



Vale of York
Clinical Commissioning Group

**INDUCTION HANDBOOK
FOR
NHS VALE OF YORK CCG**

Updated : January 2019

1. Introduction

Welcome to the Induction Handbook for NHS Vale of York CCG. The purpose of this guide is to provide our Patient and Public Voice Partners (PPV) with useful information needed to support you in your role.

2. Induction Process

Why Induction is important

We believe it is important that you have time to settle in to your new role and to be effectively introduced to your work and those you will work closely with. It is also important to understand the culture of the organisation and how your role fits into wider patient and public engagement within the NHS.

Your role in the induction process

- ✓ Read and understand this induction handbook
- ✓ Meet those who you will be working closely with to help you build relationships
- ✓ Understand that you will continually be learning throughout your time with us and that this Induction is only the beginning of your development
- ✓ Understand and be familiar with your job description and person specification. This will ensure you know what is expected of you and what skills and knowledge you need to perform effectively in your new role

Your mentor's role in your induction process

- ✓ To be supportive and offer guidance
- ✓ To work with you through your Induction and to ensure you have the relevant information, contact names and support
- ✓ To undertake an entry interview to identify your expectations
- ✓ To ensure you receive adequate training to be able to perform your role effectively
- ✓ To identify additional mandatory or specialist training applicable to your role
- ✓ To ensure a meeting takes place to sign off your induction to the CCG

3. About the NHS

Since its launch in 1948, the NHS has grown to become the world's largest publicly funded health service. The NHS was born out of a long-held ideal that good healthcare should be available to all, regardless of wealth, a principle that remains at its core. With the exception of some charges, such as prescriptions and optical and dental services, the NHS remains free at the point of use for anyone who is resident in the UK. That is currently more than 65.6 million (mid 2016) people in the UK and 55.3 million (mid 2016) people in England alone. It covers everything from antenatal screening and routine treatments for long-term conditions, to transplants, emergency treatment, and end-of-life care.

The National Health Service (NHS) is one of the largest employers in the world, and is the biggest in Europe, with over 1.5 million people employed by the NHS across the UK - 1.2 million staff in England; 162,000 staff in Scotland, 89,000 staff in Wales, and 64,000 staff in Northern Ireland (mid 2017). The NHS employs 1.7 million people across the UK. It is the country's biggest employer and ranks at number five globally.

Of those, just over half (54.1%) are clinically qualified. In March 2017, across Hospital and Community Healthcare Services (HCHS), the NHS employed (full-time equivalent): 106,430 doctors; 285,893 nurses and health visitors; 21,597 midwives; 132,673 scientific, therapeutic and technical staff; 19,772 ambulance staff; 21,139 managers; and 9,974 senior managers. As at September 2017, the NHS is the eighth largest employer in the world.

Funding for the NHS comes directly from taxation and is granted to the Department of Health by Parliament. When the NHS was launched in 1948 it had a budget of £437 million (roughly £15 billion at today's value). For 2016/17 the budget was £120.512 billion and planned expenditure for 2017/18 is £123.817 billion and for 2018/19 is £126.269 billion. In real terms the budget is expected to increase from £120.512 billion in 2016/17 to £123.202 billion by 2019/20.

The NHS is a large and complex organisation that has recently undergone, and continues to undergo, extensive reforms. *'The Beginner's Guide to the NHS'* (below) gives an overview of the structure and functions of the 'new' NHS and contains links to other useful online resources to help you navigate the organisation.

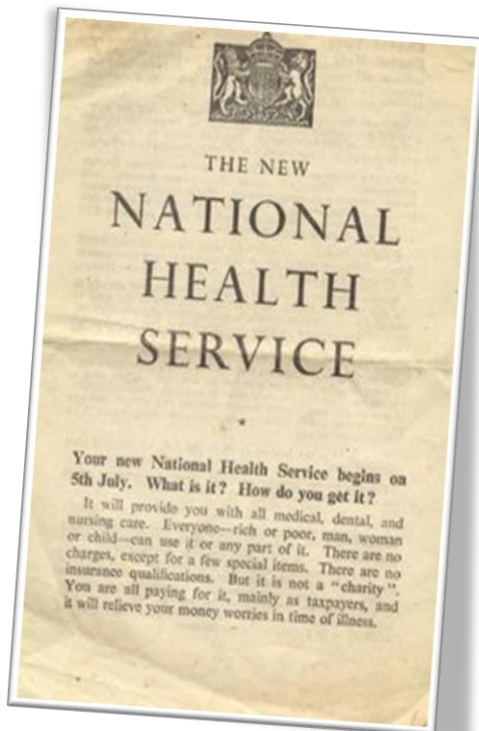


A Beginner's Guide to
the NHS.pdf



The NHS formed in 1948, when:

- **The population was 47 million**
- **Food rationing was still in place**
- **A quarter of homes had no electricity**
- **Life expectancy for men was 66 years**



Today and every day the NHS saves lives and helps people stay well and live well for longer:

- **The NHS treats 1 million people every 36 hours**
- **88% of patients in the UK described the quality of care they received as ‘excellent’ or ‘very good’ (Call to Action 2013)**
- **The NHS is funded through taxation, producing a fixed amount of money for the country’s health services**



NHS Performance

In the UK, life expectancy has been rising and infant mortality has been falling since the NHS was established. Both figures compare favourably with other nations. Surveys also show that patients are generally satisfied with the care they receive from the NHS. Importantly, people who have had recent direct experience of the NHS tend to report being more satisfied than people who have not.

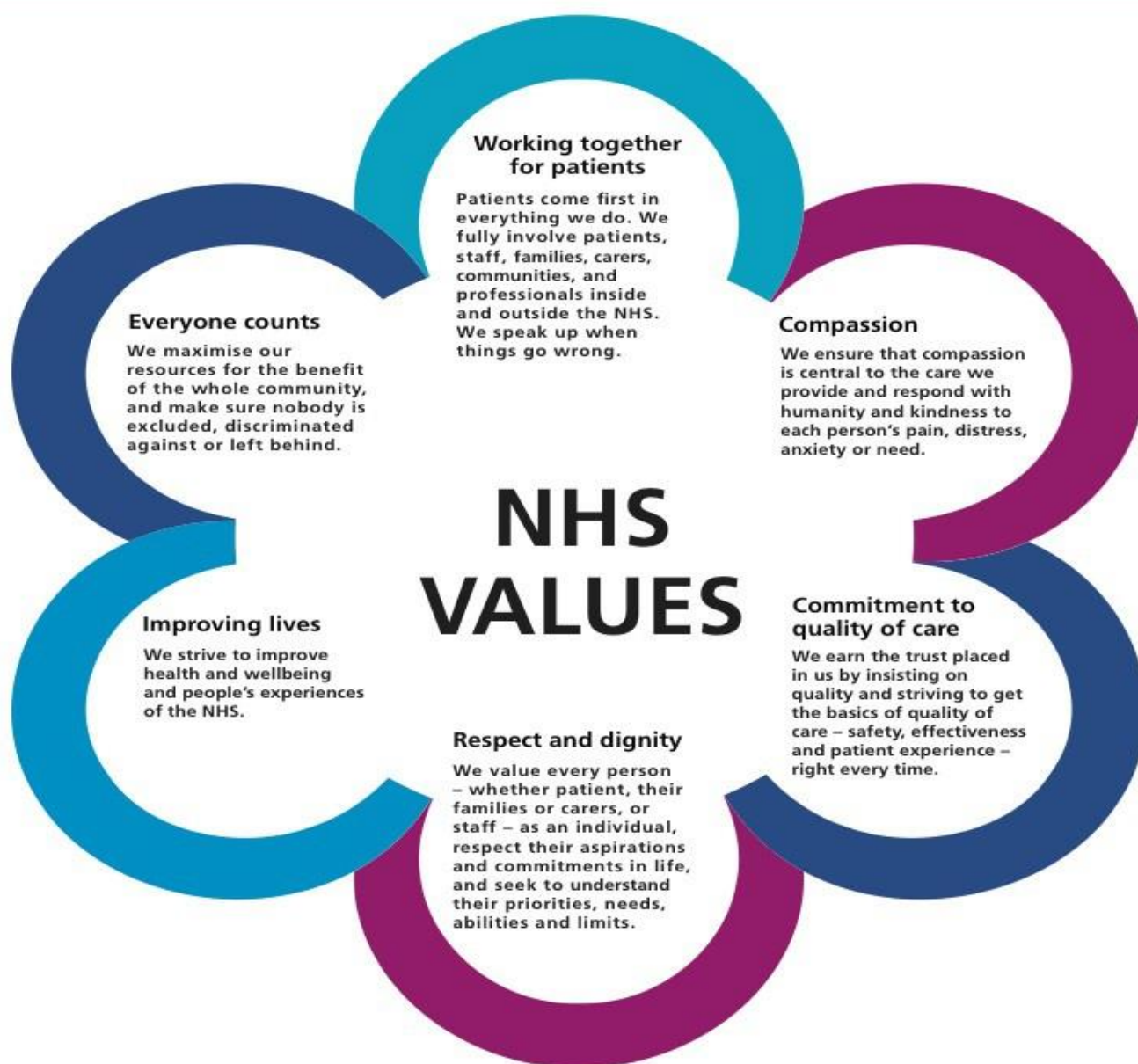
The NHS is recognised as one of the best health services in the world by the World Health Organisation but improvements need to be made to it to enable it to cope with the demands of the 21st century. The NHS is changing the way it works to make sure patients always come first. This has brought about some fundamental changes in the way the NHS is structured and the way in which the different organisations within the NHS relate to each other.

NHS at 70

On 05 July 2018 the NHS was 70. The CCG marked the event with a tea party for staff and one for the general public. There were also events out in the community, some with a red London Transport double decker !! Speak to [Victoria Binks](#) to see all the photos and feedback.

4. NHS values and the Constitution

NHS values



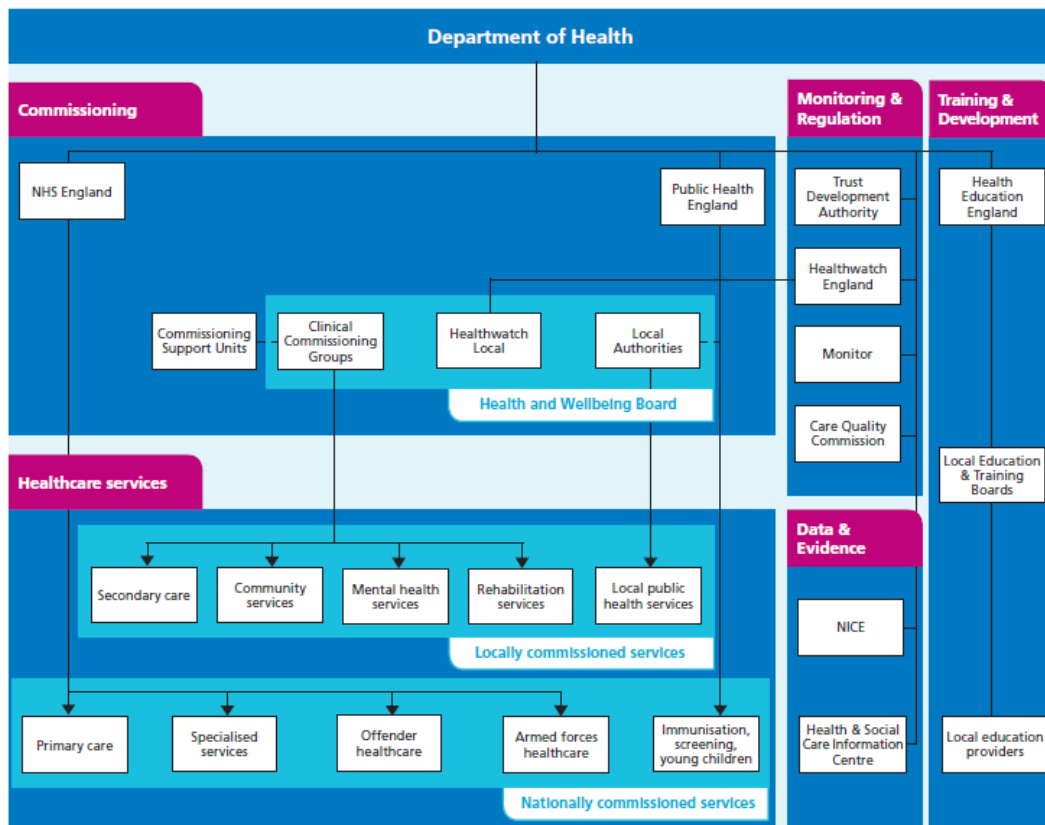
The **NHS values** describe what we aspire to in providing NHS services, to facilitate co-operative working at all levels of the NHS. The NHS values were derived from extensive discussions with staff, patients and the public, and provide a framework to guide everything that we do within the NHS.

The **NHS Constitution** was published by the Department of Health in 2011. It is the first document in the history of the NHS to explicitly set out what patients, the public and staff can expect from the NHS and what the NHS expects from them in return. The Constitution cannot be altered by government without the full involvement of staff, patients and the public, and so gives protection to the NHS against political change. For details on the NHS Constitution or to download a copy, go to: www.nhs.uk/nhsconstitution

Everyone working in the NHS, including the CCG should adopt the NHS Values and support the delivery of the NHS Constitution.

5. The Structure of the NHS

See <http://www.england.nhs.uk/2014/06/26/understanding-nhs/> for more detailed information



The Secretary of State for Health

The Secretary of State for Health has overall responsibility for the work of the Department of Health (DH). DH provides strategic leadership for public health, the NHS and social care in England.

The Department of Health

The Department of Health (DH) is responsible for strategic leadership of both the health and social care systems. For detailed information about the department's new priorities and roles [visit the DH website](#).

NHS England

NHS England's main role is to improve health outcomes for people in England. NHS England:

- provides national leadership for improving outcomes and drive up the quality
- oversees the operation and allocate resources of clinical commissioning groups
- commissions primary care and specialist services

For more information, [visit the NHS England website](#).

The King's Fund

Watch this useful video about how the NHS works <https://www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work>

Clinical Commissioning Groups (CCGs)

Clinical Commissioning Groups (CCG) are membership organisations of GP practices, which are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. There are 207 (July 2017) CCGs in England.

Previously, the vast majority of health services were commissioned by Primary Care Trusts (PCTs). PCTs were abolished in April 2013 and CCGs are now responsible for commissioning local health services such as those typically provided by large hospital trusts, including community and mental health, and some voluntary and third sector services.

Commissioning is about getting the best possible health outcomes for the local population, by assessing local needs, deciding priorities and strategies, and then buying services on behalf of the population from providers such as hospitals, clinics, community health bodies, etc. It is an on-going process, and CCGs must constantly respond and adapt to changing local circumstances. CCGs are responsible for the health of their entire population, and are measured by how much they improve outcomes.

[Our Constitution](#) sets the framework to enable us to work together as practices and in partnership with colleagues across health and social care, to commission services that respond to the unique needs of our local population.

CCGs are:

- Membership bodies, with local GP practices as the members;
- Led by an elected Governing Body made up of GPs, other clinicians including a nurse and a secondary care consultant, and lay members;
- Responsible for about 60% of the NHS budget; or £60 billion per year (April 2016);
- Responsible for healthcare commissioning such as mental health services, urgent and emergency care, elective hospital services, and community care;
- Independent, and accountable to the Secretary of State for Health through NHS England;
- Responsible for the health of populations ranging from under 100,000 to 900,000, although the average population covered by a CCG is about a quarter of a million people.

Health and Wellbeing Boards

Every 'upper tier' local authority has a Health and Wellbeing Board, a statutory partnership to act as a forum for local commissioners across the NHS, social care, public health and other health and wellbeing services. The aim of Health and Wellbeing Boards is to:

- increase democratic input into strategic decisions about health and wellbeing services
- strengthen working relationships between health and social care
- encourage integrated commissioning of health and social care services

NHS Vale of York CCG is a member of three Health and Wellbeing Boards: City of York Council, North Yorkshire County Council and East Riding of Yorkshire Council.

Public Health England

Public Health England's (PHE) aim is to protect and improve the nation's health and to address health inequalities. PHE provides national leadership and expert services to support public health and also works with local government and the NHS to respond to emergencies. They :

- coordinate a national public health service
- build an evidence base to support local public health services
- support the public to make healthier choices
- provide leadership to the public health delivery system
- support the development of the public health workforce

6. Services in the NHS

Primary Care

Primary care is the first point of contact most people have with the NHS and is delivered by a wide range of professionals, including family GPs, nurses, dentists, pharmacists and opticians. This care focuses on the treatment of routine injuries and illnesses as well as preventive care, such as services to help people stop smoking. Primary care is mostly concerned with a patient's general health needs, but increasingly more specialist treatments and services are becoming available in primary care settings closer to where people live.

GP Practices

GP Practices diagnose and treat a wide range of health problems in the local community. Doctors usually work with a team including nurses, health visitors and midwives, as well as a range of other health professionals such as physiotherapists and occupational therapists. Practices are offering an increasingly wide range of services and treatments – including tests to diagnose conditions like coronary heart failure and lung problems. Around 300 million consultations a year take place in England's practices.

Dentists

NHS England commissions dental services – this covers routine care and specialised care services.

Pharmacists

Pharmacies supply prescription and 'over-the-counter' medicines and health care advice to patients and members of the public.

Opticians

There are three kinds of opticians that provide eye services to the general public :

- Ophthalmic medical practitioners are qualified doctors who specialise in diseases and abnormalities of the eyes.
- Optometrists (also known as ophthalmic opticians) are the opticians you are most likely to visit for sight tests and spectacles.
- Dispensing opticians are qualified to fit and supply spectacles to a prescription provided by an optometrist or ophthalmic medical practitioner.

NHS 111

NHS 111 is a service that helps people access local NHS healthcare services in England. NHS 111 is a fast and easy way to get the right help and is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

111 should be called if :

- Medical help is needed fast but it's not a 999 (life-threatening) emergency
- A&E or another NHS urgent care service
- If someone does not know who to call or doesn't have a GP
- If someone needs health information or reassurance about what to do next

For less urgent health needs, GPs or pharmacists should be contacted in the usual way.

Emergency and Urgent Care

Anyone at any time may need emergency or urgent care. This can include :

- Primary care out-of-hours services – where patients can get urgent face-to-face or telephone advice and treatment from a GP or other trained health professional outside of normal GP surgery hours
- NHS Walk-in Centres that provide 'no-appointment' advice and treatments for minor conditions. These are throughout England run by experienced NHS nurses, most open seven days a week, from early in the morning until late in the evening. This link will provide you with more information :
<http://www.nhs.uk/NHSEngland/AboutNHSservices/Emergencyandurgentcareservices/pages/Walk-incentresSummary.aspx>
- Ambulance services – where trained paramedics, some with advanced emergency care skills, treat patients and transport them safely and quickly to the right care provider.
- Hospitals – which provide emergency medical care, often through the Accident and Emergency (A&E) department.

For less urgent health needs, GPs or pharmacists should be contacted in the usual way.

Secondary care

Secondary care – also known as acute care – can either be elective care or emergency care and usually takes place in an NHS hospital. Elective care means planned specialist medical care or surgery, usually following referral from a primary or community health professional such as a GP. Increasingly, patients are benefiting from quicker and more convenient elective care services through, for example, Day surgery – where patients are treated and can go home on the same day and Treatment centres – which offer patients fast, safe and streamlined surgery and diagnostic tests in several specialities, particularly concentrating on orthopaedics and ophthalmology.

Other examples of secondary care services include specialist services for mental health, learning disability and older people.

7. NHS Service Providers and Partners

NHS Trusts

Hospitals in the NHS are managed by NHS Trusts (sometimes called acute Trusts). Their wide-ranging services are commissioned – or purchased - on behalf of patients by CCGs and include treatments where patients are admitted to hospital, day surgery which does not require an overnight hospital stay for the patient, as well as out-patient services where patients attend consultations and clinics. Increasingly NHS Trusts are being commissioned to provide services in the community closer to where people live.

Except in the case of emergencies, hospital treatment is arranged through a GP. This is called a referral.

NHS Foundation Trusts

These NHS hospitals are run by local managers, staff and members of the public. Only the highest performing hospitals can apply to become NHS Foundation Trusts – a status which gives them much more freedom in running their services than other NHS Trusts.

York Teaching Hospital NHS Foundation Trust : <http://www.yorkhospitals.nhs.uk/> : is our local hospital. The trust includes York Hospital and Scarborough Hospital.

Ambulance Trusts

NHS Ambulance Trusts are the local organisations responsible for responding to 999 calls; transporting patients; and increasingly for providing out-of-hours care.

Yorkshire Ambulance NHS Service ; <http://www.yas.nhs.uk/> : is the main provider of patient transport for York.

Mental Health Trusts

About two in every thousand people need specialist care for conditions such as severe anxiety problems or psychotic illness. In some areas this care is provided by NHS Mental Health Trusts, working in partnership with local council social services departments. The services range from psychological therapy, through to very specialist care for people with severe mental health problems.

Tees, Esk and Wear Valleys NHS Foundation Trust is the main provider of MH care for Vale of York : <http://www.tewv.nhs.uk/site/>

Key NHS Partners

The NHS cannot look after everyone's health needs alone. They have strong working relationships with :

- Social care providers
- The independent sector
- The voluntary and community sector (VCS)

Social Care Providers

There is a strong focus in the NHS on creating a health service that promotes our overall well-being, as well as treating us when we are ill. For this to happen effectively, the NHS has to work in close partnership with the organisations and professionals delivering social care services. Stronger local partnerships are already helping ensure that older patients benefit from a single, thorough assessment of their needs, and have a tailored package of care that maximises their quality of life and independence.

The Independent Sector

The independent sector is an important partner for the NHS and crucial in delivering faster, more convenient care and choice to NHS patients. The Independent Sector Treatment Centre Programme gives patients faster, streamlined access to care and greater choice in areas such as orthopaedics and ophthalmology.

Although the centres are run by independent companies, they must still offer the NHS value for money; meet the high clinical standards demanded by the NHS; and provide genuine extra capacity, rather than drawing doctors and nurses away from the NHS.

The Voluntary and Community sector

The Voluntary and Community sector (VCS) play a vital role in helping the NHS meet national standards in some of the highest priority areas such as care for cancer patients and older people; as well as in shaping services round the individual needs of patients. A recent formal agreement between the Department of Health, the NHS and the VCS will help ensure voluntary organisations play an even bigger role in delivering and improving local services in the future.

For further information about the NHS please see www.nhs.uk

8. Introduction to NHS Vale of York CCG

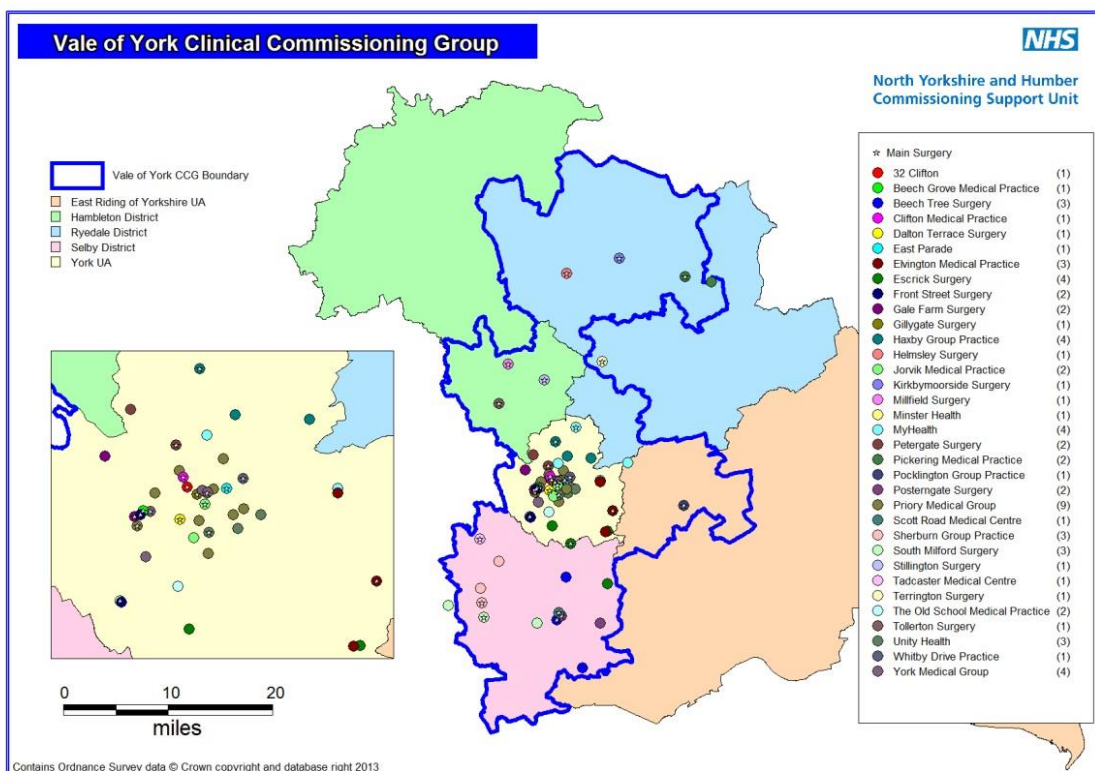
Following the implementation of the Health & Social Care Act 2012, the CCG was formally established on the 01 April 2013. The CCG commissions the following healthcare services for the Vale of York community:

- Planned hospital care
- Urgent and emergency care
- Community health services
- Mental health and learning disability services
- Tackling inequality including children's health and wellbeing
- Co-commissions primary care with NHS England (from 01 April 2015)

The CCG is an NHS organisation which is led by clinicians who see patients every day and understand both the needs of the community and the impact that local services have on patients' health.

The CCG serves towns and cities including York, Selby, Easingwold, Tadcaster and Pocklington and as of 2015 the population was 352,836 people over three local authority areas : City of York Council, North Yorkshire County Council and East Riding of Yorkshire Council.

The CCG currently has 26 member GP practices in its operating area (see map and list below) and the budget for 2016/17 was nearly £459 million - for more information see [here](#). The budget is set by central government and based upon a complex funding formula that reflects the overall health and wellbeing of the Vale of York community.



9. CCG Vision, Mission and Values

Our Vision

“Achieving the best health and wellbeing for everyone in our community”

Our Mission

- Commission excellent healthcare on behalf of and in partnership with everyone in our community.
- Involve the wider clinical community in the development and implementation of services.
- Enable individuals to make the best decisions concerning their own health and wellbeing.
- Build and maintain excellent partnerships between all agencies in Health and Social Care.
- Lead the local Health and Social Care system in adopting best practice from around the world.
- Ensure that all this is achieved within the available resources.

Our Values

- **Communication** – Open and clear communication at all times, inside and outside the organisation, is essential for us to succeed. We recognise that the messages we send out need to be clear to everyone who receives them.
- **Courage** – We have the courage to believe that our community has the capacity to understand complex health issues and that it can be trusted to participate in making decisions on the allocation of health resources.
- **Empathy** – We understand that not all ills can be cured. We understand the suffering this causes and we work to reduce it.
- **Equality** – We believe that health outcomes should be the same for everyone. We will reduce unnecessary inequality.
- **Innovation** – We believe in continuous improvement and we will use the creativity of our stakeholders and staff.
- **Integrity** – We will be truthful, open and honest; we will maintain consistency in our actions, values and principles.
- **Measurement** – Successful measurement is a cornerstone of successful improvement.
- **Prioritisation** – We will use an open and transparent process to arrive at value driven choices.
- **Quality** – We strive to be the best that we can be and to deliver excellence in everything we do.
- **Respect** – We have respect for individuals, whether they are patients or staff colleagues; we respect the culture and customs of our partner organisations.

The CCG's key priorities are to:

- Prevent people from dying prematurely
- Enhancing quality of life for people with long term conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm

10. CCG Objectives

People will be supported to stay healthy through promoting healthy lifestyles, improving access to early help and helping children have a healthy start to life.

People will have more opportunities to influence and choose the healthcare they receive and shape future services.

People will continue to have good access to safe and high quality healthcare services.

When people become ill, they are treated in a timely manner with access to expert medical support as locally as possible.

Where people have long term conditions, they are supported to manage those conditions to give them the best possible quality of life.

When people are terminally ill, the individual and their families and / or carers are supported to give them the best possible quality of life and choice in their end of life care.

A move to 'Care Hubs' providing increased access to health promotion, care and support services, including GPs, pharmacies, diagnostics (e.g., scans / blood tests), community services, mental health support and social care and community and voluntary services.

High quality mental health services for the Vale of York, with increased awareness of mental health conditions, improved diagnosis and access to complex care within the local area.

A sustainable and high quality local hospital providing a centre for urgent and emergency care and planned care for a wide range of conditions and elective operations, maternity and other specialisms within Vale of York.

Access to world class, highly complex and specialist care provided through specialist centres across the country.

Opportunities for accessing and leading research to improve healthcare systems for all.

Here are our priorities for 2018-19: <http://www.valeofyorkccg.nhs.uk/data/uploads/our-work/nhs-vale-of-york-ccg-commissioning-intentions-2018-2019.pdf>

11. The CCG's business model

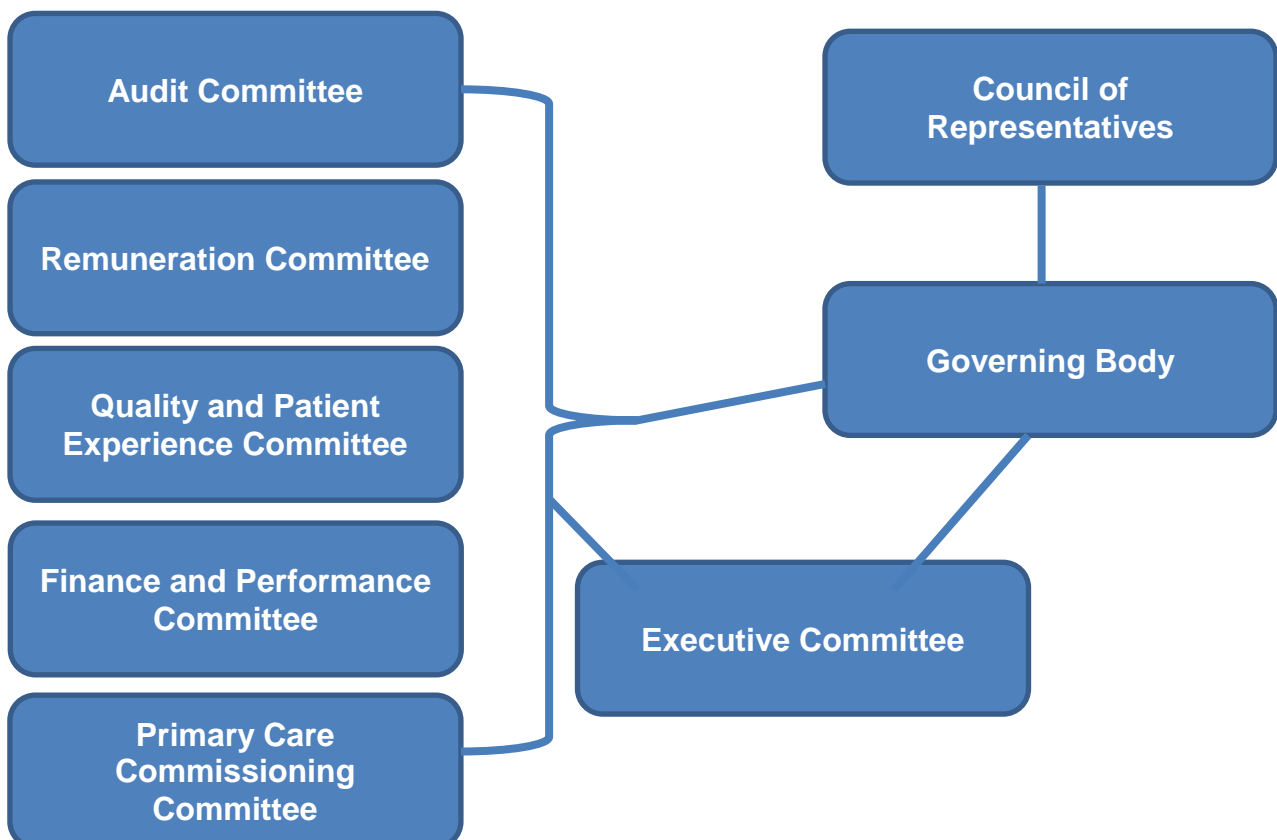
We are a membership organisation overseen by the Council of Representatives, comprising a member from each GP practice in the Vale of York. The work of the CCG is led by the Governing Body, which consists of:

- Clinical
- Accountable Officer
- 5 GPs, (3 locality representatives, Clinical Chair, Chair of Council of Representatives)
- Chief Financial Officer
- Additional Lay member representation
- Executive Director of Primary Care and Population Health
- Executive Director of Transformation, Complex Care and Mental Health
- Secondary care doctor
- Executive Director of Quality and Nursing
- 2 Directors from relevant local authorities

The Governing Body monitors and challenges the delivery of work across the CCG, quality and health performance outcomes for the residents of the Vale of York, financial and risk management.

The CCG has a robust governance structure to support its decision making, planning and commissioning processes. The following governance structure describes the CCG's immediate operating environment and the framework of the organisation's business environment that includes policy setting and agreement, standard operating procedures, rules and guidelines.

Decision Making Structure for CCG



The diagram on page 21 illustrates the decision making process within the CCG. The Governing Body is the principal decision making body within the CCG and any issues where there may be a significant impact either on the CCG or for our local population will be made by the Governing Body. This often includes decisions about the services we will or will not commission.

There are four Committees below the Governing Body where some decisions and recommendations are also made:

- Audit Committee – decisions about our compliance, reviewing finance and high risk areas.
- Quality and Patient Experience Committee – reviewing quality and patient care.
- Finance and Performance Committee – reviewing finance, performance and risk.
- Remuneration Committee – decisions and recommendations on pay, allowances and benefits for CCG staff.
- Primary Care Commissioning Committee – decisions on commissioning of primary care services, including practice mergers

Here is a link to Terms of Reference for these Committees:

<http://www.valeofyorkccg.nhs.uk/about-us/our-governance-structure/>

Here is a link to the CCG Constitution:

<http://www.valeofyorkccg.nhs.uk/data/uploads/about-us/governance/voyccg-constitution-version-4-final-october-15.pdf>

The CCG has an Executive Team who meet fortnightly to provide the day to day management of the organisation.

The CCG is led by the Accountable Officer and supported by the CCG's GP Clinical Leads and its Executive Team. These consist of :

GP Clinical Leads

- Planned Care and Prescribing
- Mental Health and Continuing Health
- Primary Care
- Urgent Care
- Community Services
- Women's health

Executive Team

- Accountable Officer
- Chief Finance Officer
- Executive Director of Primary Care and Population Health
- Executive Director of Quality and Nursing
- Executive Director of Transformation, Complex Care and Mental Health







The Council of Representatives

The Council of Representatives is the forum of representatives from each of the 26 GP practices who are members of the CCG. Their role is to oversee the strategy of the CCG, discuss issues and provide a clinical perspective on all areas of work.

12. The Governing Body

The CCG Governing Body comprises a number of local GPs and other health professionals. Their wealth of experience and expertise means they are ideally placed to make decisions about the types of health services patients need in the local area.

Below is a short biography of each Governing Body member.

	<p>Dr Nigel Wells Clinical Chair</p>  Vale of York Clinical Commissioning Group <p>Nigel joins the CCG team from Beech Tree Surgery, Selby. He moved to York in 1998 after qualifying in medicine at Dundee University. He trained in Leeds and York and started work as a GP in 2003. Nigel worked as a locum GP in York for 3 years. He was a GP partner in Consett Medical Centre Co. Durham before joining Beech Tree Surgery in 2008.</p> <p>He is a GP trainer and has an interest in finance, management and service provision. Nigel has set up alternative NHS services in podiatry and community ultrasound within the Vale of York and other CCGs.</p>
	<p>Phil Mettam Accountable Officer</p>  Vale of York Clinical Commissioning Group <p>Phil joined Vale of York CCG in October 2016 following his role as Chief Officer at Bassetlaw CCG, an organisation that has been rated as 'outstanding' by NHS England to recognise its delivery of national standards and the collaborative development of an accountable health and care system.</p> <p>Phil has held senior roles across Primary Care Trusts (PCT) in Nottingham and at Trent Strategic Health Authority. He has also held a number of leadership roles across the Yorkshire and Humber region including Deputy Chief Executive at Bassetlaw PCT and a senior role in industry with British Coal. Phil is a chartered secretary by profession. He is a sport and music enthusiast with a passion for the beauty of the natural world.</p>
	<p>Michelle Carrington, Executive Director of Quality and Nursing</p>  Vale of York Clinical Commissioning Group <p>Michelle is a registered nurse with over 26 years of experience, mainly in acute care. She has held a number of senior roles including Practice Development and Service Improvement, Assistant Chief Nurse and Head of Patient Safety at York Trust. Michelle joined the CCG in September 2014.</p>



Denise Nightingale
Executive Director of Transformation,
Complex Care and Mental Health



Denise joins us from NHS Bassetlaw CCG where she was the Chief Nurse. Previously she has worked as an Executive in an acute setting. She has led a hospital re-provision and has undertaken significant service re-configurations.

Denise has held roles within the Department of Health and a Strategic Health Authority implementing the Choice and Independent Treatment Centre agendas. Denise believes her current role in the CCG offers a real opportunity to deliver targeted improvements through working closely with local partners.



Dr Kev Smith
Executive Director of Primary Care and
Population Health



Kev's expertise and leadership skills are charted throughout his career in senior roles including Principal Adviser to NHS England for Yorkshire and the Humber and as the national Medical Adviser for Specialised Services and Screening in the Department of Health. Kevin was also the head of the Healthcare team in Public Health England Yorkshire and the Humber where he has supported three local STP areas in their work to develop future models of health and care. Before working in public health, Kev worked in clinical medicine.

He was a Senior Lecturer at the School of Health and Related Research at Sheffield University, one of the largest and most dynamic Schools of health research in the UK. He is a member of the Yorkshire Senate and continues to teach at universities in York, Leeds and Sheffield.

VACANCY

GP Representative for the York (Central) Locality



Dr Helena Ebbs



Helena has been a GP partner at Pickering Medical Practice since 2012. After graduating from Sheffield Medical School in 2003 she spent her first few years working in South Yorkshire in hospital medicine, before moving to North Yorkshire to train as a GP. She has an interest in mental health, frailty and rural general practice.



Dr Ruth Walker

NHS
Vale of York
Clinical Commissioning Group

Dr Ruth Walker, GP Representative for the South Locality

Ruth graduated from Edinburgh Medical School in 1999 and came to York to complete her GP training. She has worked at Scott Road Medical Centre in Selby since 2004, initially as a salaried GP before becoming a partner in 2013. Ruth has special interests in mental health and health inequalities and enjoys her role teaching third-year medical students at Hull York Medical School.



Simon Bell
Chief Finance Officer

NHS
Vale of York
Clinical Commissioning Group

Simon joins the team from NHS Kernow CCG in Cornwall. He is a qualified accountant and graduate of the NHS Finance Management Training Scheme. He has worked in the NHS for more than twenty years across a number of provider and commissioning organisations including Chief Finance Officer roles in CCGs based in the South West of England.



Keith Ramsay
Lay Member

NHS
Vale of York
Clinical Commissioning Group

Keith has held a range of senior roles and the success of several organisations is attributable to his expertise where he set the strategic direction for health, welfare and community projects and the performance management of billions of pounds of public funding.



David Booker
Lay Member and Deputy Chair
of the Audit Committee

NHS
Vale of York
Clinical Commissioning Group

David trained as a social worker and worked in a number of roles in local government and third sector organisations. His latest role was as UK Director for Volunteering at Barnardos. In his role as Lay Member of the CCG's Governing Body, David helps to ensure the CCG is efficient and responsive and listens to the views of local stakeholders



Phil Goatley
Lay Member and
Chair of the Audit Committee



Dr Arasu Kuppuswamy
Secondary Care Governing
Body Member



Dr Kuppuswamy works as a Consultant Psychiatrist. He has Clinical Lead responsibilities for his Trust that have included both the Acute and Community Pathways. He is keen on providing person centred quality care and services for the patients under his care and for the local population. This has encouraged him to involve himself in Transformation projects for the Trust. He is now keen to apply his knowledge and enthusiasm at a CCG level.

In Attendance



Sharon Stolz –
City of York Council Director
of Public Health



Sharon is the Director of Public Health for the City of York. She is an experienced public health professional having worked across the NHS and in local authorities. Before working in York, Sharon was the Director of Public Health at Barnsley Metropolitan Borough Council and Head of Commissioning at Bassetlaw Primary Care Trust. Sharon is a qualified nurse, midwife and health visitor and has joint registration with the UK Public Health Register and National Midwifery Council.

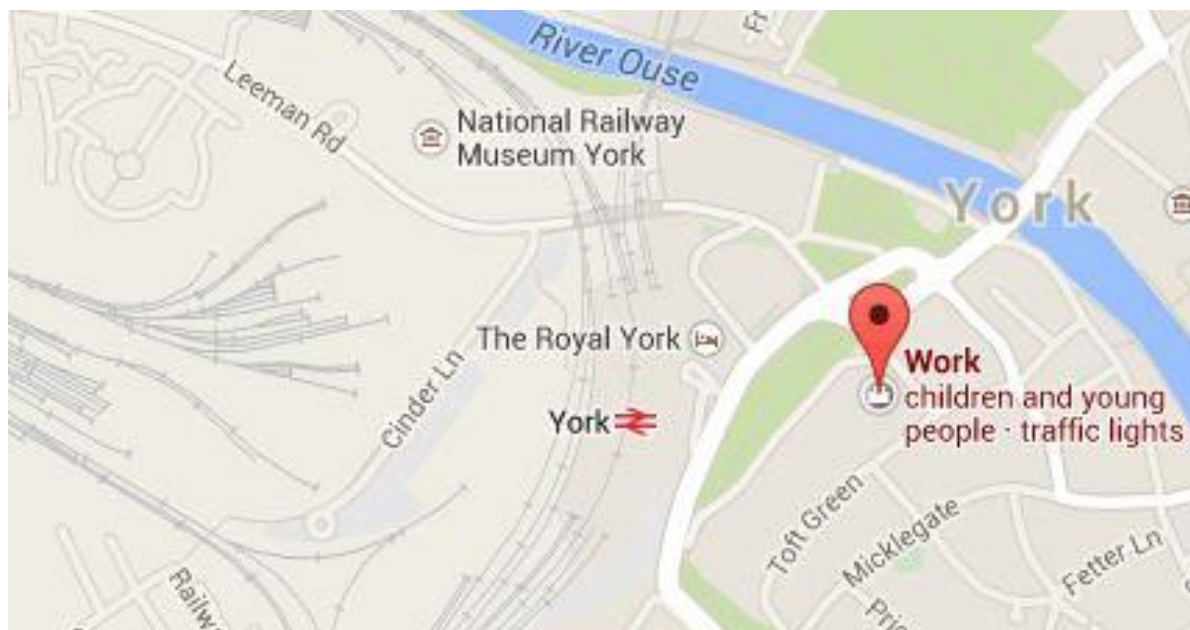


Dr Aaron Brown - Local Medical
Committee Liaison Officer for Selby and York

Information to follow

13. Location and contact details

Finding us



Our office is based within City of York Council's West Offices, next to the Cedar Court Grand Hotel. You can see the location map above. Information for park and ride information and details about nearby parking can be found by visiting this website : www.itravelyork.info/park-and-ride

Contact Details

NHS Vale of York Clinical Commissioning Group
West Offices
Station Rise
York
Y01 6GA

Tel: 01904 555 870

Email: valeofyork.contactus@nhs.net

<http://www.valeofyorkccg.nhs.uk/>

14. 'Better Births'

On 22 December 2017, the Maternity Transformation Programme published [Implementing Better Births: Continuity of Carer](#), to help Local Maternity Systems (LMS) plan and deploy continuity of carer models in their services.

[Better Births](#), the report of the National Maternity Review, set out a clear recommendation that the NHS should roll out continuity of carer, to ensure safer care based on a relationship of mutual trust and respect between women and their midwives. This relationship between care giver and receiver has been proven to lead to better outcomes and safety for the woman and baby, as well as offering a more positive and personal experience; and was the single biggest request of women of their services that was heard during the Review.

Since Better Births was published, LMS have come together across 44 geographies in England, with leadership, governance and the commitment to transform services to meet the expectations of their women and communities.

This document builds on the [LMS Resource Pack](#), and provides practical guidance to LMS on how to develop a continuity of carer model within their services. It sets out how to identify an ambition and trajectory for implementation that take account of local circumstances and opportunities.

Information can be found here: <https://www.england.nhs.uk/mat-transformation/implementing-better-births/>

Key priorities:

Personalised care, centred on the woman, her baby and her family, based around their needs and their decisions, where they have genuine choice, informed by unbiased information.

Every woman should develop a **personalised care plan**, with their midwife and other health professionals, which sets out her decision about her care reflecting her wider health needs. It also recommends trialling an NHS Personal Maternity Care Budget which would give women more control over their care, whether it is through an existing NHS trust or a fully accredited midwifery practice in the community.

Continuity of carer, to ensure safer care based on a relationship of mutual trust and respect in line with the woman's decisions. Every woman should have a midwife, who is part of a small team of four to six midwives, based in the community who knows the women and family, and can provide continuity throughout the pregnancy, birth and postnatally. Community hubs should enable women and families to access care close to home, in the community from their midwife and from a range of other services, particularly for antenatal and postnatal care.

Better postnatal and perinatal mental health care, to address the historic underfunding and provision in these two vital areas, which can have a significant impact on the life chances and wellbeing of the woman, baby and family.

Postnatal care must be resourced appropriately. Women should have access to their midwife (and where appropriate obstetrician) as they require after having had their baby. Those requiring longer care should have appropriate provision and follow up in designated clinics. The report endorses the recommendation of the Mental Health Taskforce published last week for a step change in the provision of perinatal mental health care across England.

A payment system that fairly and more precisely compensates providers for delivering different types of care to all women, while supporting commissioners to commission for personalisation, safety and choice.

To make care safe, with better outcomes, the report says the following is needed:

Safer care, with professionals working together across boundaries to ensure rapid referral, and access to the right care in the right place; leadership for a safety culture within and across organisations; and investigation, honesty and learning when things go wrong.

There should be rapid referral protocols in place between professionals and across organisations to ensure that the woman and her baby can access more specialist care when they need it. Teams should routinely collect data on the quality and outcomes of their services, measure their own performance and compare against others' so that they can improve.

There should be a national standardised investigation process for when things do go wrong, ensuring honesty and learning so that improvements can be made as a consequence

Multi-professional working, breaking down barriers between midwives, obstetricians and other professionals to deliver safe and personalised care for women and their babies.

Those who work together should train together. **Multi-professional learning** should be a core part of all pre- and post-registration training for midwives and obstetricians, so that they understand and respect each other's skills and perspectives.

Working across boundaries to provide and commission maternity services to support personalisation, safety and choice, with access to specialist care whenever needed.

15. Useful documents and links:

How does the NHS work: <https://www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work>

National Maternity Voices Partnership: <http://nationalmaternityvoices.org.uk/>

Better births: <https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf>

16. Learning and development

<https://www.england.nhs.uk/participation/learning/learning-for-patients-and-the-public-non-accredited-courses/>

<https://www.england.nhs.uk/participation/learning/public/>

Organisation chart for the Local Maternity System

