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Vale of York
Clinical Commissioning Group

VALE OF YORK CCG

INTEGRATED OPERATIONAL PLAN 2013/14

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Foreword

Welcome to the Vale of York Clinical Commissioning Group's *Integrated Operational Plan 2013/14*. This plan sets out how we will operationally deliver the strategic priorities already set out in out in our three year strategy and in the North Yorkshire Clinical Services Review.

As a newly authorised Clinical Commissioning Group we face a number of challenges for 2013/14, most notably the achievement of financial balance within an environment of increasing demand for services against a flat budget allocation. This Plan sets out how the Vale of York CCG intends to face these challenges.

Our specific objectives moving forward into 2013/14 are:

- To take ownership of QIPP in our geographical area.
- To work with other health and social care professionals, to develop and implement re-design ideas.
- To listen to the people of our community to and to adopt their priorities.
- To encourage closer working between all health and social care professionals, leading to better managed, more responsive services.
- To deliver the recommendations within the *North Yorkshire Review Part 2.*
- To work closely with our Local Authority colleagues to develop a more integrated approach to service delivery.
- To work in collaboration with our neighbouring CCGs and to share with them the risks involved in commissioning.
- To develop our relationship with the Health and Wellbeing Boards and so ensure the delivery of high quality care focusing on prevention, reducing inequalities and making efficient use of available resources .

The Vale of York Clinical Commissioning Group has made a good start in engaging with the public and has resulted in the co-production of our "Vision, Mission and Values". This "Vision" will be our guiding star as we face the challenges of the coming year.

Dr Mark Hayes
Chief Clinical Officer
Vale of York Clinical Commissioning Group

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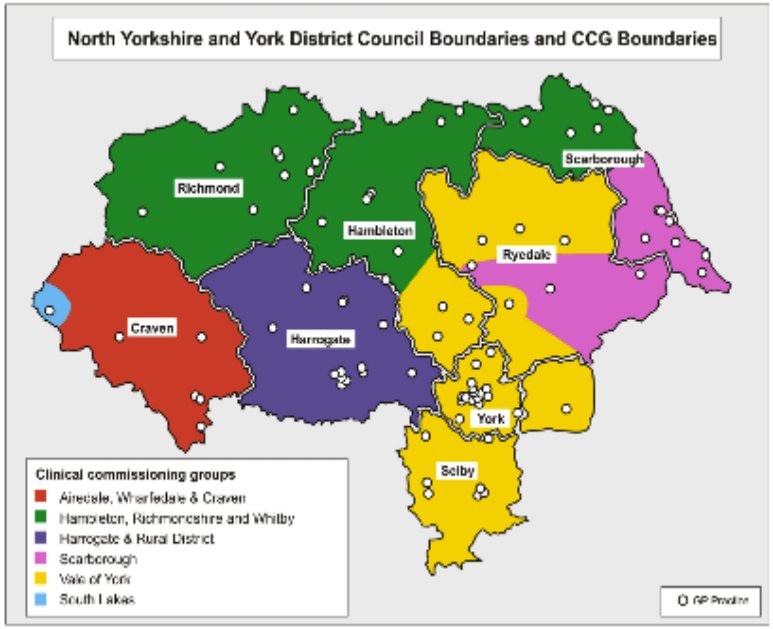
Who we are

Vale of York CCG as a locality

Vale of York Clinical Commissioning Group (Vale of York CCG) is a coming together of all GP practices in the Vale of York area to enable patients and primary care clinicians to have a greater say in how health services are delivered locally.

The Vale of York CCG Group covers an area including York, Selby, Easingwold, Pocklington and parts of Ryedale.

The area comprises 34 GP practices, and a registered population of 332,665.



NHS Vale of York Clinical Commissioning Group
Governing Body Roles

Management GPs - primarily focused on managing the CCG and leading commissioning

Dr Mark Hayes
Chief Clinical Officer

Dr Tim Hughes
Deputy Chair
Lead for Long Term Conditions, End of Life and Neighbourhood Care Teams

Dr Shaun O'Connell
Lead for Elective Care, prescribing and secondary care contract

Dr Cath Snape
Lead for Mental Health, Children, Carers, Vulnerable People, PPE, Adult and Children

Development GPs - primarily focused on engaging with GP practices

Dr Tim Maycock
Lead for IT and Risk Stratification

Dr Andrew Phillips
Lead for Urgent Care, (joint) and Nursing Homes

Dr Emma Broughton
Lead for GP Forums and Gynaecology

Dr David Hayward
Joint Lead for Urgent Care

Dr Brian McGregor
Local Medical Committee Liaison Officer, Selby and York

Dr Paul Edmondson-Jones MBE, Director of Public Health and Well-being, City of York Council

Lay Members

Alan Maynard
Lay Chair of Governing Body

Keith Ramsey
Chair of Audit Committee and Remuneration Committee

Local Authority Directors
Identity links with local authorities and integration with social care

TBC
Director
City of York

Helen Taylor
Corporate Director, Health and Adult Services, North Yorkshire County Council

Chief Officers - manage a team of about 25 staff who work directly with GPs in commissioning services

Rachel Potts
Chief Operating Officer

Adrian Snarr
Chief Finance Officer

Guy Porter
Secondary Care Doctor

Carrie Wollerton
Executive Nurse Safeguarding and Mental Health Capacity Act

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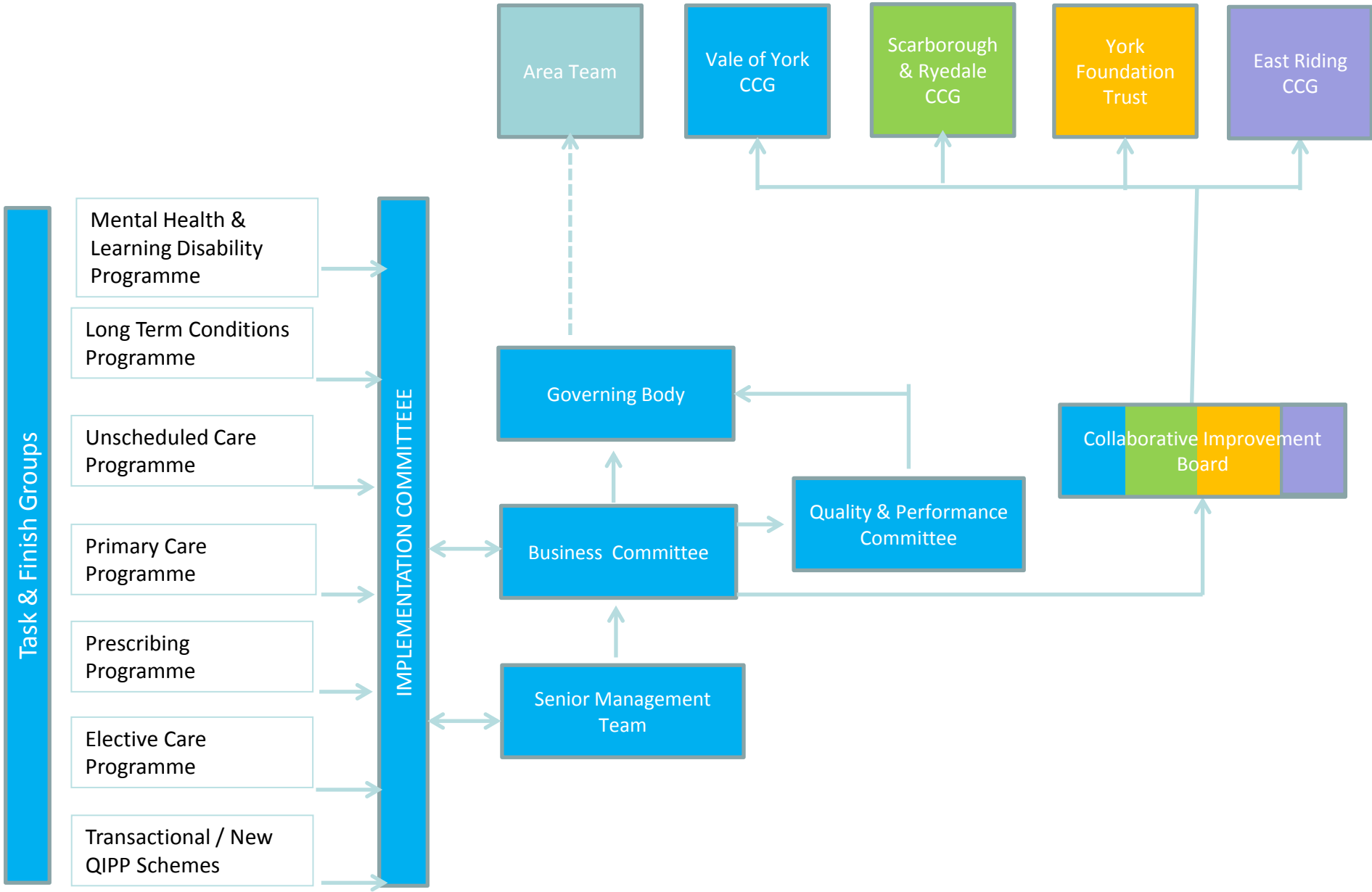
Who we are

Our Governing Body consists of:

- Chair that is a lay member
- Chief Clinical Officer, who is a Management GP and also includes:
- 3 Management GPs focussed on managing the CCG and leading
- 4 Development GPs focussed on engaging with GP practices
- Chief Financial Officer
- Chief Operating Officer
- A further lay member who is a lead for audit
- A specialist consultant and nurse
- 2 Directors from Local Authority

The Board will be assured of delivery via monthly reporting from the Clinical Commissioning Group Quality and Performance Committee. This committee will oversee the implementation and risk management of the delivery of the clear and credible plan. In addition each GP Member of the Governing Body has lead responsibility for a service area aligned to our key priorities. The diagram to the right illustrates how the CCG will be governed

Our governance structure



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Joint Strategic Needs Assessments

Vale of York CCG is determined to ensure it has a clear evidence base behind its decision making. Critical to this is the Joint Strategic Needs Assessments which have been developed with our partners from City of York Council, North Yorkshire County Council and East Riding of Yorkshire Council. The key themes, reflected in this document are:

- Implications of an increasingly ageing population are systematically considered in planning and commissioning activities including in the areas of mental health, maintaining independence and reducing inequalities.
- Particular focus on reducing the impact of ill-health in older people, providing community based responses to long term conditions and in preventing admissions to hospital.
- Work continues to ensure that groups and communities within Vale of York CCG are appropriately represented and not disadvantaged with regard to health and wellbeing decisions.
- Activity is maintained regarding identifying those individuals with diabetes.
- Work continues to reduce the impact of respiratory disease in York, including COPD.
- Service planning takes account of the mental health needs of the ageing population, with particular reference to loneliness and the growing number of people with dementia.

In response to the JSNAs and national requirements set out in both Everyone Counts: Planning for Patients 2013/14 and the NHS Outcomes Framework 2013/14 we have identified a number of key initiatives that enable us to meet these challenges such as better outcomes and improved patient experience. The outcomes from these initiatives will be monitored and supported by ourselves, colleagues from the North Yorkshire and Humber Commissioning Support Unit on our behalf, and our partners in our associated Health and Wellbeing Boards.

Strategic vision:

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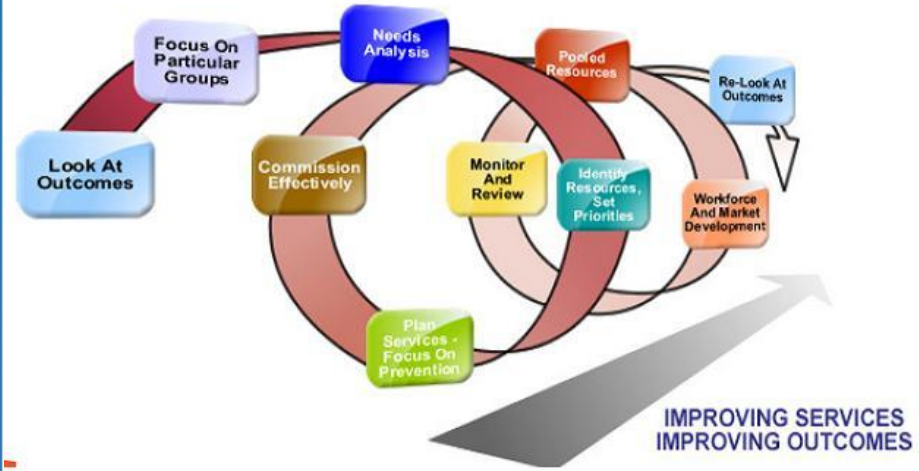
"Achieve the best health and wellbeing for everyone in our community."

We will deliver this through the following objectives:

• Clinical input in every aspect of the commissioning cycle.



- Commissioning for outcomes prioritising quality and continuous improvement.
- Informed commissioning via:
  - Insights from GP daily practice;
  - Wider engagement with patients, carers and communities.
- Ensuring all local resources are utilised including the third sector and localised community services.
- Work with strategic partners ensuring delivery of most effective services.
- Commissioning jointly with local authority partners where integration of health and social care is vital.

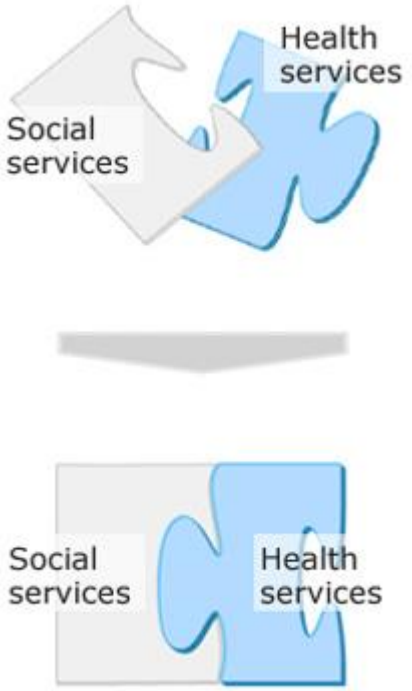
Strategic vision:

WHAT WILL THE HEALTH ECONOMY LOOK LIKE IN FIVE YEARS TIME

- Health care commissioned on delivery of quality outcomes and based on needs of individual, delivered in most appropriate setting.
- Reduced health inequalities.

- Supported self-management
- A sustainable change in the transformation of health care.

- A more integrated approach to delivery.



Strategic vision –Our plan on a page

Vale of York Clinical Commissioning Group: Improving Care for All 2013/14

Our Vision: To achieve the best health & wellbeing for everyone in our community

Quality Innovation Equality Courage Empathy Integrity Communication Respect

Our aims:

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

NHS Outcomes Framework Drivers:

- Enhancing quality of life for people with long term conditions
- Helping people recover from episodes of ill health
- Preventing people dying prematurely
- Ensuring positive experiences of care
- Care provided in a safe environment and protection from avoidable harm

Our Strategic Programmes:	Our 2013/14 priorities:	HWB Boards associated projects e.gs:
Long Term Conditions	Commission an integrated health & social care model for community services. Implement risk stratification Utilise assistive technology Commission a frailty service Review Community Hospital model ***(QIPP)***	Set up Neighbourhood Care Teams *(York)* Common End of Life Care policy *(York)* Improve management of LTCs *(N.Yorkshire)* Integrated interventions *(N.Yorkshire)* Person centred care & support plans *(E.Yorkshire)* Use of community geriatricians *(E.Yorkshire)* Appropriate use of Community Hospitals and step up/down care *(E.Yorkshire)*
Elective Care	Undertake orthopaedic capacity review . Commission improved care pathways for neurology; pain management; dermatology; ophthalmology and diabetes ***(QIPP)*** Implement Shared Decision Making ***(QIPP)*** Establish Referral Management Service (***QIPP)*** Commission top decile OP follow-ups ***(QIPP)***	Weekly cross-sector reviews for patients who been in hospital over 100 days *(York)* Improve the range, quality and choice of service provisio*(E.Yorkshire)*
Urgent Care	Review care pathways for Cellulitis, COPD, Heart Failure, Catheterisation & Rapid Response ***(QIPP)*** Improve care planning in care homes ***(QIPP)*** Deliver an integrated urgent care model YAS to implement improved pathways ***(QIPP)***	Health improvement programmes that show a reduction in poor health outcomes *(York)* Reduce number of unplanned hospital admissions through effective partnership working *(E.Yorks)*
Mental Health	Commission psychiatric liaison . A local solution for 'out of area' placements. Commission dementia training Improving 'Crisis Care' Improve uptake of 'Improving Access to Psychological Therapies'.	Community based early intervention *(York)* Dementia training & support for workforce *(York)* Early intervention/low level prevention *(N.Yorks)* Intensive home treatment services *(E.Yorkshire)*
Prescribing	Ensure cost effectiveness within medicines management. ***(QIPP)***	Joint medication reviews in Care Homes *(York)*
Carers	Provide carer awareness training	Improve carer support for EOLC decisions *(E.Yorks)*
Tackling inequality including children's health & well being	Work with HWBs on tackling wider determinants to investigate and address health behaviours and lifestyles.	Recruit community HWB champions *(York)* Pre & post-natal interventions *(N.Yorkshire)* Promote health checks/screening *(E.Yorkshire)* Tackling childhood obesity *(E.Yorkshire)*

What constitutes success in 2013/14?

VoYCCG Integrated Plan

- People will feel supported to manage their condition.
- Reduce unwarranted variation.
- Reduce time spent in hospital.
- Increase routine healthcare provided in the community.
- Patients making informed choices .
- Reduce Care Home admissions.
- Fewer emergency department attendances
- Increase awareness of carers' needs.

N.Yorkshire & York Clinical Services Review

- Move appropriate acute services into community
- Develop integrated community teams
- Focus on dementia care
- Strategy for frail elderly
- Support for Care Homes
- Utilise use of Patient Decision Aids
- Review provision of urgent care
- Review opportunities arising from 'NHS 111'
- Community services assessed.

What will enable us to do this?

Working together with partners for an integrated approach | Strategic Collaborative Commissioning | Develop new workforce model | Strong clinical leadership | Engaging with patients, communities, voluntary sector and GPs, clinicians | Informed decision making | Maximising use of technology | CCG capacity & processes to deliver

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Engagement: Patients and communities

Objective

We intend to allow everyone the opportunity to have their say in order to influence decisions relating to NHS services provided in the Vale of York CCG locality, thus truly embracing the concept *of 'no decision about me without me'.*

Principles we will work to:

- Inclusiveness – participation of all who have an interest in or are affected by a specific decision.
- Honesty & Clarity – ensuring all involved understand how they can contribute and how decisions are made.
- Commitment – demonstrating a genuine attempt to understand and incorporate other opinions.
- Accessibility – different ways of engagement, ensuring people are not excluded.
- Accountability – respond within set timescales and report unambiguously on why contributions have/have not influenced outcomes
- Responsiveness – open to idea of changing existing ways of working.
- Willingness to Learn – those involved and those undertaking the engagement process must be willing to learn from each other.
- Productivity – at the start of any engagement process eventual outcomes for improvement must be established.
- Partnership Approach – co-ordinate engagement activity with other statutory and voluntary sector partners to avoid any duplication.

Areas for engagement

We want to involve people at every stage of the commissioning cycle using their knowledge and experiences of local health services. This will cover:

- Assessing the needs of our population
- Reviewing existing service provision
- Deciding priorities
- Designing services
- Managing and monitoring performance
- Seeking views on experience of local health services

Performance and quality: Our approach

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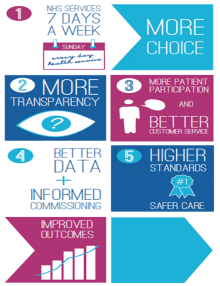
Our Focus

Vale of York CCG is focused on securing improvements in health outcomes and the quality of healthcare provided while promoting a culture of continuous improvement. The key areas of delivery are:

- CCG strategic goals
- QIPP programmes
- Contractual targets (this will include acute, community, mental health and ambulance service provision)
- Other national frameworks including any targets within ***Everyone Counts: Planning for Patients 2013/14***
- The Mandate
- The NHS Constitution



Delivery

In order to deliver improved outcomes the CCG will focus on:

- Understanding local health needs (including areas of inequality) and ensuring this knowledge is built into local contracts and service level agreements.
- Tracking the effectiveness, efficiency and value for money of healthcare providers.
- Benchmarking clinical outcomes sharing intelligence with peers and working with providers to understand the variances.
- Developing new pathways to improve the safety, quality and effectiveness of care
- Involving patients using our patients to describe the care they receive and help us to improve local services

Understanding local health needs

Comprehensive intelligence on local health needs from the JSNAs developed via the partnerships with our Health & Well Being Boards will inform our priority work areas. This will be refreshed annually to ensure the work of the CCG is focused on the needs of the local population, outcomes and quality of care.

Performance and quality: Overview

Vale of York Clinical Commissioning Group

Tracking the effectiveness, efficiency and value for money of healthcare providers

The ethos of the CCG is that strong relationships and constructive dialogue are key to delivery, rather than purely using contract levers in a punitive style. However, providers will be managed in accordance with the terms of the standard NHS contract, and the CCG will ensure proactive contract management arrangements are in place.

The CCG uses an integrated, proactive contract management approach, enabling the triangulation of quantitative (activity, finance and performance) and qualitative (quality, outcomes and patient experience) information. Monthly performance review meetings take place with key providers.

Acute & Community provider:

- Monthly contract review meetings (Contract Management Boards) led by CCG managerial and clinical leads. These meetings are used to review items of key strategic contractual or operational concern, including performance and quality.
- Monthly operational group meetings review the detailed information including quality, finance and activity.

Mental Health provider

- As part of a commissioning consortia approach the CCG contribute to a monthly contract review meetings as the Lead Commissioner for the North Yorkshire locality
- Monthly operational group meetings covering performance, finance and quality

To ensure delivery across the health economy, the CCG also contribute to collaborative working arrangements with three other CCGs across the 'old' NHS North Yorkshire and York locality. The purpose of this is to hold all partners to account in delivering the key strategic objectives, whilst ensuring organisational and financial sustainability across the system.

Performance and quality: Overview

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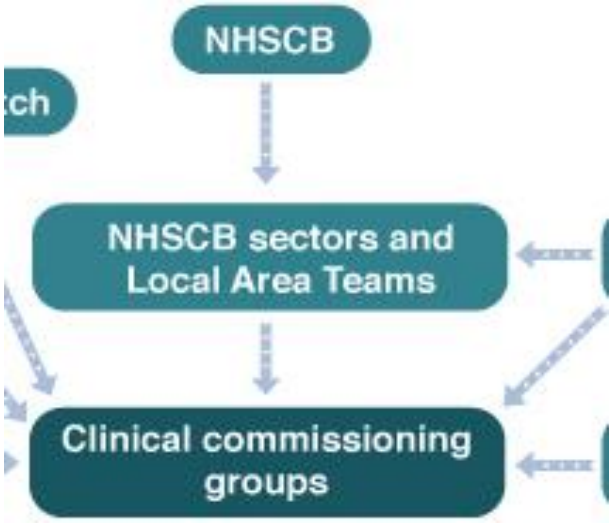
Performance management of primary care

It is clearly the National Commissioning Board's role to performance manage primary care, however, the CCG will support practices and encourage peer review of comparative data through QOF. The approach will be educational and supportive. The CCG will work with Area Teams (NHS Commissioning Board) in supporting it in its local approach to primary care commissioning.



Performance and quality: Developing services

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- **Introduction**
- The vision for the NHS in England is to secure better outcomes for patients as defined by the 5 domains of the NHS Outcomes Framework and uphold the rights and pledges in the NHS Constitution.
- This plan will describe how Vale of York CCG will deliver the outcomes for its population in conjunction with a range of stakeholders from the health economy as defined through the delivery of system reform, quality, performance and financial metrics as defined in:
- The Mandate for the NHS in England - the strategic framework for the discharge of NHS responsibilities, requiring the NHS to deliver improvements against the NHS Outcomes Framework; ensure patients' rights and pledges under the NHS Constitution are maintained within allocated resources and meet the QIPP challenge.
- The NHS Outcomes Framework - the standards for the NHS to achieve to secure better outcomes
- The NHS Constitution - the rights of and pledges to patients to be upheld.
- Through the delivery of the mandate, the NHS Constitution and the NHS Outcomes Framework. Vale of York CCG will guarantee that no community is left behind or disadvantaged; will focus on reducing health inequalities and advancing equality to improve outcomes for patients.
- We aim to treat patients as respectfully as customers and put their interests first; transform the NHS service offer to enable patients to take more control and make informed choices, if they want to.
- In order to develop this plan a number of stakeholders within our local health economy and across a wider conurbation/sub-regional footprint (where appropriate) were consulted in order to triangulate our planning processes and deliver the outcomes we want to see for our population.

Improving outcomes, reducing inequalities

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We are aware that unhealthy behaviours, such as smoking, physical inactivity, poor diet, alcohol, substance misuse and work related stress are responsible for a significant proportion of our disease burden. To change these behaviours requires a long term commitment from ourselves and our Health and Well Being Board partners (City of York Council, North Yorkshire County Council and East Riding of Yorkshire County Council). In addition to offering tailored and individual support services we will work to create an environment that makes healthier choices easier as illustrated in the diagram opposite.

Consequently we will take a holistic approach to reducing health inequalities

- Consider the impact on health inequalities in every decision we make and every policy we deliver.
- Allocate our resources to where they are needed most.
- Work in an integrated way for individuals and communities who suffer poorer health outcomes.
- As a partnership gain an understanding and thereafter address key issues which can act as a catalyst to improving broader outcomes.
- Work with individuals/communities to develop community based solutions to improving the health and well being of our population

- Undertake smarter approaches to communicating health and well being messages through:
  - Joint campaigns with our partners;
  - Using our understanding of our communities for targeted communication
  - Adopting innovative marketing techniques to actively engage our communities;
  - Utilising 'health champions' to outreach vulnerable people rather than expecting them to come to us.

Enhancing the quality of life for people with long-term conditions

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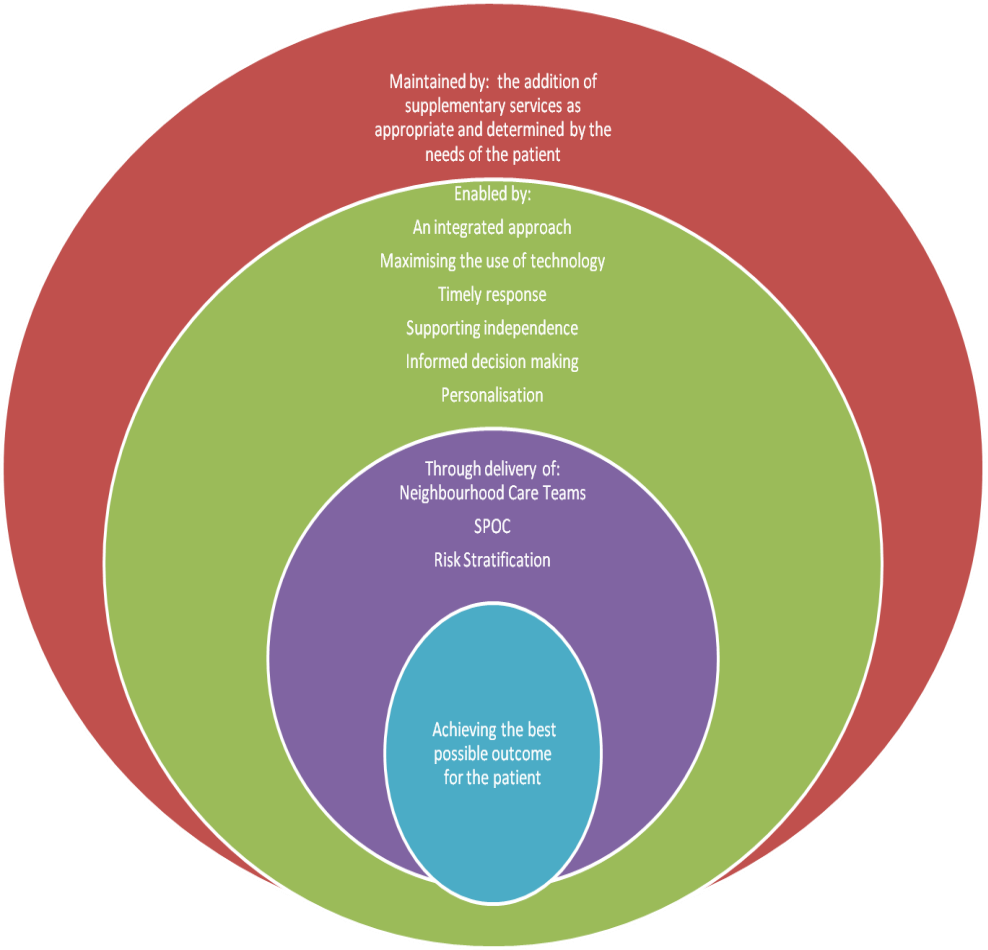
We plan to support the increasing numbers of individuals living with long term conditions by:

- Ensuring patients are at the right level of care at the right time.
- Ensuring we have productive community teams incorporating an integrated approach to working.
- Providing seamless service provision between health, social care and third sector organisations, enhancing benefits for users through:
  - An improved, less confusing experience for all those concerned – service users/carers/families.
  - Optimum care provision and improved communications.
  - Timely and accurate liaison with all relevant providers.
- Maximising independence and enabling resumption of living at home in a safe and time efficient manner through:
  - Supporting care at home.
  - Provision of health promotion/self management education programmes.



Helping people to recover from episodes of ill health or following injury

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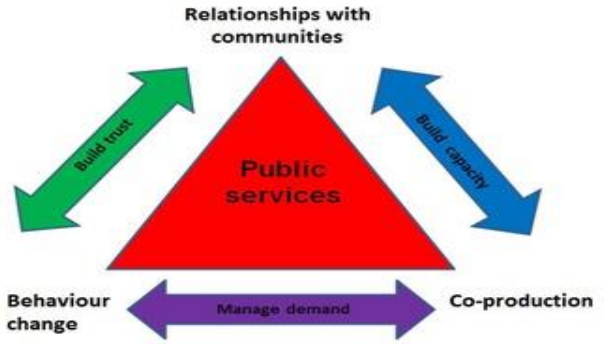

Vale of York CCG has been working closely with our partners from City of York Council and North Yorkshire County Council to ensure that the reablement programme is fully implemented. Initiatives we've agreed to implement include:

- Enhancing existing intermediate care provision
- Supporting the START approach to reablement through the recruitment of generic workers and increasing therapy support.
- Facilitate a more integrated approach working through recruitment of project managers to scope out requirement and develop a programme approach to development/implementation.
- Utilise third sector expertise to support community service development e.g. Home from Hospital scheme.

During the period of this Plan we will be focusing on urgent care pathways associated with ambulatory care and falls.

This to be delivered through:

- Develop a partnership approach for GPs and their hospital clinical colleagues to enhance existing care pathways.
- Develop a partnership approach with care homes to reduce inappropriate and avoidable admissions of elderly and vulnerable groups of patients.
- Utilise QOF QP14 to incentivise general practice to develop admission avoidance pathways and strategies.
- Ensure care homes and general practice implement and adhere to agreed Advance Care Plans, Emergency Care Plans, End of Life Care Plans and Preferred Place of Care plans.

Ensuring people have a positive experience of care

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Vale of York CCG uses a range of methods to monitor the experience of care that our patients receive at our providers.

As part of the national CQUIN process, our independent and acute providers have agreed to rollout the Friends and Family Test commencing in April 2013. This involves asking patients how likely they are to recommend the hospital to friends and family if they needed similar care or treatment.

Data will be collected on a monthly basis and York Teaching Hospital Foundation Trust will formally report to the Quality & Performance Sub-Group at the end of each quarter on both the findings of the surveys, the actions taken in response to the feedback and how lessons learnt have been shared with the staff and patients.

Results of the Friends & Family Test will be made available to the public so that patients can use the information to make choices about their care, champion their local trusts that excel and challenge others to improve.

We regularly visit the facilities/environment on wards and various departments. If appropriate, patients are asked about their experience on the ward and how they feel about their patient care. It is also an ideal mechanism for gaining staff feedback about working on the wards and to listen to any concerns or suggestions for improvements which are shared with the York Teaching Hospital Foundation Trust.

Part of our approach to quality monitoring also involves working with patient groups and forums and we do this through quarterly Patient Forums across the locality. The Forums are used to feedback CCG developments to members of the public and also to consult and gain feedback on the commissioning of new and existing services. The sessions are interactive and usually involve 'table work groups' and the feedback from these events is collated and published on the CCG website. Additionally we have a Public & Patient Engagement Steering Group which comprises both staff from the CCG and members of the public. The Group meets on a bi-monthly basis and provides CCG with feedback from patients and also patient groups such as LINk *(HealthWatch)*, York Council for Voluntary Services and Carer Groups.

Ensuring people have a positive experience of care (cont)

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We also spend time reviewing the various NHS patient surveys i.e. Inpatient, Outpatient, A&E, Maternity, Cancer and Staff Surveys and benchmarking our provider's performance against other organisations within North Yorkshire and also nationally. The findings of the surveys are discussed with our providers at the monthly Quality & Performance Sub-Groups and or Contract Management Boards and action plans are monitored to ensure that the provider is taking on board the patient feedback and are actively working to address any patient safety issues identified and improving patient experience.

GP practices within the Vale of York CCG are encouraged to facilitate Patient Participation Groups and listen to the views of their patients on the services provided, feeding this back into the CCG to contribute to the overall picture. GP Survey data is also reviewed by the CCG and any areas of concern are raised with the individual practices. Learning from outside of the CCG we are a part of the Involvement and Engagement Group at NHS North of England and regularly attend events hosted by the regional team to keep abreast of national and regional developments regarding Patient Experience.

Customer Complaints are another area of valuable patient feedback for the CCG. We receive monthly breakdown of complaints from providers which includes Issues identified as concerns by patients and carers, actions taken to address issues and concerns raised by patients and carers, examples of good practice highlighted by patients and carers, updates on resolutions to issues identified in previous reports, and evidence that we have told patients and carers how we have improved services as a result of the feedback received.

Treating and caring for people in a safe environment and protecting them from avoidable harm

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Our Contract Management Board Structure including the Quality and Performance Sub Groups ensures that we keep abreast of current performance against agreed targets and identify any early warning signs of failing services. The meeting reviews a range of measure included but not limited to:

- contract performance
- mortality rates, serious incidents and adverse incidents reported.
- nursing Care Indicators and the national safety thermometer.
- CQC Inspection Reports
- mixed sex accommodation breaches
- never Events
- health care acquired infection rates -including root cause aanalysis for all reported cases of C.Difficile
- NHS Constitution measures

- We will as a CCG hold our providers to account for performance and will work with them on the whole system issues that also affect providers performance.

To this end we have now invited the Chief Executive of the Ambulance Trust and the Chief Executive of the City Council to join our Collaborative Improvement Board to help plan improvements in performance in ambulance turnaround times, accident and emergency performance and to facilitate more effective discharge from hospital of patients who require ongoing care in the community setting.

The Francis Report detailed the poor patient care at Mid-Staffordshire NHS Foundation Trust and the Vale of York CCG along with our providers are keen to learn from their experiences, this includes taking into account the evidence from the 'Zero Harm Organisation' championed by Don Berwick (below).

Treating and caring for people in a safe environment and protecting them from avoidable harm (cont)

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There is a standard agenda to enable both parties to monitor current performance against agreed targets and identify any potential safety failures in provider services. The meeting reviews the following:

- Contract Performance Report – A Contract Query Notice was issued by Vale of York CCG on 11 March 2013 relating to breaches in A&E Performance, the number of Delayed Transfer of Care and Ethnic Coding.
- Medical Director's Report – detailing mortality rates and adverse incidents reported to the NPSA.
- Chief Nurse's Report – detailing Nursing Care Indicators and Safety Thermometer.
- CQC Inspection Reports – visit to the Trust in January 2013 was fully compliant for all standards in the areas visited that week.
- EMSA breaches – 12 breaches in AMU reported on 2 January 2013 against a target of 0.
- Serious Incidents – CSU undertake the administration of the process and VOYCCG review investigations and sign-off SIs on a monthly basis.
- Never Events - 3 reported in 2012/13, against a target of 0 and RCAs discussed at the Quality & Performance Sub-Group.
- C. Diff – including Root Cause Analysis for all reported cases. The Trust have exceeded their C.Diff target of 27and have provided an action plan to VOYCCG which details their containment policy and actions being taken to reduced HCAIs at the Trust.
- MRSA – zero cases reported in 2012/13.
- The Quality & Performance Sub-Group also reviews the results of the following annual NHS surveys:-
- NHS Staff Survey
- NHS Inpatient Survey
- NHS Outpatient Survey
- Cancer Surveys
- Maternity Services Survey

The 3 local priorities

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The CCG has determined that the following three local priorities will those against which progress will be made during 2013/14:

1. **Unplanned hospitalisation for chronic ambulatory care sensitive conditions** – concentrating on conditions such Asthma, Heart Disease, Heart Failure, Diabetes , COPD, Epilepsy and Dementia whereby patients are admitted to hospital as an emergency admission. The expectation will be that work in this area will maintain the current rate of admissions, which will reflect a considerable achievement as the rise in admissions for 2012/13 is 16% (based on April 2012 – February 2013 data). This will directly mirror the performance measure identified by the York Health and Well Being Strategy as part of its priority of enhancing quality of life for people with long term conditions. Expected outcomes from initiative include:
   - improvement in the feelings of wellbeing and service satisfaction in people with the conditions identified
   - improved systems for assessing the urgency of care, ensuring an appropriate and prompt response to patient need
   - people cared for in the community where it is clinically safe to do so

2. Dementia – increased diagnosis rates

Although there is mixed evidence on the benefit of early diagnosis, there is less debate about avoiding delayed diagnosis. Delayed, and even missed, diagnosis leads to lost opportunities for treatment and increases patient and caregiver burden. Accordingly we are aiming to raise the recorded diagnosis from 47% of predicted prevalence to 50%.

This priority reflects priorities within all the Health and Wellbeing Strategies in which we are partners, in respect of implementing a local care service model to ensure an effective response. Increased diagnosis rates will be pivotal in determining such a response.

We will achieve this by:

- Working alongside our local authority partners to provide a dementia awareness programme within the communities in our locality.
- Work with our GP practices encouraging each of them to identify a dementia champion.

The 3 local priorities (cont)

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Clinical Commissioning Group

3. Reduction in emergency admissions for acute conditions that should not usually require hospital admissions

The aim of this priority is to proactively manage conditions in primary care thus reducing unnecessary hospital admissions. Typical conditions for this priority include ear, nose and throat infections, kidney or urinary tract infections and heart failure. In order to deliver this we will look to have the appropriate level of care is provided for these conditions in the community. We will also work with local authority colleagues, in particular looking to a public health contribution, specifically around the encouragement of healthy behaviours, including reduced use of tobacco, alcohol and illicit drugs.

The expectation will be that work in this area will maintain the current rate of admissions, which will reflect a considerable achievement as the rise in admissions for 2012/13 is 20% (based on April 2012 to February 2013 data). Expected outcomes from this initiative include:

- improvement in the feelings of wellbeing and service satisfaction in people with the conditions identified
- improved systems for assessing care, ensuring an appropriate and prompt response to patient need
- people cared for in the community where it is clinically safe to do so.

Patients' rights: The NHS Constitution

NHS
Vale of York
Clinical Commissioning Group

We are committed to ensuring people have quicker access to services through delivery against the NHS Constitution and work with providers to ensure the delivery of thresholds regarding:

- referral to treatment waiting times for non-urgent consultant-led treatment
- diagnostic test waiting times
- accident and emergency waits
- cancer waits – 2 week; 31 days; 62 days
- ambulance response times
- cancelled operations
- mental health – care programme approach.

We will work with our providers to comply with best practice guidance and analyse on a monthly basis all patients reported as waiting over 35 weeks. We will additionally review all planned waiting lists monthly to ensure compliance with policy and will work towards ensuring 18 week delivery is sustainable by monitoring the current pathway wait for surgical patients and reducing the diagnostic or outpatient waits as appropriate.

Eliminating long waiting times

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Clinical Commissioning Group

Vale of York CCG will effectively use the standard contract to ensure patients are treated in line with RTT waiting times for non-urgent consultant-led treatment. The following performance measures are included with the Quality Requirements Schedule and will be monitored and managed on a monthly basis.

- 90% of admitted patients to start treatment within a max of 18 weeks from referral
- 95% of non-admitted patients to start treatment within a max of 18 weeks from referral
- 92% of patients on an incomplete non-emergency pathway (yet to start treatment) should have been waiting no more than 18 weeks from referral
- Eliminating long waiting times
- As per the standard contract a breach for any patient waiting over 52 weeks for any referral to treatment will incur a financial penalty.
- An additional measure has also included for patients waiting over 36 weeks from referral to treatment. The aim is to manage patients in chronological order where appropriate.

The contract includes a requirement for the provider to produce a performance report that includes all performance measures agreed within the quality schedule. This will be monitored and managed through the appropriate contract sub group which meets monthly.

Any performance breach will follow the contractual performance management process which will either be an automatic financial penalty or will follow the contract query process including remedial action plan.

Also included within the quality schedule are indicators that relate to diagnostic waiting times :

- 99 % of patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral.

More responsive care: urgent & emergency care

Vale of York Clinical Commissioning Group

A&E waits (Quality and Timeliness)

Included in the Quality Schedule are the national measures relating to A&E waits :

- 95% of patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department (all types)
- All handovers between ambulance and A&E must take place within 15 minutes
- No trolley waits longer than 15 minutes

Any failure against these indicators will result in a financial penalty to the provider as laid out in the standard contract. In addition to the national measure Vale of York CCG has negotiated some further measures relating to A&E, due to the current performance pressures with its main provider :

- A&E attendance for cellulitus and DVT that ends in admission less than 12/13 average
- 95% of patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department (Type 1 only by site)
- Unplanned re-attendance at A&E should not exceed 5% (12/13 levels)
- Patient should not leave the A&E department without being seen should not exceed 5%

There have been performance issues all year York Teaching Hospital Foundation Trust which have resulted the formal performance management process being followed. A joint remedial action plan is being developed which will support the performance in 2013/14.

Ambulance Targets

The CCG is also working in partnership with other CCGs across the Yorkshire and Humber region to develop plans to deliver the targets specifically around ambulances :

- 75% Cat A calls resulting in an emergency response arrive within 8 mins (met for red 1 and red 2 calls separately)
- 95% cat A calls resulting in an ambulance arriving at the scene within 19 mins
- All handovers between an ambulance and an A&E dept to take place within 15 mins and crews ready to accept new calls within further 15 min. There will be specific financial penalties applied to this target, however this is deferred until Quarter 3. However, this will still be monitored and performance managed on a monthly basis.

Cancer targets

Vale of York
Clinical Commissioning Group

The following performance measures are included within the Quality Schedule as part of the standard contract. They will be monitored and performance managed on a monthly basis as part of the appropriate contract sub group meeting.

Cancer waits – 2 week wait

- 93% max 2 week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP
- 93% max 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)

Cancer waits – 31 days

- 96% max one month (31-day) wait from diagnosis to FDT for all cancers
- 94% max 31 day wait for subsequent treatment where that treatment is surgery
- 98% 31 day wait for subsequent treatment where that treatment is an anti-cancer drug regimen
- 94% max 31 day wait for subsequent treatment where that treatment is a course of radiotherapy

Cancer waits – 62 days

- 85% max 2 month (62-day)wait from urgent GP referral for FDT for cancer
- 95% max 62 day wait from referral from an NHS Screening service for FDT for all cancers
- Max 62 day wait for FDT following a consultant's decision to upgrade the priority of the patient (all cancers) - no operational standard.

Vale of York
Clinical Commissioning Group

Keeping our promises

The following performance measures are included within the Quality Schedule and will be monitored and performance managed on a monthly basis.

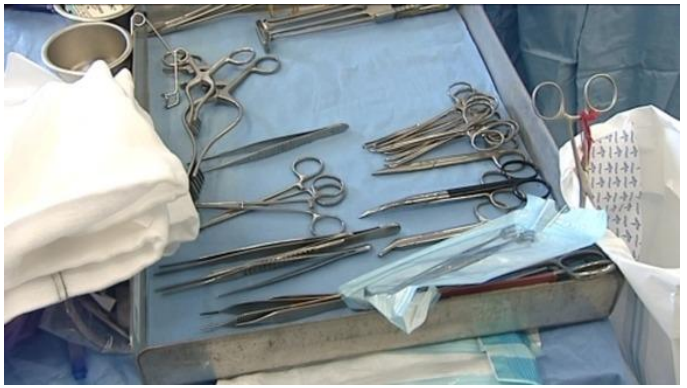
Eliminating mixed-sex accommodation

Vale of York CCG has worked with York Teaching Hospital Foundation Trust in the development of a robust plan to ensure breaches are maintained at a minimal level. In the event of a breach the process is managed in line with the contract whereby the financial penalty is applied. The provider is also required to share the root cause analysis of any breaches with the commissioner.

Cancelled Operations

All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the patients treatment to be funded at the time and hospital of the patients choice.

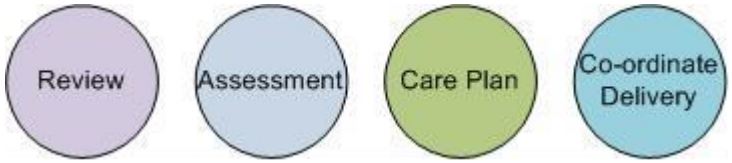
No patient to tolerate an urgent operation being cancelled for the second time.



Mental health

Vale of York
Clinical Commissioning Group

The Care Programme Approach (CPA) aims to give those who are most at risk a higher level of care co-ordination.



Local providers of Mental Health services have made improvements in achieving performance targets and we will continue to work with them to ensure the minimum targets are met. This includes making sure that at least 95% of those under a mental health specialist of CPA are followed up within a 7 day period.

We will work with partners to ensure a whole system approach to support CPA. This includes:

- Holding a strategic planning event to identify priority areas and agreed actions.
- To work with partners on the Mental Health and Learning Disability Partnership Board to develop a programme of work with time limited Task and Finish groups.
- To review the provision of Crisis services including s136 Place of Safety
- Ensure the voice of those with mental illness and their families and carers (including Young Carers) are heard and involved in the planning of services.

Keeping our promises:
Choice and the information to exercise it

Vale of York
Clinical Commissioning Group

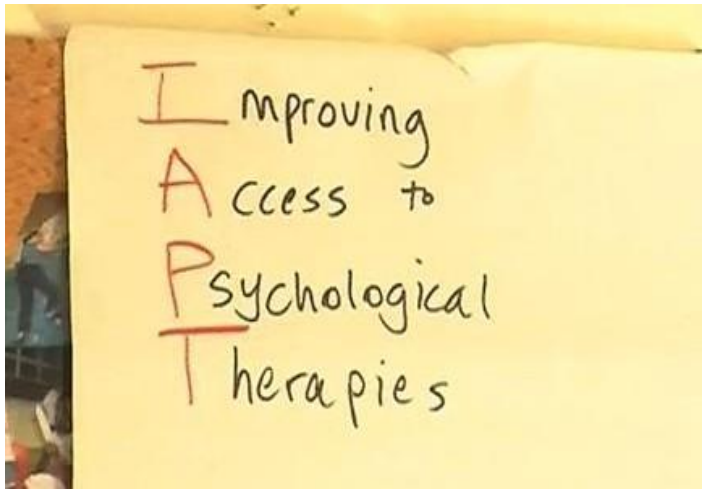
Dementia

After engagement with people with dementia, their carers and staff in a range of organisations, Vale of York CCG with partners aim to:

- develop a more enhanced model of community and primary care support that allows people to live as well as they can be with dementia, prevents crisis, reduces secondary care activity.
- develop a psychiatric liaison service that will facilitate high quality care within the acute setting and timely discharge to the persons usual place of residence where possible.
- develop a more Dementia Friendly Community that helps to reduce stigma, encourages early diagnosis and allows people to maintain their social networks and activities for as long as they wish to do so.
- Increase diagnosis rates to 50 % in 2013/14 and 53% in 2014/15 by developing memory clinics that have support from a commissioned care navigator service for people once they have received a diagnosis.

Keeping our promises: Choice and the information to exercise it

Vale of York Clinical Commissioning Group



Improving Access to Psychological Services (IAPT)

We are aware that the current range of psychological services is confusing and struggling to meet the demand. We aim to improve this situation and increase access to psychological therapies by:

- A review of the current provision
- Map the desired pathway
- Consider a range of approaches to offer greater choice for people including group work and new technologies
- Seek to commission a more streamlined and accessible service that offers more choice.

The level of need in the general adult population is known as the rate of prevalence, defined by the Psychiatric Morbidity Survey. For common mental health conditions treated in IAPT services, it is expected that a minimum of 15% of those in need would willingly enter treatment if available *(Source: IAPT Key Performance Indicator (KPI) Technical Guidance for Adult IAPT Services 2012/13)*.

Current data shows that 0.2% enter treatment. We aim to improve this to 4% in 2013/14 with the aim of working towards delivering the national requirement of 15% in 2014/15.

Patient centred, customer focussed

NHS
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Clinical Commissioning Group

A previous slide- *ensuring people have a positive experience of care* identified our approach to working and engaging with patients, the public and third sector groups and carers in developing and delivering our commissioning intentions.

Our key priorities are based on the health needs of our local population, discussion with patients and the public, feedback from GPs, other clinicians and partners. These priorities are where we can make a difference to improving the health of our population by re-balancing the local health economy, education and prevention and effective commissioning. Our transformation programme will ensure that we have the processes in place to achieve outcomes in the following area,

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

To ensure we have a shared purpose, we will work with all partners to deliver a whole system transformation programme. We will engage all partners in developing the vision for the programmes and in planning make the transformation a reality.

Urgent care
National and regional trends for urgent care admissions are rising; and together with the projected increase in long-term conditions, dementia and frail elderly demand for unscheduled care is financially unsustainable and requires alternative solutions to hospital based care. Integration is essential to the development of effective urgent and emergency care services .

The Vale of York will support primary and community services deliver high quality, responsive services in / out of hours and ensure better access to routine services 7 days a week in urgent and emergency care and diagnostic services in response to the Medical Directors Report. ***Our urgent care programme*** aims to redesign urgent care service delivery in order to manage emergency care and reduce inappropriate hospital admissions more effectively. The programme aims to ensure a seamless service for the patient irrespective of which organisation is providing the care or how they enter the system.

Choose well.
www.nhs.uk

Listening to patients & increasing their participation

Vale of York Clinical Commissioning Group

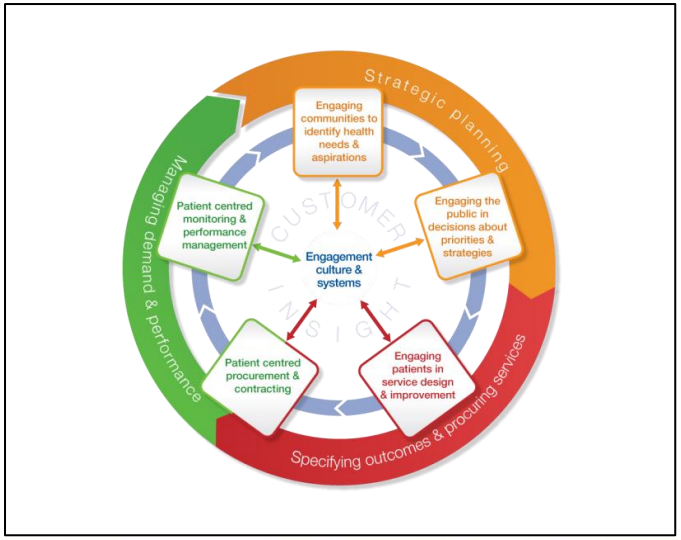
Vale of York CCG have established two key mechanisms for facilitating engagement with patients and the public:

- ***Public & Patient Engagement Steering Group*** - *monitoring and overseeing engagement, also provides guidance to CCG on appropriate use of engagement methods.*
- ***Public & Patient Forum*** – *open to the public, stakeholder and patient reference groups and held twice a year. It receives reports from the Steering Group on work being undertaken by CCG, as well as being encouraged to contribute to discussions on CCG activities.*

The *'Patient Engagement Continuum'* will be utilised to identify the methods for of engaging with the public/stakeholders and the '*Patient Experience and Engagement Cycle'* will be used to identify at what points within the commissioning process to work with patients and stakeholders.

Continuum of involvement based upon the Arnstein ladder of participation

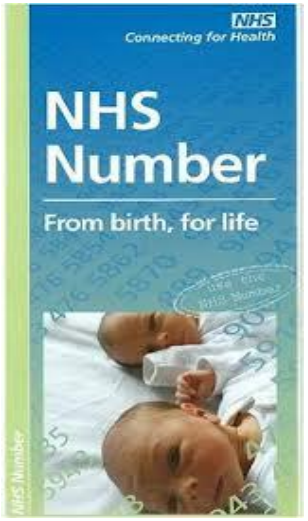
Giving Information	Getting Information	Discussion	Participation	Partnership
Exhibitions	Phone Ins	Focus groups	Patient Stories	Community projects
Leaflets newsletters	Questionnaires	Target groups	Shadowing	Service change
The media	Interviews	Public Meetings	Citizen juries	LSPs
Staff	Feedback Forms	Seminars	Patient reps	Community plans
	Postcards	Conferences	Health Panels	
	Open days	Community & voluntary networks		
	Citizen Panels			
	Patient diaries			



Better data, informed commissioning, driving improved outcomes

Vale of York Clinical Commissioning Group

The information schedule clearly identifies the mandatory information that must be received to enable payment. The NHS number is identified as a mandated field and will be monitored on a monthly basis. Failure to do so will be challenged by the CCG and will be discussed at the appropriate contract sub group meeting. Any significant or continuous failure will follow the performance management process as per the standard contract.

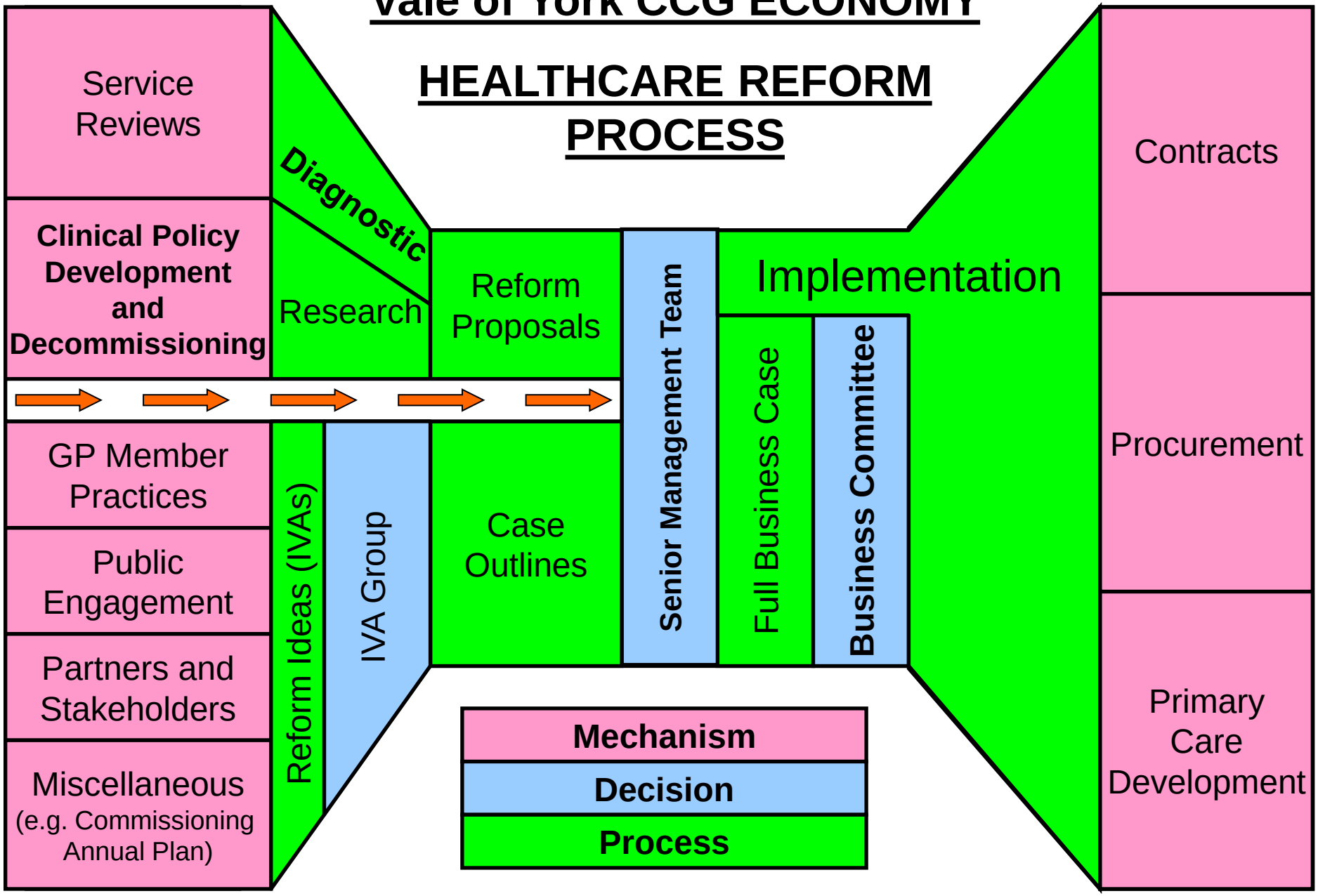


The information schedule includes a number of tables which identifies the mandatory data required as part of the contract for activity both through SUS and as a local MDS.

Compliance will be monitored monthly through the appropriate contract sub group and failure will be subject to the information clause.

Vale of York CCG ECONOMY

HEALTHCARE REFORM PROCESS



Innovation

Vale of York
Clinical Commissioning Group

Delivering Measurable Improvements in Quality and Productivity through Innovation

- Vale of York CCG supported by its member practices is leading system wide transformation of healthcare in order to improve health outcomes for its population and achieve system wide efficiencies.
- Vale of York CCG practices a business delivery process underpinned by a programme approach to drive reform. This ensures that we maintain,
  - A focus of management and supporting resources on the objectives and purpose of the organisation; improving the healthcare system and delivering financial sustainability;
  - Delivery of prioritised outcomes, such as patient safety in an environment of expenditure reductions;
  - Development of proposals in a way that ensures appropriate decision-making;
  - Decisions at optimal points in the process to drive delivery;
  - Actual and timely implementation of decisions made, and;
  - Minimal use of resource on inappropriate/ unnecessary activity, such as on the development of reform proposals that are not viable or capable of implementation.
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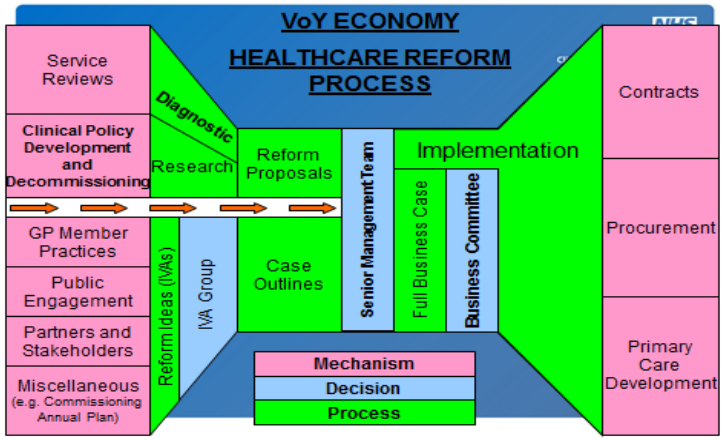

Vale of York CCG Healthcare Reform Process takes reform, innovation and efficiency proposals from initiation, through case for change development to programme delivery. This process plays a key role in generating ideas for reform and identifying opportunities for innovation and efficiency, both via the market and via pathway and service redesign and consolidation.

Vale of York
Clinical Commissioning Group

Innovation (cont)

The Chief Clinical Officer of the CCG is the sponsor for Innovation and Improvement, supported by our Head of Innovation and Improvement. Vale of York CCCG is committed to innovation and improvement in order to innovate and improve services.

We work with partners such as NHS RightCare, our Commissioning Support Organisation, neighbouring CCGs and providers to deliver innovation and improvement.

- We plan to use clauses in its contracts with NHS providers to promote participation in research in 2013/14 where appropriate.
- **We will include NICE Technology** Appraisals in local formularies (planned and supporting safe and clinically appropriate practice.
- We are planning to publish local formularies and how they will track adoption of NICE TA's through Innovation Scorecard.

Vale of York are committed to developing the use of technology to improve outcomes for patients, we will do this initially through our Long Term Conditions Programme and seek further opportunities in other areas for example dementia care. A core strand of the programme is the rapid take up of telehealth and telecare in line with patient need as part of our developing self management strategy.

How we will achieve our QIPP

Vale of York
Clinical Commissioning Group

Our approach to transformation

Our key priorities and proposed approach for 2013/14 are captured in our Plan on a Page. Our approach is Informed by the NHS Model of change and we have put in place robust systems for governance and operational implementation

Collaborative Improvement Board

To achieve the degree of change necessary requires all key partners and stakeholders to work together in a 'whole system' approach to meeting the needs of the population within the resources available across the whole local health and social care system.

The CCG has successfully initiated a high level Collaborative Improvement Board consisting of the Chief Executives / Executive Directors of the York Hospitals Foundation Trust, East Riding CCG, Scarborough CCG and Vale of York CCG to ensure alignment of commissioning for the majority of patients attending the shared acute provider, York Hospitals Foundation Trust.

The Collaborative Improvement Board has an agreed set of shared objectives and commits the partner organisations to close collaborative working to transform services across the health and social care system to deliver sustainable change to achieve maximum benefit for its populations.

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How we will achieve our QIPP (cont)

Vale of York
Clinical Commissioning Group

Financial Challenge and Delivering QIPP

The CCG will ensure there is robust financial and commissioning governance and processes in place to commission services that demonstrate best value for the public purse whilst meeting the health needs of the area. As part of this process the CCG will establish an audit committee and internal and external audit arrangements to ensure that assurance can be given to both the governing body of the CCG and the public of Vale of York to probity.

The CCG is fully aware of its statutory requirement to operate within allocated resources and will take all action necessary to meet this obligation.

The 13/14 budget for Vale of York CCG is £349,786,000. The CCGs QIPP target is £10.735m.

The CCG does not have any recurrent investment funds available to invest in new services. Any funding implications to support strategic initiatives will need to be identified from the following funding sources:

- Utilising non-recurrent funds to pump prime schemes and to cover double running costs during service re-design
- Utilising freed up resources that accrue in the future from service-redesign initiatives.
- Reducing costs in current service budgets and re-deploying resources to other health priorities where appropriate
- Stopping or reducing services where appropriate and re-deploying the resource in to other health priorities

Benchmarking data from many sources including, Better Care Better Value; Standard Admission Rates; Programme Budgeting, alongside audit data and other reports i.e. 'The Atlas of Variation' provide evidence that QIPP savings can be targeted in Vale of York.

Areas include:;

- Urgent Care Programme;
- Primary Care;
- Prescribing;
- Elective Care;
- Mental health;
- Transactional and New Schemes;
- Long Term Conditions (including frail older people)

Linking in with the CCG priorities it is developing the transformational programme for strategic change that will enable the whole system to achieve the savings required.

How we will achieve our QIPP (cont)

Vale of York
Clinical Commissioning Group

QIPP programmes
The Quality Innovation Productivity Programme plan will be delivered over the next 3-5 years. Vale of York CCG QIPP efficiencies will come from the following:

Level 1 Local Initiatives - Target Quality Innovation Prevention Plan savings by practice have been set in relation to their shares of acute contracts.

Level 2 Quality Innovation Productivity and Prevention (QIPP) savings - These programmes of transformation are delivered in partnership with others within the local health economy.

Level 3 programmes -We are working with colleagues from other CCGs in Scarborough and Ryedale, East Riding, and with Yorkshire Ambulance Trust, York Hospitals Foundation Trust and Leeds and York Partnership Mental Health Foundation Trust to identify potential for QIPP gains across the Vale of York footprint.

Vale of York CCG's QIPP Programme will increase the pace of delivery in order to improve services for patients and ensure a strong grip on service and financial performance is maintained. Patients and clinicians are at the centre of planning and decision making in our QIPP programme ensuring an outcomes approach to service delivery that improves the service to patients and meets essential standards of care.

We aim to deliver continual improvement. Through collaboration with regional and national networks and programmes as well as its on-going focus on service reviews aims to learn from initiatives that are successful elsewhere, adapting and improving them into their own plans accordingly.

How we will achieve our QIPP (cont)

Vale of York Clinical Commissioning Group

Key Priorities

- Our commissioning intentions deliver the priorities set out in Everyone Counts: Planning for Patients 2013/14, within the context of our Joint Strategic Need Assessments and Health and Wellbeing Strategies in order to deliver our local priorities (which includes QIPP).
- Our response to the national priorities set out in the NHS Operating Framework. Our refreshed commissioning intentions are set out further in this section under 'key priorities'.
- Our integrated strategic and operational plan remains focused on delivering clinical outcomes and reducing health inequalities. To achieve this we are driving a change in culture and behaviour and engaging the whole local health and social care system to transform clinical and supporting services.

Plan on a page

- Our Plan on a Page provides an overview of our total agenda, demonstrating how it links to the National Outcomes Framework, the Heath and Wellbeing Strategies, the JSNAs and our local priorities.

Overview of our key priorities

- Based on the outcome of the JSNAs and the priorities identified in the Vale of York, we have identified key programme areas as the focus of our whole system transformational programme:
- These programme areas also form the basis of our CCG QIPP plan and the CIP and QIPP plans of all our partners. Our Resource Plan provides further detail.

Cross cutting priorities

We have seven areas of crossing cutting work that support our programmes:

1. Reducing inequalities
2. Delivering Outcomes Frameworks
3. Choice and shared decision making
4. Integration of care
5. Quality of information
6. Promoting growth, innovation and research
7. NHS Constitution

How we will achieve our QIPP (cont)

Vale of York Clinical Commissioning Group

Programme management

Multi-disciplinary/multi agency work stream groups will lead the reviews, redesign and transformation and / or re-commission identified services and priority areas. Each programme has clinical Leadership, a dedicated project manager and executive sponsor from the Vale of York CCG Governing Body .

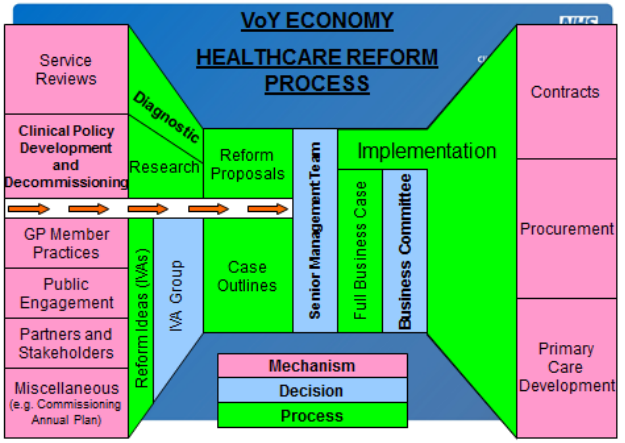
The priority work streams each have a detailed programme plan which is monitored and performance managed for delivery against milestones by utilising a comprehensive 'Programme Office' that then reports on delivery and achievement through an agreed governance and accountability framework. A **Collaborative Care Improvement Board** brings our secondary and community provider partners together to review the implementation of the agreed programme.

Business process re-engineering

We practice a business delivery process underpinned by a programme approach to drive reform. This ensures that we maintain,

A focus of management and supporting resources on the objectives and purpose of the organisation; improving the healthcare system and delivering financial sustainability;

- Delivery of prioritised outcomes, such as patient safety in an environment of expenditure reductions;
- Development of proposals in a way that ensures appropriate decision-making;
- Decisions at optimal points in the process to drive delivery;
- Actual and timely implementation of decisions made; and
- Minimal use of resource on inappropriate/ unnecessary activity, such as on the development of reform proposals that are not viable or capable of implementation.



Vale of York
Clinical Commissioning Group

Financial Planning

Overview

As part of the planning process for 2013/14 it is essential that Vale of York CCG sets robust budgets which will ensure that key national and local targets will be achieved. Following publication of "Everyone Counts" which is the key piece of planning guidance for 2013/14, Vale of York CCG has developed an operational financial plan that meets the requirements of the framework. Considerable work has been undertaken during the last few months to derive these budgets consequently the subsequent Financial Strategy contextually supports this Plan.

The proposed budgets as summarised opposite and detailed in the Appendices further analysis is also provided on the run rate position for Vale of York CCG, this is presented as per the plan and with some sensitivity analysis around QIPP profile delivery.

Operational financial plan for 2013/14

Programmed Services	2013-14
	£000's
Expenditure	
NHS & Non NHS Contracts	£298,216
Primary Care	£49,716
Reserves	£3,089
Deficit Repayment	£3,466
	£354,487
Resources	
Resource Allocation	£349,786
Growth	£8,045
	£357,831
Net Surplus/(Deficit)	£3,344

Vale of York
Clinical Commissioning Group

Financial Planning (cont)

Process

The budget setting process started by identifying Vale of York CCG's recurrent financial position based on the November 2012 forecast Position. A detailed planning exercise and financial modelling was also undertaken to take into account activity requirements, necessary investments and a robust Quality and Productivity programme.

The key planning assumptions around growth inflationary uplift, quality payments and efficiencies as detailed in the Operating Framework have been included. Those planning assumptions are:

- There is a tariff uplift 2.9%
- *There is a Non tariff uplift 2.9%*
- That Tariff efficiency is 4%
- That Growth including demographic, activity and tariff change impact is 2.3%
- There is a QIPP of 3%
- The delivery of 1% surplus
- The retention of a contingency of 0.5%
- There is no new investment against the 70% non elective marginal rate
- There is no reinvestment of readmissions money
- There is no funding of reablement
- That the allocation adjustment for specialist services does not impact on the plan
- There are a range of risk sharing agreements in place with North Yorkshire CCGs covering continuing healthcare, funded nursing care, non contract activity and a high cost patient reserve
- Further collaborative working arrangements that do not involve financial risk share are also in place
- The cash allocation is assumed to be the same as the revenue allocation at this stage, a provisional cash profile is included with the plan adjusted for anticipated prescribing cash adjustments

Throughput the budget setting process the same criteria has been followed to ensure that all areas have contracts that are set at realistic and achievable levels.

A detailed assessment of unavoidable cost pressures has been undertaken which has identified the following areas for funding:

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Vale of York
Clinical Commissioning Group

Financial Planning (cont)

A detailed assessment of unavoidable cost pressures has been undertaken which has identified the following areas for funding:

Cost Pressures	2011/12 (£k) Recurrent	2011/12 (£k) Non Recurrent
Leeds and York Partnerships		1,000
Section 136 Place of safety	300	
Community services (1)	863	
Phlebotomy	300	
OOH/NHS 111	664	
Other	602	
Total Cost Pressures	2,729	1,000

(1) Community services costs pressure are identified contractual pressures not service developments.

There is a clear distinction for CCG between running costs and Programme costs, running costs are fixed at £25 per head of population. The proposed budget for running costs is summarised opposite.

Running cost budget:

	Running Costs 2013-14
	£000's
Resources	
Resource Limit	£8,333
Total	£8,333
Expenditure	
CCG Pay Costs	£3,621
CSU Recharge	£1,959
Non pay	£2,753
Total	£8,333
Net - Surplus/ (Deficit)	£0

It is possible for budget virements to be made from running costs to programme costs but not the other way around.

NHS

Vale of York
Clinical Commissioning Group

Financial Planning (cont)

The plan will be continually reviewed and updated throughout the year, from the point of view of good governance and strong financial control, it is important that managers are issued with budgets as soon as possible in the financial year. It is also important that the overall budget plan for the year in question identifies the key issues and major risks to the plan.

Quality and Productivity Programme (Q&P)

Throughout the planning process it is important that realistic budgets are set to ensure that we provide sufficient resource to meet the organisations objectives. This principle must also been applied to the QIPP programme to ensure that whilst challenging it is deliverable.

The main focus of this work will be around strategic redesign of services to enable significant reductions in secondary care activity. It is important, however, that we focus on all aspects of Vale of York CCG's commissioning plans.

The QIPP Programme

	Total - 2013/14 Net QIPP £000's
Transactional Productivity and Contractual Efficiency Savings	
Planned Care	(5,247)
Community services	(330)
Medicines use	(100)
Prescribing	(945)
Sub-total	(6,622)
Transformational Service Re-design and Pathway Changes	
Long Term Conditions	*(448)*
Urgent Care	*(655)*
Planned Care	*(750)*
Referral management	*(112)*
Other	*(2,148)*
Sub-total	*(4,113)*
Totals	*(10,735)*

NHS

Vale of York
Clinical Commissioning Group

Financial Planning (cont)

Project management arrangements to monitor QIPP deliver are to be put in place and are described elsewhere in this document. In addition separate arrangements with the Area Team and National Commissioning Board are to be put in place to satisfy our conditions of CCG authorisation, detailed action plans and milestones will be in place for each scheme.

Risk and Risk Management

Risk

There are numerous financial as well as quality and performance risks across local health economy:

- Delivery of a 1% surplus
- Acute Care, demographic and other activity growth presents a risk, although an increase of 2.3% has been provided for in the plan we have not yet agreed growth assumptions with our main providers.
- The trading position with the main acute provider, York Hospitals Foundation Trust has historically been volatile and this may impact on the 13-14 planning assumptions.
- The QIPP plan targets significant reductions in acute activity (60%)
- There are numerous risks in relation to prescribing both in primary and secondary care, either as a result of new drugs or revised NICE guidance. The most significant of which is the extended use of Lucentis, which has caused financial pressure in previous years. A 1% uplift on primary care drugs budgets and the 2.3% growth indicated above for acute is intended to mitigate against those risks.
- Vale of York CCG has made an initial assessment of continuing healthcare retrospective claims dating back to 2004. There is a risk that once the assessments are complete there could be a material movement in the actual payments.
- The specialist commissioning allocation reduction represents a material risk to the plan, on-going local and national discussions to mitigate against the risk are underway, we will continue to liaise with the Area Team to ensure a solution that minimises risk is in place for 1st April 2013.
- There is a potential impact on the current 2013-14 resource allocations and beyond, with a defund expected for Armed Forces to direct commissioning for the National Commissioning Board..
- SCG Activity late notification and impact on contract negotiations has been discussed with the Area Team and is still considered a limiting factor on signing contracts by 31st March 2013.

Vale of York
Clinical Commissioning Group

Financial Planning (cont)

Risk Management

The risks in 2013/14 are substantial and the CCG will continue with the following arrangements in place to minimise the risk:

- **Collaborative improvement Board (CIB):**

  Vale of York CCG will be a core member of the CIB and will include our main acute provider as well as neighbouring commissioners and the Local Authority
- **Finance and Contracting Committee**:

  The work of this group will maintain focus and grip on the financial position.
- **Contract Management Boards**:

  Contract Management Boards (CMBs) are in place with all the major providers and include both clinical and managerial representation. All CMBs are chaired by the Chief Financial Officer. Core agendas include performance management, finance, activity and quality.
- **Devolved Budgetary Control**:

  All budgets will have a named budget holder which will be an officer of Vale of York CCG. Monthly performance management of budgets will take place to ensure that any significant variances to budget are fully reported, investigated and resolved in a timely manner.

  Budget managers will have access to accurate and timely information to enable them to manage their budgets effectively. Any training issues will be identified and advice and support will be given to assist budget holders in the monitoring and management of budgets.

  In addition budgetary information will be provided at CCG level and we look to enhance practice level information.

Capital

It is not anticipated that Vale of York CCG will hold a capital resource. As commissioners we will be expected to contribute and approve any major capital schemes to be delivered by NHS Property services, we may also be asked to comment on any proposed primary care developments.

Better Payment Practice Code

The Better Payments Practice Code requires that all valid invoices should be paid by their due date or within 30 days of receipt, whichever is later. This is measured in terms of both the number and value of invoices received. There is a requirement to record NHS & Non-NHS Invoices paid both the number and their value in total and those paid within target as a percentage of the whole.

Planning assumptions

NHS
Vale of York
Clinical Commissioning Group

As part of the planning process for 2013 / 14 the following assumptions have been made.

Growth

- The CCG has planned for an overall 1% underlying growth in demand based upon demographic and non-demographic changes.

Tariff

- provide efficiency requirement for 2013/14 tariff setting is 4%, to be offset against estimated provider cost inflation of 2.7% therefore a net tariff adjustment of -1.3% to be the base assumption for discussions on process for services outside the scope of the mandatory tariff

Other PbR Rules

- 30% marginal tariff for non-elective admissions will continue. Commissioners to budget for all admissions at 100% tariff.
- Area Teams administer the 70% balance for local investment in relevant demand management schemes – (decisions how to spend between Area Teams in partnership with CCGs).
- Impact of readmissions will be included as per the clinical audit undertaken in 2012/13.

Integrated care plans

We have been working closely with our partners from City of York Council and North Yorkshire County Council to ensure that the reablement programme is fully implemented. Initiatives we've agreed to implement include:

- Enhancing existing intermediate care provision
- Supporting the START approach to reablement through the recruitment of generic workers and increasing therapy support.
- Facilitate a more integrated approach working through recruitment of project managers to scope out requirement and develop a programme approach to development/implementation.
- Utilise third sector expertise to support community service development e.g. Home from Hospital scheme.

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Clinical Commissioning Group

Performance and quality measures
Preventing people from dying prematurely

- Mortality rates
  - A banding of "Higher Than Expected" in SHMI using the "Exact Poisson Distribution" method for deriving upper and lower confidence limits. Applied to each sub-group reported.

- % of patients that are smokers that are referred to specialist smoking cessation services, and referred subject to agreed consent.
  - <90% offered a referral<100% of those consenting to be referred

- % of women initiating breast feeding.
  - < 60% across both sites

NHS
Vale of York
Clinical Commissioning Group

Performance and quality measures:
Enhancing quality of life for people with long term conditions

- A&E: % attendances for cellulitis and DVT that end in admission
  - > 2012-13 average level

- Installation and Training for all community staff in the use of System One Community System and EMIS Community System as the clinical record. This includes the use of mobile working.
  - Baseline- TBAQ1 - TBAQ2 - TBAQ3 - TBAQ4 100%

- Organising the Multi-Disciplinary Team (MDT) meetings and ensuring that the appropriate community staff attend and contribute
  - Full Compliance

NHS
Vale of York
Clinical Commissioning Group

Performance and quality measures:
Helping people to recover from episodes of ill health or following injury

- Delayed transfers of care: number of bed days
- Stroke patients spending at least 90% of their time in hospital on a dedicated stroke ward.
- Non-admitted patients who have a TIA and who have a higher risk of stroke who are treated within 24 hours of contacting a healthcare professional.
- % emergency admissions where A&E attendance in previous 24 hours and patient discharged from A&E.
- % patients presenting with stroke with new or previously diagnosed AF who are anti-coagulated on discharge or have a plan in the notes or discharge letter for anti-coagulation
- % of stroke patients scanned within one hour and 24 hours of hospital arrival
- % of stroke patients and carers with joint care plans on discharge from hospital – subject to exceptions in national guidance.
- % of stroke patients reviewed six months after leaving hospital

NHS
Vale of York
Clinical Commissioning Group

Performance and quality measures:
Ensuring that people have a positive experience of care

- A&E: % attendances at Type 1 units where the patient spent four hours or less in A & E from arrival to transfer, admission or discharge.A&E:
- % re-attending (unplanned)A&E:
- % left department without being seen
- A&E: 95th percentile for time to initial assessment
- A&E: % of patients presenting at type 1 and 2 (major) units in certain high risk categories who are reviewed by an emergency medicine consultant before being discharged.
- A&E: Service experience
- % of patients seen within 18 weeks for direct access audiology.
- Patient experience: Outpatients
- Patient experience: Inpatients
- % non-elective (emergency 21-28) spells with operation within 2 days of admission.
- % of patients with an expected discharge date recorded in the patient case notes or patient management system within 24hrs of admission.
- % of patients where details of patient notified to their GP within 48hrs of when patient stay is over the expected discharge date.
- Immediate Discharge Letters (IDLs) handed to patients on Discharge
- Transmission of IDLs to GPs within 24 hours of discharge
- Quality of ward IDLs
- Hospital admissions where the patients' ethnic group was recorded in electronic patient records
- Women who see a midwife or maternity healthcare professional by 12 weeks and 6 days of pregnancy
- Outpatient clinics cancelled with less than
- 14 days notice. Provider failure to ensure that “sufficient appointment slots” are made available on the Choose and Book system
- Ratio of follow up outpatient appointments to first appointments% of first outpatient
- Appointments not originating directly from primary care.
- Number of requests / recommendations from Consultants to GPs to prescribe hospital only drug therapie
- Zero tolerance RTT waits over 36 weeks

NHS

Vale of York
Clinical Commissioning Group

Performance and quality measures: Treating and caring for people in a safe environment and protecting them from avoidable harm

- Number of Methicillin Sensitive Staphylococcus Aureus (MSSA) cases
- Standards for the Care for the Acutely Unwell Child: compliance with regionally developed standards.
- Safeguarding of Children: compliance with competency framework
- Safeguarding of Adults in Vulnerable Circumstances: compliance with commissioning standards
- % compliance with WHO Safer Surgery checklist
- % compliance with surgical site infection best practice bundle

NHS

Vale of York
Clinical Commissioning Group

Appendices

Vale of York CCG
QIPP programmes

NHS
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Clinical Commissioning Group

Short Term

Elective Care Schemes

- Community Diabetes
- Pathology

- **Transactional**
- BCBV Indicators
- ARMD Assessment Tariff
- Lucentis Drug Discount
- Day case to outpatient
- Community hospital tariff

Medium Term

Elective Care Schemes

Pain Management Service

Ophthalmology Services

Dermatology Services

Urgent Care

Ambulatory Care Pathways

Nursing Homes

Primary Care

NHSi Productive GP

Referral Management

Mental Health

Psychiatric Liaison

Prescribing

Long Term Conditions

Risk Stratification

Long Term

Long Term Conditions

Self Management & Telehealth

Neighborhood Care Teams

Integrated Urgent Care

Integrated Urgent Care & AED

Primary Care

Self Management

Reduce variation

ELECTIVE CARE PROGRAMME

OBJECTIVE
To improve planned care quality, efficiency and access.

DESCRIPTION
The aim of the programme is to reform how elective care is performed by, evaluating a number of elective (planned) care pathways to enable a number of procedures that are currently provided in a hospital setting to be transferred to the community and making them more accessible to our residents.

WHY IS CHANGE NEEDED?
There is a need to provide services previously delivered in a hospital setting in the community in order to improve access to advice and information. There is a further need to reduce the number of GP initiated referrals into secondary care.

KEY MILESTONES FOR 2012/13	Q1	Q2	Q3	Q4
Complete orthopaedic capacity review				
Commission improved neurology pathway				
Commission improved pain management pathway				
Commission improved dermatology pathway				
Commission improved pathology pathway				
Commission improved diabetes pathway				
Shared decision making implemented				
BCBV Indicators for outpatients commissioned				

PERFORMANCE INDICATOR	Target	2013/14	2014/15	2015/16
Maintain elective care spend at current contract value				
Reduce number GP Referrals				

RISKS	MITIGATING ACTIONS
Reduced capacity of teams to deliver programme	• Plan delivery of programme with providers

WORKFORCE IMPLICATIONS
Possible reduction in secondary care staffing & increase in community care staffing. Increased use of specialist clinical skills in the community, resulting in training & education implications

RESOURCE IMPLICATIONS	Investment £'000	Savings £'000
2013/14		750.33
2014/15		250.11
Total		1,000.44

ELECTIVE CARE PROGRAMME- PATHOLOGY

OBJECTIVE
To improve planned care quality, efficiency and access.

DESCRIPTION
The aim of the project is to re-commission pathology services with our existing provider in order to deliver efficiencies in pathology tariff at market value equivalent to what is being delivered locally by other providers.

WHY IS CHANGE NEEDED?
There are significant variations in the costs of pathology tests, both across the region and across the country, from both NHS and Independent Sector providers. The level of variation across 3 high volume tests demonstrate potential inefficiency of 685K to that of other local providers.

Assumptions (activity, prevalence, costs)
Savings estimated on: Top 3 high volume pathology tests at market rate of alternate local provider. Potential for greater savings across all pathology tests: Expected FYE is still to be confirmed and discussions re tariff changes are ongoing with YTHFT.

KEY MILESTONES FOR 2013/14	Q1	Q2	Q3	Q4
Case for Change Agreed by Governing Body				
Provider agrees tariff reduction				
Provider/ commissioner review of service completed & external review				
Agreement of Trust to make efficiencies & CV agreed or decision to procure alternate provider				

PERFORMANCE INDICATOR	Target	2013/14	2014/15	2015/16
Reduced expenditure on pathology tariff				
Reduced number of GP referrals for diagnostics				

RISKS	MITIGATING ACTIONS
Reduced capacity of teams to deliver programme	• Plan delivery of programme with providers
Trust don't engage in levering efficiency	• Provide evidence for change, Key decision point for decision to tender
Insufficient volume to interest an alternate provider	• Engagement of Scarborough CCG to lever the change
Inability to reduce referrals for diagnostics	• Clinically led delivery

WORKFORCE IMPLICATIONS
Possible reduction in secondary care staffing. Potential training & education implications

RESOURCE IMPLICATIONS		
	Investment £'000	Savings £'000
2013/14		To be determined
2014/15		
Total		

ELECTIVE CARE PROGRAMME- COMMUNITY DIABETES

OBJECTIVE

To improve planned care quality, efficiency and access.

DESCRIPTION

The aim of the project is to re-commission community diabetes services with our existing provider in order to deliver efficiencies that will reduce costs and improve quality of care.

WHY IS CHANGE NEEDED?

The provider of acute diabetes care had been struggling to cope with the ever increasing numbers of referrals from GPs and the associated cumulative number of follow ups. The majority of uncomplicated Diabetes care is delivered by GP's, Practice Nurses District Nurses, and Opticians, it would appear beneficial to patients and Commissioners to move all Diabetes care into the community.

Assumptions (activity, prevalence, costs)

Savings have been based on the assumption that a procured service will be between 5% - 15% below existing costs, the potential savings generated could be between £128,000 - £385,000. Further savings may be levered if non-elective admissions and A&E attendance reduced. Probable saving £86,000 in year

KEY MILESTONES FOR 2013/14	Q1	Q2	Q3	Q4
Case for Change Agreed by Governing Body				
Provider agrees new service specification & KPI for service				
Evaluation that provider meeting KPIs & decision point if failing to meet target				

PERFORMANCE INDICATOR	Target	2013/14	2014/15	2015/16
Reduced unscheduled care admissions				
Reduced waiting times				
Improved glycaemic control				

RISKS	MITIGATING ACTIONS
Risk that provider doesn't deliver the change	• Monitoring of contract & KPIs
Increased demand on primary care if provider pushes care back	• Regular monitoring of activity

WORKFORCE IMPLICATIONS

Possible reduction in secondary care staffing.
Potential training & education implications

RESOURCE IMPLICATIONS

	Investment £'000	Savings £'000
2013/14		85.625
2014/15		171.246
Total		256.871

ELECTIVE CARE PROGRAMME- DERMATOLOGY

OBJECTIVE

To improve planned care quality, efficiency and access.

DESCRIPTION

The proposal is for a community based, consultant led service for the management of patients with dermatological conditions in a multi-disciplinary model.

WHY IS CHANGE NEEDED?

High quality Dermatology services are provided in the community across the country and there are well established national providers.
VoY practices have been trying for several years to establish a community service and the financial pressures facing the current CCG make delivery of an alternative service a priority.

Assumptions (activity, prevalence, costs)

100% of current OP activity at York Hospital is transferred to community service. Savings based on assumption that a locally agreed rate of 80% of national tariff will be paid to the community based provider

KEY MILESTONES FOR 2013/14	Q1	Q2	Q3	Q4
Case for Change Agreed by Governing Body				
PIN served to current provider				
Transfer of care to new provider				
New community service procured				

PERFORMANCE INDICATOR	Target	2013/14	2014/15	2015/16
Service transferred from acute setting to community				

RISKS	MITIGATING ACTIONS
Risk of need for diagnostics & this factored into tariff	• Completed analysis of diagnostics required in dermatology
Potential of double running when service transfers, if Trust continue to treat	• Clear that activity will not be funded, transfer of care
Insufficient volume to interest an alternate provider	• Engagement of Scarborough CCG to lever the change

WORKFORCE IMPLICATIONS

Possible reduction in secondary care staffing.
Potential training & education implications

RESOURCE IMPLICATIONS

	Investment £'000	Savings £'000
2013/14		188.563
2014/15		377.126
Total		251.417

ELECTIVE CARE PROGRAMME- PAIN MANAGEMENT

OBJECTIVE

To improve planned care quality, efficiency and access.

DESCRIPTION

The proposal is for a community based service for the management of patients with chronic pain, in a multi-disciplinary model. The service should allow patients to better manage their long term pain through a whole system approach (including psycho social support) to pain management. The service would be delivered from community based premises and offer a

range of appointment slots including evening & weekends .

WHY IS CHANGE NEEDED?

The current main provider of Pain Services, YHFT, have indicated that they intend to serve notice on the current pain service. There is therefore a need to commission a new pain management service.

Assumptions (activity, prevalence, costs)

Savings based on assumption that 100% of current OP activity at York Hospital is transferred to community service.
Assumption that new service can be procured based on a tariff price of £60 for a first appointment and £42.50 for a follow up (market rates Hull and East Riding and North East Lincs).

KEY MILESTONES FOR 2013/14	Q1	Q2	Q3	Q4
Case for Change Agreed by Governing Body				
PIN served to current provider				
Transfer of care to new provider				
New community service procured				

PERFORMANCE INDICATOR	Target	2013/14	2014/15	2015/16
Service successfully transferred from existing acute provider to community				

RISKS	MITIGATING ACTIONS
Risk that alternate provider not found	• Scope potential on Supply to Health
Insufficient volume to interest an alternate provider	• Engagement of Scarborough CCG to lever the change
Destabilising the wider pain service provided by YHFT	• Partnership working with provider
Reluctant of YHFT to support the transition to the new service	• Clinically led engagement

WORKFORCE IMPLICATIONS

Possible reduction in secondary care staffing.
Potential training & education implications

RESOURCE IMPLICATIONS

	Investment £'000	Savings £'000
2013/14		21.725
2014/15		43.450
Total		65.175

ELECTIVE CARE PROGRAMME- OPHTHALMOLOGY

OBJECTIVE

To improve planned care quality, efficiency and access.

DESCRIPTION

The proposal is for a community based service for the management of cataracts and glaucoma.

WHY IS CHANGE NEEDED?

Glaucoma accounts for approx 30-40% of all outpatient visits in ophthalmology department. New referrals in VoY may equate to15,992 cases with a projection of 1000 new cases per annum,
ARMD affects approximately 10% of the population aged 66-74 year old & 30% in 75-85 year olds. VoY, 22,470 cases of ARMD. Of these approximately 10% (2,247) will have wet ARMD, the other 90% (20,223) will have dry ARMD. Cataracts increases with age rising from 16% in people 60 – 69 years old to 71% in people over 85 years and poses a huge burden for optometric services. Patients currently wait an average of 86 days for first outpatient appointment

Assumptions (activity, prevalence, costs)

Savings based on assumption that existing contracts for general ophthalmic conditions with approved community optometrists could be extended to include monitoring of confirmed Glaucoma and post-operative follow-ups of Hospital is transferred to community service. Assumption that new service can be procured based on a tariff price of cataract patients. Glaucoma tariff would be a single one of £50 and post-operative cataract would be at a tariff of £20.

KEY MILESTONES FOR 2013/14	Q1	Q2	Q3	Q4
Case for Change Agreed by Governing Body				
Transfer of cataract care to community optometrist service				
Transfer Glaucoma monitoring to community optometrist service				

PERFORMANCE INDICATOR	Target	2013/14	2014/15	2015/16
Existing acute services transferred to community				

RISKS	MITIGATING ACTIONS
Risk that alternate provider not found	• Scope potential on Supply to Health
Reduction in this level of activity, could provide opportunity of provider to increase high cost services	• Monitor impact of changes
Provider may continue to manage existing patients	• Partnership working with provider

WORKFORCE IMPLICATIONS

Possible reduction in secondary care staffing.
Potential training & education implications

RESOURCE IMPLICATIONS

	Investment £'000	Savings £'000
2013/14		280.979
2014/15		250.049
Total		531,.028

LONG TERM CONDITIONS PROGRAMME

OBJECTIVE

To improve services for people and their carers with long term conditions. To shift from a reactive hospital based system of unplanned care to a preventative, anticipatory, whole person approach to the treatment of LTC.

DESCRIPTION

Develop & implement an integrated LTC model, initially commencing with the implementation of Neighbourhood Care Teams that will:

- Use a risk stratification tool to identify where to focus specific interventions.
- Roll out agreed LTC pathways across all service delivery areas.
- Improve early detection & LTC diagnostics within primary, community care & A&E settings;
- Develop & promote patient self management to support optimal self care & reduce exacerbations.
- Shift the focus of care for clinical teams from disease based to integrated co-ordination of care for an individual regardless of how many or which LTC they are living with.

KEY MILESTONES FOR 2012/13	Q1	Q2	Q3	Q4
Implementation of Neighbourhood Care Team model				
Risk stratification implemented				
Self management strategy developed				
Frailty service commissioned				
COPD Community Service commissioned				
Heart Failure Service commissioned				
Catherterisation service commissioned				
Review community hospital model				

WHY IS CHANGE NEEDED?

LTCs currently account for 70% of overall health & social care spend with a projected increase. The average annual cost of a person with 1 LTC is £1,000 & this rises to £8,000 for a person with 3 or more LTCs.
The health & social care system will be unable to sustain the rising prevalence & cost within the current configuration, particularly given the aging population profile. There is no system wide strategy for managing LTCs & reconfiguring services .to meet the expected increase in demand.

PERFORMANCE INDICATOR	Target	2013/14	2014/15
Reduction in emergency admissions (Top 1% of risk stratified patients)	20%		
Reduction in LOS (Top 1% of risk stratified patients)	10%		
Increased use of personalised care planning (Top 1% of risk stratified patients)	90%		

WORKFORCE IMPLICATIONS

- Possible reduction in secondary care staffing & increase in community care staffing.
- Training & education implications, changed skill set requirements

RISKS	MITIGATING ACTIONS
Ineffective implementation of pathways resulting in delayed hospital discharge.	• LTC embedded within system wide programme

RESOURCE IMPLICATIONS

	Investment £'000	Savings £'000
2013/14		448.000
2014/15		131.464
Total		579.464

URGENT CARE PROGRAMME

OBJECTIVE

The programme aims to develop an integrated unscheduled care service in order to manage emergency care and reduce inappropriate hospital admissions more effectively.
The programme aims to ensure a seamless ambulatory care pathway service for the patient irrespective of how they enter the system.
The programmes aims to at reduce admissions from Care Homes (Nursing and Residential)

PERFORMANCE INDICATOR	Target	2013/14	2014/15	2015/16
Reduction in unscheduled admissions				
Reduction in care home admissions				
Reduce A&E avoidable attendances				

DESCRIPTION

The overarching strategic goals underpinning this unscheduled care vision are to deliver services that are responsive to patient needs and achieve, improvements in the system's ability to address urgent care needs thereby, Reducing avoidable A&E attendances
Reducing both the number of episodes of, and the duration of emergency admissions. The focus will be to look at urgent care pathways associated with ambulatory care (medical care not needing admission), falls and catheterisation.

RISKS	MITIGATING ACTIONS
Fragmented unscheduled care provision	Strong engagement with partners
Financially driven model	Strong clinical engagement & ownership
Inability to meet demand	Capacity modelling

WHY IS CHANGE NEEDED?

Vale of York admissions remain below the national average, however NHS Comparators demonstrate that the trend in unscheduled care admissions are rising at a rate higher than national or regional rates. This together with the projected increase in long-term conditions, dementia and frail elderly demand for unscheduled care is financially unsustainable and requires alternative solutions to hospital based care. Integration is essential to the development of effective urgent and emergency care services .

WORKFORCE IMPLICATIONS

- Possible change in skill mix
- Health & Social Care Multidisciplinary Team front end of A&E
- Training & education needs

KEY MILESTONeS FOR 2013/14	Q1	Q2	Q3	Q4
Agreed integrated urgent care strategy				
Associated YAS pathways implemented				
Care Plans in place for people in care homes				
Cellulits treatment at home scheme developed				

RESOURCE IMPLICATIONS

	Investment £'000	Savings £'000
2013/14 (includes savings from continuing healthcare)		655.000
2014/15		407.024
Total		1,062.024

MENTAL HEALTH PROGRAMME

OBJECTIVE

The aim of the programme is to promote mental health & wellbeing and prevent mental ill health. The programme aims to promote earlier recognition and improve access to mental health support in primary care. The programme further aims to ensure that people with mental health problems achieve and maintain optimal mental health and physical wellbeing and independence with the right level of support from seamless integrated services.

WHY IS CHANGE NEEDED?

90% of mental health care is provided within primary care services, & there is anecdotal evidence that there is variation in screening, referral and access to mental health support in primary care. There is some (limited) evidence available locally to highlight the co-morbidity with physical ill-health& that these needs are not addressed.
Vale of York has an aging population, with projections suggest a 60% increase in people aged over 65 by 2030. Dementia is predicted to increase by 300% given the ageing population and current under screening of people. The impact of an ageing population and increased prevalence of Dementia & under screening will impact on the whole system..

DESCRIPTION

The programme will
Promote mental health wellbeing & prevention in primary care
Reduce variation and improve access to primary care support for people with mental health problems (improved IAPT provision)1
Ensure seamless integrated service provision for people with mental health problems across primary & secondary care.
Ensure that people with mental health problems have their physical health needs addressed.

Implement the recommendation of the National Dementia Strategy providing integrated services to support people with dementia in holistic way.
Improve the identification of Dementia & earlier access to support services
Improve care provision for people with Dementia in acute secondary care
Improve care for people with Dementia in care/ residential homes

PERFORMANCE INDICATOR	Target	2013/14	2014/15
Increase in diagnosis rates for people with dementia		49%	53%
IAPT Target (achieve 15% by 2015/16)	15%	4%	10%

RISKS	MITIGATING ACTIONS
Insufficient capacity & capability to deliver programme	Prioritise work streams, avoid duplication of activities
Lack of engagement & collaboration	Effective communication strategy & use of champions

WORKFORCE IMPLICATIONS

Training & education implications

Need for increased primary care activity/ output

KEY MILESTONES FOR 2013/14	Q1	Q2	Q3	Q4
Commission psychiatric liaison service in secondary care				
Commission local solution for out of area placements				
Commission dementia training				

	Investment £'000	Savings £'000
2013/14		150.0
2014/15		150.0
Total		300.0

PRESCRIBING PROGRAMME

OBJECTIVE
To achieve planned GP Prescribing savings across Vale of York CCG in financial year 2013/14

WHY IS CHANGE NEEDED?
To improve the quality of prescribing and to achieve a reduction in GP prescribing budgets in 2013/14.

DESCRIPTION
The GP prescribing costs programme will: •Target common areas across GP prescribing, especially where expenditure is seen as high compared to local and national average. •Ensure prescribers have access to specialist advice and support from the medicines management team, and increased clinical lead support.

KEY MILESTONES FOR 2012/13	Q1	Q2	Q3	Q4
Plan to work with Pharmacy contractors re patient centred dispensing				
Plans on focused approach to medicines waste, dressings, appliances and enteral feeds				

PERFORMANCE INDICATOR	Target	2013/14	2014/15
GP prescribing costs within 2013/14 budget			

RISKS	MITIGATING ACTIONS
• Practices don't engage with medicines management team. • Challenging budget reductions for some practices in 2013/14. • New high cost drugs as per NICE recommendation. • Lack of buy in from secondary care resulting in pressure on primary care to prescribe higher cost drugs	• Meeting with practices to discuss barriers to change • Meeting with practices to discuss individual areas for support/work • Highlight potential high cost drugs via risk registers to CCG • Engagement with secondary care & clinically led discussions

WORKFORCE IMPLICATIONS
• Education and training requirements. • Cross boundary working may be required.

RESOURCE IMPLICATIONS		
	Investment £'000	Savings £'000
2013/14		945.0
2014/15		
Total		945.0

TRANSACTIONAL SCHEMES

OBJECTIVE
To achieve financial balance the CCG will be delivering a number of transactional schemes . The

WHY IS CHANGE NEEDED?
To improve the quality of care, and to lever efficiencies in the system.

DESCRIPTION
The Transactional schemes include, • BCBV Indicators for 1st to FU. • ARMD Assessment Tariff • Lucentis drug discount • Yorkshire Ambulance Services • Early supported discharge for stroke • Day case to outpatient procedures

KEY MILESTONES FOR 2013/14	Q1	Q2	Q3	Q4
BCBV Indicators agreed				
ARMD assessment tariff agreed				
Lucentis discount agreed				
High level elective care specification agreed for daycase to outpatient procedures				

PERFORMANCE INDICATOR	Target	2013/14	2014/15
Daycase to outpatient procedures	Reduction DC		
Other schemes delivered in contract			

RISKS	MITIGATING ACTIONS
• Acute provider unable to lever the changes	• Work with provider to support transformation • Agree areas in 2013/14 contract with robust KPIs

WORKFORCE IMPLICATIONS
• Possible need for education training • Possible reduction in secondary care staffing, manage turnover

RESOURCE IMPLICATIONS	Investment £'000	Savings £'000
2013/14		5,247.000
2014/15		43.470
Total		5,434.331

NEW SCHEMES

OBJECTIVE
To seek opportunities to continually improve health care delivery, reduce waste, improve quality & achieve financial balance the CCG will be undertaking planned service reviews .

WHY IS CHANGE NEEDED?
To improve the quality of care, and to lever efficiencies in the system.

DESCRIPTION
New schemes include, • Continuing healthcare (potential 2013/14 savings of £220k) • YAS pathway reviews (potential 2013/14 savings of £250k) • Neurology (savings to be determined) • Respiratory (savings to be determined)

KEY MILESTONES FOR 2012/13	Q1	Q2	Q3	Q4
Yorkshire Ambulance Services Review completed				
Continuing Healthcare review completed				
Wave 1 Service Reviews Completed				
Wave 2 Service Reviews Completed				

PERFORMANCE INDICATOR	Target	2013/14	2014/15
To be defined when review completed			

RISKS	MITIGATING ACTIONS
• Capacity of the team to deliver further improvement schemes • Provider capacity & engagement	• Plan reviews into workload • Undertake reviews in partnership

WORKFORCE IMPLICATIONS
• Not known

RESOURCE IMPLICATIONS	Investment £'000	Savings £'000
2013/14		470.0
2014/15		
Total		470.0

PRIMARY CARE PROGRAMME

OBJECTIVE

To improve quality and reduce variation in primary care practice.

WHY IS CHANGE NEEDED?

Is 24% rise in the number of people aged 80 and over since 2001 (from 8,100 to 10,047 people). Trend set to continue, increase of 62% (a further rise in numbers to 13,100) by 2020.
Life expectancy between the most and least deprived areas in York is 6.6 years. Inequalities leads to approximately 76 additional deaths in the most deprived 10% of the population each year.
All age, all cause mortality for the population of York has remained fairly constant over the period 2005-09 with a rate of Highest causes mortality, cardiovascular diseases and cancers.

DESCRIPTION

The Primary Care Programme Priorities are to:
Reduce outpatient activity by improving the quality of referrals
Reduce variation in primary care
Improve capacity, productivity & quality in primary care through the NHSi Productive GP Programme.

KEY MILESTONES FOR 2013/14	Q1	Q2	Q3	Q4
NHSi Programme Implemented				
Self management implemented				
Referral Support Service implemented				

Assumptions (activity, prevalence, costs)

Performance Indicators set based on 2011/12 activity & projections of growth. CCG baseline data indicates system remain 20% above average for unscheduled care admissions. Total cost for activity circa £11m. Growth projections.

RESOURCE IMPLICATIONS

	Investment £'000	Savings £'000
2013/14		111.662
2014/15		220.323
Total		331.985

PERFORMANCE INDICATOR	Target	2013/14	2014/15
To reduce referrals			
To reduce frequent flier attendances			

WORKFORCE IMPLICATIONS

Increased use of specialist clinical skills in primary care, resulting in training & education implications

RISKS	MITIGATING ACTIONS
.Lack of engagement by GPs due to volume of work and demands	• To coordinate projects and provide project support