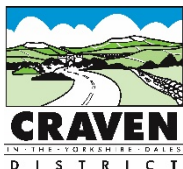


# DELIVERY OF PEOPLE SERVICES UNDER 'EAST & WEST'

Get Change Right for York and North Yorkshire

[get-change-right.com](http://get-change-right.com)



**Harrogate**  
BOROUGH COUNCIL



RYEDALE  
DISTRICT  
COUNCIL



**SELBY**  
DISTRICT COUNCIL

# BACKGROUND & PURPOSE

The future approach to the delivery of key services under an 'East & West' model has been undertaken to support our implementation planning in relation to adult social care, children's services and public health. This supplements information already included in the Case for Change and builds on best practice, current experience of effective partnership delivery, and what has been delivered during other LGR processes.

This work has the following key aims:

- **Demonstrate how services could operate under an 'East & West' model to deliver a new vision for local government in York & North Yorkshire.**
- **Show how the transition to the new model could be managed effectively, including how identified risks will be mitigated.**

**Adult social care**, children's services and **public health** have been selected for the following reasons:

- All three are **critical, people focused services**, which can have the **most significant positive impact** through delivery of the 'East & West' vision.
- An East & West model provides the **foundation to strengthen** these services across York & North Yorkshire, **with greater resource, scale and strategic capacity** to drive region-wide collaboration and deliver **integrated, place-based service delivery models**, whilst **maintaining localism** and building upon the strengths of existing community networks.
- Adult social care and children's services in particular could be areas of potential implementation risk and complexity. Through this additional work, the District & Borough Councils are outlining **how the transition to 'East & West' could be managed effectively.**
- Public Health is an area where a **single model** could be applied across the whole of York & North Yorkshire following LGR, reflecting the national direction of travel.

# HOW TO NAVIGATE THIS DOCUMENT

This document outlines an overall view of delivery under 'East & West', before setting out overviews of three specific services. It concludes with a high level view of implementation considerations for key services.

## Future delivery under 'East & West'

- Visions within Case for Change
- Statements of intent
- Place based approach
- Integrated approach



Pages 4 - 10

## Children's Services

- Overview of current services
- Future approach under E&W



Pages 13 - 18

## Adult Social Care

- Overview of current services
- Future approach under E&W



Pages 19 - 24

## Public Health

- Overview of current services
- Future approach under E&W



Pages 25 - 28

## Implementation considerations

- Implementation key topics
- High level plan on a page



Pages 29 - 34

# FUTURE DELIVERY UNDER 'EAST & WEST'



# BUILDING ON THE VISION SET OUT IN THE CASE FOR CHANGE

Within the Case for Change, a joint vision for local government reorganisation has been set out. Also included in the Case for Change was a vision for social care.

The visions, shown below have been built upon within this document.

## Vision for local government in York & North Yorkshire

*We will provide strong, equal representation for everyone in York and North Yorkshire; building upon what we do best, for our communities and businesses. We will respond to the needs of local people, create clean and inclusive economic growth and deliver value for money.*

The future of local government in York and North Yorkshire:

- Two new unitary authorities with **balanced populations and economies**, ensuring that all of our people, communities and regions are listened to and **fairly represented**.
- Local needs are understood and responded to with **outstanding services** in the **right place**, at the **right time**.
- Authorities work in partnership to **build on current strengths** in areas such as children's services, delivering **strong, safe and healthy communities**.
- An **equal partnership** within the future Combined Authority, delivering the ambitious vision set out in the devolution proposal, prioritising investment on an equitable basis linked to functional economic geography.
- Delivering **efficient services**, representing great value for taxpayers.

## Vision for adult social care and children's services

*Those in need of help and support will get timely and effective intervention.*

At the same time, those people, and all residents, will live in **strong safe communities** that support their **independence**, with the intent of preventing, delaying or reducing the need for social care services.

The community and voluntary sector, and local services currently provided by districts, will be brought together in a way that **strengthens, coordinates and maximises impact**. We will accelerate improvements by supporting good practice, and scaling this across York and North Yorkshire.

We will work as **one team with partners**, supporting a joined up response across public health, primary and community care services, community safety, education and social care services.

For residents, we will seek to **remove the transitions** that can cause frustration and confusion, by offering services that align children's and adult social care.

Where there are issues in common across the wider geography we will continue to **collaborate** to find **shared solutions**, both within York and North Yorkshire, but more widely across the region.



# DELIVERY UNDER AN 'EAST & WEST' MODEL: STATEMENTS OF INTENT

The statements below reflect our collective intent for the future delivery of people services under an 'East & West' model.

- 01 We will deliver in partnership at both the strategic and local level. The role of **partners across health, police, fire & emergency services, the voluntary & community sectors and national parks will be key** to delivering the best possible outcomes. We will work proactively with providers who are currently supporting people in placements and provision to ensure continuity and deliver improvement where possible.
- 02 We will recognise the links between **all services delivered by the councils** (e.g. the links between social care, housing and education), and seek to deliver the **best possible outcomes for our residents** through a **place-based approach**.
- 03 We will adopt an approach that recognises the whole life course, supporting independence and helping individuals to thrive. This will include **strengthening pathways from child to young person and into adulthood**.
- 04 We will enable service users to be **co-designers of their care and support**, and communities will be able to **influence commissioning strategy and decision making**.
- 05 We will proactively manage risk services during transition, **minimising disruption for services users** and ensuring that **safeguarding** is robust.
- 06 We will build on already established ways of working within current **localities** and the ongoing good work in local places to **bring together health and social care functions**. **Successful approaches** such as the community hub asset-based approach in York and 'No Wrong Door' in North Yorkshire will be fundamental to the confirmation of future operating models.
- 07 We will deliver services at the **right scale**, bringing greater strategic capacity, financial sustainability and enabling investment, whilst continuing to **utilise local knowledge and understanding**.
- 08 We will use our understanding to **balance demographics and demand**, aligning services where they are required, **using and responding to data and local intelligence** and making best use of common resources through **targeted interventions**. We will share insight with partners to improve and drive better outcomes.
- 09 We will invest in our workforce, fully recognising the expertise and experience of the **existing employees**, enabling employees to **continue delivering** a high level of service. We will support individuals with **learning and development** where required, and **empower** our workforce to innovate and increase **resilience** through partnership working.
- 10 We will bring the best elements of current local delivery practices and scale these up, ensuring a focus on **early intervention and prevention**, improving health inequalities and life chances for people across York and North Yorkshire.
- 11 We will explore opportunities for **aligned ways of working, policies and procedures** across the 'East' and 'West' where it is beneficial, and establish **shared functions** for key roles and services where appropriate (e.g. Public Health).
- 12 We will take a strategic and collaborative approach to our role as **commissioners**, working in close partnership with health commissioners across any new Combined Authority footprint.

# A PLACE-BASED APPROACH TO DELIVERY ACROSS 'EAST' & 'WEST'

A **place based approach** to the delivery of integrated services will accelerate existing locality and **partnership working arrangements** across the 'East' and 'West' unitary authorities and the future Combined Authority.

By agreeing **common principles and ways of working**, and wherever possible **commissioning together**, 'East' and 'West' can maximise the benefit from all of the resources available across the system and in each locality.

The diagram opposite is a visual representation of the approach, reflecting the key elements of the **whole system** and of working within specific **localities** across York and North Yorkshire.

On the following pages we explain how each element of whole system and locality working will be applied in the 'East & West' model.



# PLACE-BASED APPROACH: WHOLE SYSTEM WORKING

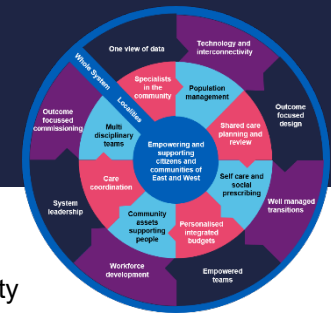


The eight elements of whole system working across 'East & West' come together to build strong, resilient and healthy communities, enabling place-based and partnership working.

Element of whole system working	How will this be applied within an 'East & West' model?
One view of data	'East' and 'West' authorities will have <b>data and analytics</b> at the heart of future operating models, with both <b>predictive and prescriptive analytics</b> used to help inform and embed <b>prevention</b> across the whole system. Data sharing between partners will be used to provide a more holistic view of the needs of both individual residents and the wider system, embedded within a data architecture that delivers <b>consistent data quality</b> and <b>one version of the truth</b> across the region.
Technology and interconnectivity	Support will be delivered through a <b>digital by default</b> approach, enabling people to use <b>self-service digital technology</b> where appropriate. Service delivery teams, including those in face to face customer contact, will be supported by digital and mobile tools to work more effectively and efficiently, and have an ability to <b>capture, store and access the required data</b> easily.
Outcome focused design	Two new organisations will have the ability to work with residents and partners to <b>inform, influence and shape service redesign</b> , ensuring that desired outcomes are aligned to the context and taking account of existing positive outcomes that are being secured. Outcomes are inclusive, <b>designed through listening to people</b> who use the services and understanding what matters most to them and their wider community.
Well managed transitions	Transitions between children's services and adult services will be co-ordinated through a <b>single whole council operating model</b> which prioritises customer journeys, supported by data and digital. We will understand life changes, and seek to engage people in advance of transitions.
Empowered teams	Teams across 'East' and 'West' will be operating at scale, and therefore have the <b>capacity to be innovative in service delivery</b> . Two new organisations will have the ability to define a <b>culture of empowerment and innovation</b> throughout the workforce across York and North Yorkshire.
Workforce development	We recognise the benefits of investing in our staff, providing them with the <b>development and learning opportunities</b> to grow, and to deliver the best outcomes for residents.
System leadership	'East' and 'West' will each be operating at scale, playing a system leadership role, working in <b>close partnership across the public sector, voluntary and community sector, businesses and communities</b> , driven by shared values, ambitions and behaviours. System leadership will enable <b>greater alignment between partners</b> , ensuring that <b>resources are used most effectively</b> to deliver best possible outcomes for residents. Where appropriate partners across the system will align ways of working, including policies and procedures.
Outcome focussed commissioning	Working in <b>partnership across health and social care</b> as part of a <b>joined up commissioning</b> and delivery strategy, supporting a sustainable, inclusive market, focused on outcomes and leveraging the depth of skills, evidence, local knowledge and resources existing within the districts. <b>Continuous improvement</b> will be embedded throughout the organisation and in working with partners.



# PLACE-BASED APPROACH: LOCALITY WORKING



Together, the eight elements of locality working across 'East & West' proving a compelling vision for how two new authorities can deliver for their communities, with a model for locality working that is consistent, but allows for flexibility for varying needs to be met.

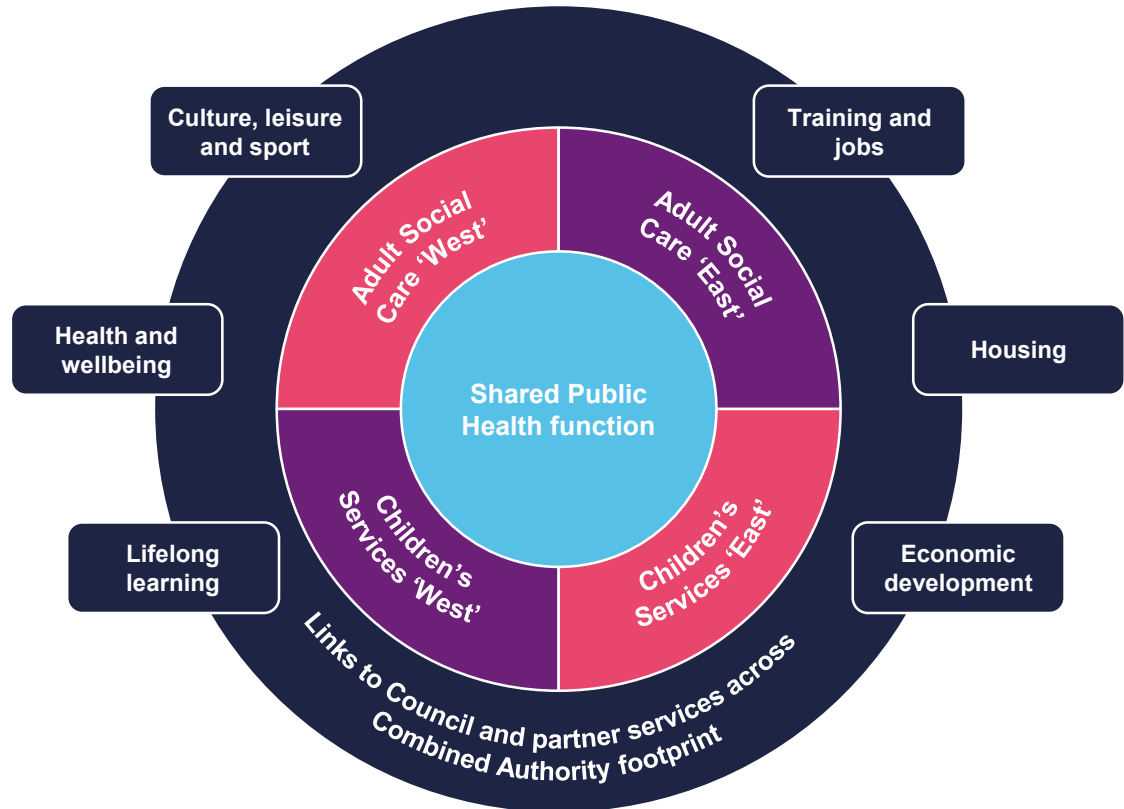
Whole system working	How will this be applied within an 'East & West' model?
Specialists in the community	Locality teams will have <b>specialist expertise</b> available to deliver for residents in the community. 'East' and 'West' will also have the ability to operate at sufficient scale to provide specialist resource between localities as required.
Population management	Use of data and the ability to operate at scale will enable 'East' and 'West' to <b>target interventions</b> based on an understanding of the overall population.
Shared care planning and review	Individuals will <b>co-design</b> their care plans, with input from <b>multi-disciplinary teams</b> , ensuring there is one record across the system.
Self care and social prescribing	Communities and individuals will be <b>empowered to make their own choices</b> and access the support they need. Across 'East' and 'West' people will be supported to understand their risks and to make their own choices.
Personalised integrated budgets	Individuals will be able to work with staff to determine <b>how their budgets are spent</b> , with the ability to access support from across the system where appropriate.
Community assets supporting people	Enabling people and communities to <b>build on the strengths and resilience that already exist</b> , allowing and supporting people to use these assets to maintain healthy, fulfilled lives within strong communities.
Care coordination	Teams working in localities will work in partnership, enabled <b>by shared data</b> , to co-ordinate care delivery, working seamlessly with health, community and voluntary sector partners under one operating model where it benefits the service user.
Multi disciplinary teams	An <b>integrated multi-disciplinary workforce</b> underpinned by a culture of continuous improvement and a shared set of valued based behaviours.

# INTEGRATED APPROACH TO DELIVERY

Local government reorganisation presents an opportunity to **join up current services** to deliver an improved and **fully integrated whole life approach** to care and support. By bringing together NYCC and City of York children's services, adult social care and public health spend and expertise with the local delivery and understanding of district and borough councils, outcomes can be improved across the sub-region.

Under the 'East & West' model there will be two adult social care and children's services teams (as there are now), but these will be **more balanced and collaborative**, both with the strategic capacity and ability to **deliver at scale, fit for the future and building on the best** of what is currently delivered across the nine current authorities. Where it makes sense to do so, a single set of policies and procedures can be in place across York and North Yorkshire (e.g. safeguarding).

A **single public health function** across the new Combined Authority footprint will help to drive integrated ways of working across North Yorkshire and York, encouraging a joined up approach to other key council and partner services, including those to be delivered through the future Combined Authority.



**Future ways of working across 'East & West' will be based on an integrated approach across all council and partner services, recognising the critical links between services such as social care, with housing, skills, health and wellbeing and more.**

*In the remainder of this documents we focus in on Children's Services, Adult Social Care and Public Health.*



# FUTURE SERVICES UNDER 'EAST & WEST'



# HOW WE SET OUT THE FUTURE APPROACH UNDER EAST & WEST: A WHOLE COUNCIL FRAMEWORK

We have used a whole council framework as the structure within which the current and future delivery model for key services have been considered.

The framework splits council activities into three core layers: Experience & Engagement, Integrated Service Delivery and Enabling Processes and Functions.

The whole council framework can be applied to each council service throughout the implementation and design process.

## How the framework works



1

The **needs and preferences of service users and local communities** must be understood and used to drive the design of an underlying **integrated service delivery model**. Service users and residents should feel **empowered**, and **safe** within their local communities, with **information, advice and guidance readily available** when they require support.



2

**Innovative and digitally-enabled service delivery model** that is **designed for the user, place-based**, and **seamless** across the end to end user journey, delivered through **multi-partnership working** and **integrated teams**. High quality **universal services** support people to **remain independent** and act as anchors within the community.



3

Ensuring that services are supported by enabling processes, people, technology and organisational functions to **grow capabilities, leverage best practice** and embed **continuous improvement** across service delivery.



# CHILDREN'S SERVICES



# OVERVIEW OF CHILDREN'S SERVICES

## Context

Within York and North Yorkshire there are two sets of children's services management teams, aligned to the existing upper tier Councils. North Yorkshire has been judged by Ofsted as Outstanding, while York is on an improvement journey. North Yorkshire County Council has experience of supporting the improvement of other children's services and has offered peer support to other UK authorities. Any changes to the overall footprints will secure and spread good practice across the whole of York and North Yorkshire.

North Yorkshire has over three times the number of children as York. A similar proportion of children are in low income families, although this is significantly below the national average in both areas.

## Challenges

- The City of York is on an improvement journey following its most recent Ofsted inspection.
- The need to improve educational outcomes for disadvantaged children, and close the gap between the highest and lowest achieving pupils across York and North Yorkshire.<sup>1</sup>
- Low number of people who say that they feel able to influence decisions in their neighbourhoods.<sup>2</sup>
- 1 in 5 Education Health and Care plans are not issued within the target of 20 weeks.<sup>3</sup>
- Almost 1 in 4 children who had a child protection plan were placed on a plan for a second or subsequent time.<sup>3</sup>
- North Yorkshire have a more stable, experienced workforce. York, in common with other local authorities, use agency workers (20.9%, 2018) to cover high ongoing vacancy rates (12.6%). North Yorkshire in comparison have zero agency workers, with only 0.8% vacancies at year end.<sup>4</sup>
- Financial challenges could impact the sustainability of services, particularly for the City of York a smaller unitary authority.

## Opportunities through LGR: 'East & West'

- 'East' and 'West' will each have the scale to invest in children's services, delivering improvements where required. This investment can include investment in technology to support digital and more data-driven ways of working.
- Where appropriate, a single set of policies, procedures and ways of working can be adopted across the Combined Authority footprint. Examples could include a consistent approach to commissioning of services to 0-19 year olds, building on existing Safeguarding Board arrangements, or exploring opportunities for joint procurement.
- Develop a single consistent and high quality workforce development programme and roll out to place-based teams and early years settings, bringing greater overall stability to the workforce, building on the expertise already gained by North Yorkshire officers to coach and support organisation to change and improve.
- Deliver a programme of engagement with schools to support them to become leaders in early years.
- Develop and roll out a consistent high quality antenatal care package.
- Joined up, all age approach to children's services and adult social care with seamless transitions.

Note: 1. CEC Education, Inclusion and Skills October 2019  
2. CEC Communities and Equality October 2019

3. Young and Yorkshire 2  
4. Children Social Care Workforce Tables 2018-19



# CHILDREN'S SERVICES FUTURE APPROACH

## How the Whole Council Framework applies to Children's Services



1

Places such as schools, leisure centres and libraries will act as **community hubs** where children, young people, families and carers are engaged and signposted to council and partner services. A **streamlined, intuitive, predominantly digital front door** will allow service users to **access guidance** and **real-time information** that is **tailored to their needs**. On contact with the Council, **service users are able to access the right service first time**, reducing the number of handoffs, and resolving as many queries as possible at first contact.



2

Services will be codesigned with children and young people, building on community assets to enable families and carers to **remain resilient and independent**. **Universal and targeted services**, delivered in **partnership**, will strive to ensure **every child has an equal start in life**. Where concerns are raised these will be **responded to in a timely way**, that reduces risk of harm. Transitions (such as into adult services) will be built into the design of service delivery. By working in partnership we will maximise **engagement and impact** so that the way children play, learn and care supports them to reach their full potential, which we will celebrate with them.



3

Children's Services will be supported by a **digitally enabled, streamlined organisation with** specialist enabling functions that delivers personalised service user experience, quality service delivery and **empowers the Council workforce**. Streamlined processes and functions are joined up across the public and Voluntary & Community Organisations where needed.

Each of these elements is described in greater detail on the following pages.

# CHILDREN'S SERVICES: EXPERIENCE AND ENGAGEMENT



Children's Services will be supported by a **digitally enabled, streamlined organisation with** specialist enabling functions that deliver personalised service experiences and quality service delivery, and **empower council workforces**. Streamlined processes and functions are joined up across the public and voluntary & community organisations where needed.

## What is the future approach under an E&W model?

- The future approach will build on the successful '**No Wrong Door**' arrangements already in place across North Yorkshire, so that those in need of support are effectively able to gain access in a timely way that prevents escalation of need.
- Families are encouraged to be **resilient** through promoting **strength and asset-based conversations**. Community networks provide support through **early engagement, coordination and signposting** to encourage participation in **high quality universal services**. Universal service locations (such as libraries and leisure centres) will act as community hubs where people can receive information and advice, including access to the community and voluntary sector, in places where they normally go.
- Children, young people and families clearly understand how services will be received, what happens next and what the council requires to fully support them. They are able to easily access information, advice and guidance through **self-service digital technology**, allowing children and families to access their information and seek **help 24 hours a day, 7 days a week**. This will enable children, young people and families (and those working with them) to track the status of their journey/request through the system. Face to face and telephone engagement will remain available to those who need it.
- There will be **clear routes to identify concerns** relating to children and families. This will include the use of technology to allow early identification of enhanced support requirements for children and families.
- A **multidisciplinary, collaborative approach to support** will be in place (building on the current MASH model), with known staff, working together to provide stability and support and build trust.

## How does E&W enable this?

- E&W will each have scale to invest in initiatives that prevent escalation of need. Greater, more creative and flexible ways of using technology, a multi-agency approach, and use of appropriately skilled and developed teams, will ensure that the right services are available at the right time, and in the right way, to meet those needs.
- E&W allows for the **local knowledge, relationships and prevention work** currently delivered by districts to be at the heart of community engagement. A focus on local prevention, **fully embedded in the Councils' strategies**, will seek to reduce the need to access multiple services.
- E&W can implement an **integrated training programme for staff** to enhance capabilities for strength based conversations and support planning.
- E&W have scale to implement **digital and mobile working** to support teams to be more agile, and facilitate flexible, more efficient working.
- Initial responders will have **greater autonomy** to make decisions and issue on the spot commissioning up to an agreed cost/value.

# CHILDREN'S SERVICES: INTEGRATED SERVICE DELIVERY



Services will be co-designed with children and young people, building on community assets to enable families and carers to **remain resilient and independent**. **Universal and targeted services**, delivered in **partnership**, will strive to ensure **every child has an equal start in life**. Where concerns are raised these will be **responded to in a timely way**, that reduces risk of harm. Transitions (such as into adult services) will be built into the design of service delivery. By working in partnership we will maximise **engagement and impact** so that the way children play and learn supports them to reach their full potential, which we will celebrate with them.

## What is the future approach under an E&W model?

- **High quality universal services** that enable all children, young people, families and carers to experience a good quality of life, ensuring that all are able to access and benefit from high quality universal service provision. These universal services will set the foundations for healthy lives.
- The impact of delivery will be maximised through **delivering in partnership** so that children and young people achieve their potential and ambition.
- **Accessible and inclusive spaces (such as play places)** will be provided to support children and young people to achieve better health, well-being and educational outcomes. Integrated, joined up provision will be facilitated where it makes sense to do so and benefits children, young people and families.
- Support will be designed in a way that **promotes resilience in families**, reflecting personal priorities and drawing on the strengths and assets of local community connections.
- Increased community capacity to support **effective early help delivery in localities**, and coordinated delivery between partners that benefits children, young people and families that reduce the need for statutory interventions.
- A good understanding across the whole workforce of **thresholds of need**, so that where additional support is required it is identified, shared and responded to appropriately.
- Collaboration with providers (including the voluntary and community sector) to support **outcome based service design and delivery**.
- Build on the current strengths within the system, such as the **'No Wrong Door' methodology** and contextual safeguarding, delivered through a partnership approach.
- Ensure that the needs of children with special educational needs and/or disabilities are met through further development of a **strong local offer** and the development of **strong joint commissioning processes** with personal choice at its heart.

## How does E&W enable this?

- The E&W model enables both authorities to benefit from **delivering at scale**, whilst maintaining the best of current district service delivery. Each will be close enough to communities to understand the partnerships required for **specific local interventions** within communities.
- E&W each has the scale to **deliver financially sustainable services** through investing in the workforce development, technology and transformed service delivery where appropriate.
- The E&W models will have two common footprints that will ease the **linking of children's and adults' provision and support**, ensuring a **smooth transition through the system**.
- Establishing the E&W model provides the opportunity to embed collaboration between the two authorities from the start, with **sharing of best practice across the whole Combined Authority footprint**. Two councils operating at similar scale and addressing common challenges can adopt a single way of working, including common policies and procedures in key areas (e.g. approach to safeguarding) where appropriate.

# CHILDREN'S SERVICES: ENABLING FUNCTIONS



Children's Services will be supported by a **digitally enabled, streamlined organisation** with specialist enabling functions that delivers personalised service user experience, quality service delivery and **empowers the Council workforce**. Streamlined processes and functions are joined up across the public and Voluntary & Community Organisations where needed.

## What is the future approach under an E&W model?

- Moving towards **unified case management systems** for each Unitary (across elements of children's services and adult social care if appropriate), which supports a **life course approach**, able to extract clear histories and provide insight. This will provide greater continuity for service users and prevent the need for them to recount their story multiple times.
- Well embedded understanding of **Corporate Parenting**, that celebrates success and is ambitious for children and young people.
- **Data analytics** provides better understanding of household and family composition allowing **predictive and preventative** approaches.
- Utilise technology to support **mobile working across teams**, with a journey towards ensuring that service users interact with their data and any ongoing processes.
- **Digitised and standardised methodologies** and operating procedures in Finance, HR and IT, incorporating best practice from across the sub-region and automating where possible. This will support front line workers to deliver high quality direct work while reducing waiting times, hand-offs and inconsistent service delivery.
- Development of **Centres of Excellence** to implement shared best practice, grow capabilities and deliver continuous improvement of services. Service teams will be treated as internal customers, applying the same principles that the customer contact staff apply to citizens.
- A **strategic commissioning and procurement centre of excellence** will use data and intelligence to drive a joined-up outcomes focussed approach to commissioning and partnership working, making the best use of combined public sector funding. This include developing an approach to engage residents in co-production.
- **Staff are empowered** so they are able to excel through providing exceptional support, and flexible working. There will be clear career progression pathways resulting in a stable and permanent workforce through retention. There will be a confident and skilled social work ethos, that manages risk safely.
- A **culture of collaboration, integration and ownership** will be fostered and encouraged across the system, and where there are blockers to progress (such as payment mechanisms, or organisational policies) Leaders will collectively commit to resolving these.

## How does E&W enable this?

- The E&W model establishes two new unitary authorities with the scale to invest in and implement **leading practice enabling functions**.
- Two new organisations have the ability to establish new cultures and ways of working. Within enabling functions this can include the establishment of **Centres of Excellence**, with an **internal customer mindset**, enabling and encouraging a more **data driven, intelligence-led approach to service delivery**.
- There is the potential for the two new unitary authorities to share support functions where appropriate, linked to the establishment of the new unitary authorities. This includes the potential for **shared IT and data infrastructure** across the Combined Authority where appropriate.
- Both future authorities will be operating at sufficient scale to provide **attractive career progression** opportunities for officers.

# ADULT SOCIAL CARE





# OVERVIEW OF ADULT SOCIAL CARE

## Context

Within York and North Yorkshire there are two sets of adult social care management teams, aligned to the existing Councils. The operating models for each focus on prevention and maximising opportunities for people to remain independent through their local communities (i.e. an asset based approach). York and North Yorkshire are also working towards a more integrated approach to service delivery, with both looking to build on joint commissioning and partnerships with the NHS, CCGs and the voluntary sector. Due to North Yorkshire's scale and rurality, NYCC continues to be a significant provider of services, in part because it is often the only viable provider in areas where the market is fragile.

York's approach has been nationally recognised most recently in a Nesta report (2019) on how the Council are harnessing people's strengths, skills and networks. North Yorkshire have also seen 'prevent, reduce, delay' elements of the adult social care pathway continue to perform well in their most recent performance report.

The E&W model will allow there to be two adult social care teams delivering more personalised, place-based, community services in 'East' / 'West', whilst alignment in processes, policies and procedures can be adopted across E&W where appropriate.

District and borough councils deliver a significant level of prevention activity and bespoke support for those in need. E&W will allow this prevention work to be delivered at greater scale, and integrated more fully into the core social care offer.

## Challenges

- York and North Yorkshire are both facing a demographic challenge with a significant increase in older people forecasted to require care. North Yorkshire is also having increasing numbers of older people with a learning disability in particular.<sup>1,3</sup>
- Adult Social Care market is currently challenging. In York, NHS partners are operating with significant deficits and Independent sector care provision is in high demand and is high cost.<sup>1</sup>
- Care providers in York and North Yorkshire have very high occupancy rates compared with most other areas of the country and a high level of self funders (65%).<sup>1</sup>
- Lack of digital interoperability, with organisations working on different systems and information sharing tending to be a barrier to integrated working.<sup>4</sup>
- Financial challenges could impact the sustainability of services, particularly for the City of York a smaller unitary authority.

## Opportunities through LGR: 'East & West'

- System-wide response to effectively managing the social care market and domiciliary care capacity (especially the home care market which is experiencing significant challenge) with greater scale to leverage corporate and democratic power.
- Build on the ongoing good work in local places to bring together health and social care functions. Continue to raise the profile of careers in Adult Social Care and promoting different models of support which are driven by the needs and wishes of service users, their families and carers.
- Further explore the potential of technology and robotics to address the workforce challenges in adult social care, building on the work already ongoing within NYCC.
- Spread current best practice across the whole of York and North Yorkshire (e.g. building on the success of 'Talking Points' in York) and embedding the prevention work currently delivered by districts at the heart of future strategies.
- Use the E&W to implement a shared IT and data architecture to enhance service delivery and preventative public health through data and analytics.
- Integrated approach is enhanced through operational teams working together on specific areas of Adult Social Care across health, VCS and council services (e.g. integrated discharge).
- Joined up, all age approach to children's services and adult social care with seamless transitions.
- Recently announced changes to ICS responsibilities and CCG structures bring an opportunity to align to new unitary structures.

Note: 1. City of York Council, 2019-20 Finance and Performance Third Quarter Report – Health and Adult Social Care, Feb 2020;

2. City of York Council, Report of the Executive Member Health and Adult Social Care, Health & Adult Social Care Policy and Scrutiny Committee, Jul 2019;

3. North Yorkshire County Council, North Yorkshire Joint Strategic Needs Assessment 2019, Oct 2019

4. CQC, York Local System Review: Progress Report, Nov 2018



# ADULT SOCIAL CARE FUTURE APPROACH

## How the Whole Council Framework applies to Adult Social Care



1

Service users are able to **access guidance and real-time information** relating to their services through a **streamlined, digital front door**, supported by a **multidisciplinary ASC team**. Community hubs will be available and facilitate face to face engagement, signposting to council and partners services. **Service users will be able to understand their options for accessing support** and how that will be paid for.



2

**High quality universal services will promote independence** and support service users, residents and communities to remain resilient and independent at home, where appropriate, and **encouraging local tailored responses**. Where there is a requirement for a safeguarding response it will be proportionate and seek to manage and reduce risk. Throughout transition, or on entry to formal service, **residents are able to access the right service first time**, reducing the number of handoffs and providing continuity and a joined up response with partners.



3

Adult Social Care will be supported by a **digitally enabled, streamlined organisation with** specialist enabling functions that delivers personalised service user experience, quality service delivery and empowers the Council workforce. Streamlined processes and functions are joined up across the public and voluntary & community organisations where needed.

Each of these elements is described in greater detail on the following pages.

# ADULT SOCIAL CARE: EXPERIENCE AND ENGAGEMENT



Service users are able to **access guidance and real-time information** relating to their services through a **streamlined, digital front door**, supported by a **multidisciplinary ASC team**. Community hubs will be available and facilitate face to face engagement, signposting to council and partners services. **Service users will be able to understand their options for accessing support** and how that will be paid for.

## What is the future approach under an E&W model?

- Residents are empowered, maintain independence and take personal responsibility through **strength and asset-based conversations**. Community networks provide support through early engagement, coordination and signposting to encourage participation and limiting social isolation. Residents have less reliance on the ASC system and feel able to achieve their goals, actions and outcomes through their communities.
- Service users clearly understand how they will receive services, what happens next and what the council requires from them. They are able to **easily access all required information, advice and guidance through self-service digital technology**, including tracking the status of their journey through the system, whilst face to face and telephone engagement remains available to those who need it.
- Service users feel they receive a holistic approach aligned to their specific set of circumstances, receiving accurate triage first time through interaction with a **multidisciplinary team at the ASC front door** including safeguarding officers, occupational therapists and a voluntary sector presence. Better, more collaborative connections between physical and mental health will be prioritised.
- On interaction with the ASC system, service users feel listened to and avoid having to repeat their story multiple times, as data sharing across ASC teams and partners enables **triage teams to be up-to-speed** on each individual resident's situation and previous history, regardless of where they are on their journey. **Waiting times are also reduced** as unnecessary hand-offs and referrals are minimised.
- Residents feel they **belong within communities** and able to use a variety of forums to raise concerns before they develop into poor outcomes. There is clear early engagement with those at greater risk and earlier identification of required investment in place based services.
- Residents use services that feel more **joined-up across the community** and are working together to **address root causes** rather than individual symptoms. Services are integrated across health, community, voluntary, police and private sector to ensure more seamless transitions and delivery.

## How does E&W enable this?

- E&W will each have the **scale to invest** in the front door, establishing consistent and greater use of **technology** as part of the front door model that supports **digital transformation** goals, and meets changing expectations from communities.
- E&W allows for the **local knowledge, relationships and prevention work** delivered by Districts to be at the heart of community engagement. A focus on local prevention, **fully embedded in the Councils' strategies**, will seek to reduce the need for service delivery.
- E&W can implement an **integrated training programme for staff** working in the front door to develop the capabilities for strength based conversations and support planning.
- E&W have scale to implement **digital and mobile working** to support teams to be more agile, and facilitate flexible, more efficient working.
- Initial responders will have **greater autonomy** to decision make and issue on the spot commissioning up to an agreed cost/value.

# ADULT SOCIAL CARE: INTEGRATED SERVICE DELIVERY



**High quality universal services will promote independence** and support service users, residents and communities to remain resilient and independent at home, where appropriate, and **encouraging local tailored responses**. Where there is a requirement for a safeguarding response it will be proportionate and seek to manage and reduce risk. Throughout transition, or on entry to formal service, **residents are able to access the right service first time**, reducing the number of handoffs and providing continuity and a joined up response with partners.

## What is the future approach under an E&W model?

- Single view of service user and resident data across ASC systems, supported by a **unified operating system across ASC**, which will enable previously recorded council data on individual and information to be shared. Predictive and prescriptive data and analytics are used to embed **prediction and prevention throughout service delivery**.
- Continued roll-out of **Local Area Coordinators**, who will proactively engage with the community to provide information, advice and guidance to residents on services on offer within the community. Early engagement will support residents to promote their resilience and encourage wellbeing by **identifying those at risk before they are part of the ASC service**.
- **Community based 'hub and spoke' operating model** with specialist teams providing face-to-face guidance when residents need it. This ensures that teams are based with information, advice and guidance specific to the local area, interests and needs of residents, whilst functions are centralised to achieve more efficient, streamlined services.
- All of E&W Council staff, partners and residents will have access to a **central directory**, which will be developed as a **smart, interactive platform linking into the digital front door**. Digital and mobile working tools and capabilities will also be available to support teams to work effectively and efficiently.
- **Closer working with partners**, integrated teams, effective data sharing and joint commissioning of services focused on outcomes. This will include operational teams working together on specific areas of Adult Social Care (e.g. integrated discharge team). This will ensure community and voluntary organisations are more joined-up, accessible and responsive to the needs of the community, whilst service users will experience **seamless delivery and transition across services**.
- Continue to build **high quality in-house care capacity**, where appropriate, especially where the market is fragile.

## How does E&W enable this?

- The E&W model enables both authorities to benefit from **delivering at scale**, whilst maintaining the best of current district service delivery. Each will be close enough to communities to understand the partnerships required for **specific local interventions** within communities.
- E&W each has the scale to **deliver financially sustainable services** through investing in the workforce development, technology and transformed service delivery where appropriate.
- The E&W models will have two common footprints that will ease the **linking of children's and adults' provision and support**, ensuring a **smooth transition through the system**.
- Establishing the E&W model provides the opportunity to embed collaboration between the two authorities from the start, with **sharing of best practice across the whole Combined Authority footprint**. Two councils operating at similar scale and addressing common challenges can adopt a single way of working, including common policies and procedures in key areas (e.g. approach to safeguarding) where appropriate.

# ADULT SOCIAL CARE: ENABLING FUNCTIONS



Adult Social Care will be supported by a **digitally enabled, streamlined organisation with** specialist enabling functions that delivers personalised service user experience, quality service delivery and empowers the Council workforce. Streamlined processes and functions are joined up across the public and voluntary & community organisations where needed.

## What is the future approach under an E&W model?

- **Organisation wide IT strategy**, linked to a **whole council operating model**, which feeds into system procurement. Utilise technology to support **mobile working** across assessment teams and to let service users interact with their data and any ongoing processes. This will enable the **customer journey to be digitally enabled end-to-end**, from data-driven preventative intervention, to interacting with the front door, and how they are managed through the system.
- An **integrated Health and ASC data warehouse** spanning across E&W, aligned to leading practice around data sharing. This will help teams to better understand a resident's strengths, capacity and needs with **one view of data across the whole system**.
- Standardised methodologies and operating procedures in Finance, HR and IT, incorporating best practice from across the sub-region and automating where possible. Digitised and standardised processes in the back office will ensure service users flow through the system more easily, **reducing waiting times and hand-offs, and inconsistency in service delivery across York and North Yorkshire**.
- Development of **Centres of Excellence** to implement shared best practice, grow capabilities and deliver continuous improvement of services. Service teams will be treated as internal customers, applying the same principles that the customer contact staff apply to citizens.
- Data analytics will provide better **preventative and early intervention service delivery** meaning residents are more likely to stay independent in the community.
- A **strategic commissioning and procurement centre of excellence** will use data and intelligence to drive a joined-up outcomes focused approach to commissioning and partnership working, making the best use of combined public sector funding. This include developing an approach to engage residents in co-production.

## How does E&W enable this?

- The E&W model establishes two new unitary authorities with the scale to invest in and implement **leading practice enabling functions**.
- Two new organisations have the ability to establish new cultures and ways of working. Within enabling functions this can include the establishment of **Centres of Excellence**, with an **internal customer mindset**, enabling and encouraging a more **data driven, intelligence-led approach to service delivery**.
- There is the potential for the two new unitary authorities to share support functions where appropriate, linked to the establishment of the new unitary authorities. This includes the potential for **shared IT and data infrastructure** across the Combined Authority where appropriate.
- Both future authorities will be operating at sufficient scale to provide **attractive career progression opportunities for officers**.

# PUBLIC HEALTH





# OVERVIEW OF PUBLIC HEALTH

## Context

Public Health has been delivered by Local Government since 2013. There has been a strong focus on the efficient and effective use of Public Health resources through high-impact commissioning, a greater emphasis on integrated partnership working and embedding Public Health within all Council and commissioned services. North Yorkshire and York each has its own Public Health function, each operating as a centralised team of Public Health consultants, Health Improvement Managers and Officers, led by a Director of Public Health.

With the evolution of Integrated Care Systems (ICS) and whole system working happening at pace, York and North Yorkshire has a significant opportunity to put public health at the centre of more collaborative working. Challenges in resource and capacity can also be addressed through the implementation of a single Public Health team across the newly formed E&W Combined Authority footprint. This will provide a stronger platform for region-wide collaboration with partners, and will draw upon a greater range of specialist expertise and insight for the sharing of best practice. Interventions can then be targeted with greater resource and scale, whilst the E&W footprints will maintain localism and direct lines into the community networks that deliver Public Health initiatives on the ground. These local networks will be the basis for delivering an innovative, asset-based approach to Public Health and community development, building on existing local strengths and driving the shift towards self-care and early prevention.

## Challenges

- High levels of health inequality, amongst both adults and children accompanied by high levels of deprivation. Poverty is found throughout North Yorkshire, but a higher proportion of children grow up in poverty in Scarborough compared with other districts.
- There are relative differences in the rate of employment across York and North Yorkshire, likely impacting on health inequalities.
- The County has an ageing population which bring the need for more proactive and preventative health approaches.
- There are a number of public health metrics that remain persistently challenging to improve and increase the likelihood of longer term poor health outcomes. These include obesity in reception age children and smoking in pregnancy.
- There is an identified need to improve the uptake of preventative schemes such as screening programmes.
- Admission to hospital for alcohol related issues and self harm gives an indication that there are challenges related to substance misuse and mental health in certain areas.
- Public health team resources and capacity are limited, particularly given the need to focus on Covid-19 response.
- Across the whole county there is a mix of rural and urban areas. Rural poverty and the logistical challenge of service provision and coverage within rural areas will be a challenge across both 'East' and 'West'.

## Opportunities through LGR: 'East & West'

- Review effectiveness of current public health activity and build a refreshed public health model that is deeply embedded within the new Combined Authority's strategy. With this comes the opportunity to refresh public health strategic priorities and align resources across the wider footprint.
- Integrate current district function into the broader public health offer, taking full advantage of local delivery to address health inequalities and improve life changes for people across York & North Yorkshire.
- Strengthen links between the sub-region's local industrial strategy and public health, using the devolution deal and establishment of the Combined Authority to engage with the LEP and other partners.
- Ensure that major projects have a unified approach to embedding Public Health principles within them.
- Increase overall capacity of public health function, drawing on a wider range of specialisms, partner relationships, and community insights.
- Greater alignment of the public health team to developing integrated care system, building on community level insights, community assets/networks and strengthening targeted intervention opportunities at a locality level through place based commissioning.
- Ability to respond to the national direction of travel and support health recovery following Covid-19.



# PUBLIC HEALTH FUTURE APPROACH

## How the Whole Council Framework applies to Public Health



1

Service provision built from a **deep understanding of the population health needs** and global best practice regarding **intervention and care delivery**. User journeys designed with a principle of **prevention and early intervention at the core** and building on the best of what the districts do.



2

Improving the health and wellbeing of residents through a **joint Public Health service across E&W** that shares best practice and expertise, draws on established community networks, provides a stronger voice and strategic presence both regionally and nationally, and looks to **embed Public Health across all community services** through long-term integrated partnerships.



3

Ensuring that public health has its own specialist support functions where required to enable them to deliver leading practice commissioning, service improvement and system leadership functions. **Health outcomes data & analytics will systematically improve** and shape future policy and service design. Wider impacts on the determinants of health will become a systematic consideration in all Council policy decisions.

The integrated service delivery element is described in greater detail on the following page.

# PUBLIC HEALTH: INTEGRATED SERVICE DELIVERY



Improving the health and wellbeing of residents through a **joint Public Health service across E&W** that shares best practice and expertise, draws on established community networks, provides a stronger voice and strategic presence both regionally and nationally, and looks to **embed Public Health across all community services** through long-term integrated partnerships.

## What is the future approach under an E&W model?

- Establishing a **joint team across E&W** with increased capacity and specialist expertise, drawing on a wider range of community networks and relationships. This will be supported by a diversity of enabling capabilities within the public health function and the two authorities.
- Move from a focus on commissioning to **an integrated planning, commissioning and delivery model**, freeing expertise to focus on what makes a difference. This will be built on a **multi-agency delivery** and joint commissioning of public health programmes based on community assets through **co-production, aiming** to address the wider determinants of health and removing siloed Public Health Programmes.
- **Longer term, more sustainable contracts** offered to specialist community based providers.
- **Further enhance and simplify partnership working** across the NHS, Police, education and voluntary sector to reduce health inequalities and ensure residents receive joined-up services with Public Health embedded across all.
- **Consistent and coherent communications and engagement** campaigns across E&W on addressing specific local challenges delivering **consistent messaging on Public Health services**.
- Driving the use of **the evidence base and health needs assessments** in system level care model decisions, e.g. through the Integrated Care System, allowing Public health programmes that reach to the people with the greatest need and have a sustainable difference on the poor outcomes for disadvantaged groups.
- **A strengthened life course approach** where Public Health is integrated throughout a resident's lifetime (from starting well to ageing well), regardless of whether they require targeted support.
- **Strong Primary Care Networks** and partnerships with GP practices that promote wellbeing of residents and deliver a social prescribing approach.

## How does E&W enable this?








- A **joint team** across York and North Yorkshire allows common Public Health issues to be addressed simultaneously with a **greater level of resource and capacity in place to target specific challenges** (e.g. substance misuse).
- The E&W authorities will be able to **maintain localism and strengthen the Districts' existing community networks** for the delivery of an **innovative asset-based approach to Public Health**, integrated with local community and sports development opportunities.
- The E&W authorities allow Public Health programmes to be established regionally where appropriate, with **consistent messaging and coherence** which in turn will increase impact.
- A joint team with a **larger footprint that better mirrors the footprints of health and care partners** will ensure there is one set of Public Health principles embedded within developing strategies (e.g. ICS and Health & Wellbeing Boards).

# IMPLEMENTATION CONSIDERATIONS









# SERVICE IMPLEMENTATION CONSIDERATIONS

Key implementation topics relevant to the services reviewed and proposed approach under an 'East & West' model have been set out below. Many of these points are relevant across multiple services, with some being specific to individual services.

Implementation topic	Background	Proposed 'East & West' implementation approach
<b>Service delivery model/ locality working</b>  	Existing Children's and Adult Social Care services are mainly delivered in localities, with current operating models, teams and case workers aligned to these localities.	<ul style="list-style-type: none"> <li>Current localities and associated operating models will transfer across to Day 1 structure wherever possible. Exceptions will only be where locality geographies do not align to current District boundaries, which is expected to be limited. Exceptions will be resolved through discussions facilitated by the central programme team, and based on agreed principles of disaggregation.</li> <li>Staff working within localities will transfer to the new organisations, meaning minimal disruption to case work.</li> </ul>
<b>Service user and carer communications</b>  	The most critical consideration for the transition to new services is managing any change for service users and carers.	<ul style="list-style-type: none"> <li>Changes for service users and carers are expected to be limited on Day 1 of the new authorities.</li> <li>Any changes that do take place will be managed through comprehensive communication plans. Where a change in case worker is required a high quality handover will be delivered. A 2023 implementation date ensures that there is sufficient time for a well planned person-centred handover to take place.</li> <li>We will work with partners, such as the community and voluntary sector, to design accessible materials and further their reach.</li> </ul>
<b>Service continuity, integration and disaggregation</b>   	There will be a need to agree a Day 1 operating structure, identifying and implementing any operational changes required for services delivered by current authorities to maintain continuity of service on Day 1. Integration activity will also be required post Day 1 to truly align ways of working.	<ul style="list-style-type: none"> <li>Baselining of current service delivery can proceed across all councils using an agreed format, prior to a decision being made on LGR. This baselining will include services delivered by District and Borough Councils that are crucial to the overall service offer to residents.</li> <li>Service continuity workshops will begin as soon as possible following Government confirmation of the decision on the future model. These workshops will take place within each of 'East' and 'West' with specialist input from all of the five councils that make up each of 'East' / 'West'.</li> <li>Workshops will primarily focus on ensuring a robust plan and structure is in place for Day 1, considering all customer contact requirements and customer journeys through each service. Attendees will include subject matter experts in areas including social care workers with involvement from partners and providers.</li> <li>Disaggregation of NYCC services will be largely informed by current localities. A central programme team working across 'East' and 'West' will agree disaggregation principles, with significant ongoing joint working required to resolve the more complex areas.</li> <li>Integration activity prior to vesting date will largely be limited to what is required to operate a safe and robust service on Day 1. Further integration of teams and ways of working will take place post Day 1, aligned to service improvement / transformation plans.</li> </ul>





# SERVICE IMPLEMENTATION CONSIDERATIONS (CONT.)

Implementation topic	Background	Proposed 'East & West' implementation approach
<b>Contracts and commissioning</b> 	<p>Contracts and current commissioning arrangements will need to transfer to the new authority on Day 1. In some cases this will require a transfer process, with the new authorities taking on all contracts and commissioned arrangements for the appropriate localities.</p>	<ul style="list-style-type: none"> <li>A specific workstream will focus on contracts and commercial arrangements, with all current arrangements to be baselined prior to the Government decision of the preferred model. Particular focus will be placed on key areas such as safeguarding and the Prevent programme.</li> <li>Following formation of Joint Committees for 'East' and 'West', a central team will be formed and tasked with analysing NYCC contracts and arrangements that need to be split between 'East' and 'West'.</li> <li>Providers will need to be contacted well in advance of Day 1 to agree any necessary changes to contracts in time for Day 1, thereby minimising disruption.</li> <li>Contact routes and payment mechanisms for providers will be communicated prior to Day 1, aligned to new 'East' and 'West' operating structures.</li> <li>For those areas that will benefit from joint working and approaches, strategic intent will be explored and agreed.</li> </ul>
<b>Workforce</b> 	<p>Retention of staff is vital to successful transition. The majority of staff will TUPE to the new authorities, and there may be some targeted recruitment required.</p>	<ul style="list-style-type: none"> <li>High quality communications with staff will be prioritised throughout the implementation process. Staff will be consulted on future plans, and in many cases will have the opportunity to input to the design of future approaches.</li> <li>Agree required equipment and lone working policies in advance of Day 1.</li> <li>Engagement with Trade Unions will be open and collaborative throughout the process.</li> <li>Day 1 staffing structures in the East and West are unlikely to feel significantly different to most current staff.</li> <li>Training and development plans will be analysed and best practice maintained.</li> <li>Public Health staff will need to be supported to adjust to working within a shared function.</li> </ul>
<b>Leadership and service management</b> 	<p>Leadership and management of North Yorkshire and York teams will need to be in place in advance of Day 1 to effectively lead 'East' and 'West' services.</p>	<ul style="list-style-type: none"> <li>During the Shadow Authority phase of the implementation there will be appointments of senior leadership team, including statutory DAS and DCS roles.</li> <li>Assuming a joint Public Health team, a Director of Public Health should ideally be appointed during the Shadow Authority phase.</li> <li>These individuals will work collaboratively to define vision and strategy for new functions.</li> <li>Training and support provided to leadership and managers to ensure they understand their role and responsibilities in new structure.</li> <li>We will ensure that shared leadership with partners is promoted and agree joint sessions to plan together.</li> </ul>
<b>Case management systems and other IT</b> 	<p>NYCC and City of York currently use different case management systems. For example City of York uses Mosaic, whereas NYCC uses LiquidLogic. A plan for Day 1 will be required, along with a transition plan to align around a single case management system in the East authority.</p>	<ul style="list-style-type: none"> <li>During the Joint Committee Phase of the implementation there will be a detailed review of all current IT systems in use across each of 'East' / 'West'.</li> <li>A Day 1 plan will be developed for each of 'East' and 'West', confirming the Day 1 systems architecture and any changes required for Day 1.</li> <li>In the 'East' there will be greater complexity to integrate systems as NYCC and York currently use different case management systems. It is expected that both systems will still be in use on Day 1, but a transition to a single case management system will take place, linked to wider service redesign and integration activity.</li> <li>IT system choices will be made by the new authority, but there would be benefit in having one single system across Children's and Adult Social care to support smooth transition. There may also be benefits in having a single system across the Combined Authority to support effective collaboration, and deliver procurement savings.</li> <li>A comprehensive training plan will accompany any IT system changes.</li> </ul>

 Adult social care  
  Children's services  
  Public Health








# SERVICE IMPLEMENTATION CONSIDERATIONS (CONT.)

Implementation topic	Background	Proposed 'East & West' implementation approach
<b>Partner engagement and input</b> 	<p>A variety of partners including health, police, community and voluntary sector will need to be engaged and have the chance to input during the development of Day 1 plans and longer term operating model development.</p>	<ul style="list-style-type: none"> <li>Partner and provider engagement is critical for confirming Day 1 operational plans. Each of the 'East' and 'West' authorities will deliver an effective communication strategy throughout and after implementation to ensure service continuity as operational changes are made.</li> <li>Partner input to future operating models is also vital. 'East' and 'West' will engage with partners and key providers, including those who are currently supporting people in placements and provision. We will also engage with the community and voluntary sectors in supporting independence and helping communities to thrive.</li> <li>A shared Public Health function across the Combined Authority will support effective and consistent communication with key partners in the development of the Public Health strategy. Health and Wellbeing Board will be key to alignment of challenges and opportunities. Public Health principles will be embedded within all health and care strategies, with the Health and Wellbeing Board holding the system to account.</li> </ul>
<b>Safeguarding and reporting concerns</b> 	<p>Safeguarding arrangements for both adults and children, including safeguarding partnerships, are a critical and high risk element of council operations. Reporting routes for concerns must be clear at all stages of the implementation.</p>	<ul style="list-style-type: none"> <li>Transition of safeguarding arrangements will require planning throughout the shadow authority phase. Planning will focus on clarity of arrangements for Day 1 of the new councils, ensuring that any changes required have been well understood and communicated to all partners.</li> <li>Communication with partners around Day 1 arrangement will include absolute clarity of contact details and routes for reporting concerns. Simple changes, such as a change of phone number in some areas, will require a comprehensive communications plan.</li> <li>Public communication will be clear on how to report concerns.</li> <li>Safeguarding Boards will be consulted to ensure that Safeguarding Board Arrangements, and multi agency policy and procedures, are well understood.</li> </ul>
<b>Service improvement / transformation</b> 	<p>Longer term service improvement / transformation will require planning, with most complex change activity expected to happen post Day 1. Some quick wins may be identified and implemented prior to Day 1.</p>	<ul style="list-style-type: none"> <li>The new authorities will be seeking to build on the best of what is already delivered across both NYCC and York, including the recognised leading practice within NYCC Children's services.</li> <li>Current operating models will be the starting point for confirming the future approach to delivery. However, there is a significant opportunity to further integrate key services currently delivered at a local level by Districts.</li> <li>Service continuity workshops, although focused primarily on Day 1 planning, will also enable principles for future integrated working to be agreed as the basis for service improvement and transformation.</li> <li>New councils will review digital improvements that are already in development, and accelerate these where appropriate.</li> </ul>
<b>Finance / budget setting</b> 	<p>Financial management and budgetary controls need to be in place to support funding and effective operation at Day 1.</p>	<ul style="list-style-type: none"> <li>Each of 'East' and 'West' will have a finance workstream. Service teams from across the current authorities will need to work closely with finance colleagues to establish the financial baseline position for each service.</li> <li>A collaborative budget setting process will then take place, with budgets to be agreed in advance of new unitary authority vesting dates.</li> <li>Financial benefits and savings plans will also be agreed during the pre-Day 1 planning, but ongoing joint working with finance colleagues throughout the integration will be required.</li> </ul>



# SERVICE IMPLEMENTATION CONSIDERATIONS (CONT.)

Implementation topic	Background	Proposed 'East & West' implementation approach
<b>Contact with regulatory bodies</b>  	Statutory returns to central government and regulatory bodies will be required to be submitted by the new unitary authorities. Service regulators, including OFSTED and CQC and HMIC, will need to be informed.	<ul style="list-style-type: none"> <li>• Early conversations will take place with regulators to ensure that changes to the structure of local government are understood and planning can begin to transition responsibilities.</li> <li>• Specific projects on statutory returns and alignment of data will be coordinated.</li> </ul>
<b>Establishing a shared Public Health function</b> 	It is proposed that a shared Public Health function be established from Day 1, removing the need to carry out a realignment of current Public Health in NYCC and York to 'East' and 'West'	<ul style="list-style-type: none"> <li>• At the Joint Committee phase, 'East' and 'West' will need to confirm whether a joint public health function is something to be pursued.</li> <li>• During the Shadow Authority phase, Public Health teams and other supporting officers will work collaboratively to develop a proposed scope of the new Public Health function. NYCC and York each has a Public Health team and some current District functions including environmental health could also be considered for inclusion within the shared function. Linked to the scope of the shared function a business case for establishment of the new function will be reviewed.</li> <li>• Each of 'East' and 'West' will have the ability to refine the services that they receive from the Public Health function, and the cost associated with that support will be agreed.</li> </ul>
<b>Shared governance (e.g. a Joint Public Health Board)</b> 	Shared governance arrangements (e.g. a Joint Public Health Board) will be established between 'East' and 'West', with clear terms of reference which support collaborative working and decision making across the Combined Authority.	<ul style="list-style-type: none"> <li>• It is proposed that a Joint Public Health Board will be established during the transition. The Board will comprise members from each of 'East' and 'West', providing oversight and making key public health decisions on behalf of the two authorities.</li> <li>• The new Joint Public Health Board will oversee and sign off the design of a new shared public health strategy that realigns strategic priorities and team objectives.</li> <li>• Establishment of the Board and a shared function should be seen as an opportunity to review and reflect on the effectiveness of the preceding public health functions.</li> <li>• Once in place the Board will monitor the impact of interventions through a data driven, outcomes focused approach. Agreed metrics will measure progress towards shared public health goals.</li> </ul>
<b>Alignment of shared PH function to unitary authority visions</b> 	The Public Health function will be shared, but must also be aligned to the vision and requirements of each authority. Hosting arrangements will also need to be determined (e.g. one of the two authorities providing IT support).	<ul style="list-style-type: none"> <li>• The Public Health Board setup will ensure that each of 'East' and 'West' is able to input requirements to influence prioritisation of public health interventions.</li> <li>• Service needs of the shared function will be established prior to Day 1, with business support arrangements in place to ensure a combined team will operate from Day 1.</li> </ul>

# IMPLEMENTATION ACTIVITIES

A high level implementation timeline is shown below, covering high level activities relevant to the three key services reviewed. This plan is linked to the overall implementation planning work that has been prepared by the District and Borough Councils. Some of the activities shown below are relevant across all or multiple services.

