

**NHS VALE OF YORK CLINICAL  
COMMISSIONING GROUP**

**SHADOW GOVERNING BODY MEETING**



**Meeting Date: 2 August 2012**

**Report Sponsor:**

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Chief Clinical Officer

**Report Author:**

Mark Hayes

**1. Title of Paper: Plan on a Page**

**2. Strategic Objectives supported by this paper**

1. Improve healthcare outcomes
2. Reduce health inequalities
3. Improve the quality and safety of commissioned services
4. Improve efficiency
5. Achieve financial balance

**3. Executive Summary**

Plan on a page summarises the strategic direction of Vale of York Clinical Commissioning Group

**4. Evidence Base**

Not applicable

**5. Risks relating to proposals in this paper**

Not applicable

**6. Summary of any finance / resource implications**

Not applicable

**7. Any statutory / regulatory / legal / NHS Constitution implications**

Not applicable

**8. Equality Impact Assessment**

Not applicable

**9. Any related work with stakeholders or communications plan**

Not applicable

**10. Recommendations / Action Required**

The Shadow Governing Body is asked to endorse the plan on a page.

**11. Assurance**

Not applicable

# Vale of York Clinical Commissioning Group: Strategic Plan 2012 - 2015

**Vale of York CCG Vision: To achieve the best health & wellbeing for everyone in our community**

Quality

Innovation

Equality

Courage

Empathy

Integrity

Communication

Respect

## What do we want to achieve?

- Improved healthcare outcomes
- Reduced health inequalities
- Improved quality and safety of commissioned services
- Improved efficiency
- Financial balance

## Challenges & opportunities

Aging population profile

Financial pressures

Services closer to home

Clinical leadership

New partnerships

Patient/public engagement

Therefore... what are we going to do?

## Priorities

Long Term Conditions

Elective Care

Urgent Care

Mental Health

Prescribing

Carers

Tackling inequality

## What action will we take?

Set up Neighbourhood Care Teams.  
Develop Diabetes/COPD/End of life care pathways.  
Enable supported self care .

Develop community based care pathways  
Establish and maintain a GP Peer Review process (investigate feasibility of a referral review process in partnership with secondary care consultants)  
Consider expansion of existing MSK service to encompass Rheumatology/Pain Management

Ambulatory care pathways.  
Nursing Homes: systematic implementation of Advance Care Plans/Emergency Care Plans/Medication Reviews.  
'Implement national '111' scheme

Develop and implement plans for dementia, psychiatric liaison and primary care counselling.

Strategy developed to ensure cost effectiveness

Implement carer awareness training for primary care

Work with HWBs on tackling wider determinants

All plans established within existing financial resources

## What difference will we make?

- People will feel supported to manage their condition.
- Time people spend in hospital will be reduced.
- Increase routine healthcare provided in the community.
- Patients making informed choices about the care they receive.
- Reduce the number of admissions from Nursing/Residential Homes.
- Fewer emergency department attendances
- Increase awareness of carers' needs.
- Reduce differences in life expectancy and healthy life expectancy between communities.

Measuring success through robust performance framework

## What will enable us to do this?

Working together with partners for an integrated approach

Engaging with patients, communities, voluntary sector and GPs, clinicians

Informed decision making

Maximising use of technology

Establishing the CCG, developing its leaders and staff