Introduction

In April 2013 NHS Clinical Commissioning Groups (CCGs) took over responsibility for deciding local health priorities and the planning and commissioning (i.e. buying) of health care services. The main providers of healthcare for people in the East Riding are: Humber NHS Foundation Trust, Hull and East Yorkshire Hospitals NHS Trust, North Lincolnshire and Goole NHS Foundation Trust and York Teaching Hospitals NHS Foundation Trust.

The East Riding of Yorkshire CCG came into operation on 1 April 2013. The CCG covers a large geographical area of approximately 1,000 square miles. 90% of this is classified as agricultural land but there are also urban areas, developing market towns, picturesque villages in the Wolds, and busy coastal resort towns.

The East Riding of Yorkshire CCG is made up of 37 local GP practices, has an annual budget of £350 million and is responsible for buying local primary care, hospital, mental health and community health care services for people in the East Riding. However, the NHS is required to make financial savings reported to be around £50 billion nationally by 2020. CCGs have the difficult task, therefore, to improve quality of care while making savings.

Some facts and figures about the East Riding population that present particular challenges for local health and social care services:

- Over half of the population live in rural communities, many of which are small, scattered and geographically isolated.
- The population estimated in 2012 at 336,000 will increase by 24.1% to 417,000 by 2033.
- A high percentage (22.5%) of the population are aged 65 years and over; 76,000 people and is rising.
- There are pockets of severe deprivation in the region such as Bridlington, Goole and south-east Holderness.
- 90.7% of the population are British or Irish white but there is an increasing economic migrant population in some areas, for example, in Goole, where there are growing Eastern European communities.
- The East Yorkshire countryside and coast are very popular places for people to retire to, often leaving behind their support network of friends and extended families. As people grow older their health may deteriorate and they may become less independent and more isolated; the absence of the additional support they might have had from friends and extended families can make this situation worse.
CCG Strategic Aims:
- To support our patients and population to achieve healthy independent ageing.
- To reduce health inequalities across the East Riding of Yorkshire (ERY).
- To improve the physical and mental health and wellbeing of children and young people.
- To work within our financial allocation to ensure delivery of value for money in all our commissioned services.
- To meet our commitment to deliver improving outcomes (results) in line with national and local drivers for change.

Engagement, Involvement and Communication

The Health and Social Care Act 2012 sets out duties for NHS commissioners with respect to patient and public participation which includes:
- Ensuring the public are engaged in governance arrangements i.e. through the appointment of Lay Members to the CCG Board.
- Ensuring services are commissioned in a way that encourages and promotes the participation of individuals in making decisions about their care and treatment.
- Listening and acting upon patient and carer feedback at all stages of the commissioning cycle.
- Engaging with patients, carers and the public when redesigning or reconfiguring healthcare services and demonstrating how this has informed decisions.
- Publishing evidence of what ‘patient and public voice’ activity has been conducted, its impact and the difference it has made.
- Publishing feedback received from local Healthwatch about health and care services in the area served by the CCG.

In order for the CCG to meet the above duties effectively this strategy recognises that health, care and wellbeing are not the sole responsibilities of one organisation, and, therefore, the CCG will actively seek opportunities to work together with all interested parties (stakeholders) in its engagement, involvement and communication activities.

Our Vision
That it is obvious to all that the views, experiences, preferences and areas of interest to local people and organisations are highly valued by the CCG and have been used, together with local information and statistics, to inform and shape the CCG’s commissioning strategy and practice at all times.

Ambition
Our approach to involvement and communication is open, coordinated and creative and is the firm foundation supporting all CCG practice. That we are successfully and consistently creating a wide range of accessible opportunities for engagement, involvement and are continually developing relationships and conversations with local people and organisations.

Aim
Through involvement and communication we can ensure that patients, carers, staff, partners and the wider community help us develop our understanding as to how to improve healthcare results and experiences for local patients, their carers, families and friends, and
reduce variation. Representatives of the local population and other interested parties will
be involved in decisions about how services are planned, developed, delivered and
evaluated, as well as how they can be improved.

Goals
That we can demonstrate that the care and services we buy accurately meet the local
population's needs, providing 'Right Care'; whilst recognising that 'one size does not fit all'.

To be ambitious on our local population’s behalf and, with an emphasis on quality,
demonstrate that we are truthfully seeking to ensure that local people are at the heart of
and driving local care improvements.
1. Develop and sustain shared decision making.
2. Develop strategic insights by listening and learning.
3. Seek local and national examples of best practice, innovation and transformation of
health services to inform our own commissioning decisions.
4. Continually seek to improve the quality, choice and experience of care using patient
and public experiences to help to shape care and improve results.
5. Enable people to manage their own health and wellbeing, understanding how to
access the services that they need and when they need them.
6. Build and sustain mutual relationships with patients, carers, the public and other
stakeholders so that we are working together towards common goals.
7. Enhance our reputation as a trusted and effective NHS commissioning organisation
and publicise what we are good at and what we achieve.

Equality and Diversity
Understanding the impact of our commissioning practices on equality and diversity is a
requirement under the Equality Act 2010.

The CCG has a positive approach to equality and diversity and takes into account the
varying needs of people in the region. It understands that who we are – based on
characteristics such as gender, race, disability, age, socio-economics, sexuality and religion
– will impact on our life experiences.
We recognise individual as well as group differences; we treat people as individuals, and
we place positive values on diversity in the community and in the workforce.

We will make sure that all our activities and services:
- Are inclusive.
- Promote equality of opportunity.
- Embrace diversity.
- Can be accessed by everyone and that the care is right for them.

Monitoring and Evaluation
There will be regular reporting to the CCG Board or other committees, as appropriate
through the implementation of the strategy We will evaluate, measure and learn from our
activities - celebrating our successes and continuously improving practice.

Review
The strategy will be reviewed and refreshed annually.
Definitions of terms used in this document

**Engagement** - to inform, inspire and involve

**Stakeholder** – an interested party. An individual or an organisation that can affect or be affected by the actions of East Riding of Yorkshire CCG

**Involvement** – participation, association, connection, contribution

**Communication** – to share (give and receive), to make things generally known and understood

**Equality** - that individuals or groups of individuals are treated fairly and equally according to their needs, especially in status, rights, or opportunities

**Diversity** - recognising individual as well as group differences, treating people as individuals, and placing positive value on diversity.

**Transformation** - a process of profound and radical change that takes the organisation in a new direction and a new and different level of effectiveness.

**Innovation** - application of information, imagination and initiative to get greater or different values from resources - new ideas are generated and converted into services

**Socio-economics** – the relationship between social factors (the community we live in) and economic factors (what income we have access to)