



## Notice of a public meeting of

### Health Overview & Scrutiny Committee

**To:** Councillors Funnell (Chair), Doughty (Vice-Chair), Douglas, Burton, Hodgson, Jeffries and Wiseman

**Date:** Wednesday, 18 December 2013

**Time:** 5.30 pm

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

### AGENDA

**1. Declarations of Interest** (Pages 3 - 4)

At this point in the meeting, 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.

**2. Minutes** (Pages 5 - 10)

To approve and sign the minutes of the meeting held on 27 November 2013.

**3. Public Participation**

At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering is **Tuesday 17 December 2013 at 5:00 pm**.

**4. Care Quality Commission Presentation- Changes to Inspection and Regulation of Care Services** (Pages 11 - 28)

Malcolm Bower-Brown from the Care Quality Commission will be in attendance at the meeting to give a presentation on changes to how the Care Quality Commission inspect and regulate care services.

**5. Presentations from Partnership Bodies on (Pages 29 - 46)  
how they work with partners and how  
they put together their Annual Plan**

The Committee will receive presentations from the following Partnership Bodies on how they work with other partners and also how they put together their Annual Plans:

- York Hospitals NHS Foundation Trust
- The Vale of York Clinical Commissioning Group (VOYCCG)
- Leeds and York Partnership NHS Foundation Trust (LYPFT)
- Yorkshire Ambulance Service (YAS)
- Adult Social Care
- NHS England

**6. Verbal Report on Men's Health Scrutiny  
Review**

The Committee will receive a verbal report on the Men's Health Scrutiny Review.

**7. Work Plan Update (Pages 47 - 50)**

Members are asked to consider the Committee's work plan for the municipal year.

**8. Urgent Business**

Any other business which the Chair considers urgent.

**Democracy Officer:**

Name- Judith Betts

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

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

Contact details are set out above

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- ensure that what you want to say speak relates to an item of business on the agenda or an issue which the committee has power to consider (speak to the Democracy Officer for advice on this);
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### Further information about what's being discussed at this meeting

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### **Holding the Cabinet to Account**

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

### **Scrutiny Committees**

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

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

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- All public agenda/reports can also be accessed online at other public libraries using this link

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**HEALTH OVERVIEW AND SCRUTINY COMMITTEE****Agenda item 1: Declarations of interest.**

Please state any amendments you have to your declarations of interest:

Councillor Doughty	Volunteers for York and District Mind. Member of York NHS Foundation Teaching Trust.
Councillor Douglas	Council appointee to Leeds and York NHS Partnership Trust.
Councillor Funnell	Member of the General Pharmaceutical Council Trustee of York CVS
Councillor Hodgson	Previously worked at York Hospital. Member of UNISON.
Councillor Jeffries	Director of the York Independent Living Network.
Councillor Wiseman	Member and past employee of York Teaching Hospital NHS Foundation Trust.

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City of York Council

Committee Minutes

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Meeting	Health Overview & Scrutiny Committee
Date	27 November 2013
Present	Councillors Funnell (Chair), Doughty (Vice-Chair), Douglas, Burton, Hodgson, Jeffries and Wiseman

**45. Declarations of Interest**

At this point in the meeting, 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.

No other interests were declared.

**46. Minutes**

Resolved: That the minutes of the last meeting of the Health Overview and Scrutiny Committee held on 23 October 2013 be approved and signed by the Chair as a correct record.

**47. Public Participation**

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

John Yates, from York Older People's Assembly, shared a recent experience he had with the Accident and Emergency (A & E) Department at York Hospital. He told the Committee that he had been taken to hospital by ambulance on Sunday morning and noted that staff were still dealing with a backlog of patients from the previous evening. He spent seven hours in the department, He also commented that whilst he was in A & E he had not been offered breakfast and that the only food available were high sugar products such as chocolate bars. He passed on his comments to the Hospital management and they had responded positively.

**48. 2013/14 Second Quarter Financial and Performance Monitoring Report- Health and Wellbeing**

Members received a report which analysed the latest performance for 2013/14 and forecasted the financial outturn position by reference to the service plan and budgets for all of the relevant services falling under the responsibility of the Director of Health & Wellbeing.

The Assistant Director of Assessment and Safeguarding and Finance Manager for Adults, Children & Education responded to specific queries raised by Members.

They commented that in some areas the position had worsened since the last report had been presented to the Committee such as in external nursing care. There were also areas where targets had been missed such as in inclusion for disabled patients, but that this was due to the method of counting the figures, and that a new process would be introduced in the coming year.

Queries raised by Members included;

- Reasons for why there were a lower number of required placements in External Residential Care.
- Why there was a surplus in the Public Health grant as a contingency for the transferred contracts from the Primary Care Trust (PCT)?
- Reasons for missing the target for Adults with Learning Disabilities in Settled Accommodation.
- What action had been taken in relation to delayed discharges from Bootham Park Hospital?
- What action in general was being taken to have a single process for users across Health and Social Care services in York?

A reason given for why there had been a lower number of placements required in External Residential Care was that there had been a better use of beds and that users were being offered care in their homes for longer.

Regarding the surplus and transferred contracts from the PCT over to the Council, it was reported that contracts had been handed over on an arbitrary basis around population levels, which had affected figures.



Targets had been missed in relation to Adults with Learning Disabilities in settled accommodation as the indicator used to measure the target had changed over the past year, and Officers were now only counting people known to Social Services.

In regards to the question about delayed discharges from Bootham Park Hospital, Officers reported that they had not received the same level of data from that Hospital compared with that from York Hospital. It was reported that discussions were taking place with bed managers to discover the current situation.

Concerns were raised by Members around Care Homes in the city. The Chair suggested that the attendance of the Care Quality Commission at the next Committee meeting would provide a good opportunity for Members to share these concerns further.

Resolved: That the report be noted.

Reason: To update the Committee on the latest financial and performance position for 2013/14.

**49. Update Report on the North Yorkshire and Humber Commissioning Support Unit (CSU) and York Teaching Hospital NHS Foundation Trust on how they are working together**

It was reported that this agenda item had been rescheduled to be considered at the Committee's December meeting.

**50. The NHS Friends and Family Test-Maternity Services**

Members received a briefing paper on the NHS Friends and Family Test from the Partnership Commissioning Unit (PCU), on behalf of the four North Yorkshire Clinical Commissioning Groups (CCGs), and Heads of Midwifery/Patient Engagement Leads from commissioned providers of local maternity services.

The Senior Commissioning Specialist from the PCU and the Head of Midwifery from York Hospital NHS Foundation Trust were in attendance to answer Members questions.

It was reported that results and feedback from the tests taken by users of maternity services in York would be presented to the Children's Trust Board in January 2014.

Members asked whether adjustments would be made for those taking the test that had Learning Difficulties. It was reported that a lead nurse would read through the form to aid the person taking the test.

Resolved: That the briefing paper be noted.

Reason: To ensure that the Committee is informed of the NHS Friends and Family Test and its roll out in York.

#### **51. Draft Interim Report-Personalisation Scrutiny Review**

Members considered the draft interim report of the Personalisation Scrutiny Review Task Group.

The Chair allowed for the former Chief Executive of York Mind, who had contributed to the Scrutiny Review to share his thoughts with the Committee. He felt that the review had helped to give more information about what personalisation was, but had not addressed why it had not been more successful. In addition, he recognised that there was a need to decommission services but wished to have a clear timeframe set.

Discussion took place around Personal Health Budgets. It was understood that by April 2014 all people would be able to ask for a Personal Health Budget, and by October 2014 Health and Social Care services would have to provide this to those who had requested it. It was felt that barriers over communication between carers and providers still existed. One Member pointed out for some people it was unclear about what they were being consulted on, therefore there was a need to share 'success stories' around personalisation.

It was felt that further work was needed to identify what the barriers were and also to scrutinise the transformation process towards Personal Health Budgets.

Resolved: (i) That the report be noted.

- (ii) That another Task Group meeting be scheduled in order to examine what are the barriers to the take up of Personal Health Budgets and to identify what scrutiny work should take place in regards to the transfer of services.

Reason: To enable the review to proceed in accordance with scrutiny processes.

## **52. Night Time Economy Review-Update Report**

Members considered a report which presented them with information on work done by the Committee in relation to the corporate review into York's Night Time Economy.

The Chair noted that the review had raised further issues, in one instance caring for people with mental health issues not least at night time and during the weekend. She was pleased the review had allowed them to talk to York Street Angels. The Street Angels had commented on the professionalism of the Yorkshire Ambulance Service, the Police and Doormen in the city centre. They also expressed their gratitude for the support they received from City of York Council. Members were delighted that these organisations were talking to one another in partnership over the issues that the review had raised.

Resolved: That the report, the work on the review to date and the measures needed to progress the review be noted.

Reason: To ensure compliance with scrutiny procedures, protocols and workplans.

## **53. Work Plan Update**

Members considered the Committee's work plan and made the following amendments;

- That the update report from the CSU and York Teaching Hospital on how they are working together be scheduled for the December meeting.

- An additional meeting of the Personalisation Scrutiny Task Group be arranged.

Resolved: That the work plan be updated with the following amendments suggested above.

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

#### **54. Any Other Business**

The Chair reported that she and the Vice Chair had been invited to attend a Joint Health Overview and Scrutiny Committee meeting in Leeds. However, given that neither she nor the Vice Chair could attend, she asked the Committee to nominate a Member to attend in their place.

Following discussion it was resolved;

Resolved: That Councillor Wiseman attend the meeting of the Joint Health Overview and Scrutiny Committee in place of Councillors Funnell and Doughty.

Reason: To ensure that the Committee is represented at the meeting.

Councillor C Funnell, Chair  
[The meeting started at 5.35 pm and finished at 6.40 pm].



# Changes to the way we inspect and regulate care services



**Primary medical services**

**2,243** locations

**Independent healthcare**

**738** locations

**Independent ambulances**

**57** locations

**NHS Trusts**

**657** locations

**Adult social care**

**6,681** locations

**Primary dental care**

**2,534** locations

**12,910**  
locations

# Our new purpose and role



## Our purpose

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve

## Our role

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care



## Underpinning our approach



### Two public commitments:

- Our judgements will be independent of the health and social care system
- We will always be on the side of people who use services





# Asking the right questions about quality and safety



- Safe
- Effective
- Caring
- Responsive to people's needs
- Well-led



## What does April 2014 look like?



- Three Chief Inspectors – new specialist structure
- The new inspection approach for Acute will be in place and will be under way for Mental Health, Adult Social Care and GPs
- Wave 1 and 2 Acute hospital inspections concluded
- Wave 2 Mental Health starts
- Wave 1 pilot on Adult Social Care starts
- Wave 1 Primary Care inspections start
- Phase 2 of CQC's training Academy will have launched

# A fresh start for the regulation and inspection of adult social care



## 8 key issues



- **Characteristics** of adult social care
- **Strengths and weaknesses** of current regulation
- **Our top five priorities**
- What we will do better – our **top ten changes**
- **Other areas** we want to discuss
- **Developing a ratings system**
- Monitoring the **finances** of some providers
- **Next steps** and **timescales**

# 1 Characteristics of adult social care services and the people who use them



- **Whole of people's lives, not episodic**
- **Complex and varied needs and aspirations**
- **Personalisation** hugely important
- People are often in very **vulnerable circumstances**; **care generally provided in people's own homes**
- Role of **unpaid carers** is critical
- **Diverse sector** - large numbers of providers, different sizes and types, strong private and voluntary sector
- Significant numbers of people **fund their own care**
- A lack of consistent, high quality **data** and **fewer standards**

## 2. Adult social care regulation - strengths and weaknesses



Strengths	Weaknesses
Focus on people's views and experiences	Limited focus on leadership, governance and culture (including corporates) Gathering people's views more difficult in domiciliary care
Range of methods including speaking to people, observing care, questionnaires, and using our Short Observational Framework for Inspection (SOFI)	Lack of data and information to inform our activity Lack of sophisticated approach to surveillance
Regular inspections	Inconsistency in our judgements and less room for professional judgement
Experts by experience on inspections	Limited use of specialist advisors
Many in CQC have an ASC background	Enforcement not used as effectively as possible
Internal tools that support our staff such as the Inspection Record web form	Lack of ratings

### 3. Top 5 priorities for the Chief Inspector



**1**

**Develop changes to how we monitor, inspect and regulate adult social care services**

**2**

**Develop a ratings system for adult social care services**

**3**

**Develop an approach to monitoring the finances of some adult social care providers**

**4**

**Support our staff to deliver**

**5**

**Build confidence in CQC**

## 4. Our top ten proposed changes



1

More systematic use of people's **views and experiences**, including complaints

2

Inspections by expert inspectors, with **more experts by experience and specialist advisors**

3

**Tougher action in response to breaches of regulation**, particularly services without a registered manager for too long

4

Checking providers who apply to be registered have the **right values and motives**, as well as ability and experience

5

**Ratings** to support people's choice of service and drive improvement



## Our top ten proposed changes (2)



6

**Better data and indicators** to help us target our efforts

7

**New standards and guidance** to underpin the five key questions

8

**Avoid duplication of activity** with local authorities

9

**Focus on leadership, culture and governance** with a different approach for larger and smaller providers

10

**Frequency of inspection to be informed by ratings**

## 5 Developing a ratings system



- **One overall rating for a service**, always based on inspector's professional judgement
- **Four point ratings scale** – outstanding; good; requires improvement; inadequate – but more work needed on the descriptions
- **To be outstanding**, it must feel outstanding to people who use the service, their families and carers.
- We are considering whether to offer providers the **opportunity to pay for an additional inspection**
- The things we look for will develop over time as **people's needs and aspirations change**

## 6 Monitoring the finances of some providers



- Care Bill is expected to establish **CQC as the financial regulator** for the sector, overseeing the finances of an estimated 50–60 care providers that would be difficult to replace were they to go out of business
- CQC is expected to:
  - Require regular financial and relevant performance information from some providers
  - Provide early warning of a provider's failure
  - Seek to ensure a managed and orderly closure of a provider's business if it cannot continue to provide services

## 7 Other ideas for discussion



- **Better use of technology** to capture people's views and experiences
- Specific guidance on our expectations for the **induction and training of staff** who work in adult social care services
- How we might encourage services to be **more open and better integrated** with local communities, creating an open culture
- Allowing **providers to pay for additional inspections** if they believe the quality of their service has improved
- Finding a better way of **regulating supported living schemes and domiciliary care**
- Potential use of **mystery shoppers and hidden cameras** to monitor care

## 8 Next steps



- **Open and inclusive engagement with people from October 2013 to Spring 2014 so they shape and improve the new approach:**
  - External co-production group and other working groups on particular aspects of work
  - Round table events and workshops on specific topics and issues
  - On line forums and discussions, surveys and social media
  - Events and workshops on regulatory approach, standards, ratings
  - Public focus groups and engagement through our network of local groups, including Local Healthwatch

# Timelines



**Oct 2013 –  
March 2014**

Co-production and development to shape consultation proposals

**March  
2014**

Consultation on regulatory approach, ratings and guidance

**March –  
May 2014**

Wave 1 pilot inspections

**June  
2014**

Evaluation; guidance and standards refined

**July –  
Sept 2014**

Wave 2 pilot inspections and initial ratings of some services

**Oct  
2014**

New approach fully implemented and indicative ratings confirmed

**March  
2016**

Every adult social care service rated

## Clinical Commissioning Group (CCG) Annual Planning Cycle

### 1.0 Purpose of the Report

To provide an update on the NHS Vale of York CCG's strategic planning process and provide an update on the current planning requirements.

### 2.0 Annual Planning Process

- 2.1 The Clinical Commissioning Group developed an annual 'Integrated Operational Plan' for 2013-14  
<http://www.valeofyorkccg.nhs.uk/data/uploads/governing-body-papers/4-april-2013/item-6-operational-plan.pdf> . The Integrated Operational Plan sets out the priorities for work and includes the financial plans for the organisation.
- 2.2 Each programme of work within the plan has a named clinical lead and programme manager. The programme manager managed delivery against the plan on a day to day basis, including the financial position and identified risks. The progress on programmes of work is reported each week to Management Team and monthly to Committee. The Governing Body receives items on specific programmes of work throughout the year, and monitors the financial and performance position at each Governing Body meeting.
- 2.3 In addition to internal process, delivery against the Integrated Operational Plan is considered on a quarterly basis through the CCG Assurance Process with the senior management team at the Area Team of NHS England. Reports are also provided on progress against the Health and Well-Being Strategy for each Health and Well-Being Board in line with the agreed reporting process.
- 2.4 The plan for 2013-14 included around 120 commitments. The mid-year review of the Integrated Operational Plan for 2013-14 has been completed, and identified that as of September three quarters of the plan was in progress.

- 2.5 A key feature of the CCG activity for 2013-14 is to increase public and patient engagement. This has been embedded across each work programme, with consultation and engagement through the patient and public forum and specific events held across the Vale of York community on diabetes service redesign, long terms conditions and older people's services.

### 3.0 Partnership Arrangements

- 3.1 The NHS Vale of York CCG works closely with partners to deliver the commitments within the strategic plan and to drive forward improvements in services. Arrangements for working with key partners include:

1. Health and Well-Being Board and Sub-Groups	Strategic planning across health and well-being services	All partners
2. NHS Vale of York Governing Body	Governing Body of the CCG	CCG, Director of Public Health, Lay Members
3. CCG Assurance Framework	Review of the CCG's performance and financial position	CCG and Area Team
4. Collaborative Improvement Board	Performance review	CCG and Providers
5. Partnership Commissioning Unit Management Board	Management of the vulnerable adult, mental health and children's health services	North Yorkshire CCGs and Partnership Commissioning Unit
6. Contract Management Boards	Managing contract performance	CCG and Providers



7. Collaborative Transformation Board	Integration Agenda	CCG, Providers, Local Authority Healthwatch
8. Strategic Collaborative Commissioning Group	Pan-North Yorkshire CCG strategic discussions	North Yorkshire CCGs
9. Board to Board meetings	Strategic discussion and issue resolution	CCG and Providers CCG and Local Authority

#### 4.0 Strategic Planning 2014 onwards

- 4.1 NHS bodies and the Local Authority received a letter on the 4<sup>th</sup> November outlining the strategic and operational planning arrangements over the next five years. There is an expectation to develop bold and transformational five-year strategic plans, supported by two-year detailed operational plans to address the current challenges and national drivers, such as the 'Call to Action' and 'Closing the Gap' reports. The final two year plan and the draft five year plan must be submitted, following local approvals, by the 4<sup>th</sup> April 2014. The 'unit of planning' for the five year strategic plans can be determined locally and confirmation on the proposed unit of planning was requested by mid- November.
- 4.2 NHS Vale of York CCG is currently 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 Integrated Transformation work. The development of the five year plan will be done in conjunction with the work on the Integration agenda.

## 5.0 Progress to Date

- 5.1 The strategic plan must reflect the needs of the local community and take account of key stakeholders, including the voluntary and community sector. The engagement events held to date have been analysed to identify key themes, and this has been combined with existing public consultation from partner agencies, including the City of York Council. An engagement plan is being finalised to ensure there are opportunities for the public to inform and influence the strategic planning.
- 5.2 The strategic plan will be developed in collaboration with key stakeholders. City of York Council representatives have been involved in the initial planning sessions held with the NHS Vale of York Governing Body and a wider stakeholder planning event is planned for January to discuss the emerging themes and priorities. The current proposed themes based on current performance, consultation feedback and transformational activity:
- Urgent Care
  - Mental Health
  - Primary Care
  - Planned Care
  - Children and Young People
  - Older People
  - Long Term Conditions
  - Cancer
- 5.3 Work is on-going to develop detailed proposals under these headings for discussion in the New Year. The Health and Well-Being Board has received updates on the development of the new plan, and will receive the draft plan for consideration and approval as part of the sign-off arrangements.

## 6.0 Next Steps

November – Mid-December	Analysis of data and initial prioritisation to develop a 'long list' of proposals Stakeholder engagement plan implemented Early work on 'levels of ambition' against the NHS Outcomes Framework
16 <sup>th</sup> December	Planning Guidance Issued and funding allocations
Mid-December – Mid- February	Consultation on emerging proposals Detailed prioritisation and financial planning Draft document developed
14 <sup>th</sup> February	Draft Submitted
Mid-February – End March	Finalising planning documents Contract negotiations and sign-off Approval and sign-off of plans.

Report Sponsor: Rachel Potts, Chief Operating Officer

Author: Lynette Smith, Head of Integrated Governance.

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## STRATEGIC & OPERATIONAL PLANNING

### 1. Purpose

The purpose of this paper is to inform the City of York Council's Health Overview and Scrutiny Committee of Leeds and York Partnership NHS Foundation Trust's approach to strategic planning. The paper describes the required content of our plans for Monitor; our internal processes for monitoring and reporting on the content of the plans; and how our plans are joined up with our partner organisations.

### 2. Background

NHS foundation trusts are required to submit a Strategic Plan to Monitor, the independent regulator of foundation trusts, each year. The Strategic Plan sets out how the Trust intends to deliver appropriate, high quality and cost effective services for its service users on a sustainable basis. The plan includes the Trust's assessment of the challenges we face, our strategy to address those challenges and our implementation plans over the three-year planning period.

### 3. New process

On 4 November 2014, new strategic planning requirements were issued by Monitor. Instead of one combined (operational and strategic) Strategic Plan submitted in previous years at the end of May, Monitor is requesting the following:

- A two-year 'Operational Plan' to include detailed operational plans and financials. This has to be submitted by 4 April 2014.
- A five-year 'Strategic Plan' to include bold and ambitious plans setting out our future sustainability. This is to be submitted by mid to end of June 2014.

The appendix sets out our annual strategic planning cycle for producing both plans and in-year reporting.

#### ***What content must be included in the Operational Plan?***

The two-year Operational Plan will contain in-depth detail on the Trust's strategic objectives and priorities covering the first two years. The plan must include an assessment of the challenges we face, how we are going to address those challenges and our detailed implementation plans over the two years 2014/15 and 2015/16; and must ensure the maximum benefit over the longer five-year period.

***What content must be included in the Strategic Plan?***

The five-year Strategic Plan must be bold and ambitious and describe how the Trust intends to deliver appropriate, high quality and cost-effective services for service users on a sustainable basis. The plan must include commentary on the identification, analysis and mitigation of any significant risks to compliance with the Monitor licence over the five year planning period and contain projected financials. We are also required to include a governor development and membership report, capturing our membership data and election results and commentary on governor development activity in the previous year and future plans.

***What level of engagement is undertaken throughout the process?***

Our operational and strategic plans must provide an accurate reflection of the current shared vision and strategy of both the Board of Directors and Council of Governors, with our Council of Governors informing the decisions we take around our priorities for the coming one to five years. A newly-established committee (the Strategy Committee) of our Council of Governors will undertake this detailed work with us.

In addition, our plans for the future are developed with our commissioners. These plans are developed throughout the planning cycle as part of understanding and assessing future capacity requirements across the system. This process ensures that both our two-year Operational Plan and five-year Strategic Plan are reflective of the commissioning intentions of our respective CCGs and specialist commissioning partners.

***What will Monitor do with the information?***

Monitor will evaluate each Trust's Operational Plan and Strategic Plan to understand and assess any risks to our ability to carry on as a going concern.

**4. In-year reporting on progress against our Strategic Plan**

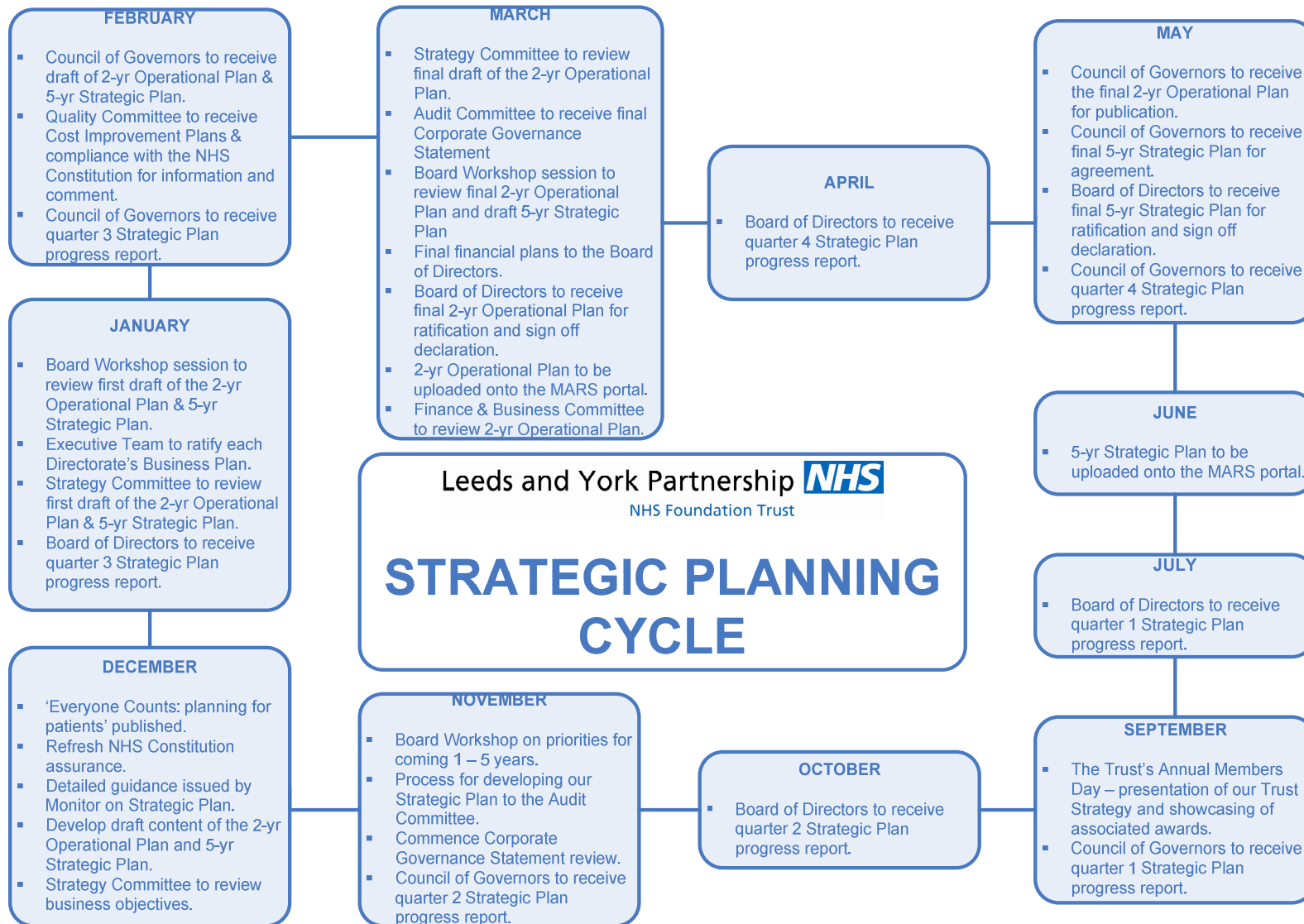
Assurance on the overall delivery of the Strategic Plan takes place through reports to the Board of Directors and Council of Governors. Under the new Health and Social Care Act the Council of Governors is required to input into and ensure we deliver our five-year Strategic Plan. In order to fulfil this requirement, quarterly reporting to both the Board of Directors and Council of Governors is undertaken. All our quarterly progress reports are available on the Trust website.

**Jill Copeland**

Chief Operating Officer

December 2013

# APPENDIX – LYPFT Strategic Planning Cycle



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## Yorkshire Ambulance Service Annual Planning Cycle

Our Annual Business Planning Framework sets out the aims of ensuring that the planning process:

- is as clear, transparent and as simple as possible, whilst meeting the requirements of the NHS
- results in well-coordinated and structured plans for the development of the Trust's services
- responds to external demands
- avoids unplanned and poorly-tested developments
- delivers the planned level of performance against targets and standards
- supports the achievement of national and contractual standards and objectives contained within the Trust's IBP

APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
<p>Business Plan submitted to Trust Board for approval</p> <p>Key risks assessed and Board Assurance Framework updated</p>	<p>Quarter 4 review of the 2012-13 business plan objectives and undertake year-end review</p>		<p>Review of the 2013-14 business planning process to inform the approach for 2014-15</p> <p>Quarter 1 review of the 2013-14 business plan objectives</p>	<p>Revision of IBP and refresh of LTFM</p>		<p>Quarter 2 review of the 2013-14 business plan objectives</p>	<p>Planning principles and parameters drafted and agreed by the Senior Management Group (SMG)</p>	<p>Department of Health Operating Framework published</p> <p>Clinical Commissioning Group (CCG) commissioning intentions issued</p> <p>Corporate Planning Brief and directorate key issues identified and shared</p> <p>Planning parameters finalised</p>	<p>NHS Financial Framework issued</p> <p>Contract negotiations begin</p> <p>Quarter 3 review of the 2012-13 business plan objectives</p> <p>Draft Directorate Business Plans for 2014-15</p>	<p>Draft financial plans submitted to NHS Trust Development Authority</p> <p>Income projections and indicative budget allocations</p> <p>2<sup>nd</sup> round of Directorate Planning Workshops; update on contracts and presentations of Directorate Business Plans to Senior Management Group</p>	<p>Final financial plans submitted to NHS Trust Development Authority</p> <p>Contracts signed</p> <p>Finalise Directorate and Trust Business Plans</p> <p>Director budget sign-off meetings concluded</p> <p>Trust activity and performance plans issued</p> <p>Trust Financial Plan and budgets approved by the Trust Executive Group and Board for 2014-15</p>

Our Annual Business Planning Framework includes a planned programme of activities relating to the delivery and assurance of the business plan

- A planned series of communication and engagement events to ensure internal and external stakeholders understand the strategic direction that the Board has outlined and their contribution to its achievement
- Collaborative workshops with Clinical Commissioning Groups (CCGs) to inform and develop plans for the future provision of the services that YAS delivers.

### **A&E, NHS111 and Patient Transport Service Local Business Planning**

#### **A&E**

The local management team for A&E develop local plans derived from the Corporate Business Plans. These are developed, managed and monitored in partnership with our CCG commissioners, including Vale of York CCG. Monthly commissioning meetings are held for North Yorkshire & York, chaired by Harrogate & Rural CCG.

#### **PTS**

Patient Transport Services for the whole of North Yorkshire are commissioned by a consortium of North Yorkshire CCG's led by Harrogate & Rural District CCG. Service performance, operational matters and service improvement plans are considered at monthly contract meetings with commissioners. PTS and hospital representatives meet routinely to review local issues.

#### **NHS111**

The NHS111 service commenced in March 2013. As part of the preparation and mobilisation of the service YAS worked with partners and commissioners across all 23 Yorkshire and Humber CCGs over the design of the service and how this would be delivered. Greater Huddersfield CCG is the Lead Commissioner. Following the commencement of the service, this contact and engagement continues with CCG's and there is a monthly Clinical Governance and Quality Assurance meeting to review the service. This is attended by the Vale of York CCG, other healthcare providers, the NHS111 Customer Relationship Manager and the NHS 111 Head of Quality Assurance.

#### **Urgent Care Boards**

Urgent Care Boards play a key function in joining up the work of health and care organisations to meet patients' urgent care needs. We are represented on all 15 Yorkshire Urgent Care Boards, including York. Where opportunities arise for joint programmes we contribute to the planning and business case development.

## **Clinical Commissioning Group (CCG) Annual Planning Cycle**

### **1.0 Purpose of the Report**

To provide an update on NHS England's strategic planning process and provide an update on the current planning requirements.

### **2.0 Annual Planning Process**

2.1 NHS England developed 'plans on a page' for the areas it commissions during 2013/14:

- Primary care (North Yorkshire & Humber)
- Public health (s7a agreement) (North Yorkshire & Humber)
- Armed forces (NY&H on behalf of North of England)
- Health & Justice (West Yorkshire on behalf of Y&H) and
- Specialised commissioning (South Yorkshire on behalf of Y&H)

2.2 Each programme of work within the plan has a named programme manager. The programme manager manages delivery against the plan on a day to day basis, including the financial position and identified risks.

2.3 In addition to internal process, delivery against the Plans is considered on a quarterly basis through the Direct Commissioning Assurance Process with the senior management team at the North Region of NHS England. Reports are also provided on progress against the Health and Well-Being Strategy for each Health and Well-Being Board (6) in line with the agreed reporting processes.

### **3.0 Partnership Arrangements**

3.1 NHS England works closely with partners to deliver the commitments within the plans and to drive forward improvements in services. Arrangements for working with key partners include:

1. Health and Well-Being Board and Sub-Groups x6 NY&H (70 + for AF)	Strategic planning across health and well-being services	All partners
2. Direct Commissioning	9 Area Teams across North 27 across country	NHS England
3. DC Assurance Framework	Review of the DC performance and financial position	Area Team & Regional Team
4. Collaborative Commissioning Board x8 CCGs NY&H	Performance review	69 CCG and Providers across North

#### **4.0 Strategic Planning 2014 onwards**

- 4.1 NHS bodies and the Local Authority received a letter on the 4<sup>th</sup> November outlining the strategic and operational planning arrangements over the next five years. There is an expectation to develop bold and transformational five-year strategic plans, supported by two-year detailed operational plans to address the current challenges and national drivers, such as the 'Call to Action' and 'Closing the Gap' reports. The final two year plan and the draft five year plan must be submitted, following local approvals, by the 4<sup>th</sup> April 2014. The 'unit of planning' for the five year strategic plans can be determined locally and confirmation on the proposed unit of planning was requested by mid- November.
- 4.2 NHS England is currently working on the CCG/area team and regional 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 NHS England to reflect the priorities of each of the Health and Well-Being Boards and wider transformational change. The development of the five year plan will be done in conjunction with the work on the Integration agenda.

#### **5.0 Progress to Date**

- 5.1 The strategic plan must reflect the needs of the local community and take account of key stakeholders, including the voluntary and community sector.

The engagement events held to date have been analysed to identify key themes, and this has been combined with existing public consultation from partner agencies. An engagement plan is being finalised to ensure there are opportunities for the public to inform and influence the strategic planning.

- 5.2 The strategic plan will be developed in collaboration with key stakeholders.
- 5.3 Work is on-going to develop detailed proposals for discussion in the New Year. The Health and Well-Being Board(S) and will receive the draft plan for consideration and approval as part of the sign-off arrangements.

## 6.0 Next Steps

November – Mid-December	Analysis of data and initial prioritisation to develop a 'long list' of proposals Stakeholder engagement plan implemented Early work on 'levels of ambition' against the NHS Outcomes Framework
December	Planning Guidance Issued and funding allocations
Mid-December – Mid-February	Consultation on emerging proposals Detailed prioritisation and financial planning Draft document developed
14 <sup>th</sup> February	Draft Submitted
Mid-February – End March	Finalising planning documents Contract negotiations and sign-off Approval and sign-off of plans.

Report Sponsor:

Julie Warren

Director of Commissioning NHS England (North Yorkshire & Humber)

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**Abbreviations**

A&E – Accident and Emergency

CCG – Clinical Commissioning Group

NHS – National Health Service

NY&H – North Yorkshire and Humberside

PTS – Patient Transport Services

SMG – Senior Management Group

YAS – Yorkshire Ambulance Service

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## Health Overview & Scrutiny Committee Work Plan 2013/2014

23 <sup>rd</sup> October 2013	<p><b>New themed approach: Mental Health and Medical Services for Travellers</b></p> <ol style="list-style-type: none"><li>1. Annual report to the committee from the Chief Executive of Leeds and York Partnerships NHS Foundation Trust</li><li>2. Monitor of partnership working and implementation of learning about partnerships (report from LYPFT on the way that older people's mental health services are provided)</li><li>3. <i>Report on proposed changes to psychological therapies services at St Andrew's in York.</i></li><li>4. Report Section 136 of the mental health act – provision of a place of safety</li></ol> <p><b>Scrutiny and Task Group reports:</b></p> <ol style="list-style-type: none"><li>5. Draft final report of Community Mental Health &amp; Care of Young People Task Group</li><li>5. Presentation on 'loneliness' from Tracey Robbins JRF / JRHT Neighbourhood Approaches to Loneliness team</li></ol> <p><b>Managing the Business:</b></p> <ol style="list-style-type: none"><li>7. Workplan Update</li></ol>
27 <sup>th</sup> November 2013	<p><b>Themed approach: Health and Social Care</b></p> <ol style="list-style-type: none"><li>1. Second Quarter CYC Finance &amp; Performance Monitoring Report</li><li>2. Update report on the CSU and York Teaching Hospital on how they are working together by Debbie Ward and Janice Sunderland of NY&amp;H CSU</li><li>3. Friends and Family Test – Maternity Services</li></ol> <p><b>Scrutiny and Task Group reports:</b></p> <ol style="list-style-type: none"><li>4. Draft interim report of Personalisation Task Group</li><li>5. Update report on Night Time Economy review</li></ol> <p><b>Managing the Business:</b></p> <ol style="list-style-type: none"><li>6. Workplan Update</li></ol>

<p>18<sup>th</sup> December 2013</p>	<p><b>Themed approach: Community Health Services</b>  1. Care Quality Commission: Changes to the way they inspect and regulate care services</p> <p><b>Monitoring Role:</b>  2. Presentations from Partnership Boards on how they work with other partners and how they put together their annual plan</p> <p><b>Scrutiny and Task Group reports:</b>  3. Verbal report on Men’s Health Scrutiny Review</p> <p><b>Managing the Business:</b>  4. Workplan Update</p>
<p>15<sup>th</sup> January 2014</p>	<p><b>Themed approach:</b>  1. Report on the work of the HWB and how Health OSC and HWB work together (tbc)</p> <p><b>Scrutiny and Task Group reports:</b>  2. Interim report on Night-Time Economy Scrutiny Review?</p> <p><b>Managing the Business:</b>  3. Workplan Update</p>

19 <sup>th</sup> February 2014	<p><b>Themed approach:</b></p> <ol style="list-style-type: none"> <li>1. Annual Report on the Carer's Strategy? (tbc)</li> <li>2. Update on implementation of the recommendations arising from the End of Life Care Scrutiny Review</li> <li>3. Update on Francis Report (tbc)</li> </ol> <p><b>Scrutiny and Task Group reports:</b></p> <ol style="list-style-type: none"> <li>4. Draft final report on Night-Time Economy Scrutiny Review</li> </ol> <p><b>Managing the Business:</b></p> <ol style="list-style-type: none"> <li>5. Workplan Update</li> </ol>
12 <sup>th</sup> March 2014	<p><b>Themed approach:</b></p> <p><b>Monitoring Role:</b></p> <ol style="list-style-type: none"> <li>1. Third Quarter CYC Finance &amp; Performance Monitoring Report</li> <li>2. Update report – provision of medical services for travellers and the homeless (to include data, attrition and patient flow)</li> <li>3. Update report on introduction NHS 111 services</li> <li>4. Update report on use of additional funding for York Teaching Hospital (likely to have been used to supplement staffing during winter period)</li> </ol> <p><b>Managing the Business:</b></p> <ol style="list-style-type: none"> <li>1. Workplan Update</li> </ol>
23 <sup>rd</sup> April 2014	<p><b>Themed approach:</b></p> <ol style="list-style-type: none"> <li>1. Update report from Police on provision of Place of Safety at Bootham Hospital</li> </ol> <p><b>Managing the Business:</b></p> <ol style="list-style-type: none"> <li>1. Workplan Update</li> </ol>

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