

NHS Vale of York CCG

Strategic Objectives

Support General Practice and wider primary care system to maintain a level of resilience to deliver safe and sustainable services.

Support innovation and transformation in the development of sustainable mental health and complex care services

Working with partners to deliver the recovery of acute care across elective, diagnostic, cancer and emergency care

Achieving and supporting system financial sustainability

Work with system partners to ensure provision of high quality, safe services.
Work as partners to safeguard the vulnerable in our communities to prevent harm

Support the wellbeing of our staff and manage and develop the talent of those staff

Work with partners to tackle health inequalities and improve population health in the Vale of York

Support primary care to deliver services in a sustainable way whilst developing strong system partnership

Impact

5 PRC.14				
4		PRC.15; PRC.16	PRC.17	
3				
2				
1	2	3	4	5

Likelihood

Current Priority	Exec Lead	Actions	Direction of risk travel
Continued support to practices to work in a Covid Safe way whilst responding to restoration of services	Steph Porter	<p><u>Remote working for Practices</u> Maintain and embed all the total triage models in primary care NECS 'use your own device' platform now available to enable Practice staff to work flexibly from home, and securely access Practice systems/resources using their own PC's or laptops. Supporting additional IT models to support practice resilience such as Klinik/Push Dr Continued flexibility around the timing of extended access (evenings/weekends) appointments to support Practice resilience - i.e. if attracting staff to fill rotas is problematic, a proportion of contracted hours can be delivered during the day. Extended Access appointments must now be used to supplement access to General Practice - and not used for Covid vaccination clinics as per NHSEI guidance. Confirmed funding to support 2 x Selby Practices to move to SystemOne in Jan '22 – at which point all South locality Practices across the 2 PCN's will be using the same clinical system with an ability to share records to support business continuity.</p>	Stable but risk remains. Current incident levels reducing
OPEL escalation reporting framework	Steph Porter	<ul style="list-style-type: none"> - System recognition of capacity restraints in primary care on a daily basis - Engagement with DoS to limit 111 access to support response to short term capacity issues - Consistency of understanding of mutual aid at different levels of OPEL practice and PCN level has improved considerably and practices are reporting appropriately 	Stable and agreement reached for escalation response
'SUPPORTING GENERAL PRACTICE: ADDITIONAL £120m FUNDING FOR APRIL-SEPTEMBER 2021'	Steph Porter	<ol style="list-style-type: none"> 1. Increasing GP numbers and capacity 2. Supporting the establishment of the simple COVID oximetry@home model 3. First steps in identifying and supporting patients with Long COVID 4. Continuing to support clinically extremely vulnerable patients and maintain the shielding list 5. Continuing to make inroads into the backlog of appointments including for chronic disease management and routine vaccinations and immunisations 6. On inequalities, making significant progress on learning disability health checks, with an expectation that all CCGs will without exception reach the target of 67% by end September 2021 (ICS proposed revised date) 7. Potentially offering backfill for staff absences where this is agreed by the CCG, required to meet demand 	Plans in place

Support innovation and transformation in the development of sustainable mental health and complex care services

Impact

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4				
3		JC.30;		
2				
1	2	3	4	5

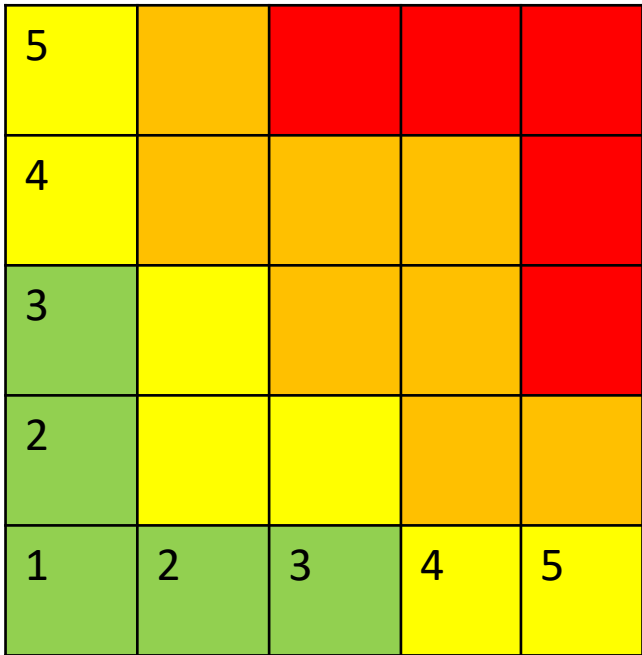
Likelihood

Current Priority	Exec Lead	Actions	Direction of risk travel
Mental Health Recovery	Denise Nightingale	<ul style="list-style-type: none"> Accelerating preventative programmes to address inequalities such as health checks for people with Learning Disabilities (LD) or Serious Mental Illness (SMI) Focus on recovery due to the expected surge in demand in mental health and crisis services which includes acute liaison and the resilience hubs and a review of the all age crisis line. Continue to support integration between community and primary care under the 'Right Care Right Place' programme and key link workers reaching into primary care. Co-development of a dementia strategy in York and continue to establish and deliver an improvement programme to address dementia diagnosis and dementia care Re-procurement of adult ADHD and Autism diagnostic and treatment services CQC regulatory notice in place for TEVV following concerns regarding risk assessment and management identified during CQC focussed inspection January 2021. Actions to address the risks identified may have impact upon decisions regarding agreed Mental Health Investment priorities which have been agreed due to population need and attainment of MH Long Term Plan requirements and therefore the quality, safety and performance impact of that investment on services. 	Increasing due to potential surge in demand
Hospital discharge requirements	Denise Nightingale	<ul style="list-style-type: none"> Continue to facilitate hospital discharge policies through extended discharge to assess models in collaboration with system partners and care providers Continue to provide CHC support to multidisciplinary discharge hub teams. Nationally revised discharge to assess policy and funding arrangements are expected (scheme 4) which are intended to support people through a period of rehabilitation or recovery before CHC eligibility assessments take place. Continue to revise processes and operational requirements with system partners in line with revised funding policy and funding. Re-imaging the use of CCG CHC fast track funding to provide improved end of life care services. In the second phase up to the end of 2021/22 the CCG will work with partners to develop a more integrated end of life care coordination offer with oversight from a lead provider model. 	Stable
Keeping people safe with complex care needs and CHC assessments	Denise Nightingale	<ul style="list-style-type: none"> The service has fully completed the backlog of deferred CHC assessments as a result of the first covid-19 wave, and continues to resume CHC assessments in line with nationally prescribed operational and performance standards (e.g. CHC assessments to be completed within 28 days). Continue to provide proportionate virtual reviews of people with fully funded CHC packages of care which require case management and support to providers of care with clients that have new or existing equipment needs. Lead on development of closer alignment and integration of complex care services with the local authorities and system 	Stable

Working with partners to deliver the recovery of acute care across elective, diagnostic, cancer and emergency care

Current Priority	Exec Lead	Actions	Direction of risk travel
To optimise all elective capacity available to reduce long waits and minimise risk to patients	Phil Mettam	<ul style="list-style-type: none"> Single oversight of all acute providers' waiting lists (PTLs) across the HCV by the Collaborative of Acute Providers (CAP), including high priority urgent 'P2' cancer and non-cancer patients Provision of mutual aid between providers to target highest risk/ longest waits where possible supported by Clinical Prioritisation Panel Optimising all available capacity across NHS and IS providers by: <ul style="list-style-type: none"> - Delivering on plans to undertake day case activity in IS at a level some 33% higher in the period April – Sept 2021 compared to the same period in 2019, and at a level of 95% higher for elective inpatients comparing the same periods – VoY CCG patients - Acute providers to move to top quartile productivity & performance in key specialties (Cardiology, Orthopaedics, ophthalmology) - Acute providers working together with four key specialties to explore how to optimise all available capacity and develop elective hubs which can manage low risk, high volume surgery more efficiently Provide support and care for patients who may wait for long periods on waiting lists informed by risk stratification based on health inequalities [Waiting Well] Manage pressure on waiting lists by optimising referrals with earlier expert input and increasing virtual consultations [Outpatient Transformation] 	Static as refreshed recovery and transformation plans are mobilised
To optimise all diagnostic capacity available to reduce long waits, address backlogs and support clinicians in remote monitoring of patients and cancer diagnosis	Phil Mettam	<ul style="list-style-type: none"> HCV Diagnostics Board refreshing all recovery priorities for endoscopy, CT, MRI and other imaging. Includes focus on optimising referrals to diagnostics, developing a resilient workforce and targets investment in networked reporting and mobile capacity to support shared access across HCV as collaborative acute providers Options for locating Community Diagnostics Hubs/ capacity across the HCV linked to recovery plans (including the most affected cancer pathways) and where possible to help address the highest health inequalities Scoping of Local Diagnostics to support local clinicians in accessing more capacity and help remote monitoring of patients (includes ECG, BP monitoring, Echo, Doppler, FeNO and spirometry) will be refreshed in the development of a wider NY&Y Diagnostics strategy Mobilisation of targeted lung health checks across the HCV All cancer screening programmes have now been restored with an impact on some diagnostic pathways as a result of screening 	Improving as refreshed recovery and transformation plans are mobilised
To support partners in achieving the shift in urgent care capacity out of hospital to reduce pressure on ED and help system flow	Phil Mettam	<ul style="list-style-type: none"> Work to transform urgent care delivery by out of hospital providers through more integrated models of delivery co-designed to optimise capacity and resilience will be led by providers working as integrated collaboratives at place Urgent & Emergency Care Network (UECN) priorities for further building capacity and resilience in all out of hospital urgent care delivery will support diversion away from ED and getting patients safely to the right place at the right time for their care SDEC pathways continue to demonstrate impact on numbers of avoidable admissions Improved local model of discharge planning aligned to national discharge to assess best practice has developed during the COVID response. The future operational delivery model for discharge for the North Yorkshire & York Geographical Partnership will be developed in 21/22. 	Improving as refreshed recovery and transformation plans are mobilised through the UECN with local place partners

Impact



Likelihood

Achieving and supporting system financial sustainability

Impact

5				
4 ES.38	IT.01; ES.15			
3				
2				
1	2 ES.22	3	4	5

Likelihood

Current Priority	Exec Lead	Actions	Direction of risk travel
Maintaining financial planning, management and reporting approach	Simon Bell	<ul style="list-style-type: none"> - Completion and submission of organisational and system financial planning returns in line with ICS and national guidance and timetable for H2. - Continue to triangulate planning requirements across the ICS, North Yorkshire and York sub-system and with the relevant providers. - Ensure appropriate financial governance arrangements are in place and complied with. - Develop system and organisational plans to support the likely increased efficiency requirement in H2. 	Increasing
Optimising financial flows and access to funds across the sub-system and ICS	Simon Bell	<ul style="list-style-type: none"> - Monitor and manage funding tracker to ensure there is a clear understanding of funding streams and ownership of them across the CCG. - Triangulate funding requirements and transactions across the ICS, particularly host commissioning organisations, North Yorkshire and York sub-system and onto the relevant provider. - Lead processes around Hospital Discharge Programme costs with City of York Council and across the ICS taking account of H2 guidance as it emerges and consistency of approach. - Ensure ERF national funding is maximised in support of managing elective waiting list reduction while mitigating any risk of local arrangements being non-compliant following new guidance for H2 on reimbursement by collective and regular review. 	Increasing
Contribute effective support to place, integration, and public health management development programme	Simon Bell	<ul style="list-style-type: none"> - Contribute to the development financial framework for place, CYC integration, and PHM programme of work. - Ensure the balancing of risk and progressive development of place. 	Stable

Work with system partners to ensure provision of high quality, safe services.
 Work as partners to safeguard the vulnerable in our communities to prevent harm

Impact

5			QN.23	
4	QN.03		QN.22; QN.24; QN.25	
3		QN.21		
2				
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Likelihood

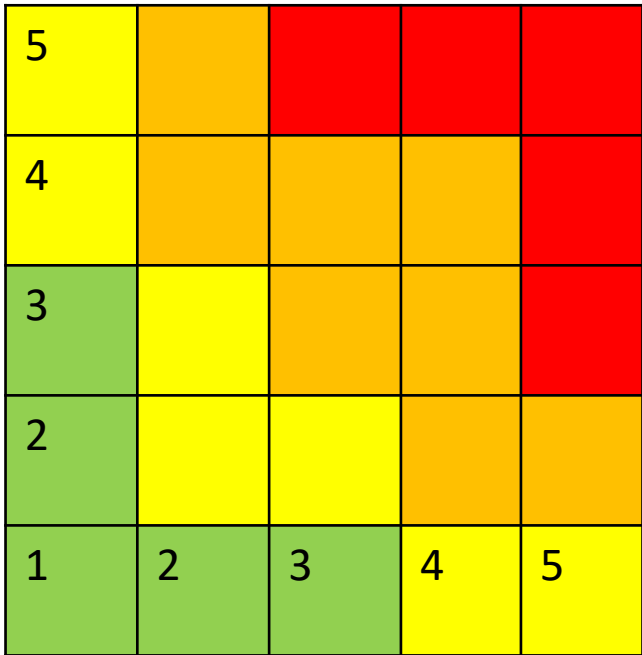
Current Priority	Exec Lead	Actions	Direction of risk travel
Supporting providers to ensure provision of high quality, safe services	Michelle Carrington	<ul style="list-style-type: none"> To establish proportionate approaches to seeking assurance regarding quality and safety, and supporting providers in quality improvement. Work with TEWV and with the NHSE Led Quality Board to ensure CQC compliant actions are undertaken to ensure safe care. Work with TEWV to improve patient safety systems and processes, Transition to new NHSE/I governance arrangements and review of QSGs Continue to work with YSFT to improve patient safety systems and processes, building upon collaborative approach established between CCG and Trust Patient safety / Governance Team. Build connections with CCG Primary Care Team to strengthen approaches to quality & safety particularly around Enhanced offer to Care Homes and review of Local Enhanced Services Working collaboratively with LA and health partners to improve and sustain services for children and young people with Special Educational Needs / Disabilities. (SEND) and ensure we meet our statutory responsibilities. 	Increased
Supporting Independent providers /Care Homes through covid to prevent suffering and deaths	Michelle Carrington	<ul style="list-style-type: none"> Working alongside Local Authorities provide direct support to care homes, independent providers and supported living to ensure homes are up to date with current IPC / covid procedures to maintain safety of residents and staff. Resumed daily calls with LA, Public Health as part of the Care Home Resilience Gold Call for strategic overview and decision making to ascertain any care homes requiring testing and any priority areas for delivery of training, support and assurance visits. Facilitate root cause analysis of any Covid outbreaks/ cases to understand weak areas or lessons learned to inform changes to practice and future prevention. Work with system partners to build upon the enhanced offer to care homes including from primary care and community services Support primary care to deliver the covid vaccination booster program and seasonal flu vaccination program to care home residents and social care staff. 	Stable
To protect vulnerable people and health and care services from the impacts of flu and covid.	Michelle Carrington	<ul style="list-style-type: none"> Coordinate and ensure delivery of the anticipated extended flu vaccination program – due to commence Sept 2021. Second Flu letter awaited to confirm program Continue to work with Public Health and local system partners to progress covid vaccination programme to cohorts in line with JCVI guidance and ensure any disadvantaged / highly vulnerable groups are enabled to be vaccinated 	Stable

Support the wellbeing of our staff and manage and develop the talent of those staff

Current Priority	Exec Lead	Actions	Direction of risk travel
NHS People Plan actions	Michelle Carrington	NHS People Plan has been released and the CCG has identified actions that it needs to take which have been approved by the Remuneration Committee and the Governing Body.	Stable
Staff welfare conversations and new approach to talent management appraisals	Michelle Carrington	Well-being conversations have been undertaken and progression underway for Talent Management Appraisals. Roll out of REACT MH conversation training commenced in line with the new Organisational Development Offer	Stable
Ensure staff are supported through transition to new ICS arrangements	Michelle Carrington	Very regular dialogue with staff at Time to Talk sessions Actively connect with Staff Engagement Group to ensure the voice of staff is heard and acted on Ensure staff have regular 1:1s which are documented and focussed on providing support and enabling confidence during the transition Ensure staff have annual appraisals in the next 6 months to determine support and development during transition and beyond into the new arrangements Ensure any opportunities for functions and roles in place, geographical partnership and ICS are transparent and open to our existing people in line with the people principles VoY CCG & NY CCG 'Our People Plan 2021-2022' – Organisational Development , Learning and Development Plan launched via Time to Talk June 21.	Stable

Impact	5				
	4				
	3		COR.05		
	2				
	1	2	3	4	5
	Likelihood				

Work with partners to tackle health inequalities and improve population health in the Vale of York



Likelihood

Current Priority	Exec Lead	Actions	Direction of risk travel
Support the embedding of a prevention agenda across all areas of the CCG's work	Steph Porter (Peter Roderick leading)	<p>Key areas of work include:</p> <ul style="list-style-type: none"> - BP@Home programme to tackle unmanaged hypertension, delivered 1000 monitors to practices in VOY area - Pulse oximeters for COVID +ve patients - Contribution to work on respiratory health and diabetes at HCV level - Supporting work of YHCC including prevention workstream focussing on alcohol, smoking and obesity - Working through the Inclusion health tool with PCNs - Selby Health Equity Audit - Rollout of NHS Digital Weight Management Programme - NHS LTP Tobacco treatment in acute settings 	Stable
Implement the NHS 2021/22 plan including the 5 Health Inequality action areas	Steph Porter (Peter Roderick leading)	<p>Actions currently being progressed across NY+Y through SLE are:</p> <ul style="list-style-type: none"> - Restore NHS services inclusively - Mitigate against digital exclusion - Ensure datasets are complete and timely - Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes - Strengthen leadership and accountability 	Stable
Develop a population health management approach across the CCG area	Steph Porter (Peter Roderick leading)	<ul style="list-style-type: none"> - Through the York Health and Care Alliance, a Population Health Hub has been launched, focussing population health management tools on priorities for the York system including Diabetes/Obesity, Learning disabilities and autism, and complex packages of care - Developing with HCV partners a 'Waiting well programme' including the prioritisation of P4 patients waiting for procedure and the provision of a care and support offer while waiting for surgery 	Stable

Risks referred to in BAF

Red risks (score of 25 – 20)	Improving or worsening	Amber risks (score of 20-10)	Improving or worsening	Green risks (Score 10 and below)	Improving or worsening
PRC.16 – Primary care reputation following long waits	↓	QN.21 – Access to therapies for children	▬	PRC.14 – LD health checks	▬
PRC.17 – GP wellbeing concerns and burnout	▬			ES.22 – cash balance availability	▬
QN.23 – Concerns over ability to comply with Mental Health Investment Standard	▬			ES.38 - Failure to deliver a sustainable financial plan	↓
QN.23 – TEWV Quality Board requirements in all areas following CQC concerns.	★			ES.15 – Create sustainable financial plans	▬
QN.24 – System capacity in response to RSV in children and combined system pressures	★			JC.30 – Dementia targets not being met	▬
QN.25 – Maternity services in the Acute Trust – Concerns raised anonymously through the Union	★				
QN.22 – Discharge standards at Acute Trust during and following pandemic.	▬				
COR.05 Risk of vacancy freeze and staff exit due to uncertainty over NHS change	↑				
QN.03 – Specialist nursing service quality	▬				
IT.01 – CCG service delivery affected by cyber attack	★				
PRC.15 – Serious Mental Illness health checks not being done in a timely manner	▬				

IG.01 has been closed and replaced with IT.01; COR.06 and COR.07 have been added which relate to employment matters confidential to those concerned and therefore are not disclosable and reported within the BAF but are reported directly to the Chair of the GB.