## **Laying the foundations**

## Embedding and extending

# Financially sustainable system

| 2014/15 Year 1                 | 2015/16 Year 2   |            | 2016/17 Year 3  | 2017/18 Year 4                               | 2018/19 Year 5  |
|--------------------------------|--|------------|---|--|---|
| and Wellbeing  Integrated Care | <ul> <li>Sugar / Smoking/ Alcohol/ Suicide</li> <li>Commissioning for Prevention - 5 steps</li> <li>Tackling highest health inequalities - pilot practices in deprived areas</li> <li>Integration Pilots</li> <li>New models of care through integrated outcome based commissioning</li> </ul> | ) <u> </u> | Integrated systems esta  End of Life Care pathy Self care and preventi Mental Health pathwa Physical Health check   | way embedded<br>on embedded<br>ys (including | New system of fully Integrated Care  • Patient centred care  • New organisational forms  • Lead contractor arrangements  • Total dedicated accountable budget  • Seven day services |
|                                | <ul> <li>General Practice Improvement Programme</li> <li>Fully delegated commissioning from NHSE</li> <li>Referral Support Service and risk<br/>stratification</li> </ul>  |            | New models of Primary Care     Expanded capacity and workforce     Seven day services and assistive technology     Improved premises and infrastructure     New partnerships     Potential for CCG co-commissioning community dental, ophthalmic and pharmacy services      Resilient secondary care and hospital     Sufficient capacity     Productive and value for money services     Seven day services and assistive technology | nd workforce<br>and assistive                |   |
| Urgent Care                    | <ul> <li>Liaison Psychiatry; re-ablement and Rapid<br/>Assessment Team (RATS)</li> <li>Urgent Care practitioners; GP in ED</li> <li>Urgent care networks implementation</li> </ul> Year round system   |            |   | commissioning of                             |   |
|                                | <ul> <li>Pathway Review and Redesign</li> <li>Neurology pathway</li> <li>MSK procurement</li> <li>Elective Orthopedic procurement</li> <li>Diagnostics capacity and access</li> <li>Specialised Services and Co-commissioning</li> </ul>   |            |   | r money services<br>I assistive              |   |
| and Maternity                  | <ul> <li>Children's and Family Care Act</li> <li>CAMHS</li> <li>Autism Review; Asthma</li> <li>National maternity review (Summer 2015)</li> </ul>  | care       | Specialised services in<br>of excellence and co-<br>with NHSE - stroke ar<br>dialysis; bariatric surg   | commissioned<br>nd trauma; renal             |   |
| End of Life (EOL)              | <ul> <li>Cancer pathway review and survivorship</li> <li>Palliative Care and EOL pathway review</li> <li>National Cancer Strategy (Summer 2015)</li> </ul>   | Urgent     |   |  |   |
| and Learning Disability (LD)   | <ul> <li>Transforming Care for LD</li> <li>IAPT, dementia and liaison psychiatry</li> <li>Crisis care and early psychosis intervention</li> <li>Mental health service review (CAMHS)</li> <li>Bootham inpatient redevelopment</li> </ul>   |            | Modernised and access health and learning disa Fit for purpose estate Sufficient Access Parity of Esteem: physical safeguarding the vulne   | sical health and                             | NHS<br>Vale of York<br>Clinical Commissioning Group   |

## Life, My Health, My Way: High quality care, in the most appropriate setting, to meet the needs of our population.

Our work will deliver a sustainable and high quality health service available to all to improve health and wellbeing across the Vale of York. Targeting Health inequalities, increasing parity of esteem between physical and mental health and providing local access to care. The CCG will provide system leadership.

Vale of York Clinical Commissioning Group

## You said, we did

Help people to stay healthy

Provide people with the opportunity to influence and change healthcare

Ensure access to good, safe, high quality services closer to home

Support people with long term conditions to improve quality of life

Improve health-related quality of life and end of life care

Implement local 'Care Hubs' across the Vale of York

High quality mental health services for the Vale of York, with increased awareness of mental health conditions

Ensure local healthcare services are sustainable

Ensure people have access to world-class complex and specialist care

Support health research in the local area

## **Our strategic initiatives**

Prevention, Self Care and Wellbeing: help people stay healthy through informed lifestyle choices, supported self-management of long term conditions. Joint targeted activities with public health and PHE for highest inequalities

Integrated Care: coordinate health and social care services around the needs of patients to create a fully integrated out of hospital system of care and redesigned models of community care and enhanced care in care homes

**Primary Care:** improve the access of care, seven days a week through GP practices working together to support larger populations; enabling and linked to future model of integrated care

**Urgent Care:** improve, coordinate and ensure resilience for all aspects of urgent care provision that ensure that patients are treated at the most appropriate place across the system

Planned Care: enhance the referral support service to ensure the right care is delivered for patients first time. Improve productivity of elective care and ensure sufficient capacity to deliver NHS Constitution standards and patient choice

**Transformed Mental Health:** improve the access and management of people with mental health needs and improve their physical health through all new models of care across system

Children and Maternity: give children the best start in life possible, promote healthy lifestyles and supporting self-management of their conditions: maternity choice

Cancer, Palliative and and End of Life: prevention, diagnosis and treatment; survivorship and strategy

## **Enabling work**

Delegated CCG commissioning of primary care

Primary care improvement programme

Workforce planning across the system

IT connectivity and full data interoperability across the system

Shared care record and individual care plans

Personal Health Budgets and Integrated Personal Commissioning

Innovative pricing and Contracting tools

Procurement extending patient choice

Estates and infrastructure investment

Assistive technology and equipment

Research and innovation

Prescribing

Carers and voluntary sector strategy/grant agreement

## Our improvement interventions

- Community engagement and empowerment -NHS Citizen embedded
- Joint delivery of Alcohol Strategy with PH
- Sugar reduction; Smoking Cessation
- Young offenders and veterans access
- Three integration pilots Selby, York and Pocklington
- Embedding urgent care, self-care and EOL pathways in integration pilots
- Better Care Fund schemes
- Referral support service expansion
- · Doctor First; Risk stratification
- Extended role of community pharmacy
- · Enhanced care in Care homes
- Urgent care practitioners
- Psychiatric liaison and GP in ED
- · Paediatric zero length of stay
- Designate and assure all urgent care facilities
- Service review and redesign to support capacity and resilience - ophthalmology, dermatology, urology
- Contracting of additional capacity and choice for patient access
- Mental health and LD service review and procurement
- Transforming LD services self assessment and review of admissions/ registers
- · Crisis care concordat
- IAPT expansion;
- Bootham inpatient redevelopment
- Children and Families Act EHCPs; Special educational need and looked after children
- · Asthma, CAMHS and self-harm
- Palliative Care Review
- Cancer Pathway Review

#### Outcomes

#### **Quality outcomes:**

- Delivering on the NHS Constitution
- Enhanced quality and safety of care; safeguarding
- Improved patient experience of care outside of hospital (12%)
- Increase in number of people having positive experience of hospital care
- Quality Premium: incentivise community and primary care focus on specific diseases and safety
- CQUINs: urgent care, sepsis AKI AMP
- Data management and interoperability targets: EPS, GMS, elective referrals

#### **Health outcomes:**

- Reduce the potential years of life lost (15%)
- Reduced emergency hospital admissions (by 14%: BCF 11.7%)
- Increase in proportion of older people living independently at home following discharge
- Improve the health-related quality of life of people with LTCs
- Improving physical health of those with mental illness (parity of esteem)
- Reducing Falls
- Improve dementia diagnosis

## Impact on activity 2015/16: refresh

### Impact on finances:

- · Financial sustainability
- Increase productivity of secondary elective care
- Contracts and Service Development Plans driving transformation
- Ensure value for money
- Contribution of QIPP schemes to financial gap of £14.7m

Our values will underpin everything we do: Quality • Governance • Engagement and co-design • Prioritisation • Equality • Sustainability • Empathy; Integrity • Respect • Courage