



Vision	To create fully integrated care for all our communities and support the best possible health outcomes for all people	
Goals	<p>Safe, resilient services working across 7 days that can deliver:</p> <ul style="list-style-type: none"> • All NHS Constitution standards • A sustainable acute hospital delivery system • Out of hospital services joined up in a way so people only need to go to hospital when no other option is available • A financially sustainable system which provides VFM for every Vale of York £ spent on health and care • Access to good services for people with mental and physical health needs, especially those that are vulnerable 	
Population Outcome and Prevention Priorities	<p>Reducing LTCs prevalence – Smoking cessation, Obesity, alcohol, Frail elderly and vulnerable people including falls reduction Addressing isolation and quality of life – individual and rural Child health & Early Years – CAMHS, obesity (in utero maternity), SEN & LAC assessment Mental health access and early intervention – IAPT, dementia, smoking cessation, physical health & complex specialised services Holistic care for people with learning disabilities: physical health checks Cancer detection and diagnosis improvement</p>	<p>Outcomes Improved patient outcomes:</p> <ul style="list-style-type: none"> • Morbidity reduction • Mortality reduction • Improved quality of life for patients <p>Acute activity maintained at sustainable levels:</p> <ul style="list-style-type: none"> • Reduce avoidable A&E attendances • Reduce avoidable emergency admissions • Reduce LOS and excess bed-days • Reduce outpatient attendances
Sustainability Priorities	<ol style="list-style-type: none"> 1. Legal Directions - improvement plan and return to financial sustainability 2. Reducing demand on acute hospital care 3. Resilient urgent and emergency care networks working across in- and out of hospital care 4. Transformed primary and community care provision – fully integrated out of hospital care at or close to home 5. Transformed workforce across health and social care – Bands 1-4 and practitioner roles across health and care 6. Addressing unsustainable specialised commissioned services across the HCV and wider Y&H footprint (NHSE) 7. Fit for purpose estates and improved utilisation 	
	Local	STP wide
STP Plans aligned with our 3 Health & Well Being Plans	<ol style="list-style-type: none"> 1. Strengthened primary care – capacity and resilience, estates improvement, workforce, integration, specialisation 2. Self care, Empowerment & Prevention – education, information, navigation, decision-aids and clinical advice 3. Integrated out of hospital care and Accountable Care System (ACS) with all partners to support place-based services which target the most frail, complex and vulnerable 4. Transformed mental health and learning disability (LD) services including complex healthcare (CHC) and CAMHS improvements 5. Sustainable acute hospital – outpatients and pathway redesign (RightCare; cancer); shared diagnostics, back office and estates 	<p><u>3 priority collaborative programmes:</u></p> <ol style="list-style-type: none"> 1. Strategic commissioning 2. Mental health and joint commissioning 3. In-hospital care and single acute contract <p><u>Through existing networks:</u></p> <ol style="list-style-type: none"> 1. Urgent care and networks 2. Cancer Alliances and diagnostics 3. Maternity strategy and clinical network 4. Specialised commissioning – neuro rehab/ Weight Mgt 

FINANCIAL RECOVERY AND FINANCIAL SUSTAINABILITY

	IMPACT on Three Outcomes Gaps:
<p>PRIORITY 1 Strengthening Primary Care</p>	<p>Finance: <u>best value for Vale of York £ spent</u></p> <ul style="list-style-type: none"> Single acute contract & strategic commissioning Consistent demand management and reduction in unnecessary activity in acute hospital Reduction in variation in reference costs Reduction in waste and duplication: diagnostics, medicines Right sized for elective care capacity and optimised utilisation of local estates Shared informatics, reporting and back office resources <p>Health & Well-Being: <u>Population needs are met</u></p> <ul style="list-style-type: none"> Whole population and targeted cohorts (most vulnerable) outcomes improvement: mortality, morbidity and quality of life Patients taking responsibility for their own health and budgets for care Improvement in physical health of people with mental health conditions and learning disabilities People having the best possible start in life with prevention, early detection rates and survivorship improvement <p>Care & Quality: <u>Patient experience and rights are met</u></p> <ul style="list-style-type: none"> Consistent delivery of NHS Constitutional targets Improved access, resilience and 7 day working Standardisation of clinical practice to 'best in class' Evidence-based clinical thresholds Fit for purpose estate for delivering care (mental health, integrated primary and community care) Sufficient and right workforce to deliver the care required
<p>PRIORITY 2 Reducing Demand on the System</p>	
<p>PRIORITY 3 Fully Integrated Out of Hospital (OOH) Care</p>	
<p>PRIORITY 4 Sustainable acute hospital and single acute contract</p>	
<p>PRIORITY 5 Transformed mental health , LD and Complex Care services</p>	
<p>PRIORITY 6 System transformations</p>	

Our Emerging Joint 'Local Place' Programmes: 2017-2019

<p>PRIORITY 1 Strengthening Primary Care</p>	<p>Primary Care:</p> <ul style="list-style-type: none"> ✓ Driving prevention and self-care 	<p>Unplanned Care (Out of Hospital):</p> <ul style="list-style-type: none"> ✓ Proactive management of: <ul style="list-style-type: none"> - Frail elderly - LTCs/ complex - vulnerable - children 	<p>Planned Care:</p> <ul style="list-style-type: none"> ✓ Right Care: Gastro; MSK (ortho); Circulatory 	<p>Mental Health, LD, Complex Care & CHC:</p> <ul style="list-style-type: none"> ✓ Access, early intervention & crisis avoidance: CAMHS, IAPT, dementia diagnosis
<p>PRIORITY 2 Reducing Demand on the System</p>	<ul style="list-style-type: none"> ✓ Driving demand management ✓ Prescribing optimisation 		<ul style="list-style-type: none"> ✓ Outpatients redesign ✓ RTT Recovery ✓ Clinical thresholds 	<ul style="list-style-type: none"> ✓ Physical health
<p>PRIORITY 3 Fully Integrated Out of Hospital (OOH) Care</p>	<p><u>Supported by:</u></p> <ul style="list-style-type: none"> ▪ GPFV – developing support for practices: capacity, access & capability 	<p><u>Supported by:</u></p> <ul style="list-style-type: none"> ▪ ACS & locality structure ▪ Risk stratification ▪ Urgent care stabilisation ▪ New models of integrated care ▪ Community hubs ▪ Review of community beds & care homes ▪ Personal Health Budgets ▪ Estates investment 	<ul style="list-style-type: none"> ✓ Networked services: <ul style="list-style-type: none"> ▪ Cancer redesign ▪ Shared Diagnostics, pathology ▪ Maternity & neonatal ▪ Specialised commissioned services 	<ul style="list-style-type: none"> ✓ Targeted prevention: smoking, alcohol, obesity ✓ CHC redesign
<p>PRIORITY 4 Sustainable acute hospital and single acute contract</p>	<ul style="list-style-type: none"> ▪ Development of localities in ACS ▪ RSS ▪ Devolvement of budgets ▪ Development of reporting and monitoring 			<p><u>Supported by:</u></p> <ul style="list-style-type: none"> ▪ CHC review joint packages of care ▪ Personal Health Budgets ▪ MH consultation ▪ Modernised MH estate
<p>PRIORITY 5 Transformed mental health , LD, Complex Care & CHC services</p>				
<p>PRIORITY 6 System transformations</p>	<p>ACS & HCVSTP Shared resources – PMO & BI</p> <p>HCV STP Collaborative programmes</p> <p>Shared care record & LDR</p>		<p>Workforce transformation</p> <p>Shared back office and estate</p> <p>Better Care Fund</p>	<p>Governance and accountability frameworks</p> <p>Communications and targeted engagement</p>