

Assurance Period:	Quarter 4 2013/14	Headline Assurance:	Assured
CCG Name:	Vale of York CCG	Assurance Meeting Date:	28 May 2014

Focus	Assurance level	Achievements to note, and examples of good practice	Issues identified	Any issues identified requiring further action and actions agreed
Are patients receiving clinically commissioned, high quality services?	Assured with Support	<ul style="list-style-type: none"> Conditions removed 	<ul style="list-style-type: none"> Bootham Park Hospital. Interim solution in place but remains high risk until implemented. Level of primary care focus for the Care Hubs. Continue engagement and focus on ensuring high quality care to reduce mortality rates Primary care variation, particularly with some of the large practices Cancer peer review concerns 	<ul style="list-style-type: none"> Continue work to secure a safe and sustainable resolution to Bootham Park Hospital. Primary care co commissioning. Continued implementation of HCAI Action Plan. Although an improving picture, continued focus on Out of Hospital SHIMI and take action to reduce the observed range of variation. Continue to work as a system to resolve A&E performance.
Are patients and the public actively engaged and involved?	Assured		<ul style="list-style-type: none"> Continue to influence the development of the HWBBs Clear on what needs to be consulted and/or engaged on. 	<ul style="list-style-type: none"> Ensure clarity on what the public needs consulting upon

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Assurance Domain	Assurance level	Achievements to note, and examples of good practice	Issues identified	Further action and support agreed
Are CCG plans delivering better outcomes for patients?	Assured with Support	<ul style="list-style-type: none"> Financial plan delivered Appreciative enquiry.(CHP case reviews reduced from 90 days to 30 days) 	<ul style="list-style-type: none"> RTT: <ul style="list-style-type: none"> delivery and system wide action plan. Provider capacity to deliver. QIPP not fully reflected in contracts. IAPT low confidence with delivery of the 15% target BCF delivery. Not planning to achieve IAPT national target by end of Quarter 4 	<ul style="list-style-type: none"> Share iterated improvement plans with AT. NB individual improvement plan required to include both CCG and provider actions. Participate in IAPT IST NY&H work programme. Deep dive with RTT. Support with MH guidance. Revision of Better Care Fund plans
Does the CCG have robust governance arrangements?	Assured			<ul style="list-style-type: none"> AT attendance of CCG local performance meeting CCG to share performance improvement plans. In particular RTT recovery plan that includes both CCG and provider actions and timescales
Are CCGs working in partnership with others?	Assured	<ul style="list-style-type: none"> Relationship developed with providers, other CCGs, PCU and the Safeguarding boards 	<ul style="list-style-type: none"> 360 stakeholder survey views BI support from CSU Co-commissioner relationship with NHS England (Specialist Commissioning and Primary Care) 	<ul style="list-style-type: none"> Support with development of co-commissioning including primary care Signpost CCG to National Support for developing the health and Wellbeing board

**APPENDIX 1: NORTH YORKSHIRE AND HUMBER AREA TEAM
CCG ASSURANCE REPORT**

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Does the CCG have strong and robust leadership?	Assured	<ul style="list-style-type: none"> • Management Team in place 	<ul style="list-style-type: none"> • Relationship with practices. 	<ul style="list-style-type: none"> • Establish relationship with the Local Professional Network • Refresh OD plan
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