to this level of engagement and hosts at least two stakeholder events per year. The next stakeholder event in March is focused on integrating health and social care, transforming adult social care and the Joint Strategic Needs Assessment.

The CCG also has a robust programme of engagement and communications across the Vale of York population to ensure we continue to build on this momentum. VoY host the Patient and Public Engagement steering group which includes Health Watch and lay membership to ensure we can capture the real experiences of our patients and residents in our strategic and operational planning. A number of our General Practices host patient participation groups and as a CCG we are committed to at least two wider open forums per year and a number of engagement events focused on specific projects, i.e. long term conditions.

The CCG have held a series of 'world café' events to work with residents to identify their priorities and their key messages. We have focussed our approach to our joint strategy on the outcomes of these events and we have a process of continuous feedback and 'sense checking' through our ongoing engagement programme.

We have also hosted a joint Public and Patient Engagement (PPE) event to focus solely on integration and what this means to individuals, their support networks and the wider community. This event re-iterated the key themes of 'tell my story once' and 'seamless movement through the system' and we will continue to build on these themes as we take our joint plan forward. All the partner agencies have committed to joint communications and engagement events to maintain the focus on collaborative working.

Within the Vale of York area, there is an active voluntary and community sector with partner organisations such as University of York, St John's University and Joseph Rowntree Foundation based here. Such organisations can offer research and depth that is immensely valuable to developing our plans for integration, allowing increased choice and control in our local health and wellbeing system, living longer and living well.

The National Voices research provides an informative and positive framework for continuing to develop our patient, service user and public engagement. Both the CCG and our partners are committed to this approach to progress our vision towards integrated, person centred care and support.

e) Related documentation

Please include information/links to any related documents such as the full project plan for the scheme, and documents related to each national condition.

Document or information title	**Synopsis and links**
Terms of Reference for York Health and Wellbeing Board	This sets the strategic environment in which our plans are being delivered
Joint Strategic Needs Assessment (JSNA)	Joint local authority and CCG assessments of the health needs of a local population in order to improve the physical and mental health and well-being of individuals and communities.
Joint Health & Wellbeing Strategy.	The Joint Health and Wellbeing Strategy sets out the priorities and actions which the Health and Wellbeing Board are planning to carry out in the period 2013 to 2016.
Health Gain Plan	Joint agreement to invest health gains money in areas that deliver both ASC capacity and improved health benefits

Winter Pressures Plan	Additional funding from NHS England to assist the flow of patients through the health and social care system during what was anticipated to be an extremely busy period. Plans jointly agreed.

2) VISION AND SCHEMES

a) Vision for health and care services

Please describe the vision for health and social care services for this community for 2018/19.

- What changes will have been delivered in the pattern and configuration of services over the next five years?
- What difference will this make to patient and service user outcomes?

Our joint vision is for a health and social care system where residents sit at the centre and the system moves in a joined up manner around them. We want to ensure that the system changes we are proposing result in a more responsive approach, through increased cross organisational working and a greater use of reconfigured financial flows and budget setting which challenge existing financial models, leading to true personal wellness budgets.

In order to achieve our vision, we need to enable change to the way individuals access services, both in and out of hospital, and we are determined to deliver the ethos of Right Care, Right Place, and Right Time, and "making every contact count". If we are successful in achieving this we will see a reduction in the requirement for hospital based activity and a much greater use of community and home based interventions and packages of support.

In order to achieve our vision we recognise that significant system and process changes will need to happen and we intend to address these through a continued focus on partnership working and innovative financial gain share models.

We are also mindful that to achieve true transformation for all of our residents we will need to address the difficult issues of more collaborative Local Authority work and the challenges this will bring.

Specifically the key changes we will see in our integrated health and social care system will be:

Intensive Support Team – We intend to introduce "Intensive Support Teams" whose key responsibility will be to rapidly assess, diagnose solutions and activate solutions to enable individuals to remain at home, or return there at the earliest opportunity, following a period of exacerbation or crisis. This multi-disciplinary, multi-agency team will act as the enablers to ensure care and support packages are put in place as quickly as possible and in the best interests of the individual and their carers. New funding models to incentivise this new approach to care provision will ensure that service providers maximise opportunities for alternatives to admissions to hospital or care homes.

Shared Care Records – through our joint engagement exercises the clear message we have received is that people "only want to tell their story once". We fully support this and as part of our vision for more joined up service provision we see this not only as one of the greatest impacts our new service model will have, it is also one of the greatest challenges we will have to address. This will require new ways of working across organisations and we are committed to using this approach to facilitate the use of the NHS number as the prime identifier for users of health and social care services

Single Access Point - to make sure the shared care record is used most effectively, we also intend to progress to a single access point for residents who interface with either health or social care. This single access point could be a GP, a care manager, a district nurse, a community matron, an OT or specialist MH worker or any other health and social care practitioner with whom the resident has regular contact. This single contact point will retain accountability for their client and will act as their interface and facilitator to all other services and interventions. Clearly when an individual is admitted to a hospital setting, clinical responsibility will transfer to the relevant hospital clinician but the single access point will still have an accountable role for in reach and discharge planning.

b) Aims and objectives

Please describe your overall aims and objectives for integrated care and provide information on how the fund will secure improved outcomes in health and care in your area. Suggested points to cover:

- What are the aims and objectives of your integrated system?
- How will you measure these aims and objectives?
- What measures of health gain will you apply to your population?

The aims of our new approach to health and social care provision are both qualitative and quantative. We are determined that any changes we implement will have the resident at the heart of them and specifically will increase the quality and timeliness of service provision.

The specific quantative aims of our new service model are:

- A reduction in the number of residents being admitted to care homes, from both acute and community settings.
- A decrease in the number of delayed discharges and lost bed days from acute settings for those patients medically fit for discharge.
- A reduction in the requirement for emergency placements.
- A reduction in the length of stay for residents who do require an emergency placement where no other alternative is available.

To support these aims, we will also expect to see significant qualitative improvements through a more integrated and resident centric model of delivery. Initial aims we expect to deliver are:

- Residents only having to tell their story once. This supports the principle of the shared care record and is one of the key messages from our public engagement processes.
- Faster response times and more integrated support to both individuals and their carers/families
- Positive feedback and customer satisfaction reports

Measuring success

We aim to put in place a multi-agency programme team who will be responsible for the planning, implementation and normalisation of our model across the health economy.
This team will also be tasked with developing a suite of monitoring and reporting mechanisms that will allow granular analysis of the impact of the model at all levels. Specifically, these reports will need to identify:

- The impact on our local acute provider on a case by case basis. This level of detail will be crucial in order to help build the potential funding model of pooled budgets we hope to be able to achieve
- The impact on the local authority, specifically in the Adult Social Care Sector, focusing on the financial implications of any intervention
- How activity has moved through the system in order to help future proof the model and identify new opportunities

- The level of satisfaction service users experience from the system. We intend to further develop relationships with York University and other industry providers to investigate new and more effective ways of capturing, understanding and building on the feedback received

Our approach to success is outcomes based. We recognise that by working together we will achieve greater levels of quality and best value than we have ever been able to achieve through less integrated approaches and by combining our resources appropriately and where necessary we will succeed in this approach.

We recognise that having a robust evidence base on which to build service change is crucial and we want to investigate further partnership opportunities across the region to maximise this requirement.

The truest measure of success will be a financially balanced system where the shift of spending from the acute sector to community settings has supported transformation and allowed acute providers to re-configure under their terms to ensure their ongoing financial viability.

We will also measure the reduction in, or more appropriate allocation of, care packages to identify how our model has enabled a greater level of appropriate independence.

c) Description of planned changes

Please provide an overview of the schemes and changes covered by your joint work programme, including:

- The key success factors including an outline of processes, end points and time frames for delivery
- How you will ensure other related activity will align, including the JSNA, JHWS, CCG commissioning plan/s and Local Authority plan/s for social care

The main scheme which sits at the core of our joint work programme is the introduction, through a series of pilots of a refreshed model of integrated health and social care provision.

The major change to the model is the development and eventual mainstreaming of Intensive Support Teams (IST) (this title is not set in stone and further work needs to be carried out with partners and the public to finalise). These teams, based on Extensivist models which have been running very successfully in United States, will be multi-disciplinary and multi-agency and will be the enablers that ensure rapid, appropriate and resident centric solutions are put in place to maximise place of choice for

care and support.

In order to ensure we gain maximum learning and innovation from this approach, we do not intend to be too proscriptive on what the IST will look like. We intend to pilot the approach across 2 or 3 localities, with a range of different providers and will work with them to agree outcomes upon which they can then build their teams. By using this 'action learning centric' approach we believe we can capture the best, and identify and dismiss the worst, elements which we will then use to build a final agreed model of service delivery.

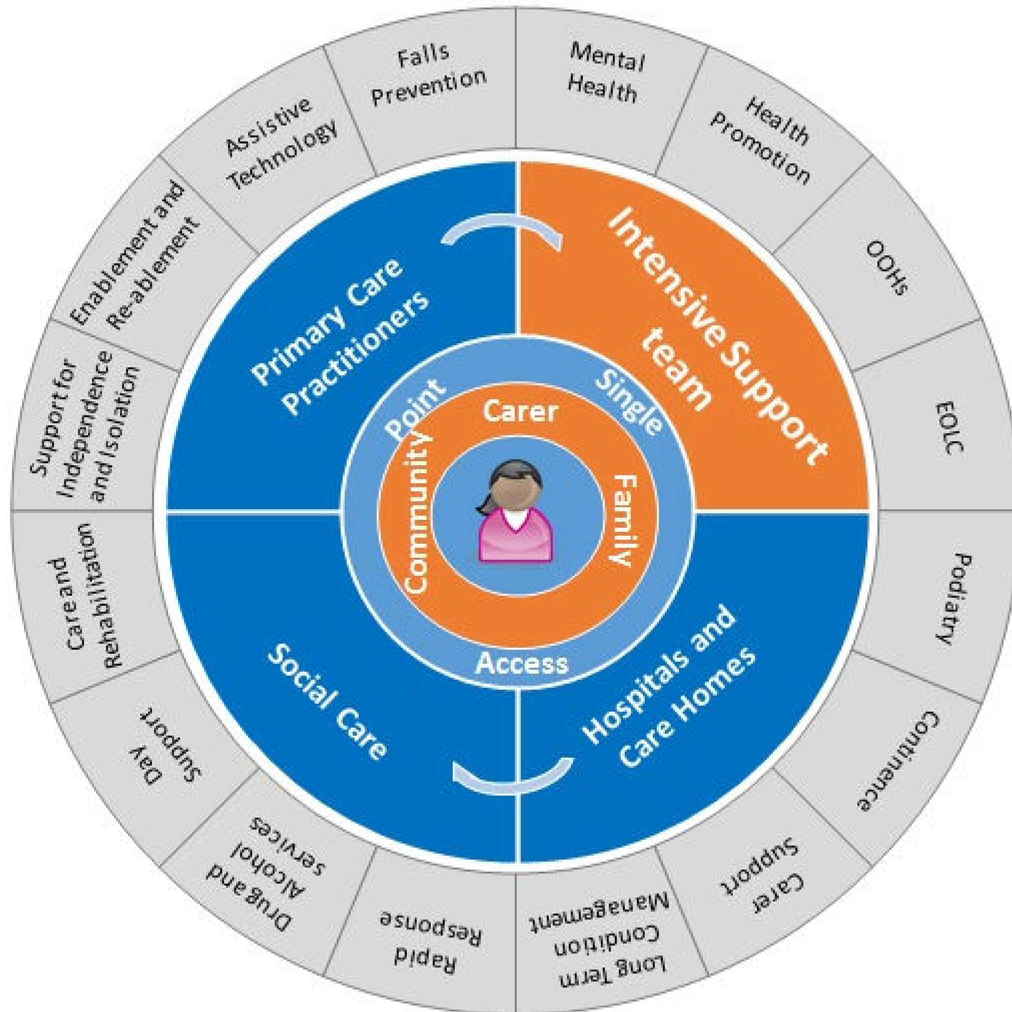
The ISTs will work within a framework of 'wrap-around' interventions. Many of these interventions already exist, in both the health and social care arenas, and some will be the subject of community services procurement and refresh. A key work stream during the implementation of the proposed model will be working with partners to ensure existing and future interventions are fit for purpose and capable of reacting to the pace and accessibility we require the new service to deliver. To achieve this will require a shift to 7 day working and we will develop a specific work stream to identify which services this paradigm shift will be most appropriate for. The workforce and human resource issues associated with this change have also been identified as a key risk to the overall programme. Allied to this, and a key enabler across the whole transformational model, will be ensuring all services have access to and use the individuals NHS number as the prime means of identification.

We intend to launch our pilots as soon as possible after 1 April 2014 and will put in place formal quarterly reviews where we will evaluate the successes and failures of each pilot.
At the end of September 2014 we will formally re-align the pilots based on the issues identified to that point and our intention is that we will be in a position to go live across the health economy by 1 April 2015.

This element of our overall joint work programme is where the majority of resource will be allocated, both during the pilot stage and, once the service is embedded and delivering the outcomes we expect, over the coming years. We anticipate that as the new model takes effect, we will be able to make a greater shift of resource from existing hospital and care home spend to this new integrated model.

The diagram below shows how we envisage the model working and the notes below help explain how the various elements of the model interact.

Resident Centred Health and Care Model



- In this model, the resident sits at the heart of all we do and the various services and interventions revolve around them.
- We recognise the vital importance individuals own support networks play in the health and social care environment and we intend to continue to focus on carer support and liaison to minimise the requirement for emergency placements.

- As previously highlighted, the role and impact of the single access point will be crucial in making the whole system work

<u>Alignment with existing plans and strategies</u>

The York Health and Wellbeing Board provides leadership for continued partnership working between VoY, local authorities, providers and commissioners to ensure our strategic plans for health and social care remain consistent in their aims and objectives.

The JSNA was the basis from which our Joint Health and Wellbeing Strategy was developed and subsequently this has influenced the operational and commissioning plans of the CCG and local authority social care. We now need to join up our systems, funds and teams to ensure that our strategic ambitions for integration can be achieved practically. The Health and Wellbeing Board have a major role here. They will approve our plans for integration and through this governance they will inherit increased decision making powers to move towards this joint approach, i.e. agreements to share risk and reward and to pool budgets. We intend to work more closely with members of the Health and Wellbeing Board as our integration plans develop to ensure they are aware of the impact and consequences, equipped to make timely decisions and can confidently fulfil their core purpose of leading the local health and social care system towards integration. We also recognise that we need to replicate this partnership working at every level. Below the Health and Wellbeing there are a number of partnerships to facilitate and deliver our joint approach, we are working hard to ensure that this becomes the norm, rather than the exception.

We have also worked closely with colleagues across our unit of planning as part of our Winter Planning process which highlighted what we can achieve through collaboration and cooperation. We have developed a number of schemes which impact on the urgent care system (both health and social care), and where appropriate, these schemes may be considered for mainstreaming through our proposed model. Large scale schemes include the establishment of a Multi-Disciplinary Team into Care Homes, additional Emergency Care Practitioner support, support for Emergency Department (ED) staffing, purchase of equipment needed for patient discharge, a trial of a Single Point of Access for health professionals, and an extension to the Hospice at Home programme.

Smaller programmes include additional patient transport, extension of social care teams into the evening and a trial of a new Homeless Support Worker working alongside ED staff.

d) Implications for the acute sector

Set out the implications of the plan on the delivery of NHS services including clearly identifying where any NHS savings will be realised and the risk of the savings not being realised. You must clearly quantify the impact on NHS service delivery targets including in the scenario of the required savings not materialising. The details of this response must be developed with the relevant NHS providers.

The key driver for understanding the implications on the acute sector is that the funding to support BCF is already committed and the necessary shift of funding is most likely to come from spend with acute providers.

We have not underestimated the impact this will have and have shaped our joint plans accordingly.

The main purpose of our joint plan is that those individuals at high risk of health and social care interventions are proactively managed and supported to avoid the requirement for hospital based interventions. We recognise that in order to make both the BCF and our joint longer term sustainability a reality, we have to reduce the overall spend in the acute sector in order to properly fund our integrated out of hospital model. From our joint workshop with our main acute provider we have agreed the proposed model which will help us achieve this; the key to success will be in turning this high level plan into real actions that allows all partners to reshape their model of service provision accordingly. We believe that that we have a joint approach to addressing this issue and at a recent joint meeting, colleagues from York Teaching Hospitals Foundation Trust re-iterated their desire to reduce their footprint, based on scalable change in the way services are provided outside of hospital. This joint understanding and acceptance of how we might now deliver sustainable and transformational change is a significant step towards being able to operationalize our proposed model.

Specifically we will aim to target our efficiency savings around:

- Admissions avoidance
- Reduced length of stay
- Reduction in delayed discharges

Admissions avoidance

The proposed Intensive Support Teams will play a pivotal role in admissions avoidance. The key areas where they will impact will be through advance care planning – making sure those at most risk of accessing acute services have the necessary support packages in place – and through rapid intervention when individuals do require acute interventions to return the individual to their normal place of residence a soon as possible.

Whilst the impact this will have on both acute sector admission numbers and subsequent levels of service provision are currently being worked up, we envisage enabling acute providers to make significant cost efficiencies through refreshed models of service delivery based around footfall and activity. In our discussions with providers, it is clear that they are committed to shaping their services to reflect the impact of the expected changes.
Together we recognise the challenges this might create if we are to sustain high quality hospital care for our residents and we will continue to work in partnership to minimise this risk.

Length of Stay/Delayed Discharge

For those patients who are admitted, we want to ensure there is a clear discharge plan and the necessary support packages in place to speed rapid discharge. Whilst much of this is already in place, we believe our new model will allow a much greater synergy between organisations and will ensure any blocks to discharge are identified and removed as soon as practicably possible. The single contact point will have a key role to play in this scenario and the introduction of 7 day a week working across organisations will also facilitate this. We are under no doubt about the challenges this system change will bring but our joint commitment to making the necessary changes will help us to deliver the change we need.

We recognise that what we are proposing carries an element of risk should the necessary reductions in admissions and length of stay not be achieved but we are confident that because we have built such a strong partnership across all elements of the health and social care environment, and we share a common vision for what the future should be as we are focusing on what success will look like.

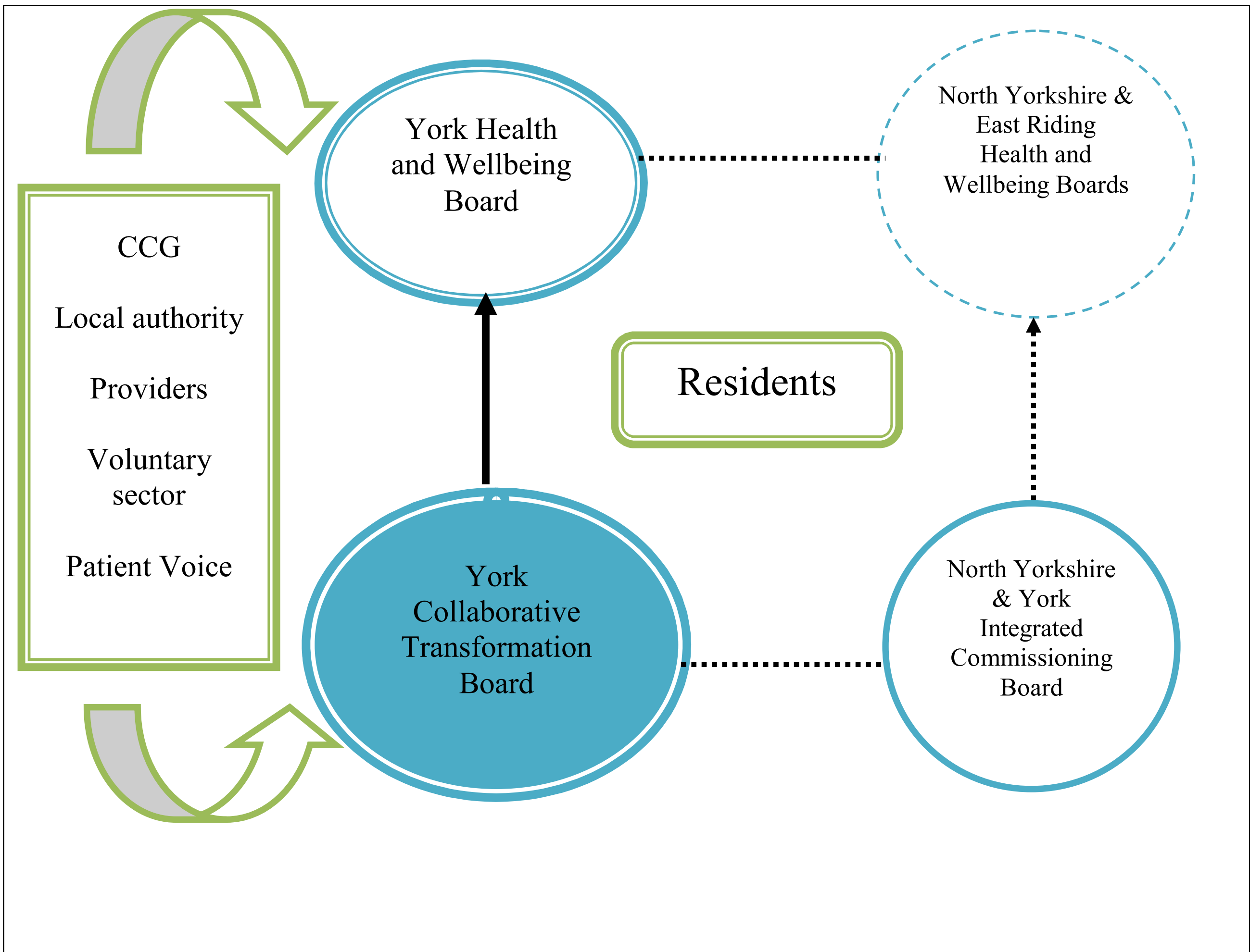
e) Governance

Please provide details of the arrangements are in place for oversight and governance for progress and outcomes

The York Collaborative Transformation Board has been established to progress and govern our integration plan. The Collaborative Transformation Board reports directly to York's Health and Wellbeing Board, who hold ultimate responsibility and governance for integrating health and social care locally.

We are actively exploring opportunities to work across geographical boundaries, particularly with North Yorkshire and East Riding local authorities, ensuring our plans are aligned across the whole CCG footprint.

The diagram below illustrates current governance arrangements for our integration plan.



NATIONAL CONDITIONS

a) Protecting social care services

Please outline your agreed local definition of protecting adult social care services

The fund will be used to support adult social care services within the local authority, which also have a health benefit. It will be incumbent on social care to work closely with health colleagues to transform the way their services are currently delivered and this is being addressed through the City of York Transformation programme. We will develop our detailed plans and agree as partners how this existing money will be used to protect current innovations within services and help to develop future commissioning models and practices within health and social care. We will put in place clear measures and outcomes to help us monitor the fund.

In order to help protect social care services in VoY we must ensure that those in need within our local communities continue to receive the support they need, in a time of growing demand and budgetary pressures. Whilst maintaining current eligibility criteria is one aspect of this, our primary focus is on developing new forms of joined up care which help ensure that individuals remain healthy and well, and have maximum independence, with benefits to both themselves and their communities, and the local health and care economy as a whole.

We wish to take a proactive early intervention approach to divert crisis situations and emergency admissions to hospitals for those customers who currently present with the highest level of demand. However we recognise that this is not always possible in which case we will ensure the named worker for that individual is made aware of their situation at the earliest point and is then able to coordinate their early discharge and procure the support and equipment they may need to re-establish them back at home.

Our preventative agenda aims to support people at the earliest opportunity by providing relevant information and advice in a timely and accessible way, signposting people to the most appropriate resource for their particular needs. Encouraging self-help options and only engaging when required. Supporting people to remain well, and facilitating the self-management of their own wellbeing and wherever possible enabling them to stay within their own homes. Our focus will be on shifting to protect and enhance quality of life by tackling the causes of ill-health and poor quality of life, rather than simply focusing on service options.

Please explain how local social care services will be protected within your plans

As local organisations we recognise the need to take urgent action to make integrated care happen. We believe person centred coordinated care and support is key to improving outcomes for individuals. Too often services have not been ‘joined up’ and we haven’t communicated well with each other. We have innovated in some areas and are working hard to develop a person focused approach for all service areas. This approach was used to establish more capacity within our Reablement services that promote independence and self-help.

Funding currently allocated under the Social Care to Benefit Health grant has been used to enable the local authority to sustain the current level of eligibility criteria and to provide increased assessment capacity within hospital and locality care management teams and review and commissioned services to clients who have substantial or critical needs and information and

signposting to those who are not FACS eligible. This will need to be sustained, if not increased, within the funding allocations for 2014/15 and beyond if this level of offer is to be maintained, both in order to deliver 7 day services and in particular to meet the increased demands arising from the new Social Care Bill requiring additional needs and financial assessments to be undertaken for carers and self-funders.

It is proposed that additional resources will be invested in social care to deliver enhanced support to help reduce hospital admissions, delayed discharges and admissions to residential and nursing home care.

We are carrying out a contracts and project audit to identify current projects that are delivering successful outcomes and financial benefits. We would wish to retain these and build on the knowledge base they have started to provide for us. This will enable us to develop local market intelligence, provide good reference points and help us contribute to the wider region within the health and social care markets.

b)7 day services to support discharge

Please provide evidence of strategic commitment to providing seven-day health and social care services across the local health economy at a joint leadership level (Joint Health and Wellbeing Strategy). Please describe your agreed local plans for implementing seven day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends

By improving access, assessment processes and introducing self-help options we believe we can work towards a 7 day service model. This will be an integral part of our development during the first year.

A work stream will be established to identify current commissioning, operational and service delivery patterns, establishment and budget for health and social care. This will help evaluate the "as is" position and inform the "to be" development.

Development of a 7 day service will be centred around the person, based on the needs of local people and their communities helping to secure best value. Building on what is 'working well' within current service models and exploring partnerships / joint ventures with the private sector, public and third sector.

c) Data sharing

Please confirm that you are using the NHS Number as the primary identifier for correspondence across all health and care services.

Whilst we are not currently using the NHS number as the prime identifier, our systems have the capability to do this and we will rapidly develop a work stream to facilitate this national condition by April 2015.

If you are not currently using the NHS Number as primary identifier for correspondence please confirm your commitment that this will be in place and when by

As above

Please confirm that you are committed to adopting systems that are based upon Open APIs (Application Programming Interface) and Open Standards (i.e. secure email standards, interoperability standards (ITK))

We confirm our commitment to work towards this by April 15.

Please confirm that you are committed to ensuring that the appropriate IG Controls will be in place. These will need to cover NHS Standard Contract requirements, IG Toolkit requirements, and professional clinical practise and in particular requirements set out in Caldecott 2.

We will comply with all current and future IG issues and will develop a specific IG work stream as part of our overall programme plan. This will also incorporate compliance with Caldecott 2 and other national conditions.

d) Joint assessment and accountable lead professional

Please confirm that local people at high risk of hospital admission have an agreed accountable lead professional and that health and social care use a joint process to assess risk, plan care and allocate a lead professional. Please specify what proportion of the adult population are identified as at high risk of hospital admission, what approach to risk stratification you have used to identify them, and what proportion of individuals at risk have a joint care plan and accountable professional.

The methodology and integrated model proposed in this submission will enable us to identify a single access point for every person with whom we engage within the programme.

“Telling my story only once” is what our residents tell us they want us to achieve through integrated working. We will work towards a single assessment process and data share where it is appropriate.

Acting as the single access point for an individual will enable the worker (whether they are health or social care) to act as the coordinator of the individuals support. They will be enabled through access the pooled budget to purchase care and equipment when required in a far more expedient way. They will be able to signpost to other professionals and points of relevant advice and information if required. This will require us to identify and pool budgets which under current legislation will need to be managed through the local authorities mechanisms.

In order to help identify those high risk residents, we have a series of procedures in place. These include:

- Social Care Eligibility Criteria
- Risk and Exception Panels
- GP Practice Quality and Outcome Framework (QOF) registers
- Adult Safeguarding Board
- Risk assessment and identification built in to provider contract and monitored through contract management groups
- Joint Strategic Needs Assessment
- Neighbour Care Teams

Whilst we acknowledge that each of the above has a part to play in risk identification, we do require a more structured and joint approach to risk stratification and this will form a key work stream of our overall plan for 2014/15.

We have identified that new approaches to allocating and managing budgets across health and social care, both at the micro and macro levels, are crucial to the success of our joint plans and we intend to pursue putting in place the right financial models to incentivise the right level of support at the right time whilst at the same time maximising the overall efficiencies across the system.

We will work together and put in place joint agreements to achieve this. This will inform and help us to plan and develop future commissioning contracts with providers in all sectors. Our focus will be on outcomes and improved performance. We will put measures in place to monitor these funds and explore contractual options which may include PBR (payment by results), alternative market development and management models. Our risk stratification plan will be developed detailing joint and shared responsibility.

This is an exciting opportunity and has clear synergies and links with the developments of the Transformation programme now underway within the City York Council. We anticipate the learning from this initiative will also inform the future delivery models for the programme.

We believe focusing on high intensive current users of health and social care within our area addresses this question and will provide us with the maximum impact and benefit from the fund in our joint work towards sector improvement and resident satisfaction. Creating and maintaining a positive environment within which we can transform and integrate local health and social care services

3) RISKS

Please provide details of the most important risks and your plans to mitigate them. This should include risks associated with the impact on NHS service providers

Risk	**Risk rating**	**Mitigating Actions**
The proposed model does not reduce emergency admissions		
Agreed system changes between partners are not realised		
Impacts of the model do not have sufficient benefits for the Adult Social Care agenda		
The model becomes politicised which hampers true innovation and risk taking		
HR element of 7 day working		

Health and Wellbeing Board 29 January 2014

Report of the Deputy Chief Executive and Director of Health and Wellbeing

Local Safeguarding Children Arrangements- Changes and Developments

Summary

1. The report covers recent activity undertaken in respect of child safeguarding and asks the Health and Wellbeing Board to consider the format in which it would like to receive future reports.

Background

2. York's Local Safeguarding Children Board is responsible for overseeing the quality and robustness of the multi agency safeguarding children arrangements for the city. With the arrival of a new Chairman in January 2014, Mr Simon Westwood, and a pending peer review of child safeguarding arrangements, it was considered appropriate to keep the Health and Wellbeing Board informed of current and future activities.

Main/Key Issues to be Considered

3. The key areas to be considered are attached to this document as Annex A (with associated annexes), a report to Learning and Culture Overview and Scrutiny Committee presented on 22 January 2014.

Consultation

4. Not applicable.

Options

5. The papers attached as Annex A (with four associated Annexes 1 to 4) represent the papers sent to Learning and Culture Overview and Scrutiny Committee.

The Health and Wellbeing Board are asked to consider whether to receive updates in a similar format and at similar times (currently six-monthly), or to receive updates in an alternative format and at different intervals.

Analysis

6. Not applicable.

Strategic/Operational Plans

7. This report has relevance to the "Protect Vulnerable People" priority of the City of York Council Plan 2011-15.

Implications

8. There are no known implications associated with the recommendations made below.

Risk Management

9. There are no known risks associated with the recommendations made below.

Recommendations

10. The Health and Wellbeing Board are asked to consider:

i. Receiving the attached scrutiny report

Reason: To note current progress of child safeguarding

ii. Receiving further updates in a format of their choice

Reason: To maintain awareness of current issues in child safeguarding

Contact Details

Author:	**Chief Officer Responsible for the report:**
Eoin Rush Assistant Director, Children's Services Adults, Children and Education City of York Council 01904 554212	Dr Paul Edmondson-Jones Deputy Chief Executive and Director of Health and Wellbeing City of York Council 01904 551993
	Report Approved √ **Date** 20 January 2014

Wards Affected: **All** √

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

Annexes

Annex A- Biannual Safeguarding Update (Presented to Learning and Culture Overview and Scrutiny Committee on 22 January 2013)

Annex 1-Progress Report
Annex 2-City of York Safeguarding Children Report
Annex 3-OFSTED pre-visit letter
Annex 4-CYC Children's Social Care-Practice Improvement Plan (PIP)

This page is intentionally left blank

CITY OF YORK COUNCIL

Annex A

Learning and Culture Overview and Scrutiny Committee **22 January 2014**

Report of the Assistant Director for Childrens Specialist Services

Bi-Annual Safeguarding Update

1. **Summary**

At a meeting of the Committee in June 2012 Members agreed to receive a six monthly update on key childrens safeguarding issues. This is fourth report updates the committee on key local and national safeguarding developments since July 2013.

2. **City of York Safeguarding Children Board [CYSCB]**

Our Local Safeguarding Children Board is responsible for overseeing the quality and robustness of the multi agency safeguarding children arrangements for the city. In previous updates the independent chair of this Board provided an overview of activity and developments. However this review period has seen significant change to our local arrangements including the resignation of Roger Thompson as the long standing chair of the Board.

In these circumstances, this report takes the opportunity to update members on the details of the above changes and it is hoped that there will be an opportunity to introduce the new independent chair to the Committee when it meets on 22 January.

Changes to CYSCB arrangements

The July 2013 update informed members of a peer review commissioned by the local authority and its partners to consider the effectiveness of our local board arrangements. This review was prompted by a significant shift in national policy (set out in a revised Working Together 2013), a new Ofsted inspection framework and a need to ensure that the Board is fit for purpose in this new operating environment.

Details of the key lines of enquiry for this review were included in the July 2013 update.

The review confirmed some key strengths in the city including good partnership working, strong workforce development and examples of good practice at the front line. However, the review also found some areas for further development and improvement. These included the need to:

- strengthen the Board's performance monitoring arrangements
- strengthen independent challenge from the Board
- improve the Board's public profile
- improve the Board's engagement with children, young people and their families
- ensure sufficiently senior representation on the Board

It is worth noting that all of the above issues, strengths and areas for development are identified as the key lines of enquiry set out in the new inspection framework for Local Safeguarding Children's Boards (LSCBs) introduced in April 2013.

In response to the above findings a detailed improvement plan was promptly agreed by the Board. Since August 2013 this improvement plan has achieved rapid and significant progress against all of the above areas.

Of particular significance are the development of a new qualitative performance management framework and the introduction of an involvement strategy for the Board. Progress reports on both of these work streams are appended to this report (Annex 1 and 2).

In August 2013 and unrelated to the above developments, Roger Thompson the then independent chair decided to resign. Mr Thompson had occupied the role for six very successful years and took the view that it was time to step down. Mr Thompson also took the view that in the new operating environments for LSCBs the appointment of the independent chair should be reviewed on a two yearly cycle.

A recruitment process led by the Chief Executive of the local authority and chief officers from the Board's key statutory partners saw the appointment, in November 2013, of Mr Simon Westwood to the role of independent chair for the Board.

Mr Westwood, a retired experienced senior manager in Children's Social Care, took up this role in December 2013. Following his current induction he will chair the January 2014 meeting of the CYSCB.

A more detailed briefing on the CYSCB improvement plan will be presented in the July 14 update.

Recommendation:	The committee is respectfully invited to acknowledge the long standing contribution of Mr Thompson as the chair of the CYSCB. A more detailed report on progress against the Board's improvement plan is presented as part of the July 2014 update.

Update on Serious Case Reviews

There are currently no ongoing Serious Case Reviews (SCR) commissioned by the CYSCB. However, the board's serious cases panel continues to review and monitor the implementation of any recommendation arising from previous SCRs and learning lessons reviews.

This issue is addressed further within the Children's Social Care update

Multi Agency [Section 11] Audit of Safeguarding Arrangements

Local Safeguarding Children Boards are required to co-ordinate a biennial multi agency audit of local safeguarding arrangements. This process involves each of the agencies represented on the Board undertaking a self audit and sharing their findings to produce a composite picture of their individual and collective effectiveness in safeguarding children. The outcome of this process will be the subject of a regional challenge event in mid January 2014 and the outcome will be available when this report is presented on 22 January.

Recommendation:	The Committee receives a verbal update on the outcome of the Section 11 audit regional challenge event.

3. Other Childrens Safeguarding Developments

Thematic Inspection of York's Early Help Offer

The local authority and its partners have received notification that Ofsted will inspect the local arrangements for Early Help. This inspection conducted under section 136 of the Education and Inspections Act 2000 will look to identifying common themes and to highlight good practice and areas for developments across all of those authorities included in this process.

Ofsted inspectors make no judgements regarding the quality of work in individual local authorities although they will provide verbal feedback at the end of the process. A copy of the letter of notification is included (Annex 3) and this letter provides more detail on the process of the inspection.

Recommendation:	A report on the outcome of the thematic inspection is included in the July 14 briefing.

4. Changes in Childrens Social Care

Contacting us about children

New information and signposting for professionals who wish to contact the local authority about a child / young person has been published. This refreshed information sets out in very clear format how to make a referral about a child. Behind this new signposting sits some significantly strengthened referral and assessment arrangements. These arrangements ensure that that every referral receives an effective and proportionate response. The materials described will be presented to the meeting.

A more detailed briefing on these changes will be presented to the July 2014 meeting.

Recommendation: A detailed update on developments within childrens social care is presented to the July 2014 meeting.

Responding to Lessons Learned

As part of a continuous improvement process managers within childrens social care have developed a detailed practice improvement plan [PIP] which incorporates all of those lessons learned from both local and national case reviews. This PIP makes explicit links between lessons learned and local practice standards and expectation. Although quite a detailed and operational document it is included at (Annex 4) for Members information and review.

The implementation of this plan is further supported by the introduction of the Principal Social Worker role within the authority.

Looked After Children

The review period has continued to see a reduction in the number of Looked After Children. At July 2013 there were 223 children looked after by the local authority. On 31st December this number had further reduced to 215.

A brief analysis of this cohort of children and young people highlights:

- there are 15 children placed for adoption who are likely to leave care in the first 6 months of 2014
- the number of children placed in external independent foster placements (with an average annual cost of £55k) has reduced from 16 in September 2013 to 8 on the 31st December 2013
- the number of young people placed in external residential placements (with an average annual cost of £162k) went from 10 in September 13 to 11 at 31st December 2013

These figures broadly reflect the projections set out in the Keeping Families Together strategy.

The progress of our Looked After Children is routinely reported to the Corporate Parenting Board.

Recommendation: A further update on the progress of the Keeping Families Together strategy is presented to the July 14 meeting.

5. **Summary of Recommendations**

i. The committee is invited to acknowledge the long standing contribution of Mr Thompson as the chair of the CYSCB.

ii. A more detailed report on progress against the Board's improvement plan is presented as part of the July 14 update.

iii. The committee receives a verbal update on the outcome of the Section 11 audit regional challenge event.

iv. A report on the outcome of the thematic inspection is included in the July 14 briefing.

v. A detailed update on developments within childrens social care is presented to the July 14 meeting.

vi. A further update on the progress of the Keeping Families Together strategy is presented to the July 14 meeting

Reason: To allow Members to be fully informed on key childrens safeguarding issues in York

Report Author:

Eoin Rush, Assistant Director, Childrens Specialist Services
01904 554212 / eoin.rush@york.gov.uk

Annexes:

Annex 1 - Safeguarding Development Officer (SDO): Progress report October - December 2014

Annex 2 - Involving children and young people in the work of the CYSCB

Annex 3 - Ofsted thematic inspection – early help – Notification Letter

Annex 4 - Practice Improvement Plan Dec 2013 – Feb 2014

Annex 1 -Safeguarding Development Officer (SDO): Juliet Burton

Progress report

October - December 2014

The brief:

To ensure that the Children's Safeguarding Board and other key partnership boards are supported through the development and delivery of an effective multi agency performance and outcomes framework, ensuring it is efficient, effective and responsive to organisational and partnership needs and underpinned by legislation, best practice and guidance.

To support the Chair of the Safeguarding Board and senior managers in implementing the new Working Together safeguarding guidance and in meeting new Ofsted safeguarding inspection standards.

City of York Safeguarding Children Board:

A draft **CYSCB Learning and Improvement Framework** has been created, incorporating all elements and tools of quality assurance: audits, surveys, reviews, SCRs, the CYSCB data set and other methods of assessing and evaluating impact and outcomes. This, along with an executive summary and a draft performance reporting cycle will be considered by a newly created CYSCB Performance & Learning sub-group in January. The sub-group will also finalise draft terms of reference.

Discussions have taken place with partners at senior level including: Health (Trust, public health and commissioners), North Yorkshire Police, voluntary sector, Children's Social Care, IROs, Integrated Family Service, Children's Centres, Youth Support, YOT, MIS, Customer Feedback Centre, etc. and agreements reached about named contacts to provide information and data on a quarterly (or annual where appropriate) basis. A monitoring score card will go out to the named contacts at the end of each quarter for data, information and analysis. Partners have also agreed to provide information to the Board on findings from relevant internal audits, surveys, inspections and reviews along with any evidence of children and young people's voices being heard. Information is also being provided from the CYSCB multi-agency case file audits and the findings from these. A full report is expected on this from the CYSCB Manager when the current theme of neglect is completed. Early findings suggest that systematic robust collaboration on assessment processes (both early help and statutory) would avoid the occurrence of duplication, overlap or even, at times, unrelated assessment of single issues, and would enhance the experience both for children and for practitioners.

The **first 'data run' in January 2014** will provide information which will be evaluated and analysed for issues, trends and exceptions, by the Safeguarding Development Officer (SDO) along with the safeguarding Unit.

In the meantime the framework and discussions have shown up **data, issues and trends in regard to**:

- children who go missing from home
- the increasing number of reports re children who witness domestic violence
- the necessity for the creation of robust data around Child Sexual Exploitation (CSE)
- the necessity for further data and information around CIN and CP including information around health needs and the categories of referrals (e.g. domestic violence, parental substance misuse etc.)
- systems to record the 'voice of the child' and service development in response to these.

The SDO has highlighted these to the Unit and reports to the Board on the first two have been commissioned for January.

Other gaps in available data and information and areas for development will be further highlighted after the first 'data run' in January 2014 and will be followed up by the SDO.

The maintenance of these agreements from partners to keep the CYSCB informed, will be supported, challenged and monitored by the **newly established CYSCB Performance & Learning sub-group** in line with a **reporting cycle** which includes the Safeguarding Board, the Executive and the Unit. This group will be supported by the Unit and the SDO.

A Section 11 challenge event, organised by the Safeguarding Unit from CYC and NYCC, is due to take place jointly with North Yorkshire Safeguarding Board on 14th January 2014. Section 11 audits have taken place individually on behalf of each Board and partners (many of whom service both local authorities) will meet to discuss the outcomes of this audit and to share their responses and good practice. The rationale for the joint event is in terms of the commonality of several key partners and in the spirit of cross boundary co-operation. This event will give further information in regard to partners safeguarding practice and possible areas for attention.

Early Intervention:

An **Early Intervention Outcomes Framework** has been developed which will support and complement the new Early Help Strategy.

Data and information discussions in relation to the requirements of the Safeguarding Board has provided some useful data on outcomes from early help interventions and further data and outcomes information is being sought.

Surveys:

Two 'state of the sector surveys' have been carried out. One was with the V019CE community supported by CVS and the other with all individuals from agencies signed up with FIS and YorOk. The questions range from safeguarding policies, confidence in regard to concerns about children and confidence in regard to integrated working and the lead practitioner role. Further questions have been asked about how services evidence outcomes for their interventions and respond to the 'voice of the child'. A full analysis and report on both of these will be forthcoming in due course but in the meantime, where merited, individual responses are being followed up with the offer of training and with the request for more information on outcomes, impact and the 'voice of the child.

JSNA:

Research and a draft report on the **Safeguarding Children Profile section of the JSNA** has been completed. Again research into this has highlighted key areas for attention such as domestic violence and children missing from home, along with correlations between areas of economic deprivation and children with a child protection plan.

Challenges for 2014:

Tasks and challenges for 2014 include (among others):

- Finalisation and adoption of Learning & Improvement Framework and reporting cycle by CYSCB.
- Full establishment of Performance & Learning sub-group, agreement on terms of reference and identification of chair of this group.
- Introduction and active support to the new chair of the CYSCB in his efforts to implement significantly enhanced levels of accountability and a change in the culture of the Board.
- Further embedding of a robust reporting cycle from all partners and reporting between the elements of the CYSCB, namely: Unit, sub-groups, Board and Executive.
- Continuing ongoing evaluation and analysis of reports, information and data from partners with trends, issues and exceptions highlighted for follow up by the Board.
- Further collection, evaluation and analysis of early help outcomes and impact data

- Readiness for possible (and inevitable) Ofsted Inspection of Children in Need of Early Help and Safeguarding (including LCSBs)
- Support and challenge to partners to enable/encourage them to report on key issues such as health and education needs of children with a CAF, CIN and CPP.
- Support to project engaging partners in the development of systems to hear the voice of children, young people and parents and to design services in response to these.
- The creation - with partners – along with support to partners in using surveys to ascertain staff and customer satisfaction with services support and supervision.
- Further case file audits both multi-agency and support to partners to carry out single agency case file audits and report on the findings.
- Broader developmental activity designed to improve the coordination and provision of support to a wider range of partnership Boards through the Children's Trust Unit.

and support and involvement in:

- Thematic reviews, 'deep dive' exercises and other research and learning activities as requested.

Juliet Burton
Safeguarding Development Officer
December 2014

City of York Safeguarding Children Board
Report

Title: **Involving children and young people in the work of the CYSCB**
Author: **Niall McVicar, Family Information Service Manager, CYC**
Date: **30/10/13**

Related items: **Eoin Rush / Judy Kent (Performance)**

Introduction

In April the CYSCB received a paper providing a broad overview of existing children and young people's involvement arrangements across York and options for how this work can be developed in the arena of safeguarding.

This paper provides an update on work in this area and related recent messages from children and young people.

The key drivers underpinning this work include:

- The "Framework for the inspection of local authority arrangements for the protection of children" published by Ofsted:

  > "As well as listening directly to children, young people and their families, inspectors will take into account any available evidence held by the local authority that demonstrates how the views of children, young people and families or carers have been taken into account in the evaluation, development and design of early intervention and child protection services."

- Previous Ofsted inspections and peer reviews have consistently challenged us about the involvement of children and young people in their individual case planning, service development, strategy and commissioning; and more specifically have challenged us to provide evidence that our involvement/ engagement activity has had an impact / made a difference;

- New shared Safeguarding Board/ YorOK Board priorities in respect of strengthening the voice and influence of children and young people;

- The new performance framework for the Safeguarding Board places the views and experience of children, young people and families at the centre.

Actions taken so far

Since the April CYSCB approved work to develop this area, a number of actions have already taken place.

- One-to-one meetings – Niall McVicar has held a number of one-to-one meetings with key practitioners who will need to contribute to the Safeguarding Involvement Action Plan. The aim of these meetings was to understand the current strengths and weaknesses of how the system operates in relation to children and young people's voice.
- YorOK Involvement Group – At two YorOK Involvement Groups discussions have been held with partners to identify strengths and weaknesses within existing systems. The group has also reviewed the Ofsted descriptors for what "good" looks like in relation to children and young people's voice.
- YorOK Involvement Action Plan (safeguarding) – An initial set of actions has been drawn together to look at what steps need to be taken to develop this work. Key actions from this plan are explored in this paper.

Future actions

Future actions can be thought of as falling under these four broad headings:

- **Getting the right coverage** – Involvement should form a patchwork that covers all children and young people in York. For children and young people in need of help and protection this coverage is uneven.
- **Getting better quality** – Too often where good quality involvement work is taking place this is a result of dedicated individuals rather than a systematic approach to good quality involvement.

- **Using knowledge more systematically** – Where involvement work is taking place often the impact of this work is limited to a particular project or interaction. A more systematic sharing and use of messages from children and young people is essential.
- **Understanding outcomes** – An area in need of much greater development is "is anyone any better off".

Some key planned actions are explored below. It should be noted though that at this point some of these actions are at an early stage of development and some may not be feasible or appropriate.

- **Project Group** – As part of the initiation phase of addressing planned actions a project group will be established. In time this group will be discontinued and the work amalgamated into the overall work of the YorOK Involvement Group. The aim of the project group is to bring together a partnership of key players who can help establish a "think involvement" approach?
- **Benchmarking exercise** – A short term option would be to carry out a benchmarking exercise of existing social care cases. This would be a simple paper based on and online survey. Although there are limitations to the effectiveness of this approach it could provide a helpful baseline of information. A similar base lining exercise is being carried out by Darlington Borough Council.
- **Sampling experiences** – East Riding Council is carrying out telephone based samples of a proportion of children and young people in care. This is something that could be explored further as an option for York.
- **Distance travelled measurement** – This action would be a longer term plan to use a standard set of well-being questions to measure where children and young people are at the beginning of a package of support and at the end of an interaction. The attractiveness of this model is that it provides a level of evidence to demonstrate the impact of working with families.
- **Remodel and extend advocacy provision** – Currently advocacy is only provided to Looked After Children and demand for this service is rising (thanks to better awareness).

As part of the remodelling for how advocacy is accessed and facilitated the long held aspiration of extending this offer to children on the child protection register should be explored.

- **Better capturing of existing work** – It is clear that there are examples of good involvement of children and young people but that more could be done to capture this and demonstrate it.
- **Complaints process and promotion** – The number of children and young people using the complaints processes is very low. Some of this will reflect on service levels and the effectiveness of advocacy but it also needs to be considered in the context of awareness and accessibility of these processes.
- **Workforce Development** – Training packages on how to listen to children and young people needs to be developed so that practitioners are able to engage children and young people and capture messages appropriately.
- **Trends and reporting** – Common methods need to be agreed between partners for drawing together information on trends and themes from children and young people so that these can be reported upon to a more strategic level.

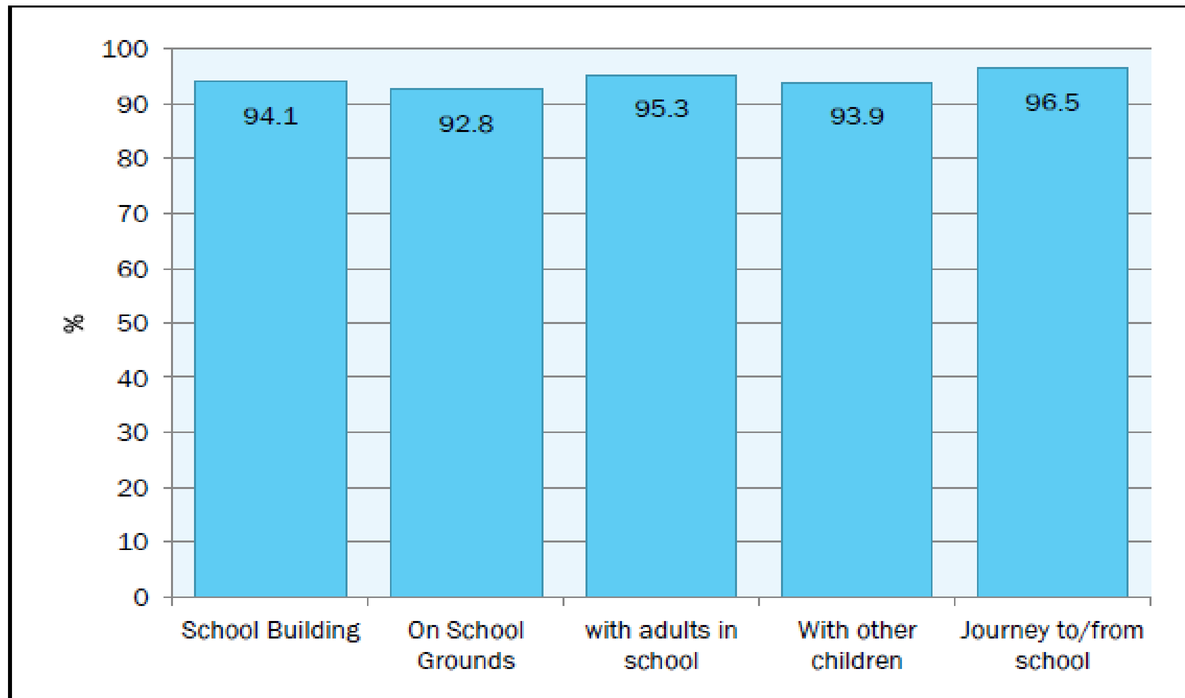
Recent work – Stand Up for Us 2013

The Stand Up for Us survey has been running since 2011 and aims to monitor the prevalence and nature of bullying behaviour in primary and secondary schools in the City of York. In 2013, the survey was developed further to explore in more detail, aspects of physical health and emotional wellbeing. In particular, and in alignment with the previous study, the Stand Up for Us survey aims to:

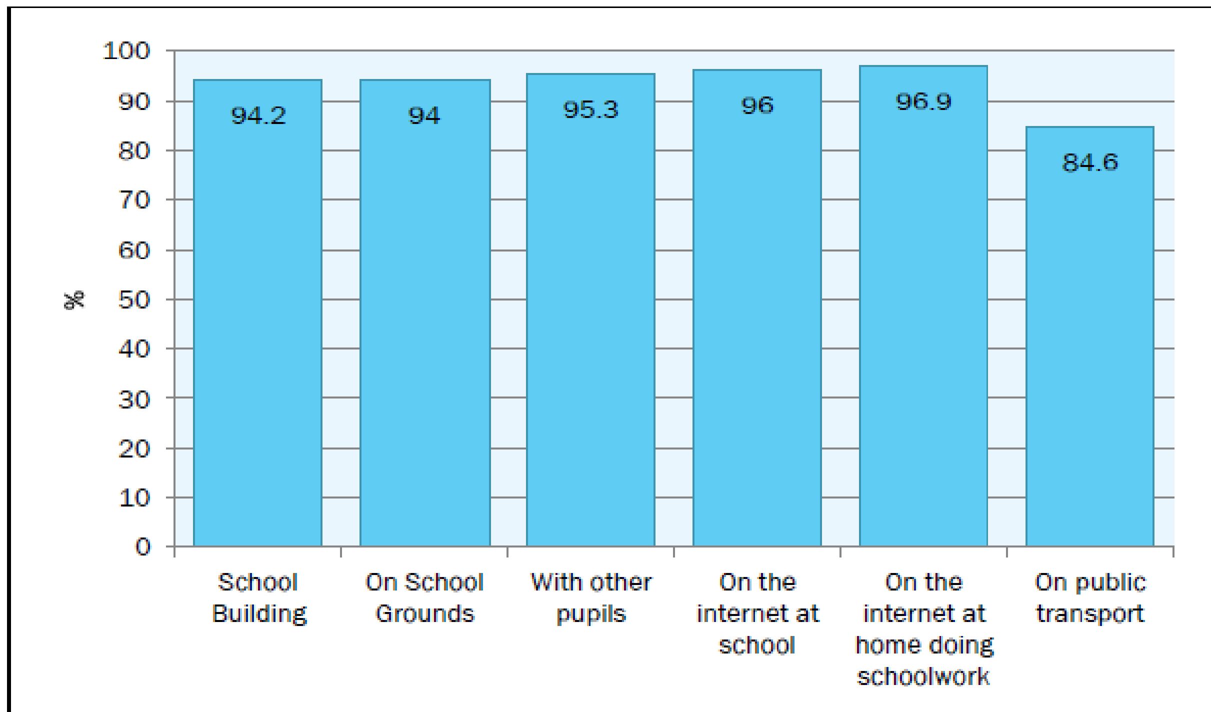
- Identify the prevalence of bullying in the primary and secondary schools within the City of York.
- Identify the nature and location of bullying in and outside school.
- Document the nature and prevalence of bullying, and compare schools data with the citywide data.
- Identify and explore patterns of behaviour over time.
- Document and monitor aspects of physical health and emotional wellbeing in primary and secondary school pupils.

Data collection tool place between March and May 2013 and date were collected from 30 (58%) primary schools and all 10 secondary schools in the city. Some high level messages from the 2013 survey are explored below.

The chart below shows how safe primary school pupils feel in different areas around school.



The next figure shows how safe secondary school pupils feel in different places in and around school.



A new section for the 2013 survey was exploring pupils' use of technology and e-safety. Some key facts and figures include:

- 59.3% of primary school pupils and 83.0% of secondary school pupils have a mobile phone.
- 23.2% of primary school pupils and 68.9% of secondary school pupils have a social networking profile. For secondary school pupils:
  - 40% of pupils have their social networking profile set to private.
  - 20% of pupils reported making friends with someone online who they did not know offline.
- 7.9% of primary school pupils and 10.8% of secondary school pupils reported having no one to talk to if they are worried about something.

Recommendations

Board members are asked to:

- Support the development of the Involvement Project Group and encourage relevant partners to actively participate.
- Comment on actions taken so far in relation to children and young people's voice.
- Receive an update report at a future meeting.

Niall McVicar, Family Information Service Manager, City of York Council: niall.mcvicar@york.gov.uk 01904 554444 30/10/2013

ANNEX 3

Ofsted
raising standards
improving lives

Aviation House
125 Kingsway
London
WC2B 6SE

T 0300 123 1231
F 020 7421 6855
enquiries@ofsted.gov.uk
www.ofsted.gov.uk

6 January 2014

Ms Sally Rees
Interim Director Children and Education
Mill House
North Street
York
YO1 8RF

Dear Ms Rees

Ofsted thematic inspection – early help

Ofsted is currently planning to undertake a thematic inspection examining early help arrangements. We plan to visit local authorities across the country and we would like to visit York on 4 and 5 February 2014. The lead inspector will be myself, Pauline Turner and I will be accompanied by a team inspector, Lolly Rascagneres.

We conduct thematic inspections under section 136 of the Education and Inspections Act 2006. We will not be making judgements regarding the quality of work in individual authorities, although we will give you informal verbal feedback at the end of our visit. Instead, we will be identifying common themes and highlighting good practice and possible thematic areas of development in a published report. The final report is due to be published in the summer of 2014.

The thematic inspection will contribute to the growing body of knowledge on this subject and showcase and disseminate good practice nationally. We hope and expect that local authorities who participate will find the process useful in their work with children.

Key questions that the survey will be asking are:

- Is there a clear offer of early help understood by the family?
- Identification - how do the local authority and partners ensure that children who would benefit from early help are identified at the earliest point?

- Assessment – is assessment used consistently with children and families to engage with them and to analyse their needs?
- To what extent do professionals seek to understand the individual experiences of the child living in the family?
- Planning – do multi-agency plans to support children and families clearly identify risk, next steps and do they set out what needs to change, with clear escalation response if they do not?
- Is there a named professional supporting the early help plan and offer?
- Review – is early help provision routinely reviewed to ensure that individual children's outcomes are improving and risk is reducing?
- How do LSCBs assure themselves that robust arrangements are in place to ensure that all professionals working with families appropriately work to locally agreed thresholds and provide effective early help?
- Does the early help offer, involve professionals in direct and regular engagement with families?
- Does the locally agreed threshold document set out a clear framework for giving an effective response to concerns about children?
- Do other professionals working with families understand their role and how to escalate their concerns? Is this effective?
- Have local authorities with their partners agreed an early help strategy that results in an effective early help offer to children and their families?
- How do local authorities and their partners monitor and evaluate the impact of early help services for individual children and how is this information used to inform strategic plans?
- Does the local strategic analysis (eg. JSNA) identify the needs of vulnerable children and are those needs reflected in commissioning arrangements for early help service provision?
- What are the current pressures on resourcing early help that local authorities and partner agencies face and is there evidence of long term financial savings for providers from effective early help?
- Do social work professionals receive training to help identify early concerns? Is this effective?
- What enables or prevents children and families receiving effective early help?

Two inspectors would undertake the survey fieldwork. The programme will involve, depending on availability:

- Case tracking and sampling (a minimum of 5 tracked cases in each local authority area and sampling of referrals to the local authority) via case records and interviews with named professionals, managers, children and parents
- Interviews with key stakeholders including those involved in the quality assurance of early help work, multi-agency commissioning managers, LSCB multi-agency senior managers

We are mindful of the need to keep any burden on the authority as light as possible and would not expect you to produce any new or additional documentation to present to us. We can tailor the programme to the availability of staff on the planned dates.

I am the overall lead for this thematic inspection. If there is anything you would like to clarify, I will be happy to assist. My contact details are:

- pauline.turner@ofsted.gov.uk
- Telephone 03000 130 987
- Mobile 07876 650521

We would be grateful if you could identify an appropriate link person for this thematic inspection and let me have their details as soon as possible. I will then contact the link person to discuss the inspection in more detail and answer any questions that you may have. We will also send you an indicative timetable and more details about the questions that we will be asking.

All Ofsted inspectors undergo regular enhanced CRB checks and therefore you do not need to ask individuals for proof of this. All Ofsted inspectors carry photo identification which you will wish to check, on their arrival, in accordance with your own security procedures. Further details can be found by following this link.

We will look forward to hearing from you.

Yours sincerely

Pauline Turner
Her Majesty's Inspector

This page is intentionally left blank

CYC CHILDREN'S SOCIAL CARE

PRACTICE IMPROVEMENT PLAN (PIP) 01 Dec 2013 – 28 Feb 2014

	Recommended Action to Children's Social Care	Source	Actions Required	Lead Officer	Timescale	Outcomes
1.	**Ensure that there is a Supervision Policy which supports reflective supervision and that practice is compliant with the Policy**	Baby A: 5 C Family: 4 F Family: 4 Child: O: 3&4	**New Supervision Policy** **New Supervision Record** **Audit of child's case files to identify recording of Supervision** **Regular audits of Supervision to ensure compliance with new Policy and to inform ongoing training and support to Supervisors** **Mandatory Training for Managers in reflective Supervision**	Nik Flavell Donna Barnes Carolyn Ford Donna Barnes & Nik Flavell Donna Barnes	02/12/13 02/12/13 02/12/13 31/01/14 28/02/14	All staff to receive regular reflective supervision using Morrison's Supervision Cycle, accurately and promptly recorded using a consistent approach. Regular auditing by PSW/PA of Supervision files to ensure quality of Supervision for practitioners, inc. Professional support and development needs

2.	**Ensure robust and effective Management oversight of cases**	Baby A: 6 C Family: 5 Baby A: 7	**New Single Assessment Record to include section for Manager to record rationale for decisions and actions** **Audit of child's case files to identify recording of management oversight of cases** **Regular audits of cases to ensure management oversight of cases**	Donna Barnes Carolyn Ford	02/12/13 02/12/13	Every case open to Children's Social Care has regular Management oversight recorded on the child's case file. All significant decisions for a child made by a Manager has decision recorded with clear rationale and agreement on the child's case file **.** All written Reports authorised by Managers. Regular systematic auditing by PSW/PA of case files to ensure regular management

						oversight on all open cases
3.	**Ensure regular, systematic auditing of cases to quality assure services to children and young people and their parents and carers**	Baby A: 8 Baby A: 11 C Family: 5 Child O: 6	**Case File Audit tool to be developed** **Audit Policy to be developed and implemented** **Regular Auditing to commence across Safeguarding Management Group and Senior Management Team**	Donna Barnes & Nik Flavell Donna Barnes & Nik Flavell All Managers	20/12/13 20/12/13 02/01/14	Managers to be aware of 'what is happening' at the frontline through regular systematic auditing Audits findings to inform service improvement Audits to inform Senior managers of service deficits
4.	**Ensure that the voice of the child is obtained and recorded in all assessments and care planning activities**	Baby A: 11 C Family: 1 Child O: 1	**New Single Assessment Record to include section to record child's voice** **Training for all CSC staff in direct work with children and young people**	Donna Barnes Donna Barnes	02/12/13 28/02/14	All children open to Children's Social Care have their views, wishes and feelings recorded and considered as part of ongoing work with them.

			Developing a resource library of tools to support direct work with children and young people	Donna Barnes	31/01/2014	Staff supported in their use of a range of tools to engage children and young people
5.	**Ensure that all staff are skilled in undertaking assessments, including obtaining the views and wishes of parents and carers, incorporating historical context and exercising risk analysis in decision-making**	Baby A: 11 HC Family: 5 Baby A: 14 HC Family: 1 HC Family: 8 F Family: 1	**Training for all CSC staff in assessment skills** **Introduction of new evidence-based assessment tools such as Signs of Safety, Framework for Assessment Family Pack, Three Houses etc.**	Donna Barnes Donna Barnes	28/02/2014 28/02/2014	All staff proficient in assessment, with assessments informed by the appropriate use of assessment tools
6.	**Ensure that Children's Social Care is able to record**	Child B: 2	**RAISE database to be developed to include CSE concerns within a 'pick list' at point of**	Nik Flavell	31/01/2014	Children's Social Care to contribute data to CYSCB understanding local

	Child Sexual Exploitation at the point of referral and at conclusion of assessment to better understand local prevalence and the development of effective responses		**referral to ensure Management Information can run return on this information. Children's Social Care to attend and actively participate in Regional and local CSE Working Groups developing the effectiveness of responses to CSE**	Nik Flavell	02/12/2013	prevalence of CSE CSC to provide an effective response to CSE concerns across the safeguarding continuum
7.	**Ensure that Children's Social Care work force are aware of the legal framework of their work and understand how to effectively escalate concerns to Legal Gateway Meeting, Public**	C Family 2 Child O: 2	**Training for all CSC staff in legislative framework for children and young people and their parents and carers** **New Policy to define purpose of Legal Gateway Meeting**	Donna Barnes Philippa Gowland Nik Flavell	28/02/2014 02/12/2013	Children's Social Care staff effectively use legislation to safeguard and promote the welfare of children

	Law Outline and applications for Orders of the Court					
8.	**Ensure that all work with children and young people and their parents and carers respects, values, takes into account and is informed by relevant issues of diversity**	C Family: 6 Child O: 5	**All children, young people and their parents and carers open to Children's Social Care have relevant issues of diversity recorded on RAISE including age, gender, ethnicity, language, religion, sexual orientation and disability** **Training for all CSC staff in working with issues of diversity**	Nik Flavell Donna Barnes	28/02/2014 28/02/2014	All work with children and young people and their parents and carers is undertaken with dignity and respect All assessments, plans and interventions are informed by and reflect issues of diversity

9.	**Ensure that Children's Social Care responds effectively to referrals involving sexual harmful behaviour perpetrated by children and young people against others**	HC Family: 2 HC Family: 3	**Tender for specialist training for Social Work staff on assessment and intervention of children and young people who are alleged to be or found to be perpetrators of sexually harmful behaviours**	Donna Barnes WDU	28/02/2014	Referrals relating to sexually harmful behaviour responded to by staff trained in working with children and young people who are perpetrators of sexually harmful behaviours
10.	**Ensure that at the conclusion of work by Children's Social Care with a child or young person, there is a record of the outcomes achieved (Closure Summary)**	HC Family: 6	**New Closure Summary form on RAISE**	Nik Flavell	31/12/2013	Every case closed by Children's Social Care has a Closure Summary form completed on RAISE

11.	**Ensure that Chairs of Conferences appropriately apply threshold criteria when exercising professional judgement in the assessment of risk when deciding whether to agree to de-list at first RCPC**	HC Family: 7	**Guidance to be issued to Conference Chairs about application of WTG 2013 thresholds in decision-making around de-listing children subject to Child Protection Plans** **Training for Chairs on ensuring Plans that result from Conference (TAC, CIN and CP) are SMART compliant and manage the risks identified**	Nik Flavell Donna Barnes	02/12/2013 02/12/2013	Children and young people subject to Child Protection Plans will only be delisted at the first Review Child Protection Conference if threshold to maintain listing is clearly not met and where de-listing does occur, a clear plan to manage identified risks is established
12.	**Ensure that all Child in Need cases have a clear Plan and such plans are systematically and regularly reviewed by involved multi-agency professionals**	HC Family: 9 F Family: 3	**New Child in Need Plan form** **New Child in Need Plan Review Record** **New Guidance for the review of children subject to a Child in Need Plan**	Nik Flavell Nik Flavell Nik Flavell All Managers	31/12/2013 31/12/2013 31/12/2013 28/02/2014	Children and young people assessed as Children in Need have a clear plan to support their health and development which is regularly reviewed by the multi-agency professionals involved with them

			All cases open to Children's Social Care assessed as Children in Need to have an accompanying Child in Need Plan			
13.	**Ensure that all staff are able to easily access and reference relevant, up-to-date Children's Social Care procedures and forms**	HC Family: 10	**CYC to renew licence for Tri.X to provide web-based procedures for Children's Social Care** **December 2012 version of Tri.X procedures to be reviewed and updated in light of national and local changes to policy and procedures** **All Children's Social Care staff to have a hyperlink on their desk-top to enable quick access to procedures**	Dot Evans Nik Flavell Debra Lane Mary McKelvey Nik Flavell ICT	31/01/2014 02/12/2013 31/01/2014	Children's Social Care maintains up-to-date and nationally compliant procedures on-line, easily accessible to all staff who are trained in navigating the procedures to inform and underpin their practice with children and families

			All Children's Social Care staff to be trained on accessing and navigating online procedures **Regular review of procedures by relevant Managers to inform annual update process**	Nik Flavell Nik Flavell	31/01/2014 28/02/2014	
14.	**Ensure that the Children's Social Care policy in relation to Residence Orders is clear in the support to be offered to families, compliant with legislation and statutory guidance**	F Family: 2	**New Policy Guidance to be issued**	Nik Flavell Debra Lane Philippa Gowland	31/01/14	Children's Social Care clear in its communication of the support it offers to those affected by Residence Orders

15.	**Ensure that Children's Social Care have clear referral pathways based on CYSCB thresholds and Working Together 2013 where concerns are raised about a child**	F Family: 5	**Review of referral pathways** **Child in Need Assessment Teams staff trained on thresholds and referral pathways** **Child in Need Assessment Teams allocated dedicated Business Support to enhance timely response to referrals, including notification to referrer of initial determination**	Nik Flavell Donna Barnes Dot Evans	02/12/2013 02/12/2013 02/12/2013	All enquiries to Children's Social Care dealt within a timely manner with thresholds consistently applied so children get the help they need when they need it

Recommendations Sources:

C Family: Single Agency Review, November 2013
F Family: Single Agency Review, January 2013
Child B: Serious Case Review
HC Family: Single Agency Review, July 2013
Baby A: Serious Case Review
Child O: Single Agency Review

PIP Author: Nik Flavell, Principal Advisor
Practice Improvement Plan endorsed by:

.... Dot Evans, Head of Service Date: ....

This page is intentionally left blank

GLOSSARY OF TERMS USED IN REPORTS AND ASSOCIATED ANNEXES

CAF	Common Assessment Framework
CIN	Children in Need
CP	Child Protection
CPP	Child Protection Plan
CRB	Criminal Records Bureau
CSC	Children’s Social Care
CSE	Child Sexual Exploitation
CYSCB	City of York Safeguarding Children Board
FIS	Family Information Service
IRO	Independent Reviewing Officer
JSNA	Joint Strategic Needs Assessment
LSCB	Local Safeguarding Children Board
MIS	Management Information Systems
NYCC	North Yorkshire County Council
SDO	Safeguarding Development Officer
SCR	Serious Case Review
YOT	Youth Offending Team

This page is intentionally left blank