



Vale of York
Clinical Commissioning Group

Commissioning Intentions
2018 – 2019

Published January 2018

1 PRIORITIES FOR 2018/19; OVERVIEW

These commissioning intentions identify what will be done in 2018/19 to ensure that the services commissioned by NHS Vale of York CCG are safe, effective and are within the financial parameters that apply; at the same time initiating the changes that are needed to the health and care system to achieve stability and long term sustainability.

This needs all organisations within the health and care system to work together in concert, putting people and communities ahead of individual organisational concerns. There is a commitment to do this; the challenges that are faced are beyond the ability of individual organisations to solve, but by working together we will be able to achieve the fundamental shift that is needed.

There is a real opportunity to act in 2018/19 so that commitment in principle becomes a reality in practice - to achieve the best outcomes for the people that we serve.

What does this mean in practice?

This will start with improving the ability of individuals and communities to take responsibility for their own physical and mental health and well-being. Based on the “primary care home” model, they will be supported to do this by professionals working together across traditional health and care boundaries and by making full use of the valuable resources offered by the voluntary sector. By strengthening primary and out of hospital care, better personalised and preventative care can be provided for local communities; when health care is needed, this can be provided closer to home in a way that is easier to navigate, which in turn will reduce reliance on hospital services.

This is consistent with national and local strategies – and importantly, it is what people in the Vale of York told us they wanted.

- **How will this affect People and Communities?**

There will be greater emphasis on supporting people to take more responsibility for their own health and well-being, with improved access to primary care and simplified care pathways that are better integrated and easier to navigate. As well as allowing people to have greater choice and control through personalised health budgets e.g. patients with long-term conditions.

- **How will this affect General Practice and Primary Care?**

General Practice and Primary Care have a unique understanding of the needs of local communities. Locality working will be central to making sure that the different needs of local communities are reflected in the decisions that are made. This is reflected in changes to CCG governance that puts the clinical voice at the centre of decision making; GPs now have the opportunity to be the voice of their local area.

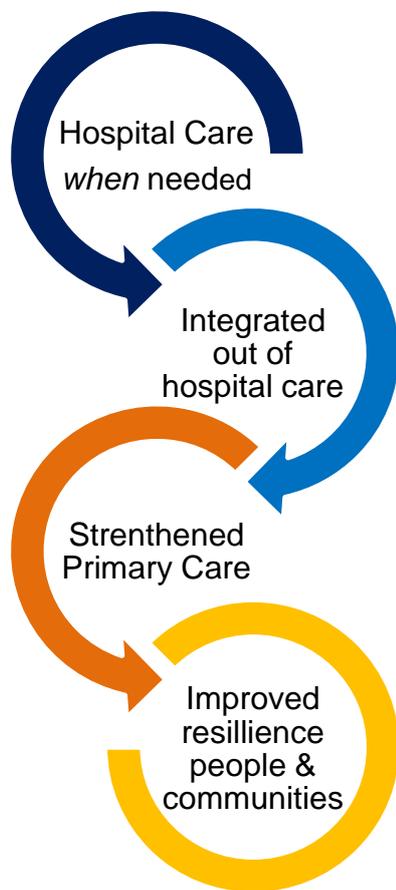
- **How will this affect care outside hospital?**

There will be a greater emphasis on out of hospital care that supports and supplements General Practice and Primary Care. This will mean that people have an integrated response to their needs, particularly when they are complex or they have both mental and physical care needs. For both acute and mental health providers this will require a change in focus to services that are more integrated at a local level. There is also an ambition to go beyond ‘joint commissioning’ across health and social care, with a progressively ambitious approach, aiming for implementation of ‘cross sector’ commissioning from April 2019.

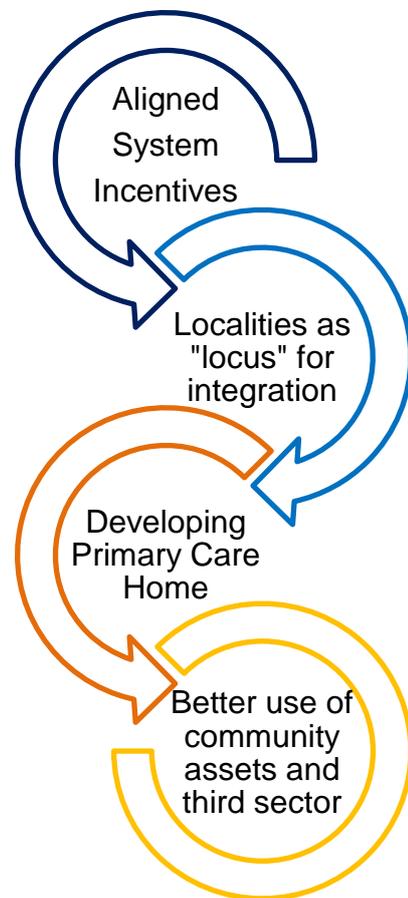
- **How will this affect hospital care?**

Hospitals are a valuable resource and are uniquely placed to provide certain aspects of care; for example, where specific clinical expertise and/or technical capability are needed. Shifting the balance of care as described above will require a shift in resource away from acute hospital care. For mental health provision this will also mean a greater emphasis on making sure that there is more focus on the most vulnerable people (often those with complex needs)

The shift that is needed



Achieved through



2 PURPOSE OF THE DOCUMENT

The purpose of this document is to inform organisations within the Humber Coast and Vale Sustainability and Transformation Partnership (HCVSTP) and NHS England of the CCGs commissioning priorities for 2018/19.

The commissioning intentions will also be of interest to patients and the public and reflect the priorities that were identified through engagement events that took place in July and August 2017.

The document is in three parts;

Part A - STRATEGIC CONTEXT

1. The national context; Operational and planning guidance 2017-19
2. Wider system collaboration; Humber Coast and Vale
3. York-Scarborough Recovery and Transformation
4. NHS Vale of York CCG Strategic Priorities
5. Patient and public engagement
6. Commissioning Landscape; financial context
7. Regulatory environment
8. Clinical Priorities

Part B - COMMISSIONING INTENTIONS; PRIORITIES FOR 2018/19

1. Primary Care and General Practice
2. Joint Commissioning
3. Services for people with Mental ill-health
4. Services for people with learning disabilities
5. Services for people of all ages with autism
6. Services for children with special needs in education
7. Acute Transformation
8. Urgent and emergency care
9. Planned care; improving Referral to Treatment times and Elective Care
10. Maternity services; Better Births
11. Cancer services and waiting times
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PART C – CONCLUSIONS; NEXT STEPS

A STRATEGIC CONTEXT

The document builds on work carried out during 2017/18; it reflects national, STP and local priorities and is consistent with the principles agreed by STP partners and the NHS Operational Planning and Contracting Guidance 2017-19¹, in achieving the ‘triple aim’ of, improved health and wellbeing, transformed quality of care and sustainable finance, as described in the Next Steps on the Five Year Forward View (2017).

1 National context; Operational Planning and Contracting Guidance 2017-19

The nine ‘must do’ priorities identified in 2016/17, remain priorities for 2018/9 and need to be delivered within the financial resources available;

1. Being part of and contributing towards a Sustainability and Transformation Partnership (STP);
2. Improving the financial position;
3. Improving Primary Care in line with the GP Forward View;
4. Improving Urgent and Emergency Care;
5. Improving Referral to Treatment times and Elective Care; (including implementation of the national maternity services review, Better Births, through local maternity systems).
6. Improving cancer services and waiting times;
7. Improving services for people with mental ill health;
8. Improving services for people with learning disabilities and;
9. Improving quality in organisations.

These have been used in conjunction with the CCGs Strategic Priorities, as a framework to describe commissioning intentions for 2018/9 (as described in section 9).

2 Wider system collaboration

The CCG is a member of the Humber Coast and Vale Sustainability and Transformation Partnership (HCVSTP)² who have identified six priorities;

- healthier people,
- better “out of hospital” care,
- better “in hospital care”
- better mental health care,
- better cancer care and
- balancing the books

The focus for achieving the first two priorities will be addressed through “place based” programmes of work, where Vale of York is working in collaboration with NHS Scarborough and Ryedale CCG (S&R CCG) York Teaching Hospital NHS Foundation Trust (YTHFT) and Local Authority partners. The remaining programmes will be approached with partners across the STP, reflecting the way that local people use health and care services.

3 York-Scarborough Recovery and Transformation

The recovery and transformation programme that has been developed jointly with NHS Scarborough and Ryedale CCG works across;

¹ <https://www.england.nhs.uk/deliver-forward-view/>

² <http://humbercoastandvale.org.uk/our-vision/>

- the place-based strategies of the two respective CCG systems
- a single acute transformation programme across the planning footprint of York Teaching Hospital NHS Foundation Trust

Using the combined acute commissioning resources of the two CCGs, the overarching aims are to;

- maximise the use of evidence based prevention
- establish whole system clinical pathways that operate optimally to maximise service productivity and efficiency
- adopt a 'home first' approach to supporting the frail and elderly
- integrate planning and commissioning of wider community services such as Continuing Healthcare and Mental Health

The overall system redesign will shift the emphasis away from hospital and bed-based care towards a greater focus on primary and community based care, supporting patients in their home wherever possible.

The development of locality "hubs" as a means of improving population health through better community engagement and as a locus for primary care development is central to achieving this.

The establishment of the Scarborough and Ryedale Multi-speciality Community Provider (MCP) and the emergence of Primary Care Home in the Vale of York are evidence of how this approach is being put into practice

4 NHS Vale of York CCG Strategic Priorities

The focus in 2018/9 will be on meeting the core requirements of patient safety, achieving national/constitutional standards and achieving financial sustainability, while making progress on three strategic objectives; development of primary care, joint commissioning with Local Authority partners and acute transformation, all of which are designed to achieve the strategic change needed for long term financial and service stability and sustainability.

5 Patient and public engagement

The following themes emerged from the consultation events that took place during 2017;

- the need to improve access to and the quality of primary care
- the importance of having timely access to good quality mental health services
- increasing the focus on prevention and using the third sector/community assets to more effectively support people to look after themselves
- the importance of considering the needs of different communities; increasing the scope of local services to prevent people having to travel to use hospital services

All of which are consistent with the overall approach that is outlined above.

6 Commissioning Landscape; financial context

The financial challenges facing Vale of York are well recognised, there is a recurrent deficit position of £22m, which needs to be closed to get back to annual balance.

The CCGs medium term (four year) financial strategy was approved by the Governing Body in March 2017. Its aim is to reach a balanced and sustainable financial position, which also;

- aligns with existing system plans, in particular, the Humber, Coast and Vale Sustainability and Transformation Plan (which the CCG is a partner to)
- meets key statutory financial targets and business rules

- is consistent with the CCG's vision and supports the delivery of the CCG objectives
- recognises and meets the scale of the challenge in the Five Year Forward View
- delivers operational and constitutional targets

The approach, which was supported by NHS England, was to focus on achieving stability in 2017/18, moving on to address longer term sustainability. There is evidence that this is being achieved (e.g. the forecast outturn for YTHFT for 2017/18 is in line with plan). The focus in 2018/9 will be to consolidate progress made and continue to address the underlying causes of financial deficit.

The CCG believes that in order to deliver real change, a radical new approach to system leadership, commissioning and delivery is required. This view is shared by organisations across the Vale of York, East Riding and Scarborough and Ryedale NHS system, with a shared commitment to support principles that reflect the collective responsibility for the needs of patients. They recognise the importance of genuine, collaborative, clinical leadership and the importance of financial and contracting structures that facilitate a shared view of NHS resources and patient needs. All which provide the incentives that shift the focus from individual organisational need to "system benefit".

The priorities for 2018/19 are aimed at achieving this objective.

6.1 Acute services; aligned incentive contract

There is agreement in principle from YTHFT to an "aligned incentives contract", which better incentivises positive outcomes for patients and more effective use of resource within the health system. During the remainder of 2017/18 joint work will be undertaken to work through the operational requirements of this approach for implementation in 2018/19.

The aim is to work to the principal that, where possible, care should be delivered as close to home as possible and hospital services used only for those people whose care requires it. This will ensure that best use is made of relatively scarce and expensive clinical resources and is consistent with evidence based practice and the views of patients and public. This approach will also remove perverse incentives that hinder the use of technology to support care and treatment e.g. the use of telephone rather than face-to-face consultation.

6.2 Mental Health and Learning Disability services

The current contract agreement with Tees, Esk and Wear Valleys Foundation Trust (TEWV) is based on a mutual recognition that where possible care should be provided in community-based settings, using hospital services only when necessary. The contract is outcomes-based and includes the requirements of both parties to work together to achieve this objective. In addition, as a result of the opening of a new mental health inpatient facility the CCG will work with TEWV to rationalise the estates.

6.3 Primary care

In line with national priorities, there is a commitment to properly resourcing primary care, so that services are sustainable and are able to develop in a way that supports the ambition of reducing dependency on the secondary care sector.

The plan will be to fully utilise the investment identified for primary care in 2018/19. There is agreement from the CCG Executive Committee

- to make the £3.00 per head available in full in 2018/19 for schemes for improved sustainability
- to make the £3.34 per head available in full in 2018/19 for schemes for extended hours

In addition, the £313,000 will be available from the Primary Medical Services (PMS) premium for investment in primary care.

6.4 Joint commissioning

The intent is to increase the commitment to joint commissioning with partner organisations; the details of this will be confirmed in the early part of 2018/19.

6.5 Improving efficiency and effectiveness of commissioning

The recovery and transformation programme that has been developed with NHS Scarborough and Ryedale CCG utilises the combined acute commissioning resources of the two CCGs and uses a joint approach where this creates greater consistency for providers.

The NHS Vale of York CCG will work with NHS Scarborough and Ryedale CCG to further concentrate expertise and resources in 2018/9, providing more effective contract management through economies of scale. The aligned single contract for acute services will allow more effective contract management, simplification of contracting arrangements will also benefit the provider e.g. there will be no requirement to provide multiple sets of information.

In addition, contracting intentions will be aligned across the HCVSTP to ensure a consistent approach to financial planning.

6.6 Quality Innovation Productivity and Prevention (QIPP)

The approach taken in 2017/18 was to ensure that there was a firm evidence base to inform decisions in relation to areas of cost reduction (e.g. using age profiles and benchmarking information) which resulted in effective delivery of targets and evidence that performance for QIPP has improved. This approach will continue in 2018/19 (details and breakdown of schemes are in Appendix 1)

| QIPP Summary | 2017/18 | 2018/19 |
|--------------------------------|----------------|----------------|
| Approved Financial Plan | £14.4m | £14.3m |

Detailed financial plans for 2018/19 will be refreshed in March 2018 therefore QIPP plans are expected to change as plans are developed and finalised.

6.7 Prescribing; drugs, devices and products; joint approach with NHS S&R CCG

CCGs have made significant savings from prescribing budgets, but there are opportunities to go further. Restrictions can be applied to; not prescribing drugs available as over the counter medications; closer adherence for prescribers on NICE guidelines and further restrictions on use and choice of medicines, products and devices.

The priority for 2018/19 will be to target more radical options to reducing spend on pharmacy, products (such as continence) and expensive devices.

7 Regulatory Environment

There have been well recognised challenges for the NHS Vale of York CCG and the wider health economy. The CCG aims to take itself out of legal directions in 2018/19 and to respond positively to the CQC review. We recognise that there may be challenges for other

organisations in relation to regulation; we will work with them to make sure that the needs of patients are paramount when addressing any issues.

8 Clinical Priorities

There are a number of opportunities presented by Right Care for improvements in efficiency and clinical outcome, as well as those where there is an opportunity to provide care more effectively out of hospital (as detailed below) these provide the basis for prioritising specific programmes.

| Right Care | | Demand/Capacity | |
|--|---|--|---|
| Spend & outcome | Outcomes | Spend | |
| <ul style="list-style-type: none"> • Gastro-intestinal • Musculoskeletal • Endocrine • Neurological • Circulation | <ul style="list-style-type: none"> • Endocrine • Gastro-intestinal • Maternity • Circulation • Respiratory | <ul style="list-style-type: none"> • Musculoskeletal • Neurological • Gastro-intestinal • Circulation • Trauma & injuries | <ul style="list-style-type: none"> • Ophthalmology • ENT • Dermatology |

PART B COMMISSIONING INTENTIONS; PRIORITIES FOR 2018/19

The CCG's three strategic pathways; development of primary care, joint commissioning with Local Authority partners and acute transformation, together with the Operational Planning Guidance and "nine must do's", form a framework to describe the specific priorities for 2018/19.

1 Primary Care and General Practice

The GP Forward View (April 2016) sets out a plan to transform primary care over the next five years with the plan to invest £2.4bn nationally by 2020/21; tackling workforce, workload, and supporting redesign, including practice transformation, development of "at scale" providers, stimulating implementation for the "10 High Impact Changes to release time to care" and improving in hours access.

The role of general practice is central to the provision of effective services to patients, therefore the CCG is committed to the implementation of the GP Forward View and strengthening the role of primary care clinicians in CCG leadership.

Priorities for 2018-19 are to;

- Continue to commission General Medical Services (delegated in 2015) working with practices to develop extended hours. These services will be procured in 2018/19.
- Promote the development of safe and sustainable primary care, through encouraging practices to work at scale. The development of locality "hubs" is a priority as a means of improving population health, through better community engagement and as a locus for primary care development.
- Support the development of effective partnerships between practices, to improve long term sustainability and to realise economies of scale. This will increase the capacity capability of primary care, to reduce dependency on secondary care by providing services in primary care where this is more effective, using indicative budgets and gain/loss share as a means of facilitating this.

- Support the development of effective partnerships with Local Authority partners, recognising the interrelationship between mental and physical health and the social care aspects of health and well being
- Support the ability to form effective partnerships with the third sector, seeking to mobilise these valuable resources so that people and communities can be supported to improve their own health and well-being e.g. by further developing social prescribing.

2 Joint Commissioning

The CCG and local partners recognise the need to improve the ways in which services are commissioned, especially for people, families, and communities where both health and social care can work together to achieve better outcomes. The added value from joint commissioning will come from increasing:

- co-production
- personalisation
- prevention and early intervention
- Asset Based Community Development (ABCD)
- community capacity
- self-directed support and self-care

The CCG aims to achieve integration of Health and Social Care by 2020 in line with national intentions, using the BCF and the iBCF as ways of bringing about both strategic and operational change and is committed to further developing joint commissioning, in line with the priorities and principles agreed in the Vale of York Joint Commissioning Strategy 2016-2020.

The CCG will work with partners in the Health and Wellbeing Boards and Humber Coast and Vale Sustainability and Transformation Partnership, and with the local authorities in their respective joint commissioning arrangements; using the Better Care Fund (BCF) and the Improved Better Care Fund (iBCF) in a way that;

- Contributes to the medium and longer term objectives to move away from needs primarily being met by statutory agencies, towards working with individuals and communities to support self-help and self-care;
- Supports people in their own homes and communities to avoid the need for admissions to residential and nursing care, and urgent hospital care and helps them to return to their home after a hospital.

Priorities for 2018/19 are to;

- Agree a progressively more ambitious “cross sector” commissioning strategy; with a focus on defining the scope of joint ambition in the first half of 2017/18, transition in the second half of 2017/18 and aiming for full implementation in 2018/19.
- Continue the development of joint commissioning arrangements with local authorities, including establishing a joint commissioning capability with City of York Council, bringing together expertise and shared programmes of work
- Further align the existing commitment to prevention and early intervention, with asset based and strengths based approaches, supporting individual and community resilience, including improving access to universal information and advice
- Align the development of the Local Digital Roadmap with opportunities across the wider public sector, in particular the progress in York towards the Digital City; sharing information to improve patient care and extend our performance management capabilities
- Develop a comprehensive accommodation needs assessment and strategy for York

- Meet the national conditions and deliver the goals of the BCF and iBCF, including working towards integration, extending the scope of the fund, improving outcomes for people and meeting performance standards
- Continue developments in Continuing Health Care (CHC)
- Address delayed transfers of care through whole system working
- Further develop the range of intermediate care and rehabilitation/reablement services
- Optimise the potential for Personal Budgets and Personal Health Budgets to align systems and processes, joining up around the individual; simplifying the arrangements and minimising bureaucracy
- Ensure our plans and activities support the system wide response to the CQC Local System Review, which took place in October/November 2017.

3 Services for People with Mental ill-health

The CCG is committed to realising the ambitions of the Mental Health Five-Year Forward View, the Mental Health Crisis Care Concordat and achieving the standards and detailed in the NHS Operational Planning and Contracting Guidance.

The CCG will continue to work with the voluntary sector and other partners to focus on maintaining psychological well-being and preventing mental illness by developing individual and community resilience and recognising the early signs of mental ill-health, intervening early to prevent deterioration; working with partners to jointly commission services that help people of any age, with an existing mental illness live with and manage their condition effectively.

This is particularly important for children and young people as this clearly has an impact on long term health and well-being.

The importance of collaboration with other statutory organisations and the voluntary sector is reflected in the Vale of York Joint Commissioning Strategy, the York Health and Wellbeing Strategy, and other joint strategies and in the contractual agreement between the CCG and Tees, Esk and Wear Valleys Foundation Trust (TEWV). Joint working and the development of further service integration will be a continued focus in 2018/19.

In 2018/19 the CCG will work with partners on a programme of work to achieve a step change in improving mental health service performance against national standards, particularly in early intervention psychosis, improving access to psychological therapies (IAPT), dementia diagnosis and children's and young people's mental health services, in line with the agreed Local Transformation Plan³ where joint work is needed with TEWV to develop joint plans to achieve targets. The CCG will continue to work with CCG colleagues in North Yorkshire, to make use of commissioning expertise (e.g. in commissioning children's and young people's mental health services), we will also continue to work with NHS England to support co-commissioning for the local provision of specialised services.

Children and young people

The CCG aims to meet the national ambition to develop integrated services for children's and young people's mental health services. Where possible care should be provided in the community; when an in-patient stays is needed, this should only take place where clinically appropriate; length of stay should be as short as possible, it should be as close to home as

³ <http://www.valeofyorkccg.nhs.uk/data/uploads/publications/local-transformation-plan-2017/local-transformation-plan-2017-submission-31-oct-2.pdf>

possible and out of area placements should only take place when clinically necessary. Moving to a position where all general in-patient units for children and young people are commissioned on a 'place-basis' by locality, so that they are integrated into local care pathways.

Priorities for 2018/19 are;

- To commission improved access to 24/7 crisis resolution and liaison mental health services
- To address the needs of children and young people with eating disorders the CCG priorities are
 - to commission dedicated eating disorder teams
 - to set clear trajectories for access and waiting time standards; with a target of 95% of children in need to receive treatment within one week for urgent cases, and four weeks for routine cases
 - to measure patient experience and changes in rates of admission to inpatient services

Adult Mental Health

The CCG will develop enhanced community mental health models, which will focus care out of hospital in "hubs" reflecting the agreed strategy to decrease the inpatient bed base in the hospital provision that replaces Bootham Park as well as the strategic development of locality "hubs" as the locus for the provision of integrated physical and mental health services.

The physical health needs of people with mental illness also need to be addressed. The CCG aims that more people have their physical health needs met by increasing early detection and expanding access to care assessment and intervention each year.

Priorities for 2018/19 are to;

- Increase access to Psychological Therapies (IAPT) for people with common mental health conditions with the majority of new services being integrated with physical healthcare (with a target of 19% access in 2019)
- Develop an integrated approach to that is focused on supporting people who are vulnerable and/or have complex needs (including people who need care after under section 117) aiming to reduce the number of out of area contracts (mental health placements)
- Continue to work with primary care providers to increase the rate of diagnosis for dementia to 60% (aiming for 67% by 2019 in line with national targets)
- To address the needs of people in care homes, we aim to strengthen the provision of MH support (to provide advice, training and skilled reviews, particularly for those people with dementia). We will also review the options for skilled residential and nursing care for clients with dementia.
- To address the needs of people with MH problems admitted to general acute care the priorities are to;
 - support the acute psychiatry liaison service within York Teaching Hospitals NHS FT,
 - work with YDHFT to understand the causes of frequent attendance, aiming to reduce attendances at the Emergency Department and admissions to hospital by putting in place alternatives to support people before their condition reaches crisis point

4 Services for people with learning disabilities

The CCG will implement plans that have been agreed with Local Authority partners to meet the requirements of Transforming Care. Reducing CCG commissioned beds in line with

national targets; enhancing community provision for people with Learning Disability and/or autism, moving people from assisted living units into community placements. In addition, to ensure that children and young people with special educational needs and disability (including those with a learning disability) have equity of access to health services, particularly ensuring that primary care facilities are accessible and that young people in transition to adult services are well supported. We recognise the challenge of securing skilled providers to support those people with behaviours that challenge and will be working to address this.

5 People of all ages with autism

The priority for 2018/19 is to develop a strategy for autism, based on the principle of early intervention and a “best value” approach, with an initial focus on redesign of the care pathway.

6 Children with special needs in education

The CCG will work with YTHFT and City of York Council to develop a joint approach for the provision of a school nursing service for children with special needs in education. Services in special schools will be integrated with those for children aged 0-19 in education (provided by CYC) and in conjunction with the children’s community nursing and therapies team (provided by YTHFT) to put in place a year round service. Developing a specification that focuses on achieving outcomes that meet the needs of children and that reflect the views of families (identified through the engagement that has taken place

7 Acute Transformation

The dynamic interaction between demand and supply is recognised; reduction in demand will not achieve cost improvement without an accompanying reduction in capacity. The availability of capacity is itself a major stimulus for clinical demand, but without changing the pattern of demand, merely reducing capacity will result in extended urgent and elective waiting times. The target areas for medium-term financial recovery are:

a) Demand management

Outpatients; there is already a move from historic face-to-face outpatient services to a more efficient clinical consultancy system, including; advice and guidance, clinical triage; ‘e’ consultations and greater use of shared care protocols with primary care, aiming to reduce significantly the capacity required for outpatient clinic capacity.

Patient optimisation; there are a range of clinical thresholds and restrictions on procedures of limited clinical value. This will be extended by a broader programme of patient optimisation, where non-urgent patient referrals will be supported to optimise health before treatment, aiming to reduce the demand into elective care.

b) Sustainability and productivity

Site and service consolidation; there are a large number of sites and points of access in operation for a range of services, duplicating services and adding to cost. This creates the opportunity for operating clinical capacity more efficiently.

Emergency and urgent care pathway improvement; there have been significant performance challenges in urgent and emergency care, although there has been improvement, the aim will be to manage acute hospital demand with no increase in acute

capacity, taking opportunities to release costs where realistic aiming to achieve the 95% ED target and manage the likely increase in demand occurring in the medium-term.

c) Cost reduction

Market and supply management; there is significant expenditure on care provided by non-NHS providers. Demand management actions will support reducing demand for elective care. The first target will be to reduce the use of non-NHS capacity. Further consideration will be given to strengthening core NHS capacity to avoid premium sub-contracting.

Estate rationalisation; there is recognition that services can no longer be provided at the current number of sites. The programme will rationalise service provision to a smaller number of sites consistent with safe clinical practice. This may result in the partial or complete withdrawal of NHS care from several sites in the locality. There will be a strategic review of community based bedded care with a subsequent rationalisation to support a 'home first' approach. Realignment will continue across the two main hospital sites.

Priorities for 2018/19 are in the following areas;

- Planned care and demand management (already operational) incorporating outpatients, optimisation and reducing the need for non-NHS care
- Urgent and emergency care; this will form part of the work programme of the A&E Delivery Board and link into the place-based work programmes in each sub-locality, including integrated out of hospital care
- Clinical pathway redesign; producing model speciality systems for care delivery in the major clinical specialisms
- Estate rationalisation and overhead reduction; focussing on releasing cost from reduced capacity aligned to reduced demand and the wider site reconfiguration across the system. The clinical pathway work-streams will drive the clinical models that shape the site service provision.

8 Urgent and emergency care

The CCG will focus on the requirements in the Planning Guidance that relate to constitutional standards, including access times in the Emergency Department (ED) and in the Ambulance Service.

There is recognition that for urgent and emergency care to work well for patients there needs to be an integrated and proactive approach to unplanned care. Progress has been made on reducing flows into the hospital system however meeting A&E targets remains a challenge.

The Integrated Urgent Care Service Specification (IUCSS) 2017 will form the basis for commissioning an integrated 24/7 urgent care access, clinical advice and treatment service which incorporates NHS 111 call handling and former GP out of hours services, with an emphasis on localities which are able to provide enhanced services to prevent or reduce ambulance call outs, hospital attendances and admissions.

Priorities for 2018/19 are to;

- Sustain the areas of practice that meet the IUCSS and take action where there is an identified gap, specifically;
 - implement the roll out of Urgent Treatment Centres and enable appointment slots that can be booked directly from 1st contact (via NHS 111)
 - extend the Out of Hours contract for two years in line with the original contract award
 - enhance primary care, including extending hours for GP and ensuring dedicated capacity for urgent care

- Continue joint work with provider Trusts on the systematic assessment of patients to support prompt treatment, using intelligence to identify those people who use A&E on a frequent basis (often with complex physical and/or mental health care needs) who would be better supported out of hospital.
- Increase the focus on working with partner organisations; LAs and the care home sector, to facilitate discharge from hospital - aligning the use of the BCF with the strategy for urgent and emergency care.
- Develop a proactive approach in primary care, through risk stratification for unscheduled care; building on the success of the Integrated Care Team approach in York to embed this approach in the north locality and to implement in the Selby locality.
- Work with the third sector to extend the use of social prescribing to address social needs and promote psychological and physical health and well-being.
- Work with STP partners to ensure the achievement of the requirements for 7 day working.

9 Planned care; improving Referral to Treatment times and Elective Care

Clinical priorities for 2018/19 are focused in areas where there are opportunities for transformation and improvement identified through Right Care or where there is opportunity to provide care more effectively out of hospital; there are a number of clinical specialties where this is possible (see section 8) This programme is aligned with NHS S&R CCG where there is joint work on common priorities.

The CCG is committed to working with YTFT to balance demand and capacity in order to deliver sustainable waiting time performance and meet standards for Referral to Treatment times (RTT).

Service priorities for 2018/9

Note; 2- 8 are part of the joint planned care programme with S&R

- Neurology; to develop improved community provision to support people living with Parkinson's disease and Multiple-sclerosis
- Gastro-intestinal; to develop a commissioning policy for the criteria for endoscopy and consider the option of all referrals for endoscopy being directed to the referral support service
- Musculoskeletal/trauma and orthopaedics*; to implement shared decision-making as mandatory for elective care and to review and redesign the trauma and injury pathway
- Diabetes (STP wide): subject to agreement, implement the final phase of the Diabetes Prevention Programme; being a pilot site for the Digital Prevention Programme utilising digital technology and virtual coaching to help prevent diabetes in patients identified as pre-diabetic, or patients who are obese and at increased risk of becoming pre-diabetes. Evaluate the outcomes resulting from funding gained from the NHSE Diabetes Transformation Fund considering the impact of the multi-disciplinary foot care and diabetes treatment targets pilots.
- Circulation (cardiovascular); to continue active management of atrial fibrillation in primary care, instigating proactive management of hypercholesterolemia and hypertension
- Ophthalmology; to consider the potential for procurement for minor eye care services; developing a single provider model to generate suitable scale for the provision of safe and effective services
- ENT; put in place a commissioning statement for the use of micro-suction for removal of earwax; it is not planned to routinely commission this service in 2018/19 and secondly, to implement a virtual clinic approach between ENT and Audiology

- Dermatology; indicative budgets and a risk/gain share approach have been used in 2017/8 as a means of supporting the transfer of care from secondary into primary care. This approach will be continued, consider and scope transfer of approximately 20% of outpatient activity into a community setting. This will allow valuable hospital resource to be used to treat more complex cases. Also in relation to the Minor Surgery DES consider removing requirement for GPs to ask for consultant permission to undertake punch biopsies.

10 Maternity services; Better Births

CCGs and provider trusts submitted detailed, comprehensive plans to NHS England to set out how the recommendations the National Maternity Review (Better Births) will be implemented across the STP by 2020. The CCG is actively engaged with partners locally and STP level to begin to address four priorities identified in the Humber Coast and Vale Local Maternity System Plan 2017/20⁴;

- Choice, Personalisation and Continuity of Care
- Safer care
- Better postnatal and perinatal mental health
- Multi-professional working / working across traditional boundaries

There are comprehensive STP wide action plans to begin to progress towards the achievement of these objectives; for NHS Vale of York CCG there is a focus on ensuring the plan and any service developments meet the different needs of local communities which differ both in demographic and geography.

Priorities for 2017/8 are

- To begin to implement the Local Maternity System Plan priorities for 2018/19 at a local level
- To continue to work with providers to reduce stillbirths, neonatal and maternal deaths and brain injuries caused during or soon after birth,
- To further develop perinatal mental health services to focus on early intervention, increase access to evidence-based specialist perinatal mental health care including sustainability of services
- To work with YTFT to continue extending choice on where birth takes place
- To ensure the learning disability LD community and other vulnerable groups have appropriate service provision
- To work with other stakeholders to optimise health promotion during pregnancy

11 Cancer services and waiting times

The Humber Coast and Vale Cancer Alliance is working with all CCGs and providers within HCVSTP to implement the changes needed to achieve the ambitions of the national cancer strategy and the NHS Constitution cancer targets.

All providers will be expected to start the new financial year delivering the cancer waiting times targets or have a clear local action plan to progress delivery to an agreed trajectory, aligned plans with plans that have been agreed across the Cancer Alliance

Locally there is a need to improve performance for urgent cancer 14 day referrals and the 62-day referral to treatment standard. There is also a requirement to support progress towards the target that by 2020, patients with suspected cancer will have a diagnosis within 28 days of being referred. Increasing both MRI and CT scan capacity and improving

⁴ <http://humbercoastandvale.org.uk/2017/05/15/better-births/>

radiology reporting capacity is critical to achieving this; the CCG supports the collaborative work on joint approaches including the 'shared services' initiative aimed at maximising reporting capability across the HCVSTP area.

Priorities for 2018/19 are;

- To work with YHFT to support implementation of the recommendations of the NHSI Intensive Support Team (report due in January 2018) to improve the 62 Day performance.
- To support work to agree and implement timed pathways between YHFT and the tertiary centres in Hull and Leeds
- To support selected GP practices across the Vale of York to pilot a 'direct to test' for colorectal referrals for appropriate patients
- To support Cancer Alliance work to improve the diagnostic capacity regionally and locally to improve 62-day RTT performance

12 Commissioning For Quality

During a time of increasingly constrained resources and the need to achieve value for money, it is essential that the CCG maintains a focus on quality, so that the safety, experience and effectiveness of the services that we commission are not compromised.

The CCGs independent assurance role will be strengthened to ensure that quality is central to any service change, commissioning policy (e.g. in relation to clinical interventions where evidence suggests that there is limited clinical benefit) or transformation programme.

There will be dedicated resource to support the sustainability and quality of care in care homes, recognising the important role that they play in providing safe care to the vulnerable; availability of beds, preventing admission to hospital and reducing delayed transfers of care'

Priorities for 2018/9 are to;

- Coordinate our approach with S&R CCG; taking the lead for quality of acute services on behalf of both organisations
- Support the development of high quality primary and community services to realise the aim of providing a care closer to home rather than in hospital
- Use the primary care assurance reporting method developed in 2017/8 to report on performance in primary care, using intelligence to identify more in depth consideration of specific areas e.g. workforce.
- Work with providers to embed the approach to learning from serious incidents and never events, by continuing to be involved at an early-stage of the process
- Develop and implement a quality improvement plan for care homes using information intelligence to identify where the greatest impact will be

PART C – CONCLUSIONS; NEXT STEPS

These intentions build on the key messages we have heard from members of the public, they are also consistent with our desire to start to change the wider care system so that it becomes financially sustainable in the medium-term.

Our next step will be to share the intentions with provider organisations and our partners with a view to securing the service improvements and the wider system change that we have signalled.

Breakdown of QUIPP Schemes

Appendix 1

Impact Split by Workstream

| | Total | 2016/17 FYE | 2017/18 | 2018/19 | 2019/20 | 2020/21 |
|-------------------------|---------------|----------------|--------------|---------------|--------------|--------------|
| Planned Care | 14,142 | 3,242 | 3,639 | 4,998 | 1,077 | 1,186 |
| Unplanned Care | 13,719 | 11 | 2,595 | 4,254 | 4,316 | 2,543 |
| Primary Care | 236 | 36 | 75 | 125 | 0 | 0 |
| Prescribing | 6,242 | 309 | 1,305 | 1,628 | 1,500 | 1,500 |
| MH, LD and Complex Care | 10,990 | 890 | 1,850 | 3,000 | 2,500 | 2,750 |
| Back Office | 852 | 0 | 444 | 336 | 72 | 0 |
| Total | 46,181 | 4,488 | 9,908 | 14,341 | 9,464 | 7,980 |
| | | 14,396 | | | | |

Impact Split by MTFS heading

| | Total | 2016/17 FYE | 2017/18 | 2018/19 | 2019/20 | 2020/21 |
|---|---------------|----------------|--------------|---------------|--------------|--------------|
| Elective orthopaedics | 3,000 | 0 | 750 | 2,250 | 0 | 0 |
| Out of hospital care | 14,972 | 786 | 2,824 | 4,503 | 4,316 | 2,543 |
| Contracting for outpatients | 2,000 | 0 | 1,000 | 1,000 | 0 | 0 |
| Continuing healthcare and funded nursing care | 9,555 | 255 | 1,550 | 2,500 | 2,500 | 2,750 |
| Prescribing | 6,242 | 309 | 1,305 | 1,628 | 1,500 | 1,500 |
| High cost drugs | 2,089 | 85 | 233 | 632 | 181 | 958 |
| Sub-Total | 37,859 | 1,435 | 7,662 | 12,513 | 8,496 | 7,751 |
| Other | 8,322 | 3,053 | 2,246 | 1,827 | 968 | 228 |
| Total | 46,181 | 4,488 | 9,908 | 14,341 | 9,464 | 7,980 |
| | | 14,396 | | | | |