



**NHS Vale of York Clinical Commissioning Group**

**Operational Plan 2016-17**

**April 2016**

## **Contents**

	Page
Foreword	4
Plan on a Page	6
Introduction	8
<b>PART 1: Roadmap to Recovery</b>	<b>10</b>
Our Values	11
Strategic Direction	12
Financial Recovery for the Vale of York	17
Transformation in the Vale of York	22
Summary of Commissioning Intentions 2016-17	25
Robust Governance and Leadership Structures with the Skills and Capacity to Deliver	27
<b>PART 2: Humber Coast and Vale Sustainability and Transformation Plan</b>	<b>32</b>

**PART 3 : Operational Delivery for 2016-17**

Progress to Date	37
Understanding Our Population – Needs Assessment	39
Strategic Programmes and Operating Plan Overview	45
Delivering the NHS Constitution	56
Supporting Population Groups	58
Local plan for the sustainability and quality of general practice	61
Championing quality and safety in local services	62
Delivering local plans to transform care for people with Learning Disabilities	66
Innovation and Research	67
Analysis against the 9 ‘Must do’s’	68

**FOREWORD:** Dr Mark Hayes, Chief Clinical Officer, NHS Vale of York CCG



## **Foreword**

2015-16 has been challenging and, as a whole, the NHS has been under unprecedented financial strain.

Providers and commissioners are faced with a very serious financial situation to address but as a health and care system we are working together to resolve local problems through the development of a system recovery plan for the Vale of York. This plan, which will help the CCG to return to financial balance, is a key outcome required by NHS England.

As a main provider, York Teaching Hospital NHS Foundation Trust provides services in the Vale of York and the Scarborough and Ryedale catchment areas. This is why we will also be developing a System Recovery Plan in conjunction with NHS Scarborough and Ryedale CCG.

Our transformation work in 2016-17 will focus upon the broader health and care system and include prevention work that will support people to live healthy lives and to manage long term conditions such as diabetes and prevent secondary complications. It will help to create sustainability in primary and secondary care through redesigning community-based pathways to enable people to receive health and social care within their communities and by reviewing services delivered over a wider foot print we will be undertaking a review of urgent care systems across six CCG areas.

We will also be conducting the most open, transparent and honest budget consultation ever seen in the Vale of York. I know that local people are proud of their NHS and have a passion for the services it provides. I truly hope that the local community take part in the consultation to hear an honest account of the local financial situation and to share their views.

However, despite the financial challenges in the Vale of York, the CCG has continued to progress its work to improve local health and care services. Throughout 2016-17 we will continue to work collaboratively with our partners to deliver new and efficient ways of working and stay on course to deliver our vision whilst protecting, and where possible, enhancing the quality and safety of services.

**Dr Mark Hayes, Chief Clinical Officer**

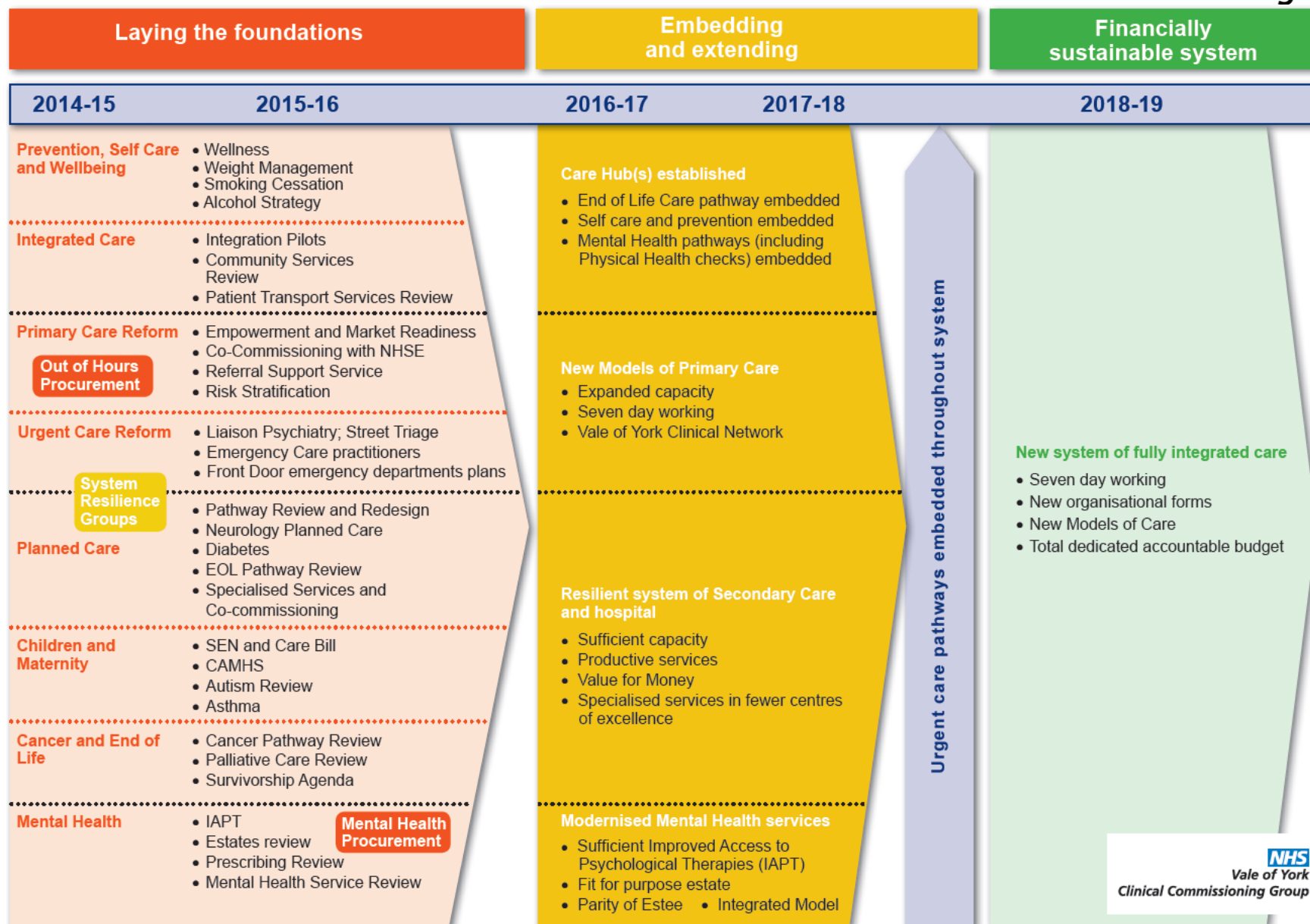
**My Life, My Health, My Way: High quality care, in the most appropriate setting, to meet the needs of our population.**  
 Our work will deliver a sustainable and high quality health service available to all to improve health and wellbeing across the Vale of York. Targeting Health inequalities, increasing parity of esteem between physical and mental health and providing local access to care. The CCG will provide system leadership.

**NHS**  
 Vale of York  
 Clinical Commissioning Group

You said, we did	Our strategic initiatives	Enabling work	Our improvement interventions	Outcomes
<p>Help people to stay healthy</p> <p>Provide people with the opportunity to influence and change healthcare</p> <p>Ensure access to good, safe, high quality services closer to home</p> <p>Support people with long term conditions to improve quality of life</p> <p>Improve health-related quality of life and end of life care</p> <p>Implement local 'Care Hubs' across the Vale of York</p> <p>High quality mental health services for the Vale of York, with increased awareness of mental health conditions</p> <p>Ensure local healthcare services are sustainable</p> <p>Ensure people have access to world-class complex and specialist care</p> <p>Support health research in the local area</p>	<p><b>Prevention, Self Care and Wellbeing:</b> Help people stay healthy through informed lifestyle choices, support people to self-manage long term conditions where possible</p> <p><b>Integrated Community Based Services:</b> Coordinate health and social care services around the needs of patients to create a fully integrated in community system of care</p> <p><b>Primary Care Reform:</b> Improve the continuity of care and delivering services seven days a week through GP practices working together to support larger populations and supporting sustainability through co-commissioning arrangements</p> <p><b>Urgent Care Reform:</b> Improve and coordinate all aspects of urgent care provision that ensure that patients are treated at home wherever possible</p> <p><b>Planned Care:</b> Enhance the referral support service to ensure the right care is delivered for patients first time. Improve productivity of elective care</p> <p><b>Transformed Mental Health:</b> Support of people with mental health needs and improve their physical health through all new models of care across system</p> <p><b>Children's and Maternity:</b> Give children the best start in life possible, promote healthy lifestyles and supporting self-management of their conditions</p> <p><b>Cancer and End of Life:</b> Prevention, diagnosis and treatment; carers pathway</p>	<p><b>Co-commissioning of primary care with NHSE</b></p> <p>New Models of Care and Pioneer Status</p> <p><b>Workforce planning</b></p> <p>Digital Road Map</p> <p><b>Shared care record and individual care plans</b></p> <p>New financial and contracting models</p> <p><b>Procurement choice and market readiness</b></p> <p>Estates and infrastructure</p> <p><b>Clinical data review and analysis</b></p> <p>Assistive technology</p> <p><b>Research and innovation</b></p> <p>Prescribing</p> <p><b>Community mobilisation</b></p>	<ul style="list-style-type: none"> <li>Alcohol interventions and joint delivery of strategies and plans with local authorities</li> <li>Weight Management</li> <li>Community mobilisation</li> <li>Pre-diabetes plan</li> </ul> <ul style="list-style-type: none"> <li>Care Hub (CH) Models across the Vale of York</li> <li>Community services review</li> <li>Urgent care, self-care and End of Life pathways in CH</li> <li>Patient transport services</li> <li>System flow (Trusted Assessor)</li> </ul> <ul style="list-style-type: none"> <li>Referral support service and care plans for frail elderly people and complex needs</li> <li>Vale of York Clinical Network</li> </ul> <ul style="list-style-type: none"> <li>Street triage and urgent care practitioners</li> <li>Psychiatric liaison in A&amp;E</li> <li>Paediatric zero length of stay</li> <li>Front door at Emergency Department</li> <li>Urgent Care Network</li> </ul> <ul style="list-style-type: none"> <li>Systematic service review and pathway redesign – ophthalmology</li> <li>New pathways of care in neurology, ENT</li> <li>MSK and elective orthopaedic review</li> <li>Cardiovascular and COPD</li> </ul> <ul style="list-style-type: none"> <li>Mental health inpatient redevelopment</li> <li>Autism review; dementia service development; IAPT promotion and diagnosis</li> <li>Estates review</li> </ul> <ul style="list-style-type: none"> <li>Children and Families Act: Special educational needs</li> <li>Asthma, CAMHS and health reviews for looked after young people</li> <li>Maternity review</li> <li>Futures in Mind plans</li> </ul> <ul style="list-style-type: none"> <li>Palliative Care Review</li> <li>Cancer Pathway Review and Survivorship</li> </ul>	<p><b>Quality outcomes:</b></p> <ul style="list-style-type: none"> <li>Delivering on the NHS Constitution requirements</li> <li>Enhanced quality and safety of care</li> <li>Improved patient experience of care outside of hospital (12%)</li> <li>Increase in number of people having positive experience of hospital care</li> </ul> <p><b>Health outcomes:</b></p> <ul style="list-style-type: none"> <li>Reduce the potential years of life lost (15%)</li> <li>Reduced emergency hospital admissions (by 14%)</li> <li>Increase in proportion of older people living independently at home following discharge</li> <li>Improve the health-related quality of life of people with Long Term Conditions</li> <li>Improving physical health of those with mental illness (parity of esteem)</li> <li>Reducing Falls</li> <li>Improve dementia diagnosis</li> </ul>

Our values will underpin everything we do: Quality • Governance • Engagement and co-design • Prioritisation • Equality • Sustainability • Empathy; Integrity • Respect • Courage

2014/15 - 2015/16 Laying the foundations	2016/17 - 2017/18 Embedding and extending	2018/19 Financially sustainable system
---	--	---



## **Introduction**

In April 2014 the CCG alongside its local partners launched its Five Year Strategic Plan ‘My Life My Health My Way’ and its ambitious vision for **delivering a fully integrated, seamless care system that would secure the best in health and well-being for everyone in the Vale of York by 2018/19**<sup>1</sup>. We believe these services will be innovative, patient-centred and deliver improvements in the quality and accessibility of services to some of the most vulnerable people in our community.

During 2014-2016 the CCG has been working to ‘lay the foundations’ of the system change, through improved mental health services to provide a platform to develop parity of esteem and piloting new approaches to service integration through Care Hubs. We expanded ‘see and treat’ models to reduce conveyance and admission to hospital through Urgent Care Practitioners and implemented new approaches to end of life care (Hospice@home) within the Better Care Fund. Performance recovery plans have been implemented, with some success, for return to NHS constitution performance targets. The Referral Support Service has continue to demonstrate impact in referral conversion rates and the CCG has implementing community pathways, such as the Bone Protection Service.

However, the CCG also experienced significant financial and operational challenges in the last year. The new approaches implemented through the Better Care Fund have managed to address the growth in demand on services, but were not able to reduce activity within the hospital to planned levels. This has impacted on the financial position and in combination with growth in other health services has resulted in the CCG reporting a deficit position at the end of 2015-16.

---

<sup>1</sup>. [http://www.valeofyorkccg.nhs.uk/data/uploads/publications/5-year-plan/nhs\\_vale\\_of\\_york\\_ccg\\_integrated\\_operational\\_plan\\_2014\\_to\\_2019-final-30th-june-with-signatories.pdf](http://www.valeofyorkccg.nhs.uk/data/uploads/publications/5-year-plan/nhs_vale_of_york_ccg_integrated_operational_plan_2014_to_2019-final-30th-june-with-signatories.pdf)



A review of the CCG's capability and capacity was completed in December 2015 and this has informed the development of a Turnaround Plan and revised financial plan for the CCG. Our commitment to the vision set out in 2014 for a fully integrated, seamless care system for Vale of York remains, however the pace of change will be accelerated across the system and supported by a refresh of our approach in-year to ensure a return to financial sustainability and to provide greater assurance of delivery on our mandate within the Constitution for the Vale of York population.

This operational plan sets out the work the CCG will be taking forward between to achieve sustainability in year and support transformation in the coming years to deliver a return to financial balance. This is set out in three parts:

- Roadmap to recovery – addressing the financial challenge and maintaining an effective and efficient organisation
- Working at scale to support sustainable services -the development of the Humber, Coast and Vale Sustainability and Transformation Plan
- Operational Delivery for 2016-17 – How the CCG will deliver on the national planning requirements and the priority programmes to deliver year one of the financial plan.

## **PART 1: ROADMAP TO RECOVERY**

The NHS Vale of York CCG is committed to improving the financial position of the local health care system and ensuring that the organisational structures in place can deliver our clinical mandate on behalf the population of the Vale of York.

The organisation aims, through the Operational Plan for 2016-7, to return to a positive rating of assurance for finance, performance and delivery.

### **Our Vision**

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

### **Our Mission**

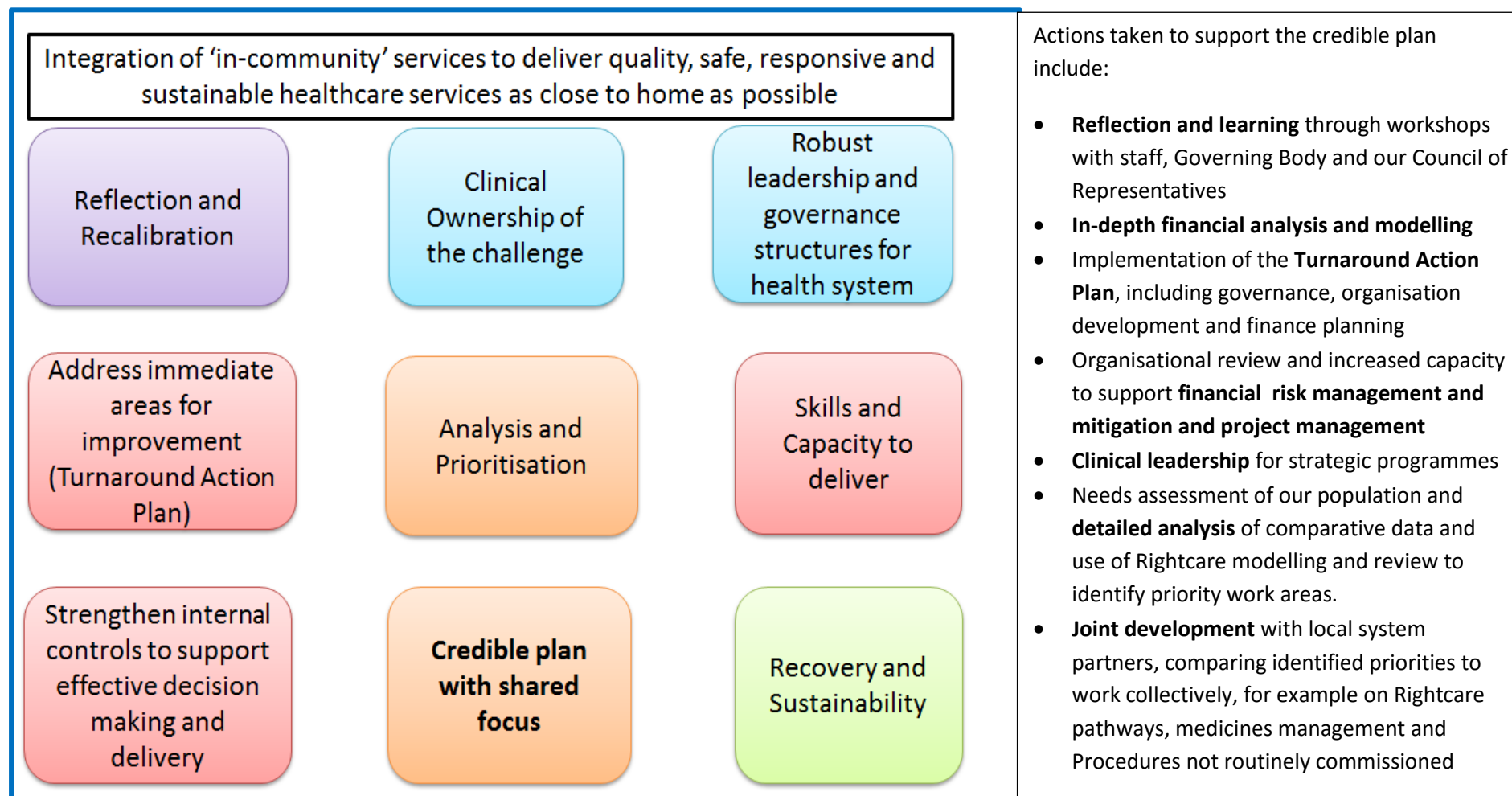
- Commission excellent healthcare on behalf of and in partnership with everyone in our community.
- Involve the wider clinical community in the development and implementation of services.
- Enable individuals to make the best decisions concerning their own health and wellbeing.
- Build and maintain excellent 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.

## Strategic Direction

The CCG set out the steps to recovery in January 2016, and has been working hard to deliver on this between January and March 2016.



The NHS Vale of York CCG will work in collaboration with local partners across the Vale of York, North Yorkshire and the Humber, Coast and Vale footprint to return the system to financial balance and sustainability. The development of the financial plan and supporting operational delivery requires commitment from primary care, secondary care and local authorities to work together in a different way to deliver sustainability.

### **Impact on service design**

Delivering sustainability requires managing health and care needs in a more pro-active way to identify and support vulnerable people, promote self-care and effective management of long-term conditions to reduce urgent health care episodes and to support people back quickly into their communities after an episode of acute care. The CCG will work through the local Integration and Transformation Board to develop the joint strategy for integration across the Vale of York during Quarter 1, setting the direction towards an accountable care system for the Vale of York.

Delivering system sustainability includes working together across commissioners and providers to identify how we can use treatments more efficiently through pathways redesign, medicines management, use of PROMs data to inform patient choice and testing new approaches through research to manage the demand more efficiently and effectively. This will be taken forward through the NHS Vale of York Quality Strategy, Primary Care Strategy and across the system through the Humber, Coast and Vale Sustainability and Transformation Plan for urgent and emergency care, cancer and certain planned care specialities to commence in October 2016.

The CCG will work with partners on a coordinated approach to engagement with the community and stakeholders on these proposals to inform strategy development and implementation. Our approach to engagement is set out the CCG's Engagement Strategy.<sup>2</sup>

---

<sup>2</sup> <http://www.valeofyorkccg.nhs.uk/data/uploads/governing-body-papers/7-march-2016/item-9-engagement-strategy.pdf>

The CCG's Governing Body will refresh and publish a set of local strategies to support the delivery of vision alongside financial sustainability in 2016-17

Strategic Intent	Purpose	Lead	Implementation Date
NHS Vale of York Commissioning Strategy - <b>Underpinned by the following</b>	To refresh the CCG's approach to delivering the five year vision and provide transparency on commissioning decisions	Chief Operating Officer	June 2016
<b>Integration and Transformation Strategy for the Vale of York (delivering the three Health and Well-being Strategies for the Vale of York and incorporating the Better Care Fund)</b>	To set out the approach and milestones for commissioning new models of care and the move to accountable care in the local area	Clinical Lead for Integration  Deputy Chief Operating Officer	October 2016
<b>System Resilience: Urgent Care Strategy</b>	To set out the local implementation of Urgent and Emergency Care Network reforms and the implementation of 'Safer, Faster, Better' across the local urgent care system.	Clinical Lead for Urgent Care  Senior Innovation and Improvement Manager	June 2016
<b>Quality Strategy</b>	To set out the approach to maintaining and	Chief Nurse	June 2016

	improvement patient safety and experience and ensuring quality assurance on commissioned services		
<b>Medicines Management Plan</b>	To set out the CCG's approach to medicines commissioning and management across the Vale of York	Clinical Lead for Prescribing  Lead Pharmacist	May 2016
<b>Primary Care Commissioning Strategy incorporating the requirements of the local plan for the sustainability and quality of general practice</b>	To set out the CCG's approach to commissioning for primary care services and transparency on practice commissioning decisions.	Clinical Lead for Primary Care  Senior Innovation and Improvement Manager	October 2016
<b>Maternity Services Commissioning Strategy</b>	To set out the CCG's approach to meeting the maternity care standards and commissioning proposals for the Vale of York.	Clinical Lead for Children and Maternity  Chief Nurse	March 2017
<b>NHS Vale of York CCG IT Strategy</b>	To set out the CCG's contribution to the digital roadmap and integration across services to support integrated care planning	Chief Finance Officer  Head of OT	October 16

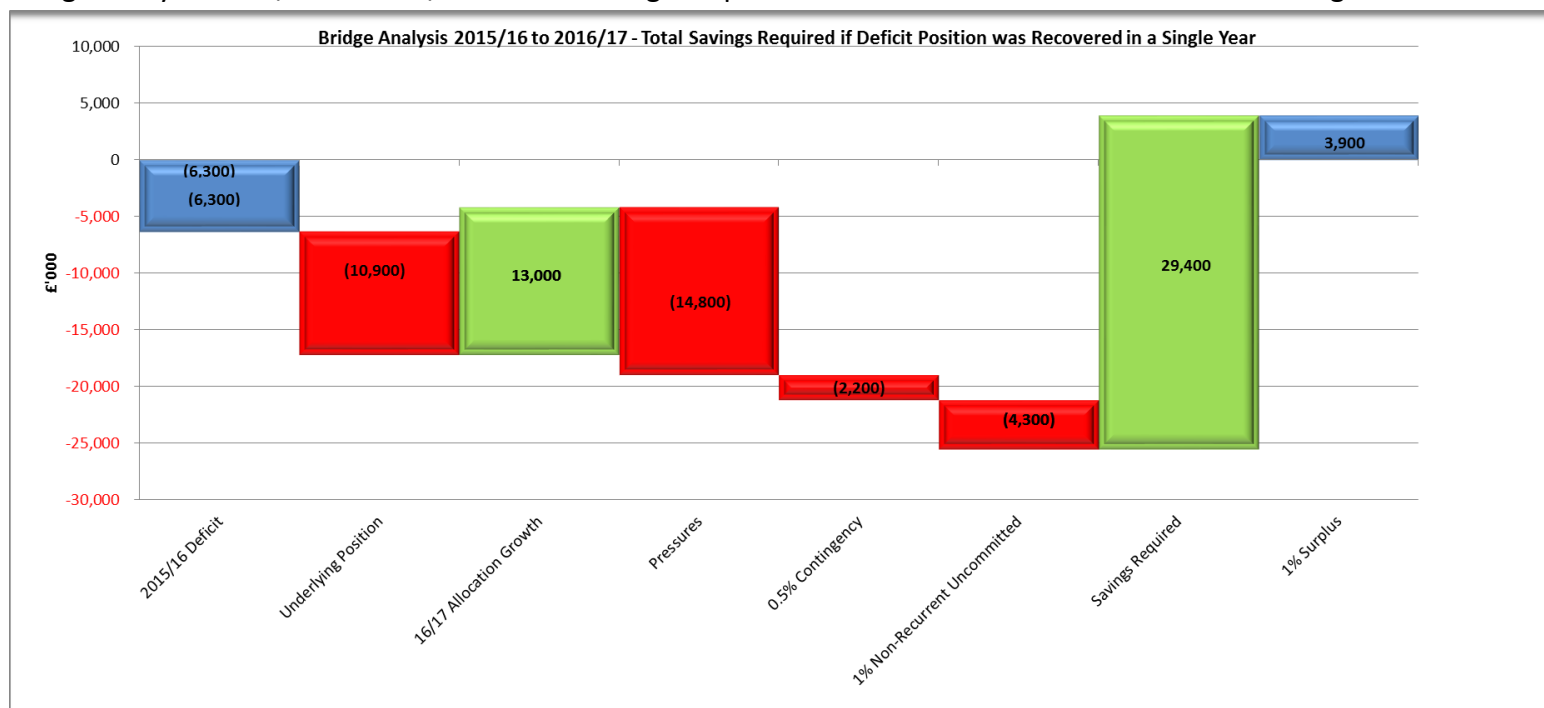


## NHS Vale of York CCG Financial Recovery

### Financial Recovery Strategy & Long Term Financial Plan

The CCG has undergone an extensive period of engagement and communication with regard to its current financial position. This emerged during 2015/16 but was clear in the risk inherent and reported in the 2015/16 plan. The scale of the challenge to recover the position back to being able to meet all the business rules has been identified at £29.4m:

#### Bridge Analysis 2015/16 to 2016/17 – Total Savings Required if Deficit Position was Recovered in a Single Year



However, it is clear that this scale of savings in a single year is not realistic and therefore a multi-year recovery plan is required. The CCG has developed a set of 12 Financial Recovery Principles and Parameters that have been shared widely and refined following discussion with partners, stakeholders, CCG Governing Body and NHS England. These have guided the development of the Financial Recovery Strategy and Long Term Financial Plan.

1. Plans must be realistic & deliverable
2. 3-4% savings per annum maximum
3. Outline strategy backed by detailed plans – ‘top-down & bottom-up’
4. No short term measures that result in long term pressure
5. Transformational and transactional plans both required
6. Multi-year recovery timeframe
7. Flexibility on NHS England business rules during recovery period
8. Must support & deliver the operational plan & enable realisation of the CCG vision
9. Aim to reduce overall cost in the system & with providers
10. Stabilisation period leading to financial sustainability
11. System focus – work in partnership & with stakeholders
12. Accountability for delivery critical

As per our Month 10 position, the CCG is forecasting a £6.3m deficit in 2015/16. The CCG’s underlying recurrent position is a £13.56m deficit. This has been as part of the planning process and some items have been reclassified between recurrent and non-recurrent, in order to ensure a more accurate starting position for the financial plan. The main drivers for the deficit and underlying position are acute activity, particularly unplanned care growth, mental health out of contract activity, prescribing over-spend and non-delivery of savings required from the opening 2015/16 planning gap. The CCG is currently classed as an organisation in turnaround as a result of the deteriorating financial position.

The draft plan for 2016/17 meets the requirement for 1% non-recurrent uncommitted expenditure on the CCG core and Primary Care allocations. This creates a significant and material pressure on the plan of £4.3m which worsens the deficit position in year by the same value, but at this point, the 1% is wholly uncommitted. The draft plan provides for a 0.5% contingency on the CCG core and Primary Care allocations. The CCG currently has net £14.81m of expected cost pressures in 2016/17 after total allocation growth of £13m. This includes tariff uplifts, planning assumptions for prescribing and continuing care, population growth and the requirement to fund the acute Enhanced Tariff Option, mental health developments and GP IT from growth money - all of which were funded by non-recurrent allocations in 2015/16. BCF funding is included at the required minimum level.

The CCG has developed a set of Financial Recovery Principles and Parameters on which a multi-year financial recovery plan has been developed. These have been discussed with NHS England and the CCG Governing Body. The CCG is provisionally working to a 4 year recovery plan to return to balance and reinstate a 1% cumulative reserve (surplus). This draft plan forms year 1 of a 4 year recovery plan at this stage in the planning process and this has been discussed and communicated widely with all system stakeholders and partner organisations.

The CCG is actively working with all system stakeholders on developing a system financial plan which focuses on the sustainability of the system, removes contractual barriers and removes cost at point of delivery. A joint savings plan with York Teaching Hospital NHS Foundation Trust is also being developed taking into account both RightCare and Carter signposting alongside existing schemes.

The 4 year planning horizon would see 3.1% savings delivered in year 1. Savings for years 2-4 are to be remodelled to allow the CCG to deliver a recurrent and sustainable 1% surplus at the end of 2019/20. This plan would see the CCG's position deteriorate in year 1 to a deficit of £13.3m however, partly due to the imposition of the requirement for a 1% uncommitted non-recurrent reserve. To maintain the deficit position in 2016/17 would require in the region of 6.1% savings to be delivered which is deemed unrealistic. Only a proportion of this deterioration would be recurrent however, and the planning assumption would be that this position would be held steady with no further deterioration in year 2 (2017/18).

The CCG has set a provisional overall savings target of 3.1% for 2016/17 (£12.2m) and has identified £11.6m of QIPP plans to date. Plans have been RAG rated for confidence in delivery with £2.5m Green, £2.9m Amber and £6.2m Red. These cover the areas of Urgent Care, Integration & Community Services, Prescribing, Primary Care, Planned Care, Mental Health, Continuing Health Care and Other Schemes which includes Running Costs. This is aligned to the CCG's strategic vision and the Operating Plan sets out the clinical and officer leads for each area.

The CCG's Governing Body, Council of Representatives and Quality & Finance Committee have considered this financial plan and support a transformational plan that delivers the level of savings required. This submission represents a £4.9m improvement in the deterioration originally reported in the second (March) draft of the plan.

The CCG's financial plan does not meet the requirement to show growth on Mental Health spend at the same level as allocation growth. The CCG re-tendered Mental Health services during 2015/16 with a new service specification which covered elements of Mental Healthcare previously provided outside of contract. The new block contract came into force on 1<sup>st</sup> October 2015. Prior to this, the CCG had significant and inefficient overspends on out of contract activity. This expenditure is shown as non-recurrent on the mental health analysis tab, and when comparing recurrent spend in 2015/16 against planned spend for 2016/17 the CCG demonstrates growth of 3.1% which exceeds allocation growth of 2.9%.

Key risks are with QIPP, agreement of BCF contracts and mental health out of contract baselines. There is £6.2m of Red rated QIPP and there remains £0.6m of unidentified QIPP which presents a considerable risk and a number of the plans require further development. There is a risk relating to assessment of Mental Health out of contract costs, as the CCG continues to work with the new provider to establish which placements should now be included within the block contract. At the time of writing, BCF contracts are not agreed and the CCG is maintaining its position across all 3 funds with regard to minimum social care funding only. Contracts with acute providers are all unsigned at the time of submission and there is currently a £1.4m difference between the CCG and main acute provider position.

## QIPP plan for 2016-17

The CCG has prioritised the following programme and projects, in line with the national CCG requirements, NHS Mandate, CCG strategic objectives and those areas of greatest financial impact.

Ref	Schemes	Start Date	2016/17 saving	RAG rating	Work stream	Area of spend
1	Anti Coagulation service	Jul-16	117	G	Primary Care	Acute
2	Paediatric Zero Length of Stay - Pathway review	Apr-16	34	G	Urgent Care	Acute
3	Emergency Department Front Door	May-16	91	G	Urgent Care	Acute
4	Urgent Care Practitioners	Apr-16	161	G	Urgent Care	Acute
5	Integrated Care Team Roll-out	Oct-16	567	G	Integration & Community	Acute
6	Community Intravenous	Jun-16	60	G	Integration & Community	Acute
7	Patient Transport	Apr-16	92	G	Integration & Community	Other programme services
8	Continence & Stoma Care	Apr-16	50	G	Prescribing	Prescribing
9	SIP Feeds	Apr-16	120	G	Prescribing	Prescribing
10	Dressings	Apr-16	63	G	Prescribing	Prescribing
11	Biosimilar Infliximab & Etanercept	Apr-16	366	G	Planned Care	Acute
12	Running costs review & financial controls	Apr-16	750	G	Other	Running Costs
13	Dermatology Indicative budgets	Apr-16	117	A	Primary Care	Acute
14	RightCare programme	Oct-16	317	A	Urgent Care	Acute
15	Wheelchairs & Community Equipment	Jan-17	31	A	Integration & Community	Community
16	Community Diabetes	Apr-16	152	A	Integration & Community	Acute
17	Prescribing schemes - priority schemes (inc Cat M 16/17 NR)	Apr-16	1,247	A	Prescribing	Prescribing
18	ENT service review	Jul-16	58	A	Planned Care	Acute
19	Reduction in S117 spend	Apr-16	250	A	Other	Mental Health
20	CHC packages review	Apr-16	722	A	Other	Continuing Healthcare
21	YTHFT Demand Management & Cost Reduction	Apr-16	4,000	R	Planned Care	Acute
22	Deep Vein Thrombosis Pathway	Apr-16	99	R	Primary Care	Acute
23	Review of Community Service beds	Apr-16	500	R	Integration & Community	Community
24	Assess to Admit	Oct-16	235	R	Urgent Care	Acute
25	Prescribing schemes	Jul-16	519	R	Prescribing	Prescribing
26	Non-Contracted Activity	Apr-16	267	R	Urgent Care	Acute
27	High Cost Drugs & Devices Review	Apr-16	535	R	Planned Care	Acute
28	RightCare programme	Apr-16	11	R	Planned Care	Acute
29	Dressings provided through continuing healthcare	Apr-16	33	R	Other	Continuing Healthcare
30	CHC Respecification of beds	Jul-16	12	R	Various	Various
31	Various schemes in development - identified but not quantified	Jul-16	625	R	Various	Various
<b>Total savings identified</b>			<b>12,200</b>			
QIPP target for 2016/17			12,200			
<b>Unidentified QIPP</b>			<b>0</b>			

Total identified schemes by RAG rating	Count	Rating
	2,471	G
	2,894	A
	6,835	R

## **Transformation for the NHS Vale of York system**

The priority for the Vale of York is to deliver the recovery and turnaround plan (transformation) for the CCG and local health care system. This operating plan is the CCG's commitment to action as part of the system plan, supported by targeted joint work using the Better Care Fund and delivers year 1 of the Financial Recovery Plan.

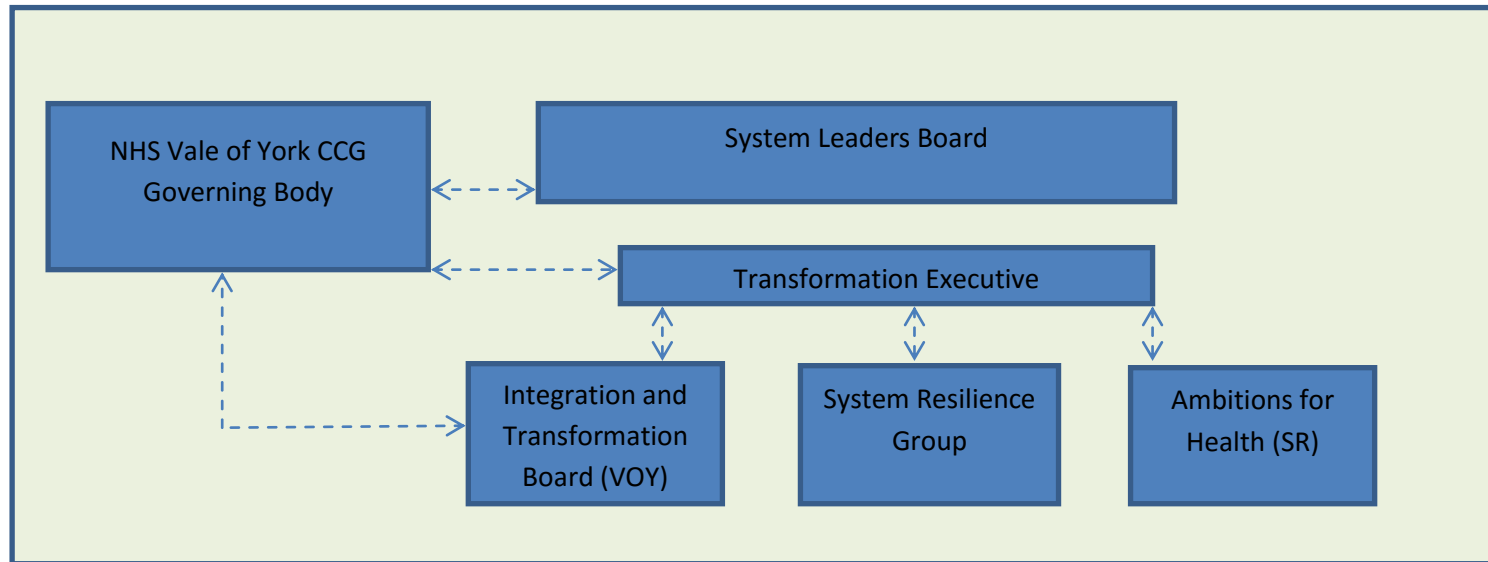
The local system will in turn inform and be informed by the **broader Sustainability and Transformation Plan (STP)**, maximising opportunities at scale, identifying areas that cannot be resolved at the local level alone and accessing targeted funding opportunities through the STP.

## **Strategy for Integration and transformation**

The **Systems Leaders' Board** was established during 2015-16 to support and oversee **transformational** work across the local health and care system and **accelerate the pace** of reform to deliver **financial sustainability** across the system. This comprises the Chief Executives and Accountable Officers for NHS Vale of York CCG, Scarborough and Ryedale CCG, York Teaching Hospitals NHS Foundation Trust, Tees, Esk and Wear Valley NHS Foundation Trust, North Yorkshire County Council and City of York Council and the Local Medical Committee.

The Systems Leaders Board has oversight of the joint system work, particularly focussed on the development of new models of care, digital integration and shared system public campaigns on self-care, preventative actions and signposting to services.

**Vale of York System Structure**



The CCG will work as part of the Transformation Executive to drive forward enabling work across the system to deliver efficiency benefits and performance improvements across the Vale of York and Scarborough and Ryedale. This includes

- Prevention and promotion of self care
- Digital Roadmap

The CCG is working with local health and care partners through the Integration and Transformation Board to develop the Integration Strategy for the Vale of York, including:

- Accelerating pace on developing accountable care models for the local area
- Better Care Fund requirements

- Estates Strategy
- Community Mobilisation
- Back office reform

This work is planned run parallel with the development of the overarching Health and Well-Being Strategy for the City of York and the Humber, Coast and Vale Sustainability and Transformation Plan, to ensure linkages and dependencies are effectively managed.

### **Better Care Fund**

The Better Care Fund was introduced as a tool to encourage and speed up the integration of health and social care, and encourage local authorities and Clinical Commissioning Groups to develop transformational projects through the use of pooled budgets and integrated spending plans. The Better Care Fund outcomes are shared system outcomes through the Health and Well-Being Boards and are integral to the Integration and Transformation Board's approach to pool resources and design new models of care across the system to support the management of the frail elderly and those with complex long term conditions. The System Resilience Recovery Plan priorities on demand management, system flow and early supported discharge are inherently linked to the Better Care Fund outcomes and there is commitment across the system to bring these together in a single approach to integrating 'in-community' services across the Vale of York to reduce non-elective admissions, length of stay within hospital and to reduce delayed discharges of care. The development of the Integration and Transformation Strategy is critical to accelerating this work at pace.

Whilst the ambition remains to create a pooled fund to incorporate relevant 'in-community' resources to support a redesigned model of care, for 2016-17 discussion on the application of the Better Care Fund itself continue with local authority colleagues. The plans are likely to be based upon the minimum contributions to each local authority area whilst at the same time enabling and aligning the integrated care hub approaches across the whole of the Vale of York population.



## Summary of Commissioning Intentions for 2016-17

- Refresh of the NHS Vale of York Commissioning Strategy, and supporting Programme Strategies to ensure we can deliver our commissioning responsibilities and achieve financial sustainability for the local system
- **Integration of community based health and care services** to reduce avoidable admissions (non-elective activity) and Delayed Transfers of Care in line with approved BCF plan with all three of our local authorities. This includes promoting wellness, independence and self-care, access to long term condition support and complex case management within the local community; community based crisis management, reablement approaches and the **re-procurement of Community Wheelchairs and Equipment**;
- The on-going **development of primary care** through delegated commissioning functions to support sustainability and quality across Primary Care. Promoting market development in primary care to support delivery on enhanced access, new ways of working, including delegated budgets and variation analysis and elective and urgent care pathway redesign, supported by the Referral Support Service;
- Co-ordination with our local **Public Health** teams in delivering the challenging public health and prevention improvements which will underpin many parts of CCG commissioning and address some key health inequalities in the local population. There will be a focus on wellness interventions in relation to diabetes, obesity and alcohol and the CCG is currently developing a joint inequalities work plan with public health to ensure consistency in programmes of prevention and well-being work to target priorities;
- Delivery of **safe, high quality services** delivered compassionately and in line with all the mandatory quality and safety standards, including improvements in line with recommendations from CQC inspections and reviews, 6 Cs of the Chief Nursing Officer (CNO) and the National Quality Board (NQB) priorities and work programme for developing a single quality framework across all providers;
- Delivery of improved **system resilience** through surge and capacity planning across the local system and effective escalation processes as well as the management of demand on the system;

- Delivery of **NHS Constitution** rights and national quality standards with improved performance in Urgent Care and Mental Health access targets;
- Continuing and further strengthening the **resilience activities in urgent and emergency care** through the SRG Unplanned Care Working Group. The focus of the urgent care programmes are to provide increasingly responsive urgent care at the most appropriate points throughout the local system in order to reduce the pressure on A&E and enable delivery of the 4 hour A&E waiting time target for those patients appropriately attending their A&E department. As such this includes:
  - Assess to Admit: providing alternatives to A&E and increasing access to community based crisis management
  - Primary Care at front door of the Emergency Department
  - Support patient flow through Discharge to Assess, Early Supported Discharge, Delayed Transfers of Care management and Intermediate Care review;
- On-going transformation, expansion and modernisation of **Mental Health and Learning Disability** services and associated estates with our local providers and stakeholders, including delivering the national planning requirements for additional investment in mental health services as well as ensuring improved access and monitoring of waiting times;
- Delivery of local agreements, new and innovative contractual frameworks and outcomes-based contracts, through integrated commissioning arrangements, population based budgets and outcomes and tariff options;
- **Tackling variation** across the Vale of York, using proven methodologies to identify areas for improvement across primary and secondary care;
- Agreement and delivery in full of **Commissioning for Quality and Innovation payments (CQUIN)** with our providers in line with national guidance for national and local schemes, locally focused on reviewing Community bed base across the Vale of York;
- Agreement of local priorities for the CCG Quality Premium in line with national guidance to IAPT improvement targets;
- Working collaboratively with colleagues in the Vale, Coast and Humber Footprint to ensure sustainable **Specialist Commissioning**, including involvement in research on Brain Injury and Rehabilitation and prepare for handover of responsibilities for weight management to the CCG and for SCBU to specialist commissioning.

## **Robust Governance and Leadership Structures with the Skills and Capacity to Deliver**

During 2015-16 the CCG experienced organisational challenges as financial risks materialised during the year. This resulted in the CCG having a reduced 'assurance' rating on the national CCG Assurance Framework. In October 2015 the organisation was categorised as 'Not Assured' and became an organisation in Turnaround. The CCG has taken steps throughout 2015-16 to improve governance and organisation processes including:

- Revised constitution and governance processes for Primary Care Co-Commissioning, with significant assurance opinion given by Internal Audit
- Full refresh of all Terms of Reference for the decision-making meetings, including quoracy
- Revised process for the management of Conflicts of Interest with an internal audit opinion of Significant Assurance
- Significant Assurance opinion given for Governance arrangements
- Review and refresh of the Assurance Framework and Risk Management Strategy
- Implementation of the integrated risk and programme management system 'Covalent' to support the PMO
- Increased organisational capacity in quality, performance, governance and innovation
- Review of Training Policy, training needs assessment and procedures
- Transformation of the back office support following the closure announcement for the Yorkshire and Humber Commissioning Support Unit, with a mix of in-house, shared and externally provided back office support

The CCG undertook a Capacity and Capability review to identify areas for improvement across the organisation. The CCG has implemented a Turnaround Action Plan to address the emergent issues within the review. This provides a robust platform for improvement. Areas of focus for 2016-17 include:

- Governance review of decision-making structures and procedures
- Implementation of the expected revised guidance on Conflicts of Interest
- Embedding of the Turnaround Action Plan requirements
- Implementation of the revised and enhanced Programme Management Office, supported by standardised documentation and system reporting
- Refresh of the Assurance Framework to align to the new CCG Improvement and Assessment regime, with a focus on risk mitigation
- Organisational Development Strategy for the Governing Body and Senior Leaders
- Staff engagement, retention and realignment to Programme areas
- Implementation of the Commissioning Support Procurement

### **Programme Management Office**

The CCG has put in place a revised programme delivery framework in order to drive action and change in order to meet all the associated indicators, targets and priorities for improving the health and experience of our Vale of York population when accessing services they need.

Within the CCG, the Governing Body holds overall responsibility for the delivery of the strategic plan, with oversight of the plan through the Quality and Finance Committee. The Programme Delivery Steering Group provides programme management of the improvement interventions and associated QIPP schemes within the operational plan, driven by all teams within the CCG. Each scheme of work within the Strategic and Operational Plans has associated impact measures and will have a named CCG lead that will hold accountability for the progress of the work, financial and quality impact. The Programme Delivery Steering Group meets monthly and reports directly to the Quality and Finance Committee. It holds responsibility for approving change control within project or programme tolerances and

recommendations to stand down where limited impact has been achieved. The CCG has implemented an integrated risk and programme management system ‘Covalent’ which provides the online support for the programme management office.

The programmes of work set out in this plan, and the enabling projects will be overseen by the CCG Programme Office within the corporate team. Each scheme of work will follow a formal process including:

- An initial viability assessment;
- Options appraisal
- Business Case development and approval at the appropriate committee;
- Project plan and support project documentation, including a risk register, issues log and tolerances for timescales and resource;
- Monthly review on progress with whole programme team, comprising clinical leads, and Innovation senior lead and representatives from supporting functions including Business Intelligence, finance, quality and governance.
- Bi-Monthly reporting on progress at Innovation and Improvement team meetings and monitored through the programme office;
- Monthly confirm and challenge at Programme Delivery Steering Group and approval of remedial actions
- Highlight and exception reporting to Committee to monitor progress and manage major changes to projects or programmes of work.

There are detailed plans for each programme of work which include the following:

Programme Delivery:	Supporting documentation:
<ul style="list-style-type: none"> <li>▪ Description of the specific improvement interventions and purpose</li> </ul>	Initial viability assessment Business Case Project plan
<ul style="list-style-type: none"> <li>▪ The activity impact – what changes to volumes of activity delivered, where that activity delivered, by which provider and with what performance targets for on-going efficiency</li> </ul>	QIPP Monitoring report  Contract Monitoring report
<ul style="list-style-type: none"> <li>▪ The finance impact – any investment required, contribution to financial gap and productivity</li> </ul>	QIPP Monitoring template

<p>Expected Outcomes:</p> <ul style="list-style-type: none"> <li>▪ The impact on health outcomes – the trajectories (targets over five years) and indicators which give an indication or measure of improvement in health and social care outcomes</li> <li>▪ The impact on specific health inequalities in the local population or within specific population groups</li> <li>▪ The impact on patient experience of service</li> <li>▪ The impact on quality and safety improvements</li> <li>▪ The contribution towards delivering parity of esteem</li> </ul>	<p>Reporting on the specific metrics and indicators within each programme of work which can demonstrate progress in each of these areas.</p>
--	--

Programme Delivery:	Supporting documentation:
<ul style="list-style-type: none"> <li>▪ The impact on our local service providers and our contracts with them</li> </ul>	<p>Service Development and Improvement Plan in contracts Service Specifications Contract Variations</p>
<ul style="list-style-type: none"> <li>▪ The implications for procurement tendering for new, existing and re-commissioned services)</li> </ul>	<p>Procurement plans</p>
<ul style="list-style-type: none"> <li>▪ The timelines and phasing for each work-stream</li> <li>▪ The significant milestones in that programme of change</li> <li>▪ The enabling pieces of work which will drive and facilitate delivery and change by stakeholders (patients and providers) in order to transform</li> </ul>	<p>Project plan Flash reports (monthly) Workforce plans Estates plans</p>
<ul style="list-style-type: none"> <li>▪ The engagement and patient needs which drive each programme and which define what services need to look and</li> </ul>	<p>Engagement plan and events</p>

feel like in the future	Collaborative partnerships and working groups
▪ Risks (barriers to success)	Risk assessment and mitigation plans

The CCG is combining process improvements in the way we identify, plan and deliver improvement projects with a programme of training to embed a culture of delivery and assurance across the CCG which will help us to deliver measureable quality improvements with our partners. Working with the System Leaders Transformation Executive the CCG will establish joint PMO arrangements for system based work during April and May 2016.

## **PART 2: Sustainability and Transformation Plan**

### **Developing the Sustainability and Transformation Plan for the local health system**

The NHS Vale of York CCG operates across a range of planning levels, including (but not limited to):

- Annual operating plan for the CCG, outlining commissioning priorities for the coming year, planned activity, spend and performance, delivering year one of the aligned financial recovery plan (NHS Vale of York CCG plan, aligned to broader system transformation).
- Better Care fund plan detailing the proposals to reduce non-elective admissions, sustain social care, promote 7 day working and reduce Delayed Transfers of Care (local authority and CCG plan, one for each local authority area)
- Performance recovery plan for the SRG, focussing on Urgent Care, Cancer and Mental health performance, escalation and turnaround (system-based plan focussed on York Teaching Hospital Foundation Trust footprint)
- Humber Coast and Vale Sustainable and Transformation Plan to outline proposals for the broader health system, including prevention, primary care sustainability, urgent care review, secondary care sustainability and alignment with specialist and tertiary services.

Each plan must complement each other and deliver the required outcomes for NHS Vale of York CCG, namely:

- Returning to financial balance
- Achievement of constitutional performance targets
- Protecting, and enhancing where possible, the quality and safety of services
- Sustainable local health care services across community, primary and secondary care to deliver care as close to home as possible for the residents of the NHS Vale of York CCG area.



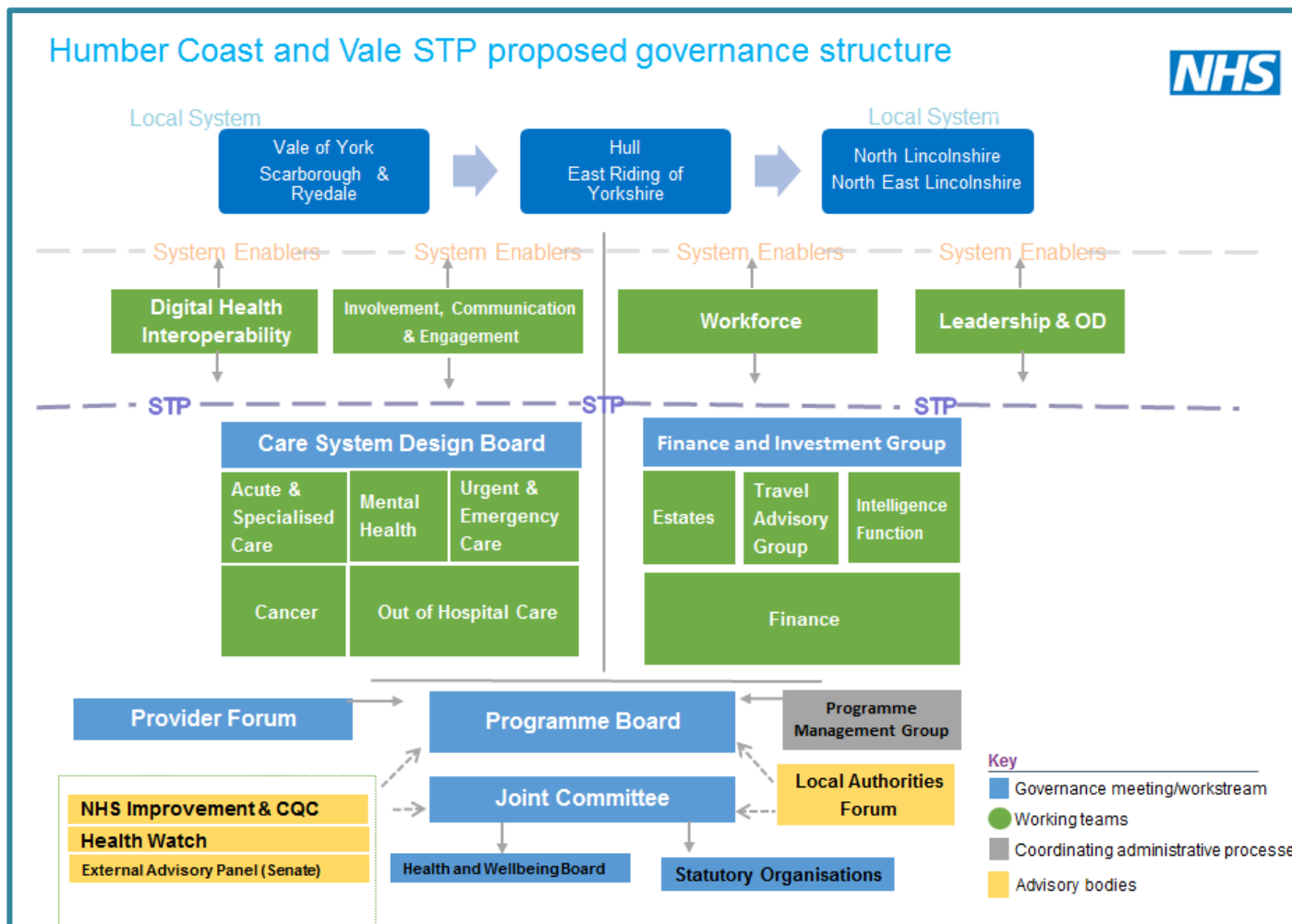
## **Humber, Coast and Vale Sustainability and Transformation Plan (STP)**

NHS Vale of York CCG is committed to working with system partners to deliver a safe and sustainable health care system for the Humber, Coast and Vale locality. Our STP will be firmly grounded in existing place based work across all organisations and will utilise existing information and systems to ensure that a wide range of stakeholders are involved in the development of the plan.

A stakeholder map is being developed identifying all the parties that need to be involved and engaged to coproduce the Plan. The extensive governance framework captures the number of organisations and representatives that will be party to the development of the STP. We expect to involve patients and the wider community through existing local building upon existing consultation and engagement to ensure that the public voice is at the forefront of the new ways of working.

As part of the governance structure we are looking to have Healthwatch lead a number of the work streams (transport, communications, etc.). Healthwatch will additionally be part of the Programme Board which will ensure that the Plan remains patient focused and is driven from a bottom up approach

**Governance Arrangements:**



A needs assessment and gap analysis is underway for the footprint and the emerging priority areas for 2016-17 are set out below, with a longer term focus on financial sustainability

- Sustainability of delivery of NHS Constitution commitments
- Establish transformation programmes and governance
- Establish communication and engagement structures and programme including patient involvement
- Understanding and stabilisation of aggregate finances
- Development of Urgent & Emergency Care Network
- Development of a Cancer Alliance (or similar model)
- Delivery of Transforming Care
- Pathway collaboration – Dermatology, Ophthalmology
- Delegation of Specialised Commissioning responsibilities

During years 2 to 5 it is proposed to:

- Deliver aggregate, sustainable financial balance
- Deliver an agreed programme of joint service redesign and recommissioning across planned care as appropriate
- Continue delivery of the Urgent and Emergency Care Network delivery plan
- Continue delivery of the Cancer Services Quality Improvement Plan
- Rationalise stroke services

The Sustainability and Transformation Plan (STP) provides the opportunity to work at scale across the Health system to maximise benefit across the system. NHS Vale of York CCG will work collaboratively on these areas and shared enablers, including workforce reform, prevention and community engagement strategies. The themes of the STP are reflected within this operational plan, and support the CCG's priorities. Longer term planning for urgent care, planned care and specialist commissioning will be informed through collaborative planning across the six CCGs. Local recovery and resilience work delivered across the System Resilience Groups.

Under the System Leader's Transformation Executive, a multi-agency planning group is providing the coordination across the CCG, local authorities, York Teaching Hospital Foundation Trust, Tees Esk and Wear Valley NHS Foundation Trust and Healthwatch into the STP to ensure a strong and collective voice for the needs of the Vale of York population.

## **PART 3: Operational Delivery for 2016-17**

### **Progress to date**

The past year has been challenging for the NHS Vale of York CCG and the local health and social care system. The system has experienced financial, operational and performance pressures throughout 2015-16, with a significant financial challenge ahead. However, the CCG has continued to progress work to improve the health care services for the Vale of York, to work collaboratively with partners to deliver new, and efficient, ways of working and to stay on course to deliver our vision and mission set out within the five year plan.

The NHS Vale of York CCG has led the development of the 'System Leader's Board' bringing together strategic leaders across the local health care system to drive integration, reform and sustainability for health and care services in the Vale of York. This has evolved during 2015-16 to formalise governance arrangements for system working, including a Transformation Executive with oversight of System Resilience and the Integration and Transformation Board. System Resilience is focussing on real-time performance improvements for urgent, planned, cancer and mental health services. The Integration and Transformation Board is focussing on new models of care and redesigning community based services to improve the management of long-term conditions, frail elderly and support flow in the acute hospital system. The collaboration on the Better Care Fund is embedded within the work of the Integration and Transformation Board. These system developments will enable the required acceleration on our pace of change during 2016-17.

### **Key achievements in 2015-16 include:**

- Re-procurement of Mental Health Services for the Vale of York, with a new provider commencing on the 1<sup>st</sup> October
- Re-procurement of the Out of Hours Service with a new provider from 1<sup>st</sup> April, with significant improvements in patient satisfaction

- Implementation of the Bone Protection Service
- Introduced a psychiatric liaison team into York ED to improve the care of patients with mental health needs
- Implementation of Urgent Care Practitioners across the Vale of York and in-reach to Care Homes to support urgent care needs
- Implementation of Hospice@Home to support families with choice at the end of life
- National pioneer status for the work we are doing on integrating care and care closer to home with our 3 integrated care hubs pilots during 2015-6
- Implementation of a Minor Ailments service
- Neurology Review – working with Neurological Commissioning Support and the North Yorkshire and York Neurological Alliance
- Development of new pathways to support the care needs of young children to reduce the number of admissions to hospital
- Revised governance arrangements to take on full delegation of Primary Care Co-Commissioning
- Extension of the Referral Support Service, supporting improvements in access targets for planned care and appropriate referrals into secondary care
- Engagement in a national ‘Total Transport Pilot’ in partnership with North Yorkshire County Council to develop improved transport services across a range of pathways
- Enhanced clinical engagement through the Council of Representatives Action Plan and re-establishment of local clinical working groups
- Collaborative system arrangements to work effectively in the challenging operating context

## **Understanding our population: Needs Assessment**

### Health Inequalities:

People within the Vale of York have good health overall, and life expectancy at birth is 80.6 for men and 83.8 for women, which are both above the national average. However, life expectancy varies for men and women considerably across this area. The life expectancy gap at birth in York is 7.4 years for males and 5.8 years for females. In Easingwold and the surrounding area (Hambleton) it is 4.3 years for males and 2.9 years for females. In Selby it is 4.7 years for males and 6.9 years for females. Life expectancy varies across social groups, and targeting groups to promote health equality is part of our approach to service development. There is well documented evidence of the link between poverty and health inequality, and across the Vale of York seven areas rank within the 20% most deprived in England, (five in York and two in Selby). Almost 12,000 people live in these areas.

The North Yorkshire County Council JSNA highlights the following issues for the area:

Excess weight in adults is an issue for the area, particularly in Selby where the rate is significantly higher (70%) compared to the national average (65%). Selby district has a higher proportion of children who have excess weight in Reception (23.2%) or Year 6 (33.7%) than in any other district in North Yorkshire and above the national average (Reception - 22.5%, Year 6 – 33.5%).

Binge drinking in adults is a significant issue for the area with 28.8% of the adult population estimated as binge drinkers compared with 20% nationally.

### Health outcomes:

Although the Vale of York population has a registered prevalence of stroke similar to the England average (2.0%), stroke mortality rates in those aged over 75 years (708 per 100,000 population) are significantly higher than the England average (609 per 100,000). Linked with this is a high number of admissions for myocardial infarctions, stroke, respiratory disease, and stage 5 kidney diseases in people with diabetes. The CCG has implemented revised diabetes pathways to support better community management of the diabetes patients to help prevent hospital admission.

The rate of admission for alcohol related cancer conditions is also higher in NHS Vale of York CCG than the England average, and in 2013/14 there were 207.8 admissions per 100,000 population recorded locally, compared with 176.5 per 100,000 recorded nationally and 196.8 per 100,000 across the Yorkshire & Humber region in the same period. However, the percentage of deaths from cancer (all ages) was lower in our residents (25.8%, 2013) than nationally (28.2%) or regionally (27.9%) in the same period.

The rate of emergency admissions for chronic ambulatory care sensitive conditions is significantly worse than in similar CCGs (808 per 100,000 locally compared to 778 per 100,000 across similar CCGs).

A significantly lower proportion of diabetes patients meet the three treatment targets around cholesterol, blood pressure and HbA1c than in similar CCGs (31.8% locally compared with 36.3% across similar CCGs).

Cardio-Vascular Disease (CVD) prevalence is higher in the Vale of York at 3.5% compared to the national average of 3.3%. Detection of hypertension is lower at 52.5% compared with the national average of 54.3%. As risk factors for developing CVD, low disease registers may indicate a large population at risk, linked with the fact that the NHS Health Check uptake rate in Vale of York CCG (44.2%) is lower when compared to England (49%). Opportunities to identify this at risk population earlier could be improved, resulting in a reduced rate for premature mortality related to stroke which the area is currently an outlier for. The CCG is working closely with partner CCGs through the Humber, Coast and Vale footprint to improve pathways for stroke and CVD.

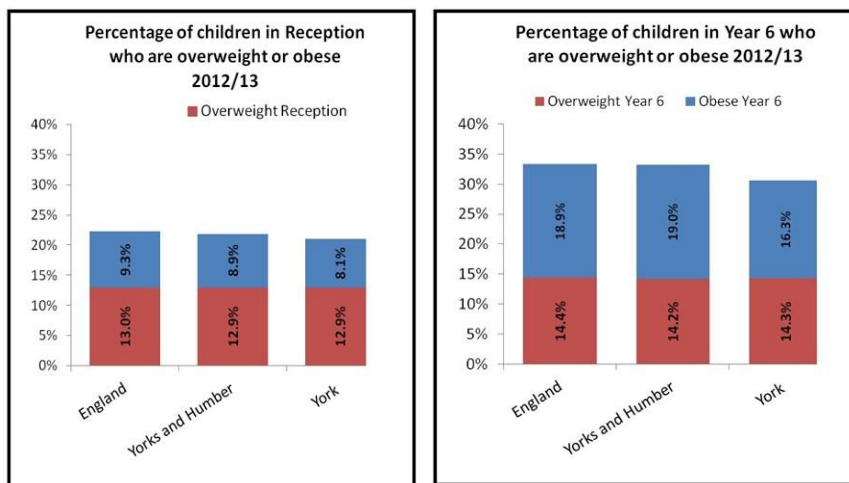
Smoking quit rates (at 4 weeks) are also significantly worse than in similar CCGs (480 per 100,000 locally compared to 818 per 100,000 across similar CCGs) or England (868 per 100,000).

There are around 950 complex patients, typically with 3 different conditions, resident in the CCG area who are admitted to hospital on average 6 times a year. Almost half (44%, 417 patients) are aged over 75. The most common main condition in this group of patients is circulation-related conditions, often accompanied by neurological or respiratory conditions. The other most common co-morbidity was gastro-intestinal conditions. The embedding of Care Hubs across the Vale of York is designed to target this cohort of the population to provide multi-disciplinary support to older people and those with multiple health needs.



The City of York Council area has noted the following issues:

York has a similar percentage of children at Reception and a lower percentage in Year 6 classified as obese or overweight compared to the England average. However, local information shows that the rate of obesity almost doubles in the years between a child aged 4-5 years and aged 10-11 years.<sup>3</sup>



Cancer is the most significant cause of premature death (death under the age of 75 years) in York. The cancer incidence rate for the period 2006-2008 for York in the under 75 years age group was 303 per 100,000 population. This is higher than the England rate, but not significantly so ([NHS Information Centre](#)). When analysed by gender there is no significant difference between the incidence rates of cancer in men and women in York for the period 2006-2008.

<sup>3</sup> Source: The Health and Social Care Information Centre, Lifestyle Statistics / Department of Health Obesity Team NCMP Dataset Copyright © 2013. The Health and Social Care Information Centre, Lifestyle Statistics. All Rights Reserved

The recorded prevalence of chronic obstructive pulmonary disease has been steadily rising in York from 1.3% of the registered population in 2006-2007, to 1.4% in 2010-2011 ([Health & Social Care Information Centre](#)). The England rate is 1.57%. This is based on general practitioner data which is not standardised for age or sex, and therefore should be considered to be an approximation of the true prevalence.

Recommendations for mental health arising from the JSNA include:

- To increase community based services which can keep people with mental health conditions out of hospital when they don't need to be there.
- To jointly scope options between housing support services, local housing associations, mental health services, the voluntary sector and NHS Vale of York CCG to increase the provision and support arrangements for supported living arrangements for people with mental health needs.
- To share information between general practices and City of York Council about people with a learning disability in order to increase the number of people with learning disability known to local authority so that services can be offered and provided where appropriate.
- To improve the percentage of people with a learning disability who receive an annual health check.
- Improvements in Increasing Access to Psychological Therapies (IAPT) service provision is considered which increases investment, referral rates, and positive outcomes and reduces wait times, non-attendances and unsuccessful outcomes.
- To further develop our local understanding of the prevalence of self-harm and to enhance means to prevent and reduce instances of self-harm.

For the CCG area covered by East Riding of Yorkshire Council (ERYC), the following issues are the current priorities:

- Parenting
- Reducing Isolation and Loneliness of Older People
- Supporting Unpaid Carers
- Emotional and Mental Health across the Life-course
- Improving the Mental and Emotional Health of Children and Young People
- Supporting Independent Living for Older People
- Reducing Health Inequalities

The CCG has used national benchmarking and analysis in the Rightcare pack to inform areas of development. These are available at:

<https://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/>. The analysis for 2015-16 highlights the following areas where spend and outcomes for the CCG area are less positive from comparator CCGs:

- Musculoskeletal (MSK)
- Endocrine
- Circulation
- Neurological
- Respiratory.

For outcomes alone, the top 5 areas of divergence are:

- Endocrine
- Musculoskeletal
- Maternity
- Neurological
- Circulation

The category “Endocrine” includes “Nutritional and Metabolic Problems”, which covers diabetes and related conditions. “Circulation” includes coronary heart disease and stroke.

Areas of comparatively poorer outcome include:

- <75 mortality from colorectal cancer
- <75 mortality from lung cancer
- <75 mortality from coronary heart disease (CHD)
- <75 mortality from acute myocardial Infarction (MI)
- Successful smoking cessation (aged 16+)

- Risk of heart failure/stroke/ MI in people with diabetes
- Early years - emergency rate of admissions for gastroenteritis for <1s

For the 947 patients identified as “most complex”, with a mean number of 6 admissions each per annum, the CCG spend of 15.2% was comparable with the national average of 15%. The three main categories of spend were for circulation, cancer, and trauma and injuries. 75% of the complex patients also had an A&E attendance during the year, with the average being 3 A&E attendances a year.

Review of the RightCare data has informed the development of our commissioning and transformation priorities for 2016-7, including review of pathways for MSK and Orthopaedics, respiratory, heart disease, trauma and injury and diabetes and the maternity commissioning strategy and stroke pathway reform.

### **Parity of Esteem**

A mental health problem increases the risk of physical ill health currently, and men with a severe mental illness die on average 20 years earlier than other people; women five years earlier. Patients with a mental illness have higher rates of cancer, heart disease, respiratory disease and diabetes. Additionally, they have higher levels of alcohol misuse and obesity than the population as a whole, and do less physical activity. Some 42% of all tobacco smoked is by people with mental health problems. The outcome indicator for parity of esteem is reduction in premature mortality.

The development of mental health services and addressing local inequalities is a significant priority for the CCG. As such, consideration of all opportunities to develop the access to and quality of mental health services provision, as well as improving the physical health of patients with mental health conditions when developing other care pathways is embedded within the operational plans and improvement interventions of the CCG.

## **Strategic Programmes for 2016-17**

On the basis of our needs assessment, current performance and to ensure continued delivery of our strategic objectives and implementation of our financial recovery plan, the CCG has prioritised the following Strategic Programmes for efficiency and transformation in 2016-17:

- **Integration of community based-services (incorporating the Better Care Fund)**
- **Urgent Care programme**
- **Planned Care and Cancer Programme**
- **Primary Care Programme**
- **Prescribing Programme**

In addition the following areas are prioritised for continued improvement to support local needs and deliver the national mandate for the NHS:

- **Prevention and Better Health**
- **Mental Health and Learning Disabilities**
- **Children and Maternity**

The overview below sets out the work supporting these programme areas including the associated Quality, Improvement, Prevention and Productivity (QIPP) schemes for 2016-17.

## Better Health

### NHS Mandate

Objective 1: improve outcomes & address inequalities  
 Objective 2: Step change in preventing ill health and supporting health lives

**KLOE:** New domain in CCG Assessment – framework to be finalised

### Vale of York CCG Board Assurance Domain

Resilient health care system and improving health outcomes for the local population

### CCG 5 Year Plan: Strategic Objective

**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**

<p><b>Health and Well-Being Boards</b>  <b>CCG Governing Body</b>                  Chief Office Lead: COO                  Clinical Lead: Dr Emma Broughton</p>	<p><b>CCG Strategic Priorities</b></p> <ul style="list-style-type: none"> <li>Tackling Health Inequalities</li> <li>Addressing unwarranted variation</li> <li>Person Centred Care</li> </ul>	<p><b>2016-17 Operating Plan</b></p> <ul style="list-style-type: none"> <li>• City of York Health and Well-Being Strategy development</li> <li>• Prevention Plan</li> <li>• Community Mobilisation and social behaviour campaigns</li> <li>• Personal Health Budgets</li> <li>• Diabetes Prevention</li> <li>• Weight management strategy</li> </ul>	<p><b>Measures</b></p> <ul style="list-style-type: none"> <li>Smoking</li> <li>Child Obesity</li> <li>Diabetes</li> <li>Falls</li> <li>Personalisation and Choice</li> <li>Health Inequalities</li> <li>Public Engagement</li> </ul>
---	--	--	--

# Better Care: Planned Care and Cancer

NHS Mandate:  
Objective 5 to  
maintain and  
improve  
performance in  
core standards

**KLOE:** Performance against indicators, independent review of clinical areas

## Vale of York CCG Board Assurance Domain

Resilient health care system and improving health outcomes for the local population

## CCG 5 Year Plan: Strategic Objectives

- When people become ill, they are treated in a timely manner with access to expert medical support as locally as possible.
- 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 the Vale of York
- Access to world class highly complex and specialist care provided through specialist centres across the country.

<b>System Leaders Board:</b> System Resilience Group (operational) Integration and Transformation Board (transformational) CCG Governing Body Chief Officer Lead: Chief Nurse Clinical Lead: Dr Shaun O'Connell	<b>CCG Strategic Priorities</b>	<b>2016-17 Operating Plan</b> <ul style="list-style-type: none"> <li>• Ophthalmology</li> <li>• Radiology</li> <li>• MSK pathway</li> <li>• Rightcare review – orthopaedics</li> <li>• Neurology</li> <li>• ENT</li> <li>• Referral Support Service</li> <li>• Consultant Connex</li> <li>• High cost drugs and devices</li> <li>• Bioisimiliar Infliximab</li> <li>• Biosimilar Etanercept</li> <li>• <b>Cancer Pathway</b></li> <li>• Bone Protection Service</li> <li>• NCA</li> </ul>	<b>Measures</b> <b>RTT</b> <b>Diagnostics</b>	Cancer access times and pathways
	<b>Sustainable Secondary Care</b>  <b>Cancer</b>		<b>Finance:</b> <i>VOY CCG acute spend is higher than comparator CCGs and lower than NY CCGs</i> <b>Indicative Spend: £137,100k</b> <b>Efficiency/ QIPP: £5,288.61k</b> (incl £4m in development)  <b>Estimate % planned reduction: 3.86%</b>	

# Better Care: Urgent Care

NHS Mandate:  
Objective 5 to  
maintain and  
improve  
performance in  
core standards

**KLOE:** Performance against indicators, independent review of clinical areas

## Vale of York CCG Board Assurance Domain

Resilient health care system and improving health outcomes for the local population

### CCG 5 Year Plan: Strategic Objectives

- When people become ill, they are treated in a timely manner with access to expert medical support as locally as possible.
- 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 the Vale of York
- Access to world class highly complex and specialist care provided through specialist centres across the country.

<b>System Leaders Board:</b> System Resilience Group (operational) Integration and Transformation Board (transformational) CCG Governing Body Chief Officer Lead: COO Clinical Lead: Dr Andrew Philips	<b>CCG Strategic Priorities</b>	<b>2016-17 Operating Plan</b> <ul style="list-style-type: none"> <li>• Paediatric zero length of stay</li> <li>• <b>Primary Care Front Door of ED</b></li> <li>• Assess to Admit</li> <li>• Hospice@Home</li> <li>• Urgent Care Practitioners</li> <li>• Non-Contracted Activity</li> <li>• Rightcare – trauma and injury</li> <li>• Rightcare – circulation</li> <li>• (see new models of care for impact on NEL and excess bed days)</li> </ul>	<b>Measures</b> Urgent Care dashboard	<b>Access times</b>
	<b>Urgent Care</b>		<b>Finance:</b> VOY CCG acute spend is higher than comparator CCGs and lower than NY CCGs <b>Indicative Spend: £89,600K</b> <b>Efficiency/ QIPP: £761.54 %</b> <b>planned reduction: 0.85% (+ impact from new models of care)</b>	



# Better Care: Primary Care

**NHS Mandate:  
Objective 5 to  
maintain and  
improve  
performance in  
core standards**

<b>KLOE:</b> Performance against indicators, independent review of clinical areas				
<b>Vale of York CCG Board Assurance Domain</b> Resilient health care system and improving health outcomes for the local population				
<b>CCG 5 Year Plan: Strategic Objectives</b>				
<ul style="list-style-type: none"> <li>When people become ill, they are treated in a timely manner with access to expert medical support as locally as possible.</li> <li>Where people have long-conditions they are supported to manage those conditions to give them the best possible quality of life.</li> </ul>				
<b>CCG Governing Body</b> <b>Primary Care Commissioning Committee</b> Chief Officer Lead: CCO Clinical Lead: Dr Tim Maycock	<b>CCG Strategic Priorities</b>  Primary Care	<b>2016-17 Operating Plan</b> <ul style="list-style-type: none"> <li><b>Development of the Sustainability and Quality plan for Primary Care</b> <ul style="list-style-type: none"> <li>Vale of York Clinical Network to support primary care working at scale                             <ul style="list-style-type: none"> <li>premises and co-location</li> <li>technology</li> <li>demand and capacity review</li> <li>workforce and skill mix</li> </ul> </li> </ul> </li> <li>Variation and Benchmarking in Primary Care</li> <li>Risk Stratification</li> <li>Indicative budgets</li> <li>GP Improvement Programme</li> </ul>	<b>Measures</b> Management of LTCs (composite) Patient experience of GP services	Primary care access Primary care workforce
			<b>Finance:</b>  Indicative Spend: £45,300k Efficiency/ QIPP: £333.76k (indicative budgets) % planned reduction: 0.74%	

## Better Care - Mental Health & Learning Disability

NHS Mandate:  
Objective 5 to  
maintain and  
improve  
performance in  
core standards

**KLOE:** Performance against indicators, independent review of clinical areas

### Vale of York CCG Board Assurance Domain

Resilient health care system and improving health outcomes for the local population

### CCG 5 Year Plan: Strategic Objectives

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

<b>Health and Well-Being Boards</b> <b>CCG Governing Body</b> Chief Officer Lead: CFO Clinical Lead: Dr Louise Barker	<b>CCG Strategic Priorities</b>  <b>Transforming Mental Health and Learning Disability Services</b>	<b>2016-17 Operating Plan</b> <ul style="list-style-type: none"> <li>• <b>Improving performance plans with the new provider</b></li> <li>• Mental Health Estates strategy</li> <li>• Out of area placements review</li> <li>• <b>Transforming Care Plans</b></li> <li>• Personal Health Budgets</li> </ul>	<b>Measures</b> IAPT Dementia Diagnosis LD Annual Check LD Inpatient Care
	<b>Finance:</b>  <b>Indicative Spend: £40,250k</b> <b>Efficiency: £250k (sc 117)</b> <b>% planned reduction: 0.62%</b>		

## Better Care: Children and Maternity

NHS Mandate:  
Objective 5 to  
maintain and  
improve  
performance in  
core standards

**KLOE:** Performance against indicators, independent review of clinical areas

### Vale of York CCG Board Assurance Domain

Resilient health care system and improving health outcomes for the local population

### CCG 5 Year Plan: Strategic Objectives

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

<b>CCG Governing Body</b> Chief Officer Lead: Chief Nurse Clinical Lead: Dr Emma Broughton	<b>CCG Strategic Priorities</b>  <b>Children and Maternity</b>	<b>2016-17 Operating Plan</b> <ul style="list-style-type: none"> <li>• Future in Mind Local Transformation Plan</li> <li>• CAMHS contract review</li> <li>• Commission NICE compliant autism diagnosis assessment services</li> <li>• Maternity Services Commissioning Strategy</li> <li>• SEN Joint Commissioning Framework</li> <li>• LAC – review of health assessment risk share arrangement</li> </ul>	<b>Measures</b> LAC Health Maternity Assessments dashboard SEN Reviews
			<b>Finance:</b>  Maternity Spend: £11,590k Children (acute £4,063k) Efficiency: £0k % planned reduction: 0%  <i>May be an impact from planned QIPP, threshold or discretionary spend decisions</i>

# Better Care: Quality and Prescribing

**NHS Mandate:**  
Objective 2 Help create safest and high quality healthcare services  
Objective 7: Support research, innovation and growth

**KLOE:** New framework – not specified as yet

## Vale of York CCG Board Assurance Domain

Effective clinical and quality assurance, improving the quality and safety of Commissioned services

## CCG 5 Year Plan: Strategic Objectives

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

<b>CCG Governing Body</b> Chief Officer Lead: Chief Nurse Clinical Lead: Dr Shaun O'Connell (Medicines Mgt)	<b>CCG Strategic Priorities</b>	<b>2016-17 Operating Plan</b> <ul style="list-style-type: none"> <li>• <b>Quality strategy</b></li> <li>• <b>Patient safety &amp; avoidable mortality</b></li> <li>• Patient Experience</li> <li>• Quality Governance</li> <li>• Clinical policy development and thresholds</li> <li>• Research governance</li> <li>• Prescribing QIPP                             <ul style="list-style-type: none"> <li>- Generics and switches</li> <li>- Continence and stoma</li> <li>- Dressings</li> <li>- SIP feeds</li> <li>- Rightcare review</li> <li>- Medicines waste campaign</li> <li>- Infant formula milks</li> <li>- Gluten free foods</li> </ul> </li> </ul>	<b>Measures</b>	Safeguarding HCAI Patient Experience & dignity 6 C's Workforce Patient safety
	<b>Excellence in Medicines Management</b>  <b>Safeguarding</b>  <b>Patient Experience</b>		<b>Finance:</b>  Prescribing Indicative Spend: £64,000k Efficiency/ QIPP: £1,998.5k (Prescribing) % planned reduction: 3.1%  <i>May be an impact from discretionary spend decisions</i>	

## Sustainability : New models of care

NHS Mandate  
Objective 6  
To improve  
out of hospital  
care

**KLOE:** Plans to deliver 5YFW and New Models of Care

### Vale of York CCG Board Assurance Domain

Transforming Local Healthcare Services

### CCG 5 Year Plan: Strategic Objectives

- 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.
- 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.

<b>System Leaders Board Transformation Executive</b> <b>Integration and Transformation Board</b> <b>CCG Governing Body</b> Chief Officer Lead: COO Clinical Lead: Tim Maycock	<b>CCG Strategic Priorities</b>	<b>2016-17 Operating Plan</b> <ul style="list-style-type: none"> <li>• Accountable care system planning</li> <li>• Integrated Care Hub roll out</li> <li>• Review of Community Hospital bed base</li> <li>• 7 day working plans</li> <li>• Workforce strategy – domiciliary care</li> <li>• Delegated budgets (see Primary Care)</li> <li>• Community Wheelchairs &amp; Equipment review</li> <li>• Community podiatry</li> <li>• Patient Transport Services</li> <li>• Reablement</li> <li>• DToC Plan</li> <li>• Discharge to Assess</li> <li>• Early Supported Discharge</li> <li>• Community Diabetes</li> <li>• Rightcare – respiratory</li> </ul>	<b>Measures:</b> New models of care BCF – NEL rates and Excess Bed Days (DToC)	Admission to residential and care homes Reablement SRG Dashboard Primary care access
	<b>Integration</b>  <b>Primary Care Reform</b>		<b>Finance:</b> <i>Community spend by VOYCCG is lower than benchmark CCGs and NY CCGs</i>  <b>Indicative Spend: £43,250k</b> <b>Efficiency/ QIPP £1,419.06k</b> (urgent care, procurement and excess bed days) <b>% change: 3.28% (redesign)</b>	

## Sustainability : Finance

**NHS Mandate  
Objective 3**  
Balance NHS  
Budget and  
improve efficiency  
and productivity

**KLOE:** financial performance, financial controls, contracting, procurement, Financial governance, resources and processes

### Vale of York CCG Board Assurance Domain

Financial Sustainability, supported by effective financial management

### CCG 5 Year Plan: Strategic Objective Financial Roadmap to Sustainability

<b>CCG Governing Body</b> Chief Officer Lead: CFO Clinical Lead: Dr Mark Hayes	<b>2016-17 Operating Plan</b> <ul style="list-style-type: none"> <li>Accountable Care System Plan</li> <li>Yr 1 of Financial Recovery Plan</li> <li>Digital Roadmap Implementation</li> <li>Revised financial and contracting models to support new models of care</li> <li>Risk management and mitigation</li> <li>CHC review</li> <li>PCU review</li> <li>CHC dressings</li> <li>Re-Specification of May Lodge</li> </ul>	<b>Measures:</b> <table border="0"> <tr> <td>CCG Financial balance</td> <td>New Models of Care</td> </tr> <tr> <td>Allocative efficiency</td> <td>Estates Strategy</td> </tr> <tr> <td>CHC</td> <td>Paper Free</td> </tr> </table>	CCG Financial balance	New Models of Care	Allocative efficiency	Estates Strategy	CHC	Paper Free
	CCG Financial balance	New Models of Care						
Allocative efficiency	Estates Strategy							
CHC	Paper Free							
<b>Finance:</b> <p>Indicative CHC spend £22,023.5                  Efficiency/ QIPP £766.15k (CHC)                  % reduction: £3.48%</p>								

## Well Led Organisation

NHS Mandate  
Objective

**KLOE:** Governance, Engagement, Partnership, Capacity and Capability  
Effective Systems

### Vale of York CCG Board Assurance Domain

Well led organisation with the skills and capacity to deliver statutory functions

CCG 5 Year Plan: Strategic Objective

### Effective Governance

<b>CCG Governing Body</b> Chief Officer Lead : COO Clinical Lead: Dr Mark Hayes	<b>2016-17 Operating Plan</b> <ul style="list-style-type: none"> <li>• Robust PMO</li> <li>• Assurance, risk management and mitigations</li> <li>• Organisational Development</li> <li>• Conflicts of Interest management</li> <li>• Equalities Strategy</li> <li>• Sustainability Strategy</li> <li>• Commissioning Support Implementation</li> <li>• ACS governance planning</li> <li>• Back-office reform</li> <li>• Staff engagement, retention and realignment</li> </ul>	<b>Measures:</b> STP development COI Staff Engagement	WRES 360 survey & effective partnerships Quality of Leadership
		<b>Finance:</b> Running Costs 16-17: £7.525m Efficiency/ QIPP: £750k % planned reduction: 9.97%	

## **Delivering the NHS Constitution**

### **A&E and Ambulance wait standards**

The Vale of York, Scarborough and East Riding System Resilience Group (SRG) have refreshed the local **System Resilience Plan for 2016-17**. The NHS Vale of York CCG will work in partnership with the SRG members to deliver the SRG plan, with an immediate focus on stabilisation of urgent care performance. There have been chronic and well-documented challenges in delivering the access targets for A&E in the Vale of York, with performance variable across the year with average year performance around 88%, and performance in January at 86.8%. Ambulance response rates have been within 5% of the target for 8 minute and 19 minutes, with the exception of September, however ambulance turnaround times continue to be challenging.

Key enablers for stabilisation and improvement have been mainstreamed into contracts for the NHS Vale of York CCG including Ambulatory Care, Urgent Care Practitioners, Psychiatric Liaison and Hospice@Home. The CCG has provided additional capacity through funding urgent care slots over the winter period, with a positive 80% fill rate, providing alternatives to the Emergency Department. Transforming the 'front door' of York ED is the priority for the NHS Vale of York CCG to support system resilience and recovery, alongside enhanced clinical triage and assessment.

The SRG plan encompasses the Concordat with the Emergency Care Improvement Partnership and has adopted the principles of the 'Safer, Faster, Better' guidance to be implemented across the local system.

The performance across York Teaching Hospital Foundation Trust (YTHFT) has been significantly impacted by performance at Scarborough Hospital, which has been taken into account when planning for 2016-17. In collaboration with the Hospital, NHS England and NHS Improvement, the planned performance for A&E for YTHFT 2016-17 is to work to deliver the four hour target for 90% of patients by March 2017, with an expectation of a higher proportion at the York Hospital site.



## **NHS Constitution access targets and mental health waiting times**

The SRG implemented a recovery plan during 2015-16 targeted at 18 week waiting times, diagnostics and cancer treatment times. The recovery plan has been successful with a return to target during 2015-16. The 62 day cancer target has been narrowly missed, but has shown significant improvement through 2015-16, and has performed better than the national average. Cancer performance on two week breast symptomatic has seen a significant improvement in 2015-16 from 90% in April 15 improving to 97.4% in January 16.

For 2016-17 the CCG is forecasting achievement for the Cancer and RTT targets, building upon the successful impact of recovery measures put in place during 2015-16. This will be closely monitored through contract management boards and the SRG to manage variation and fluctuations against performance. The Humber, Coast and Vale STP Cancer Alliance working group will take the lead on developing cancer pathways across the region to support delivery of the 62 cancer waiting time target. The CCG is proactively involved in this work, with a dedicated clinical lead for Cancer, reviewing CCG policies and protocols for referral and supporting the development of timed cancer pathways with the local Cancer Board.

The CCG is planning to achieve the mental health targets by October 2016 (Quarter 3). The CCG procured a new provider for mental health services during 2015-16, and Tees Esk and Wear Valley NHS Foundation Trust have a strong performance record. The baseline performance for 2015-16 has seen some improvements, which the CCG expects to accelerate in 2016-17 to achieve constitution performance. This is being additionally incentivised through application of the local quality premium.

## **Supporting population groups**

### **Equalities**

The development of our equality objectives have been formulated through the self-assessment of our Equalities Delivery System (EDS) and the initial engagement work we have already undertaken to develop our commissioning priorities.

Our equality objectives are:

1. To provide accessible and appropriate information to meet a wide range of communication styles and needs
2. To improve the reporting and use of equality data to inform equality analyses
3. To strengthen stakeholder engagement and partnership working
4. To be a great employer with a diverse, engaged and well supported workforce
5. Ensure our leadership is inclusive and effective at promoting equality

The CCG recognises the importance of working in partnership to promote equality. This means providing leadership and also making the most of existing forums, such as the Equality Advisory Group hosted by City of York Council.

The CCG is an active member of the following Health and Wellbeing Boards:

- North Yorkshire
- City of York
- East Riding

**The CCG will work together with the Health and Wellbeing Boards to reduce health inequalities and collaborate on delivering shared equality objectives.**

We also work in partnership with our providers and other health organisations to identify shared objectives relating to equality data, access and engagement. These will be reflected in performance and quality indicators managed through the contracting process.

### **Demographics**

Our population is comprised of 51.3% women and 48.7% men, with a higher proportion of people over age 50 than the national average and a significant transient student population (30,000 swell). Over the next five years we anticipate that our population will grow by 3.08% to 363,687 people (based on ONS population estimates); within this we expect that the percentage of people over 65 will increase by 9.64% and the percentage of people over 85 will increase by 18%. There is a significant “bulge” effect in the population aged 70-74, with an expected growth rate of 27.55% in the period to 2021. As we celebrate people living longer, we need to ensure that we have planned to meet their more complex needs and support quality of life in the later years.

In the 2011 census, 9% of our population reported that their day to day activities are a little limited by their health and 6.8% of people report that their day to day activities are limited a lot by their health. This shows that for many residents (approx. 53,000) managing health conditions can be an issue.

The population is majority white British (95%) and report their religious beliefs as Christian (64%) or of no religion (26%). The Vale of York has a number of other significant ethnic groups including, Asian (2.2%), mixed race (1%), black (0.4%) and travellers and Roma Gypsy communities. There is also a diverse range of religious beliefs, including Muslim (0.7%), Buddhist (0.4%), Sikh (0.1%) and Jewish (0.1%). We need to plan effectively for the different cultural, social and health needs of our community to everyone to achieve the best health and well-being.

Further work is needed to understand the health needs of some of the groups with protected characteristics, such as the LGBT population, and as part of the Equalities Delivery System programme of work with partners, the need for additional information has been identified as a priority.

## **Veterans**

The Vale of York area includes two army bases (at Strensall and Imphal Barracks, Fulford) as well as the RAF base at Linton-on-Ouse. In addition, a neighbouring CCG (Hambleton, Richmondshire and Whitby) contains the army base at Catterick, now one of the largest army bases in Europe, with York being a popular area for resettlement after discharge. As a result, York has an increasing number of former military staff, including a small but growing Gurkha population.

The CCG is working with NHS England to improve care co-ordination for military staff upon discharge, particularly access to specialist mental health services (IAPT, crisis services, post-traumatic disorder services) and ensure a Care Programme Approach is adopted between services and clear sign-posting to appropriate services. This will enable us to deliver our Armed Forces Community Covenant for York and to ensure equitable access for our locally based military personnel, their families and veterans.

## **Children**

The Mental Health tender included community perinatal services within the specification. Following the transfer of mental health services to Tees, Esk and Wear Valley NHS Foundation Trust, it was agreed to look at perinatal mental health within the mobilisation work to understand what these services might look like. Maternity service user engagement work is planned to seek service user feedback on experiences of perinatal mental health as part of this work.

Through the North Yorkshire Partnership Commissioning Unit the CCG is working to commission NICE compliant autism diagnostic assessment services, and is in the process of developing an all age autism strategy.

Following the publication of the National Maternity Review, the PCU will support the CCG to implement the recommendations of the review in relation to safety, and work with commissioners to improve patient choice in maternity services.

## **Local plan for the sustainability and quality of general practice**

NHS Vale of York CCG has delegated commissioning functions for Primary Medical Care. The NHS Vale of York Primary Care Commissioning Committee will lead the development of the local plan for the sustainability and quality of primary care, based on capacity and demand planning within primary care. This work will be supported by the Humber, Coast and Vale Sustainability and Transformation Plan (STP) working group on Primary Care workforce and skill mix opportunities.

The sustainability plan will draw upon transformational developments commenced in 2015-16, in particular to the Vale of York Clinical Network and new models of care for community based services. It will build upon current work such as the GP Improvement Programme roll-out, new ways of working, including Vale of York practices working together at scale as a single provider, digital interoperability and use of the NHS number and risk stratification.

## Championing quality and safety in local services

The CCG will finalise the Quality Strategy and associated annual plan for 2016-17 in quarter one. The strategy sets out the responsibilities, ambition and governance arrangements to ensure high quality, safe care in all commissioned services. It describes how we will work with partners to measure and monitor aspects of quality and how we will take action when quality is deteriorating. Key priorities are detailed below:

Open learning and safety culture	<ul style="list-style-type: none"> <li>• Improving quality of investigations for serious incidents and ensuring learning to prevent recurrence</li> <li>• Increased incident reporting in primary care with training to support</li> <li>• Ensuring adherence to Duty of Candour guidance</li> </ul>
Reduction in patient harm and avoidable mortality: Falls and pressure ulcers Sepsis Self-Harm and Suicides Frailty	<ul style="list-style-type: none"> <li>• Reduction in falls with harm and pressure ulcer prevention in acute and community hospitals by improved strategic plans and interventions</li> <li>• Implement 'React to Red' initiative across health economy with a particular focus on care homes</li> <li>• Targeted initiatives on sepsis with associated CQUIN scheme</li> <li>• Partnership working to develop strategic plans to reduce child self-harm and suicides</li> <li>• Implementation of frailty identification and development of plans to support in primary care</li> </ul>
Reduction in Health Care Acquired Infections (HCAIs)	<ul style="list-style-type: none"> <li>• HCAI reduction strategy and assurance framework</li> <li>• Active involvement of commissioners in provider post infection reviews (PIRs) to ensure quality of investigations and dissemination of learning</li> <li>• Development of HCAI commissioner forum across Vale of York</li> <li>• Improved support for HCAI quality improvement for primary care</li> <li>• Improved access to Infection Prevention and Control Specialist support</li> <li>• Reduction in inappropriate use of antimicrobials</li> </ul>
Excellence in medicines management	<ul style="list-style-type: none"> <li>• Increase in number of non-medical prescribers in primary care</li> <li>• Non-medical prescribing policy development</li> <li>• Improved governance and standards in non-medical prescribing and use of patient group directions</li> <li>• Improved medication incident reporting in primary care</li> <li>• Implement programme of medicines safety training in primary care</li> </ul>

	<ul style="list-style-type: none"> <li>• Reduction in prescribing spend</li> <li>• Excellent adherence to antimicrobial prescribing guidance</li> <li>• Reduction in C-Difficile infections related to prescribing practice</li> </ul>
Improved patient experience	<ul style="list-style-type: none"> <li>• Development of Patient Experience Strategy aligned to Patient Engagement Strategy</li> <li>• Robust feedback mechanisms to disseminate learning and sharing of patient stories</li> <li>• Support to primary care Patient Participation Groups (PPGs)</li> <li>• Achievement of NHS constitutional targets particularly A&amp;E waiting times and new mental health access targets</li> <li>• Reduction in 12 hour trolley waits in A&amp;E</li> <li>• Excellence in complaints management</li> <li>• Action plan implemented in response to national in-patient survey (meeting nursing needs, pain management and communication)</li> <li>• Action plan implemented in response to national staff survey</li> <li>• Develop local offer to extend the use of personal health budgets</li> </ul>
Improved standards of care for children who become ill or have special educational needs	<ul style="list-style-type: none"> <li>• Development of paediatric quality dashboard for acute services</li> <li>• Commissioner involvement in quality visits of paediatric services</li> <li>• Development and implementation of new care pathways for certain conditions</li> <li>• Support to primary care by further development of clinical policies and guidance on childhood conditions</li> <li>• Commission Special School Service in collaboration with partners, families and children</li> <li>• Excellent assurance around the SEND agenda (special educational needs)</li> </ul>
Sustainable workforce to deliver and support care	<ul style="list-style-type: none"> <li>• Development of robust workforce quality indicators in line with NICE and professional guidance, which triangulate with other quality outcome measures (such as falls, pressure ulcers and serious incidents)</li> <li>• Adherence to safer staffing guidance with effective plans to respond to red flag events</li> <li>• Robust provider and commissioner workforce plans across health economy</li> </ul>
Drive professional nursing and midwifery standards of care	<ul style="list-style-type: none"> <li>• Implementation plan following launch of new national nursing and midwifery strategy 'Leading Change, Adding Value: a framework for nurses, midwives and care staff towards 2020 and beyond'. Maintain focus on 6Cs (behaviours for compassion in practice)</li> <li>• Ensure robust Revalidation systems, processes and support in place to drive standards and ensure</li> </ul>

	<p>sustainable workforce</p> <ul style="list-style-type: none"> <li>• Clear learning and development pathway for primary care nurses</li> <li>• Safe medicines management practices</li> <li>• Improved engagement and sharing of best practice for care homes (communication mechanism and forum development)</li> </ul>
Excellence in safeguarding children and adults	<ul style="list-style-type: none"> <li>• Implementation of children’s safeguarding strategic plan</li> <li>• Completion of external review of adult safeguarding and implementation of actions</li> <li>• Implementation of Deprivation of Liberty standards (DoLs) in continuing health care</li> <li>• Completion of safeguarding assurance tool with implementation of associated actions</li> <li>• Improved access to safeguarding information for front line staff – website and app development</li> <li>• Programme of safeguarding training and policy development for primary care</li> </ul>
Improved quality governance	<ul style="list-style-type: none"> <li>• Complete review of quality governance reporting</li> <li>• Review of contract management arrangements for improved quality assurance</li> <li>• Implementation of quality risk profiles and associated framework for commissioned services</li> <li>• Implementation of robust mechanism for quality impact assessments of all programmes or work and business cases</li> </ul>
Improved clinical policy development and research governance	<ul style="list-style-type: none"> <li>• Excellence in IFR processes for improved patient experience and compliance with commissioning policies</li> <li>• Review of and development of new clinical policies and guidance via Clinical Research and Effectiveness Committee in line with NICE guidance and Right Care principles</li> <li>• Research policy development</li> <li>• Increased in research activity in commissioned services</li> <li>• Ensure research findings are implemented to provide positive impact on patients</li> </ul>
Robust emergency planning and preparedness	<ul style="list-style-type: none"> <li>• Participation in simulation exercises across the year</li> <li>• Lessons learnt from winter flooding</li> <li>• Robust arrangements for Tour de Yorkshire</li> <li>• Robust plans for flu pandemic</li> </ul>



## **Deliver local plans to transform care for people with Learning Disabilities**

The NHS Vale of York CCG are committed to improving the care of people with Learning Disabilities. The Partnership Commission Unit (PCU) provides the lead on this work on behalf of the CCG and are on target with developing the Transforming Care plans for people with Learning Disabilities.

The PCU currently have 37 individuals within Vale of York on the Transforming Care Agenda / Building the Right Support (BTRS) with a diagnosis of Learning Disability or Autism either in an inpatient, residential or supported living setting.

There are a total of 9 inpatients currently in services: 3 of these are from the original Winterbourne 14/15 cohort and are in pathways out of hospital. 6 are new acute admissions in assessment and treatment phases of care.

The Partnership Commissioning Unit (PCU) is in discussions with Tees, Esk and Wear and Valley NHS Trust with respect to the development of service provision and how best to meet the assessment and treatment needs of individuals in the future, in line with the Transforming Care/BTRS agenda. To achieve this collaborative commissioning intentions have been submitted to NHS England on behalf of the four North Yorkshire and York Clinical Commissioning Groups to have provision that meets NHS England's criteria.

York's stakeholder engagement comes through the Health and Wellbeing Partnership Board which has a high level membership and representation from various community groups including a VCS representative for learning disabilities. The partnership board meets six times a year and in order to be inclusive of people with learning disabilities there is a "LD-focus" meeting twice a year (i.e. two out of the six meetings). The self-advocate group meets monthly and has a broad membership of people with learning disabilities and representatives from this group are supported to attend the bi-annual "LD-focus" meetings.

Importantly, both frameworks in North Yorkshire and York are supported by self-advocate groups, whom are well networked within the local learning disability community, and are able to both feed into the various boards and cascade outputs accordingly.

## **Innovation and Research**

The CCG champions innovation and research and sets this at the heart of our values. The CCG has pioneer status for the work on integrating services within the community and is exploring models for contracts payment, delegating budgets and integrated commissioning governance arrangements.

The CCG is at the forefront of research, in 2015 Vale of York CCG bid to become the first pilot site England to run a randomised control trial (RCT) to test the effect of care coaching with high users of health services. The trial was led by Health Navigator (HN), an organisation founded by physicians and researchers from the Karolinska Institute in Stockholm, Sweden. HN specialise in the provision of innovative health care services to achieve improved outcomes for vulnerable patient groups. The CCG will now move into phase two of the research.

## **York University**

The Centre for Health Economics at the University of York has recently published its findings on a proposed suite of indicators for national measurement of health inequity, and NHS Vale of York CCG has worked with The University of York over the last two years to better understand the variations in data and how this can be used to monitor and ultimately change areas of inequity both in access to treatment and in outcomes. The work was pioneered in two areas, York and Hull, with York appearing as an area with relatively low health inequity and good access to primary care in deprived areas. The work was carried out in collaboration with Public Health England and local authorities. Further details of the research are available here: <http://www.york.ac.uk/che/research/equity/monitoring/>

**Analysis against the 9 'Must Do's**

<b>Planning Guidance Criteria</b>	<b>Current Position</b>	<b>Relevant Action Plan</b>
1. Develop the Sustainability and Transformation Plan	NHS Vale of York has formed part of the Vale Coast and Humber footprint submission. In addition the CCG is working with partners and providers in the Vale of York on integration and transformation to provide local sustainability and feed in collectively to the STP footprint	<b>Humber, Coast and Vale STP</b> <b>Chief officer: Mark Hayes</b>
2. Return to aggregate financial balance	A financial recovery plan has been implemented by NHS Vale of York CCG. The operating plan forms year 1 of the recovery plan.	<b>Finance Recovery Plan</b> <b>Chief officer: Tracey Preece</b>
3. Local plan for the sustainability and quality of general practice	The CCG is working closely with the Council of Representatives to establish clinical planning groups 'Artist Groups'. Primary Care is one of four key priorities for the planning groups.  The Primary Care Co-Commissioning Committee will take the lead for the sustainability and quality of general practice plan, taken forward through the Primary Care Steering Group and Primary Care Delivery Group	<b>Primary Care Sustainability</b> <b>Clinical Lead: Dr Tim Maycock and Dr Emma Broughton</b>  <b>Chief Officer: Mark Hayes</b>
4. Get back on track with A&E and Ambulance wait standards	The CCG is actively involved in ECIP and performance recovery through the SRG. Urgent Care is a transformational priority for	<b>SRG Resilience and Performance Recovery Plan</b>

	<p>the CCG during 2016-17. Performance has been fragile during 2015-16, with some periods of improvement and periods of deterioration. Surge planning and escalation processes are a key focus.</p>	<p><b>Urgent Care Transformation</b></p> <p><b>Clinical Lead: VOY – Dr Andrew Philips,</b> <b>Chief Officer: Rachel Potts</b></p> <p><b>Integrated Community-based services (Flow and BCF)</b> <b>Clinical Lead – Dr Tim Maycock</b> <b>Chief Officer: Rachel Potts</b></p>
<p>5. NHS Constitution: 18 week pathways</p>	<p>Performance has recovered during 2015-17 through the Planned Care recovery plan. The focus will be on sustaining this performance moving forward</p>	<p><b>SRG Resilience and Performance Recovery Plan</b></p> <p><b>Sustainable Secondary Care</b> <b>Clinical lead: Dr Shaun O’Connell</b> <b>Chief Officer: Michelle Carrington</b></p>
<p>6. NHS Constitution: 62 day cancer waiting standard and improvement in one-year survival rates (and meet all other cancer targets)</p>	<p>The CCG is working as part of the six CCGs forming the STP footprint to review cancer pathways. 62 day performance has not met the targets during 2015-16 to date. A Cancer Board has been established to review pathways and improve handover between secondary and tertiary care.</p>	<p><b>SRG Resilience and Performance Recovery Plan</b></p> <p><b>Cancer Work Plan</b> <b>Clinical Lead: Dr Joan Meakins,</b> <b>Chief Officer: Michelle Carrington</b></p>
<p>7. Achieve and maintain the two new mental health access standards</p>	<p>The CCG has re-commissioned mental health services in 2015-16 with a new provider from October 15. There have been changes in available local estate as a result of the Bootham Closure in September 2015. The CCG is working closely with the new provider to drive performance improvements, and is</p>	<p><b>Mental Health Transformation</b></p> <p><b>Clinical Lead: Dr Louise Barker</b> <b>Chief Officer: Tracey Preece</b></p>

	currently undertaking a process for data review and validation across key targets	
8. Deliver local plans to transform care for people with Learning Disabilities	The PCU is working collaboratively to develop the local plans for people with LD. This work is in development and will continue in 2016-17	<b>Transforming Care</b>  <b>Clinical Lead: Dr Louise Barker</b> <b>Chief Officer: Tracey Preece</b>
9. Affordable plan to make improvements in quality, and ensure participation in the avoidable mortality rate publication	The Quality Strategy is in development with supporting action plan.	<b>Quality Strategy</b>  <b>Chief Officer: Michelle Carrington</b>