

NHS Vale of York CCG

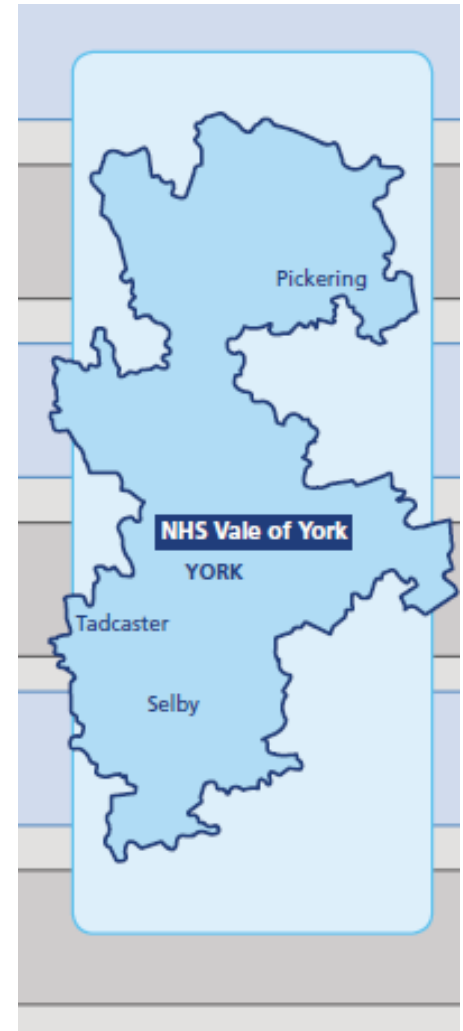
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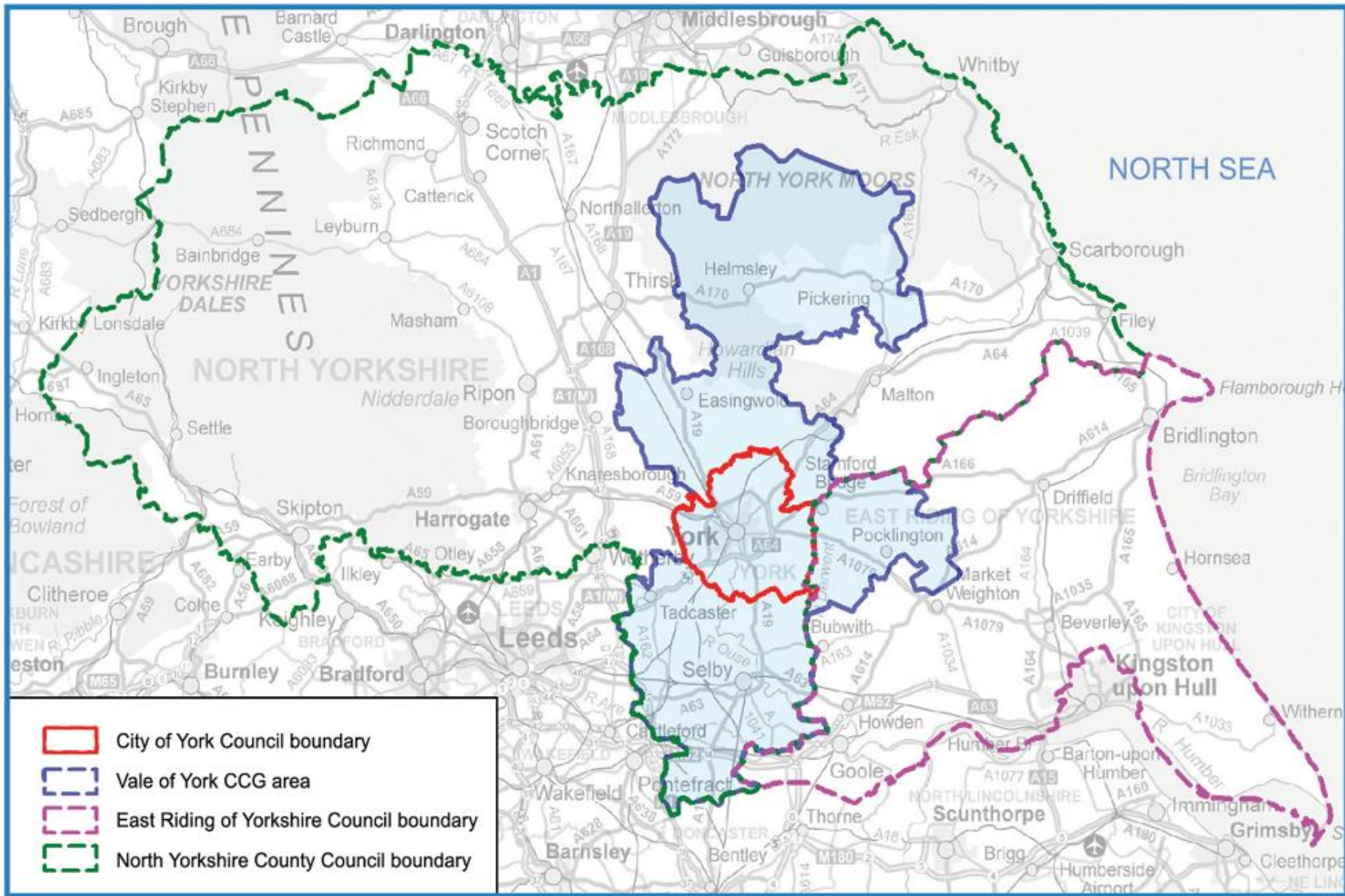
Delivering
Improving
Strengthening
Evolving





Enhancing
Supporting
Facilitating
Engaging

Setting the scene...

- NHS Vale of York Clinical Commissioning Group is responsible for buying, planning and monitoring the following healthcare services in the Vale of York:
 - planned hospital care
 - urgent and emergency care
 - community health services
 - mental health and learning disability services
 - GP services
- Population of 357,000 and £460m





-  City of York Council boundary
-  Vale of York CCG area
-  East Riding of Yorkshire Council boundary
-  North Yorkshire County Council boundary



26 Vale of York GP practices



Work across three local authority boundaries



Hospital and community care providers rated by CQC against the following areas:

- Safe
- Effective
- Caring
- Responsive
- Well led



Talking to patients and the community

Engagement events
PPGs
Drop in sessions
Roadshows



Rated 'good' for patient engagement

- Recognised as involving patients and the public in their work with an awarded 'Good' rating from NHS England.
- Five assessment criteria including:
 - equalities and health inequalities
 - feedback and evaluation
 - day-to-day practice
 - annual reporting
 - governance
- Sharing best practice



What you told us is important about how we involve our population

Feedback – include 'you said, we didn't' as well as 'you said, we did'

Trust, integrity and transparency.
Accessibility and inclusion.

Continually check in and engage through the process. Give timescales.



Work collaboratively with other organisations so stakeholders only have to engage once.

Start with people first, and engage from the beginning.

Allow enough time for people to feedback.

[View our video what people said...](#)

Our engagement principles

During 2018-19 we went out into our local communities and ask what was important to them about how we involve our population in improving health and wellbeing across the patch. These principles will underpin any of the communications and engagement work that we carry out within our communities.


Principle	Description
Coproduce with our population	Ensure engagement is core to our planning, prioritisation and commissioning activities. Involve people who use health and care services, carers and communities in equal partnership. Engage with our communities at the earliest stages of service design, development and evaluation.
Listen	Seek and listen to views of our partners, patients cares and other local citizens.
Honest and transparency	Hold honest, open and collaborative conversations from the start, so that people know what to expect.
Collaboration	Develop and strengthen relationships within the local community and across organisations.
Inclusivity and accessibility	Ensure accessible language and format, which is diverse and easy to understand for all communities. Ensure that those who may not always have the chance to have their say, such as seldom heard communities are represented.
Feedback and inform	Ensure that those who have given their contribution understand what difference it has made, and the feedback is provided in a timely manner.

**So, what have
we done?**

LGBT+ awareness




- Rainbow Badges is an initiative that gives staff a way to show that we are open, non-judgemental and inclusive towards our colleagues, partners and our population who may identify as LGBT+
- Awareness training run by MESMAC
- Transgender pathway review and training at our GP training events



Connect with us

healthwatch
York

In partnership with



YORK LGBT
FORUM.ORG.UK
Don't like how they're?

**Lesbian, Gay, Bisexual
and Trans+ (LGBT+)
experiences of Health and
Social Care services in
York**

September 2018

A report based on local peoples' experience

New end of life care strategy

Community and patient feedback was the backbone of the strategy



End of life care is the total care of a person with an advanced, progressive or incurable illness. End of life care can last a few days, months or years, continuing for how ever long it is needed. Our vision is for everyone who needs end of life care to have access to high quality, responsive services that meet their needs, at the time and place where they are needed.

This charter was created in collaboration with our patients, community and their families and local professionals to represent what is most important to you for end of life care. Thank you to all those involved.



Vale of York

End of Life Citizen Charter

Better outcomes for patients, their families, carers and staff

Falls prevention project...

Improving patient safety in care homes

Lee Stephenson, Deputy Care Home Manager at Birchlands said:

“The training and support provided by the CCG has been very helpful and provided our staff with new knowledge and an adapted approach to protecting people in our care. We are always looking for ways to improve and ‘React to Falls’ Prevention has ultimately contributed to making our premises as safe as possible for residents.”

Early success of the project is providing outcomes such as raised awareness, a proactive approach to care and reducing risk of falls.



Award nominations



HSJ and Nursing Times award nominations for our react to red work to help reduce the instances of pressure ulcers within care homes and domiciliary care providers.





GREAT WORK!



The community has been consistent in what they have told us and the most recent feedback echoes themes from previous years.

We want to live a healthier life and look after ourselves and need the help to do that



We want it to be easier to get an appointment with a GP



We want improved mental health services



We want services to recognise that different neighbourhoods and communities have different needs and concerns



What has happened so far?

You said	We did / we are working on
We want better access to GP services	Invested +£6.5million to provide improved access to primary care services in the evenings, at weekends and bank holidays.
Timely access to mental health services is needed	Invested £220k to improve access to ADHD diagnosis services and CAMHS
Cancer services are important	<ul style="list-style-type: none">• Cancer champions• Better survival rates• Speeding up diagnosis times• Improving diagnostic testing
Increase the focus on prevention	Social prescribing - designing better personalised, preventative care to help people to feel well.

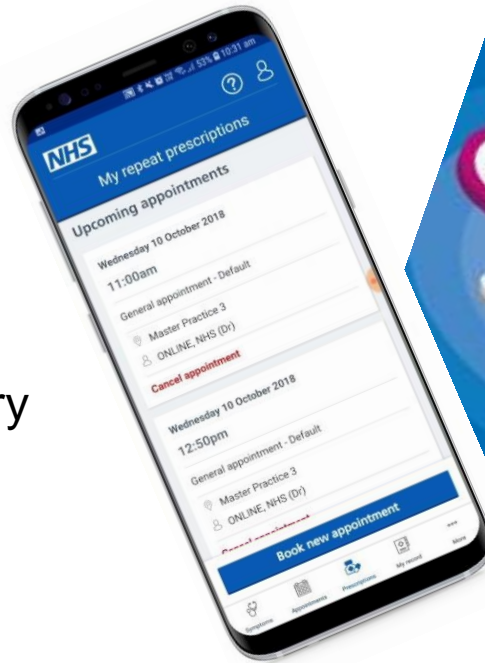
Primary care



Created 850 professional learning and development opportunities for our primary care clinicians



Worked with our primary care providers to improved access to their services in the evenings and at weekends



NHS App fully connected to all GP practices in Vale of York

Vale of York patients take the lead on digital GP services

Right information, right person, right time



Yorkshire & Humber Care Record



Digital Care Record

Enables clinical and care staff to access real-time health and care information across health and social care providers and between different IT systems.



Better decision making
and saving time



Linking clinical systems together

Securely and safely brings together a core of information from GPs, local hospitals, community healthcare, social services and mental health teams regardless of the system they use.



Joined up information
and seamless care



Improved intelligence

Using intelligence from large scale data sets to improve population health. Centralised data on patient health and wellbeing and on the services they use.



Better planning of
services, prevention or
improved management
of ill health



People actively involved in their health and wellbeing

View, control and contribute to their own health and wellbeing information by accessing Helm, Person Held Record.

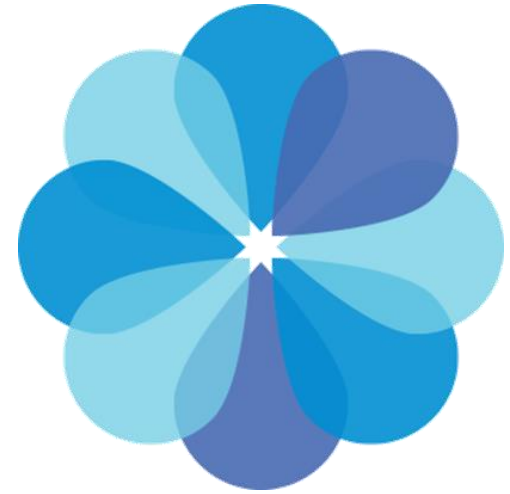


More informed
decisions, improved self
care and management

Mental health



We pledged to invest £120,000 each year to improve child and adolescent mental health services.



Monthly dementia clinics in York

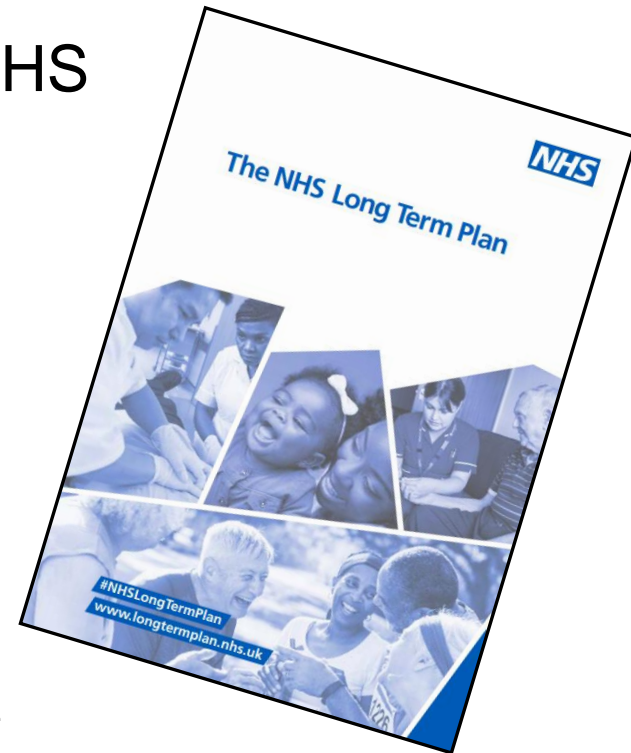


With partners we now commission new mental health services for new and expectant mothers

Where are we heading? NHS Long Term Plan

The Long Term Plan sets out what the NHS wants to do better. This includes:

- Helping people live healthier lives;
- Investing more in technology and community services;
- Getting better at looking after people with cancer, mental health, dementia, lung and heart diseases and learning disabilities, such as autism; and,
- Improving the support people need to age well and to have a strong start in life.



The focus for investment and improvement

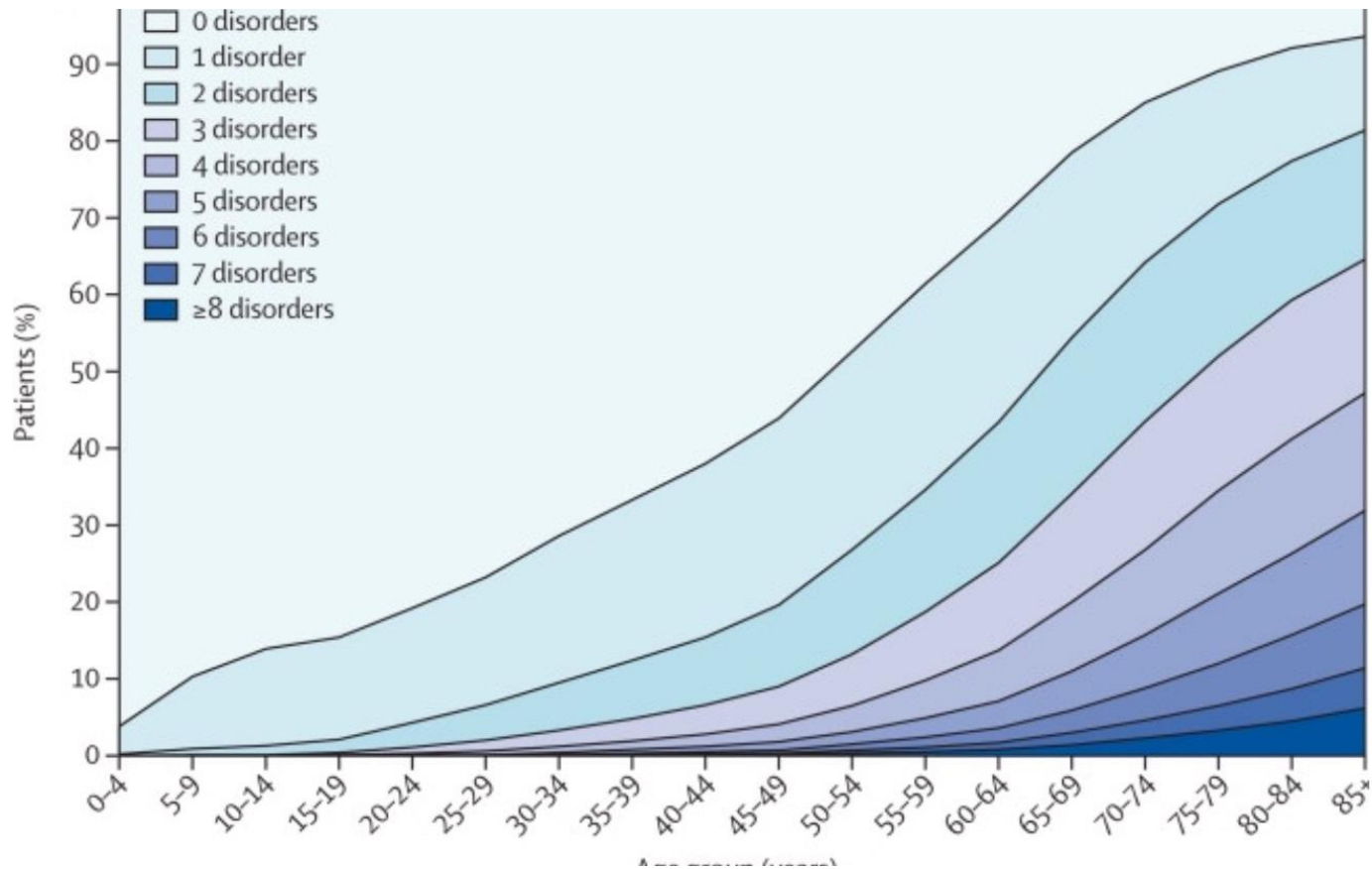
Action now to meet the needs of:

- a growing **elderly population**
- the increasing number of people living with more than one **long-term condition**
- increasing numbers of people affected by **cancer**
- people with **mental health** issues, especially children where 50% of mental health conditions problems are established by the age of 14. Early intervention is essential. Reducing waiting times is a main priority



Impact of age on number of disorders

Focus on: preventing ill health, supporting people to manage their own conditions, the person not the disease



Our priorities



- **Strengthening/supporting GP services**
 - Developing primary care networks based on population sizes of 30-50,000. Working closer together, sharing resources, funding and ideas.
 - Clinical engagement
- **Community services** – more seamless working between health and social care
- **Mental health and wellbeing**, esp. children's services
- **Cancer and long-term conditions** – improved outcomes
- **Focus on community and the whole person**
 - Work with the most vulnerable and those with greatest need
 - Prevention and self care – to support communities to stay healthy for longer
 - Targeting investment and services to areas with greatest need is essential
- **Build partnerships**
- **Create financial stability**

Engagement and equality:

Reaching the seldom heard

- We carry out an equality and health inequality analysis as it can help identify people who experience the greatest health needs, those who face barriers to accessing services and to participation
- To reach into and develop relationships with diverse communities, especially with 'seldom heard' groups, we plan involvement proactively, identifying resources and sources of support.
- We connect with existing patient, service user and VCSE organisations
- Activities are planned and adapted to ensure that they are fair and equitable regardless of a person's cultural, linguistic, religious background, communication and accessibility needs. We often use community groups to help with this.
- We auditing and monitoring participation of equalities protected groups, for example in events and formal governance roles, supports staff to promote the involvement of people who are more reflective of the population in question.