



Vale of York
Clinical Commissioning Group

Annual Review 2014-2015



The best health and
wellbeing for everyone.

Our vision

Ensuring there is clinical input in every aspect of the commissioning cycle and co-producing plans with our stakeholders so they deliver the best in integrated health and social care services, our vision is:

To achieve the best health and wellbeing for everyone in our community.

Our objectives

People will be supported to stay healthy through promoting healthy lifestyles improving access to early help and helping children have a healthy start to life.

People will have more opportunities to influence and choose the healthcare they receive and shape future services.

People will continue to have good access to safe and high quality healthcare services.

When people become ill, they are treated in a timely manner with access to expert medical support as locally as possible.

Where people have long-term conditions they are supported to manage those conditions to give them the best possible quality of life.

When people are terminally ill, the individual and their families and/or carers are supported to give them the best possible quality of life and choice in their end of life care.

A move to integrated care pilots, providing increased access to health promotion, care and support services, including GPs, pharmacies, diagnostics (e.g. scans/ blood tests), community services, mental health support and social care and community and voluntary services.

High quality mental health services for the Vale of York, with increased awareness of mental health conditions, improved diagnosis and access to complex care within the local area.

A sustainable and high quality local hospital providing a centre for urgent and emergency care and planned care for a wide range of conditions and elective operations, maternity and other specialisms within the Vale of York.

Access to world class highly complex and specialist care provided through specialist centres across the country.

Opportunities for accessing and leading research to improve healthcare systems for all.

Our mission is to:

- Commission excellent healthcare on behalf of and in partnership with everyone in our community;
- Involve the wider clinical community in the development and implementation of services;
- Enable individuals to make the best decisions concerning their own health and wellbeing;
- Build and maintain excellent partnerships between all agencies in Health and Social Care;
- Lead the local Health and Social Care system in adopting best practice from around the world;
- Ensure that all this is achieved within the available resources.

Our values

- **Communication.** Open and clear communication at all times, inside and outside the organisation, is essential for us to succeed. We recognise that the messages we send out need to be clear to everyone who receives them.
- **Courage.** We have the courage to believe that our community has the capacity to understand complex health issues and that it can be trusted to participate in making decisions on the allocation of health resources.
- **Empathy.** We understand that not all ills can be cured. We understand the suffering this causes and we work to reduce it.
- **Equality.** We believe that health outcomes should be the same for everyone. We will reduce unnecessary inequality.
- **Innovation.** We believe in continuous improvement and we will use the creativity of our stakeholders and staff.
- **Integrity.** We will be truthful, open and honest; we will maintain consistency in our actions, values and principles.
- **Measurement.** Successful measurement is a cornerstone of successful improvement.
- **Prioritisation.** We will use an open and transparent process to arrive at value driven choices.
- **Quality.** We strive to be the best that we can be and to deliver excellence in everything we do.
- **Respect.** We have respect for individuals, whether they are patients or staff colleagues; we respect the culture and customs of our partner organisations.

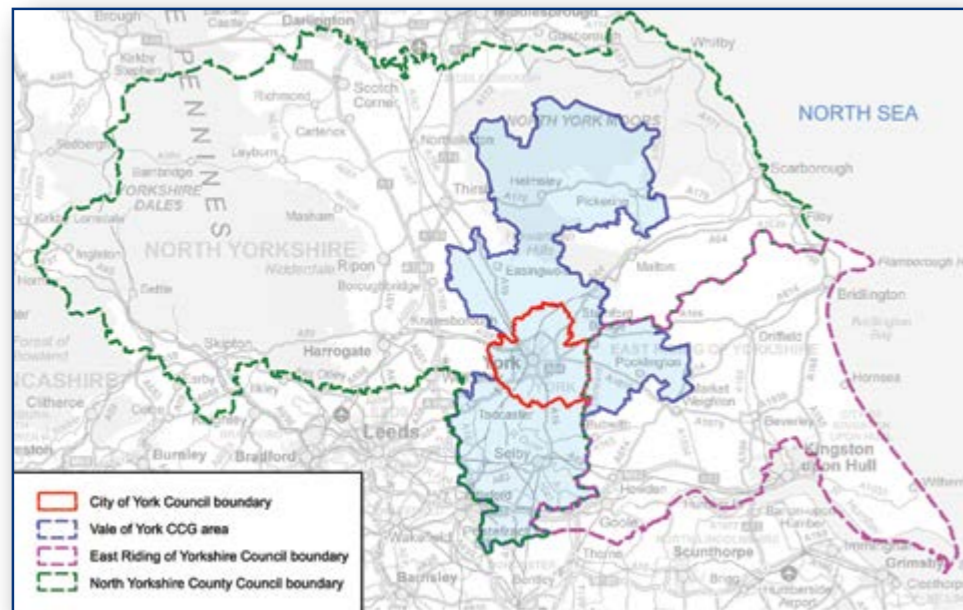
Who we are and what we do

We are an NHS organisation which is led by clinicians that see patients every day. We understand the needs of the community and the impact that local services have on the health of patients.

We commission the following healthcare services in the Vale of York

- Planned hospital care.
- Urgent and emergency care.
- Community health services.
- Mental health and learning disability services.
- Tackling inequality including children's health and wellbeing.

We serve a population of around 336,500 people. In 2014-15, we had 31 member GP practices and an annual commissioning budget of £376.4m. The budget, set by central government, was based upon a complex funding formula that reflected the overall health and wellbeing of the Vale of York community.



An NHS
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Understand
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Annual
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Population
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31
member
practises
in 2014-15

A message from the Chief Clinical Officer and Chief Operating Officer

Welcome to a review of our second year as the commissioners of health and social care in the Vale of York. 2014-15 was challenging on a number of fronts but ultimately it was a successful one for us.

How is success defined in the context of an organisation working in such a complex environment? For the CCG, success is based upon how we demonstrate progress towards the aim of achieving the best health and wellbeing for everyone in the community. In the last year we have taken a number of significant steps that will result in improved services for the people who live in the Vale of York.

Financial Performance

We successfully met all of the NHS business rules. This is the first time that the local commissioner has achieved this, including the delivery of a 1% surplus which is equal to £3.85m. This strong financial performance underpins our ability to pursue and deliver improvement whilst providing increased funding to mental health and learning disability services and recommencing the provision of In-Vitro Fertilisation (IVF) services in the Vale of York.

Looking ahead

We have had two very successful years and developed a national reputation for innovation. Maintaining this success into a third year and beyond will be very challenging. The NHS is under unprecedented financial strain and nationally both providers and commissioners are preparing deficit financial plans. There has been recognition of an £8 billion annual gap in funding by 2020. The reality is that there remains to be a problem now.

We are working on initiatives for 2015-16 that will seek to address the issues of rising demand and tight financial funding.



Dr Mark Hayes
Chief Clinical Officer



Rachel Potts
Chief Operating Officer

Highlights from 2014-15

One of our strongest features is the strength of our primary care membership. GPs and practice staff bring their knowledge and understanding of patient experiences, local services and the health needs of the community to help to shape services in the Vale of York.

This expertise is a key enabler to help deliver our commissioning plans. The plans were set out in our five year strategy – an Integrated Operational Plan for 2014-19. Working closely with member practices and health and wellbeing boards in North Yorkshire, York and the East Riding of Yorkshire, we have focussed upon the areas of greatest need by improving service quality, performance and efficiency whilst we embed our plans for the integration of health and social care. Here are some examples of our work.

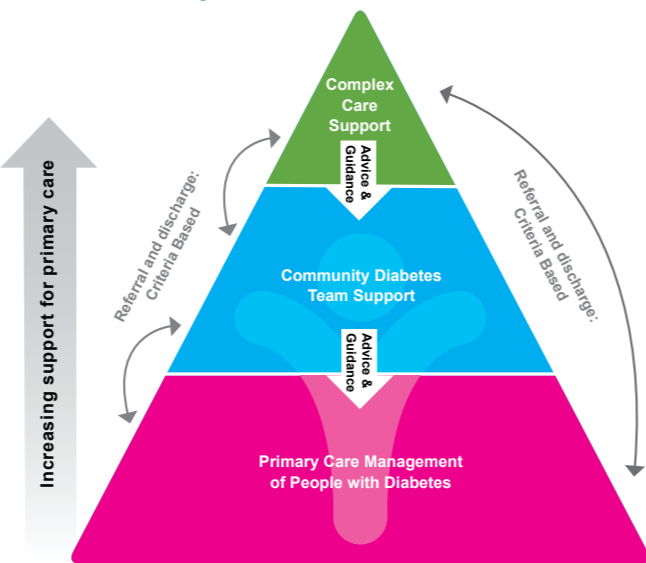
Bone protection service

In our work to raise standards in the assessment and treatment of patients with a fragility fracture, we created a unique Bone Protection Service that is exclusive to the Vale of York. The service, which is the result of collaboration with the National Osteoporosis Society, York Teaching Hospital NHS Foundation Trust and member practices, aims to identify patients over the age of 50 who have sustained a fragility fracture so they can be assessed, treated and managed so they can avoid the risk of fractures in the future.

Improving the diagnosis of dementia

The National Dementia Strategy aims to increase the number of people receiving a good-quality, early diagnosis of dementia. An early diagnosis allows the planning and providing of early treatment and care. With the support from local strategic clinical networks and NHS England we have been able to improve the diagnosis of dementia in local patients.

Education, support and seamless care for diabetic patients



A new integrated service for people with diabetes was created in 2014-15. Primary care, community and hospital teams were aligned to work closely together and deliver a continuously improving, high quality service. Support and input from diabetic patients and key partners was at the core of developing a Vale of York Community Diabetes Team in 2014-15. This has helped to enhance important education about diabetes which will help patients to better manage their condition, benefitting their long term health.

Elective orthopaedic services

To enhance the provision of orthopaedic services in the city, an independent sector treatment centre was built in York ten years ago. The contract to deliver these services ended in 2014 and following a procurement process, the contract was awarded to the existing provider.

Homeless worker project



Clinical evidence and local experience suggests that patients who are homeless often attend the emergency department when weather gets extreme; particularly in winter, to use as a place of shelter and not purely as a source of medical attention.

Research also shows that homeless people who are admitted to hospital, often have a longer stay and require more complex care. Without the right support, when they leave hospital, many risk being discharged straight back onto the streets which can further damage their health and often guarantees their readmission.

That's why we teamed up with Arc Light; a York based charity, to provide the best care, in the right setting and make available services that support the responsible discharge of medically fit patients who are known to be homeless.

We commissioned:

- two beds at the York Arc Light emergency room to discharged to from hospital;
- a hospital based link worker, employed by York Arc Light, to facilitate discharge;
- a 24 hour telephone line between Arc Light and the Trust;
- a single point of contact in the emergency department to liaise with the link worker.

Hospice@Home

In partnership with St Leonard's Hospice in York, we commissioned an enhanced Hospice@Home service to provide additional weekend and evening support to people at the end of their life; enabling them to die at home if they choose to.

Prescribing pathways for a number of chronic and acute conditions

The CCG have launched several new prescribing pathways via the RSS site in the year 2014/15, for example a new COPD pathway which supports prescribers to ensure patients are on the most effective inhaled therapies to treat their condition and gives clear guidance of when patients should be reviewed and/or referred to secondary care.

Investing to improve access to psychological therapy services

Improved access to psychological therapy services (IAPT) is a program to improve patient access to a range of evidence-based psychological therapies for common mental health problems. Depression, anxiety and emotional distress affect one in four of us every year and IAPT provides a number of low intensity and high intensity treatments.

We invested £3/4 million in local psychological therapy services to improve the availability of treatment and tackle the local waiting list. The investment also made it possible to recruit an extra eight therapy practitioners and to train four members of staff as Psychological Wellbeing Practitioners.

2014-15 in numbers

£2m provided for schemes to integrate health and social care



2014-15 in numbers

9 sustainability objectives were developed and implemented



Integrating health and social care



In collaboration with our partners at City of York Council, North Yorkshire County Council, East Riding of Yorkshire Council, North Yorkshire Police, acute trusts, member practices and other care providers we created integrated services that help people to remain healthy and independent in their own home without the need for urgent hospital care. Integrated health and social care schemes provide seamless care that:

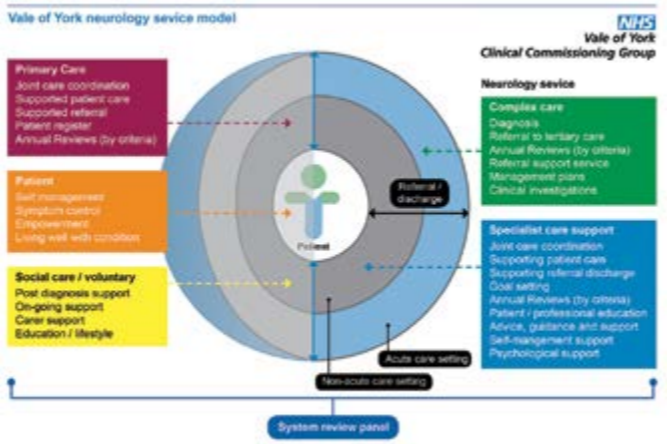
- wraps around the individual;
- where possible, provides care outside of hospital settings to deliver reduced hospital admissions and a rapid discharge after admission to hospital;
- supports better end of life care.

- **In 2014-15 the total spent on these schemes was £2m.**
- **From 2015-16 £19.4 million of CCG resources will support this work.**
- **In collaboration with our three local authority partners and, where relevant, other local CCGs, there will be a total pooled fund of £77.7m.**

Mental health and learning disability services

We undertook a consultation exercise in the summer of 2014 to establish the local opinion of 'what good looks like' in the delivery of mental health and learning disability services. From this work a new service specification was created and the service was procured with a commencement date of October 2015. Alongside this we worked with our partners to provide an interim enhancement of the wards of Bootham Park Hospital. With the award of the new service contract, we will be rapidly moving towards the creation of a new hospital in York for patients with mental health needs.

Neurology services - care closer to home



Through our strong partnership with primary care and the creation of appropriate referral processes to the provider of complex care, the CCG has been working on ways to improve health and care services for people with epilepsy, Motor Neurone Disease, Multiple Sclerosis and Parkinson's disease. This work; in partnership with primary care, social care and the voluntary sector, is our vision to provide the most appropriate, person-centred care for people with neurological conditions.

Out of hours GP services

We contracted a new Out of hours GP service provider for the Vale of York. This unified service replaced the historic arrangement that was provided by three different organisations. The service specification was also the result of a detailed consultation process that involved the public and other stakeholders.

Pioneering through partnerships

In October 2014 we were one of only six CCG's in the country to be part of the 'New models of care' programme and in January 2015 we were one of only 11 CCGs to be given Pioneer Wave 2 status. In January 2015, we gained national recognition for our work with partners in pursuing the goal of creating the seamless integration of health and social care.

This is recognition of the progress that we have made with our partners at City of York Council, North Yorkshire County Council, East Riding of Yorkshire Council, York Teaching Hospital Foundation Trust, the voluntary sector and our member practices in our creation of three integrated care pilots – one each in York, Selby and Pocklington.

Psychiatric Liaison service

In line with our work to improve the quality of care for people with mental health conditions in the Vale of York, we provided the funding for an innovative mental health and self-harm assessment service in emergency department at York District Hospital. Available 24 hours a day, seven days a week, a Psychiatry Liaison Service now provides a significant improvement in the access to care for people, aged 18 and over with mental health problems. The service offers a combination of an assessment and support from a mental health nurse, with clinical expertise provided by a senior clinical lead and a consultant psychiatrist.

Primary care

Like most commissioners in the NHS, we view primary care as the core component of any future health service. That is why we have worked closely with our member practices to enhance their ability to deal with rising demands.

We created a 'general practice improvement programme' and rolled this out across the Vale of York. The programme; tailored to the individual needs of the practices, draws on established theories of improvement science. Recognising the importance of continuous improvement and training, we also introduced a programme of training sessions for colleagues in primary care.



Recommencement of In Vitro Fertilisation (IVF) services

We inherited a severe financial situation in our first year, which meant it was necessary to adopt NHS North Yorkshire and York Primary Care Trust's policy not to routinely commission assisted conception services. However, after requests to our Governing Body, we received the green light in December 2014 to provide immediate access to one cycle of IVF for individuals that met specific criteria.

This positive step in commissioning meant that for the first time in several years, childless couples in the Vale of York had an opportunity to access treatment as recommended by the National Institute for Clinical Excellence.

Referral Support Service

Innovative in its design and providing tangible benefits for patients and local healthcare services, our Referral Support Service is improving care pathways that ensure patients are treated in the most appropriate setting and at the right time.

The service supports the development of community based healthcare services and offers quicker access to referral appointments with the opportunity to be treated in primary care.

We have been able to reduce the impact on secondary care and work towards our aim of providing healthcare services closer to home.



Urgent Care Practitioners

In addition to our previous investment of winter resilience money into the local Urgent Care Practitioners scheme, we invested an extra £0.5m in December 2014 to challenge the pressures on our local hospitals and Accident and Emergency services by increasing the amount of practitioners from four to 12.

Typically, Urgent Care Practitioners receive referrals and treat patients who have fallen, have catheter problems, wound care issues, need treatment for chronic obstructive pulmonary disease (COPD) and other lung diseases.

Urgent Care Practitioners respond to 999 calls for life threatening, emergency care but have a unique skills mix which means they can also assess, treat and administer a number of medications to patients in their own home - when suitable and make referrals to the most appropriate agencies if needed.

Achieving outcomes and reducing health inequalities

NHS England has prioritised five areas to focus improvement. These are:

- preventing people from dying prematurely;
- ensuring that those people with long-term conditions, including those with mental illnesses, get the best possible quality of life;
- ensuring patients are able to recover quickly and successfully from episodes of ill-health or following an injury;
- ensuring patients have a great experience of all their care;
- ensuring that patients in our care are kept safe and protected from all avoidable harm.

We have worked closely with our partners in three health and wellbeing boards to tackle key health issues in the Vale of York and target interventions that will provide the greatest impact. Integrated working and person centred care is a key component of the prevention of ill health, self-care, wellbeing and reducing inequalities. Going forward, we will continue build upon the progress of core programmes of work, some of which will continue into 2016-17.

Engaging and involving our stakeholders

The engagement and involvement of patients, partners and other stakeholders is intrinsic to the commissioning and procurement of services. This work is led by our Deputy Chief Operating Officer who has the Senior Management Team responsibility for engagement. Our Lay Chair is the Governing Body lead.

In 2014-15 we created a range of engagement and involvement opportunities to gather the views of patients, service users and other stakeholders. The information we received was rich in personal experience and helped us to shape commissioning decisions, service specifications and improvement programmes.

In a novel approach to gaining stakeholder views, we handed the commissioning reins over to the public.

Our '**Be the commissioner**' event was a simplified version of the commissioning process but it gave participants the chance to play the role of the CCG and make healthcare commissioning decisions.

The feedback provided us with an alternative, deeper insight into the views of local people.



2014-15 in numbers



2014-15 in numbers



Another example of our conversations with local stakeholders was the **DISCOVER** programme which asked the community '**what do good mental health and learning disability services look like?**'

DISCOVER led to the co-production of a service specification for the mental health and learning disability services contract for the Vale of York allowing us to commission innovative care and treatment that local stakeholders said they wanted.



2014-15 year-end financial position

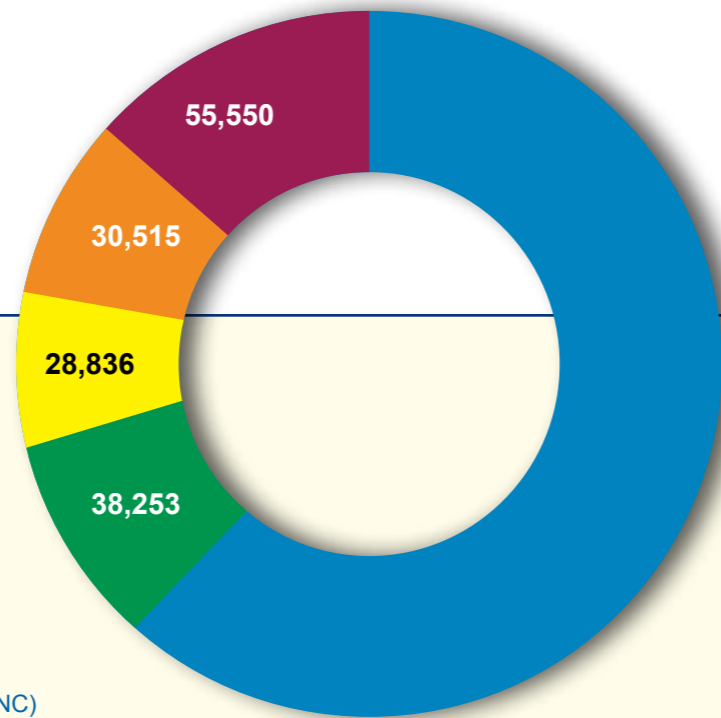
Our accounts were prepared under a Direction issued by the NHS Commissioning Board under the National Health Service Act 2006 (as amended).

Cash

We delivered against all of our cash targets in 2014-15 and plan to do so again in 2015-16.

Summary of expenditure

We have two funding streams - programme costs and running costs.



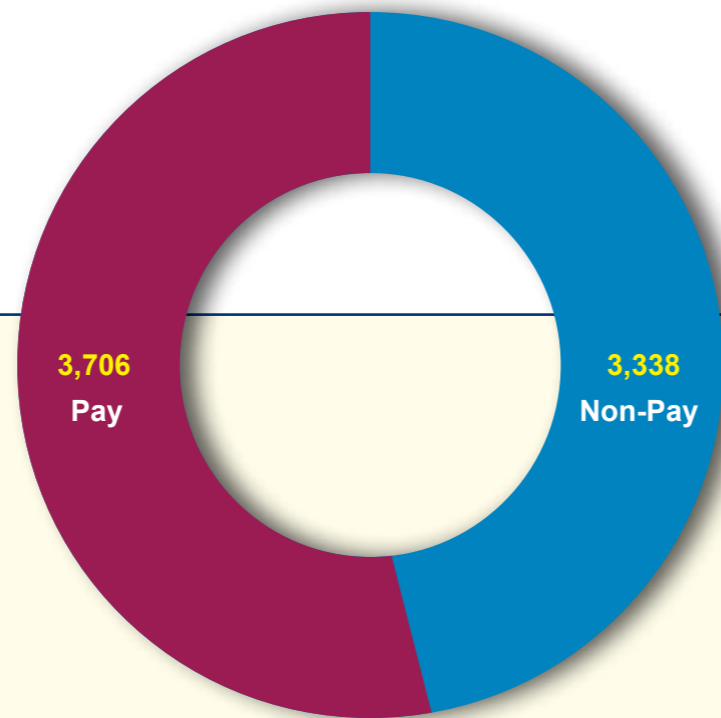
Programme costs

This is a funding allocation based on a formula that takes into account the population, its health needs and deprivation levels.

Allocation (£'000s) £376,413

Spend (£'000s) £374,143

- Acute Services
- Other Services (incl. CHC and FNC)
- Mental Health Services
- Community Services
- Primary Care



Running costs

This funding is based per head on Office for National Statistics population figures for the Vale of York. £24.73 is allocated per head to pay for non-clinical management and administrative support, including commissioning support services.

Allocation (£'000s) £8,625

Spend (£'000s) £7,044

NHS Vale of York CCG Annual Accounts 2014-2015

Statement of Comprehensive Net Expenditure for the year ended 31 March 2015

	2014-15 £000	2013-14 £000
Total Income and Expenditure		
Employee benefits	4,425	4,110
Operating expenses	380,446	365,874
Other operating revenue	(3,684)	(4,141)
Net operating expenditure before interest	381,187	365,843
Investment Revenue	0	0
Other (gains)/losses	0	0
Finance costs	0	0
Net operating expenditure for the financial year	381,187	365,843
Net (gain)/loss on transfers by absorption	0	0
Total net expenditure for the year	381,187	365,843
Of which:		
Administration Income and Expenditure		
Employee benefits	3,337	3,123
Operating expenses	3,956	3,059
Other operating revenue	(249)	(755)
Net administration costs before interest	7,044	5,427
Programme Income and Expenditure		
Employee benefits	1,088	987
Operating expenses	376,490	362,815
Other operating revenue	(3,435)	(3,386)
Net programme expenditure before interest	374,143	360,416
Other Comprehensive Net Expenditure		
Impairments and reversals	0	0
Net gain/(loss) on revaluation of property, plant & equipment	0	0
Net gain/(loss) on revaluation of intangibles	0	0
Net gain/(loss) on revaluation of financial assets	0	0
Movements in other reserves	0	0
Net gain/(loss) on available for sale financial assets	0	0
Net gain/(loss) on assets held for sale	0	0
Net actuarial gain/(loss) on pension schemes	0	0
Share of (profit)/loss of associates and joint ventures	0	0
Reclassification adjustments	0	0
On disposal of available for sale financial assets	0	0
Total comprehensive net expenditure for the year	381,187	365,843

NHS Vale of York CCG Annual Accounts 2014-2015

Statement of Financial Position as at 31 March 2015

	31 March 2015 £000	31 March 2014 £000
Non-current assets:		
Property, plant and equipment	605	680
Intangible assets	0	0
Investment property	0	0
Trade and other receivables	0	0
Other financial assets	0	0
Total non-current assets	605	680
Current assets:		
Inventories	0	0
Trade and other receivables	2,337	3,755
Other financial assets	0	0
Other current assets	0	0
Cash and cash equivalents	145	38
Total current assets	2,482	3,793
Non-current assets held for sale	0	0
Total current assets	2,482	3,793
Total assets	3,087	4,473
Current liabilities		
Trade and other payables	(17,398)	(16,639)
Other financial liabilities	0	0
Other liabilities	0	0
Borrowings	0	0
Provisions	(935)	(280)
Total current liabilities	(18,333)	(16,919)
Non-Current Assets plus/less Net Current Assets/Liabilities	(15,246)	(12,446)
Non-current liabilities		
Trade and other payables	0	0
Other financial liabilities	0	0
Other liabilities	0	0
Borrowings	0	0
Provisions	0	0
Total non-current liabilities	0	0
Assets less Liabilities	(15,246)	(12,446)
Financed by Taxpayers' Equity		
General fund	(15,246)	(12,446)
Revaluation reserve	0	0
Other reserves	0	0
Charitable Reserves	0	0
Total taxpayers' equity:	(15,246)	(12,446)

Statement of Changes In Taxpayers Equity for the year ended 31 March 2015 (part 1)

	General fund £000	Revaluation reserve £000	Other reserves £000	Total reserves £000
Changes in taxpayers' equity for 2014-15				
Balance at 1 April 2014	(12,446)	0	0	(12,446)
Transfer between reserves in respect of assets transferred from closed NHS bodies	0	0	0	0
Adjusted NHS Clinical Commissioning Group balance at 1 April 2014	(12,446)	0	0	(12,446)
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2014-15				
Net operating expenditure for the financial year	(381,187)			(381,187)
Net gain/(loss) on revaluation of property, plant and equipment		0		0
Net gain/(loss) on revaluation of intangible assets	0	0	0	0
Net gain/(loss) on revaluation of financial assets	0	0	0	0
Total revaluations against revaluation reserve	0	0	0	0
Net gain (loss) on available for sale financial assets	0	0	0	0
Net gain (loss) on revaluation of assets held for sale	0	0	0	0
Impairments and reversals	0	0	0	0
Net actuarial gain (loss) on pensions	0	0	0	0
Movements in other reserves	0	0	0	0
Transfers between reserves	0	0	0	0
Release of reserves to the Statement of Comprehensive Net Expenditure	0	0	0	0
Reclassification adjustment on disposal of available for sale financial assets	0	0	0	0
Transfers by absorption to (from) other bodies	0	0	0	0
Reserves eliminated on dissolution	0	0	0	0
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	(381,187)	0	0	(381,187)
Net funding	378,387	0	0	378,387
Balance at 31 March 2015	(15,246)	0	0	(15,246)

NHS Vale of York CCG Annual Accounts 2014-2015

Statement of Changes In Taxpayers Equity for the year ended 31 March 2015 (part 2)

	General fund £000	Revaluation reserve £000	Other reserves £000	Total reserves £000
Changes in taxpayers' equity for 2013-14				
Balance at 1 April 2013	0	0	0	0
Transfer of assets and liabilities from closed NHS bodies as a result of the 1 April 2013 transition	761	0	0	761
Adjusted NHS Commissioning Board balance at 1 April 2013	761	0	0	761
Changes in NHS Commissioning Board taxpayers' equity for 2013-14				
Net operating costs for the financial year	(365,843)			(365,843)
Net gain/(loss) on revaluation of property, plant and equipment		0		0
Net gain/(loss) on revaluation of intangible assets		0		0
Net gain/(loss) on revaluation of financial assets		0		0
Total revaluations against revaluation reserve	0	0	0	0
Net gain (loss) on available for sale financial assets	0	0	0	0
Net gain (loss) on revaluation of assets held for sale	0	0	0	0
Impairments and reversals	0	0	0	0
Net actuarial gain (loss) on pensions	0	0	0	0
Movements in other reserves	0	0	0	0
Transfers between reserves	0	0	0	0
Release of reserves to the Statement of Comprehensive				
Net Expenditure	0	0	0	0
Reclassification adjustment on disposal of available for sale financial assets	0	0	0	0
Transfers by absorption to (from) other bodies	0	0	0	0
Reserves eliminated on dissolution	0	0	0	0
*Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	(381,187)	0	0	(381,187)
Net funding	378,387	0	0	378,387
Balance at 31 March 2015	(15,246)	0	0	(15,246)

*The Net Recognised NHS Commissioning Board Expenditure for the Financial Year 2013-14 was reported as £365,082,000 in 2013-14 Accounts. This was due to a formula error which was outside of the CCG's control.

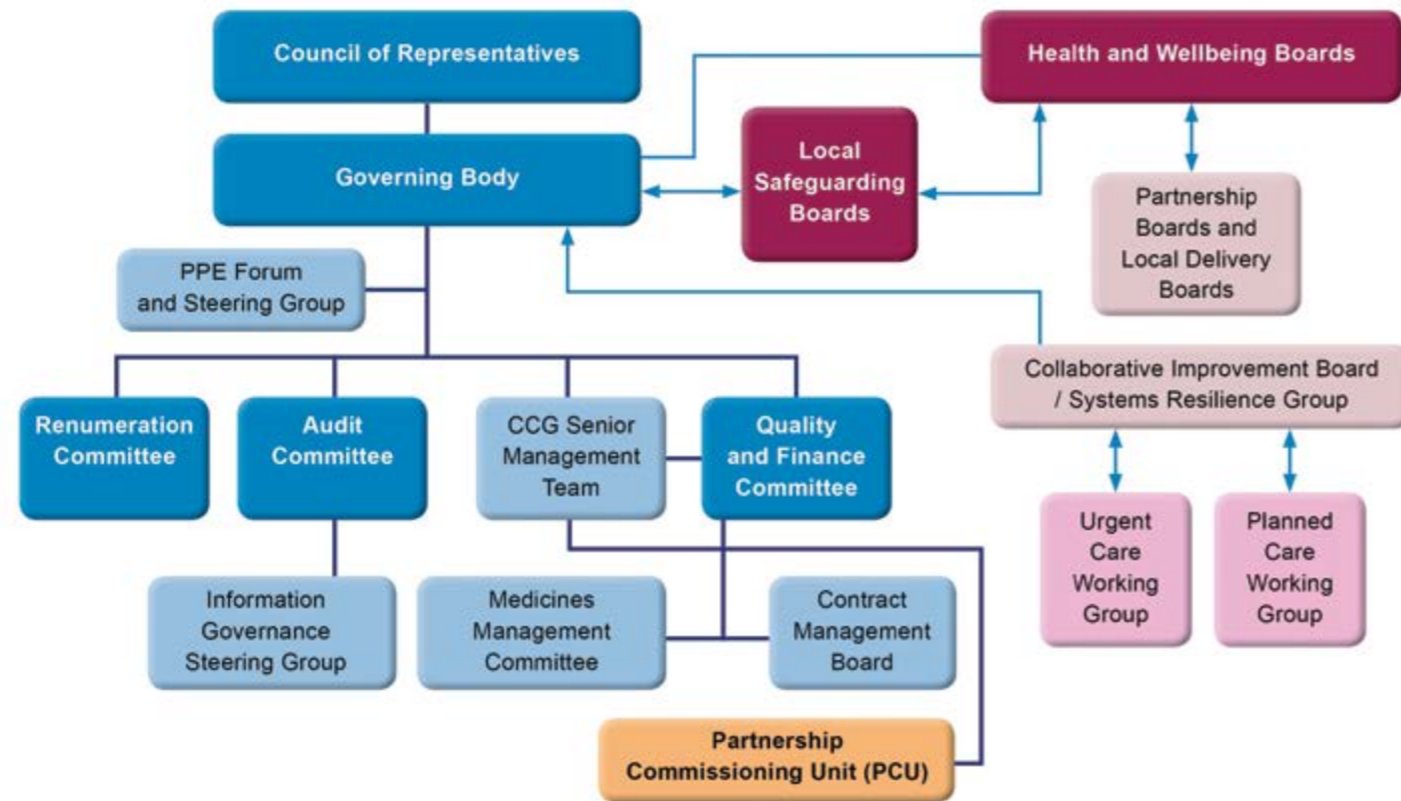
Statement of Cash Flows for the year ended 31 March 2015

	2014-15 £000	2013-14 £000
Cash Flows from Operating Activities		
Net operating expenditure for the financial year	(381,187)	(365,843)
Depreciation and amortisation	75	81
Impairments and reversals	0	0
Movement due to transfer by Modified Absorption	0	0
Other gains (losses) on foreign exchange	0	0
Donated assets received credited to revenue but non-cash	0	0
Government granted assets received credited to revenue but non-cash	0	0
Interest paid	0	0
Release of PFI deferred credit	0	0
Other Gains & Losses	0	0
Finance Costs	0	0
Unwinding of Discounts	0	0
(Increase)/decrease in inventories	0	0
(Increase)/decrease in trade & other receivables	1,418	(3,755)
(Increase)/decrease in other current assets	0	0
Increase/(decrease) in trade & other payables	759	16,639
Increase/(decrease) in other current liabilities	0	0
Provisions utilised	0	0
Increase/(decrease) in provisions	655	280
Net Cash Inflow (Outflow) from Operating Activities	(378,280)	(352,598)
Cash Flows from Investing Activities		
Interest received	0	0
(Payments) for property, plant and equipment	0	0
(Payments) for intangible assets	0	0
(Payments) for investments with the Department of Health	0	0
(Payments) for other financial assets	0	0
(Payments) for financial assets (LIFT)	0	0
Proceeds from disposal of assets held for sale: property, plant and equipment	0	0
Proceeds from disposal of assets held for sale: intangible assets	0	0
Proceeds from disposal of investments with the Department of Health	0	0
Proceeds from disposal of other financial assets	0	0
Proceeds from disposal of financial assets (LIFT)	0	0
Loans made in respect of LIFT	0	0
Loans repaid in respect of LIFT	0	0
Rental revenue	0	0
Net Cash Inflow (Outflow) from Investing Activities	0	0
Net Cash Inflow (Outflow) before Financing	(378,280)	(352,598)
Cash Flows from Financing Activities		
Grant in Aid Funding Received	378,387	352,636
Other loans received	0	0
Other loans repaid	0	0
Capital element of payments in respect of finance leases and on Statement of Financial Position PFI and LIFT	0	0
Capital grants and other capital receipts	0	0
Capital receipts surrendered	0	0
Net Cash Inflow (Outflow) from Financing Activities	378,387	352,636
Net Increase (Decrease) in Cash & Cash Equivalents	20	38
Cash & Cash Equivalents at the Beginning of the Financial Year	38	0
Effect of exchange rate changes on the balance of cash and cash equivalents held in foreign currencies	0	0
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year	145	38

Governance and accountability

Our governance structure affords us with the transparency, inclusiveness and effectiveness we have committed to deliver. We aim to serve the needs of the entire community and promise to report, explain and be answerable for the decisions we make in a responsible and appropriate way.

The CCG's accountability is managed through its governance structure which is detailed in the diagram below.



Our membership body - the Council of Representatives

The Council of Representatives is made up of a clinical representative that has been nominated from each practice. Each clinical representative also has a named, clinically qualified deputy that attends the meetings in the absence of the main representative.

The primary duties of the Council of Representatives are to:

- engage with the clinical commissioning process to provide local intelligence to inform commissioning decisions;
- support the development of a local healthcare strategy fit for the needs of the local population;
- support the Governing Body in managing, monitoring and redesigning service delivery to meet local healthcare needs.

The membership met on five occasions in 2014-15. Membership details and attendances are available on page 58 of our Annual Report and Accounts 2014-15.

Beech Grove Medical Practice	www.beechgrovemedicalpractice.co.uk
Beech Tree Surgery	www.beechtreesurgery.co.uk
Clifton Medical Practice	www.cliftonhealthcentre.co.uk
Dalton Terrace Surgery	www.daltonterracesurgery.nhs.uk
East Parade Surgery	www.eastparademedical.co.uk
Elvington Medical Practice	http://elvingtonmedicalpractice.co.uk/wordpress
Escrick Surgery	www.escricksurgeryyork.co.uk
Front Street Surgery	www.frontstreet.gpsurgery.net
Gale Farm Surgery	www.galefarm-oldforgesurgery.nhs.uk
Haxby Group Practice	www.haxbygroup.co.uk
Helmsley Surgery	www.helmsleymedicalcentre.co.uk
Jorvik Medical Practice	www.jorvikmedicalpractice.co.uk
Kirkbymoorside Surgery	www.thekirkbymoorsidesurgery.nhs.uk
Millfield Surgery	www.millfieldsurgery.co.uk
Minster Health	http://minsterhealth.co.uk
MyHealth	www.myhealthgroup.co.uk
Old School Medical Practice	www.oldschoolmedical.gpsurgery.net
Petergate Surgery	www.petergatesurgery.co.uk
Pickering Medical Practice	www.pickeringmedicalpractice.co.uk
Pocklington Group Practice	www.pocklingtongps.nhs.uk
Posterngate Surgery	www.posterngatesurgery.nhs.uk
Priory Medical Group	www.priorymedical.com
Scott Road Medical Centre	www.scottrroad.org.uk
Sherburn Group Practice	www.sherburnsurgery.nhs.uk
South Milford Surgery	www.southmilfordsurgery.co.uk
Stillington Surgery	stillingtonsurgery.co.uk
Tadcaster Medical Centre	www.tadcastermedicalcentre.co.uk
Terrington Surgery	http://terringtonsurgery.wordpress.com/
Tollerton Surgery	www.tollertonsurgery.co.uk
Unity Health	www.unityhealth.info
York Medical Group	www.yorkmedicalgroup.nhs.uk

Our Governing Body

The Governing Body plays a central role in the organisation. It has responsibility for ensuring that we operate effectively, efficiently and in accordance with our principles of good governance.

In 2014-15, the Governing Body met six times in public and was quorate on each occasion. An additional eight workshop sessions were held with Governing Body members. Workshop discussions included our strategic and financial planning processes, community services and integrated care pilots, risk management, conflicts of interest and a review of committees. Below is the 2014-15 Governing Body membership.



Professor Alan Maynard
Chair
to 31 March 2015



Mr Michael Ash-McMahon
Interim Chief Finance Officer
from 17 October 2014



Dr Louise Barker
Clinical Lead for Mental health and learning disabilities



Mr David Booker
Lay Member
from 1 August 2014



Miss Lucy Botting
Chief Nurse
to 4 December 2014



Dr Tim Hughes
Council of Representatives member



Dr Jonathan Lloyd
Council of Representatives member
to 31 July 2014



Dr Tim Maycock
Clinical Lead for Primary Care



Mr John McEvoy
Practice Manager member
to 4 December 2014



Dr Shaun O'Connell
Clinical Lead for Planned Care and Prescribing



Dr Emma Broughton
Clinical Lead for Women's health
to 31 March 2015



Dr Chris Burgin
Clinical Lead for long term conditions, older people and frailty
to 31 July 2014



Mrs Michelle Carrington
Head of Quality Assurance/Deputy Chief Nurse and Chief Nurse
Head of Quality Assurance/Deputy Chief Nurse from 4 December 2014.
Chief Nurse from 6 March 2015



Dr Paula Evans
Council of Representatives member
from 19 September 2014



Dr Mark Hayes
Chief Clinical Officer



Dr Andrew Phillips
Deputy Chief Clinical Officer / Clinical Lead for Unplanned Care



Dr Guy Porter
Secondary Care member



Mrs Rachel Potts
Chief Operating Officer

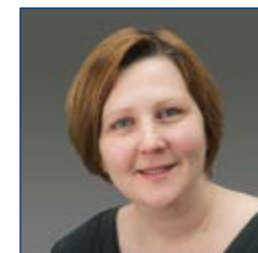


Mrs Tracey Preece
Chief Finance Officer
to 17 October 2014



Mr Keith Ramsay
Lay member
Audit Committee Chair

Co-opted members



Miss Siân Balsom
Healthwatch York
from 1 August 2014



Dr Paul Edmondson-Jones
City of York Council
to 30 September 2014



Guy Van Dichele
City of York Council
from 1 October 2014



Dr John Lethem
Local Medical Committee



Mr Richard Webb
North Yorkshire County Council

The Audit Committee

The Audit Committee has delegated responsibility from the Governing Body for oversight of integrated governance, risk management and internal control, internal audit, external audit, reviewing the findings of other significant assurance functions, counter fraud, security management and financial reporting.

The Committee met five times in 2014-15 and was quorate on each occasion.

Chair Keith Ramsay (to 31 March 2015)
Governing Body member - secondary care representative Dr Guy Porter
Governing Body member - practice manager representative John McEvoy (to November 2014)
Governing Body Lay member David Booker (from August 2014)

Quality and Finance Committee

The Quality and Finance Committee ensures the CCG has strong contractual and quality performance that is clinically appropriate and delivers safe services within its financial plan.

The Quality and Finance Committee met monthly and was quorate on each occasion.

Chair - Governing Body member - practice manager representative John McEvoy (for eight meetings up to Nov 2014)	Governing Body Member Clinical Lead for Primary Care Dr Tim Maycock
Chair - Governing Body Lay member David Booker (for three meetings)	Governing Body Member Clinical Lead for Quality and Performance Dr Shaun O'Connell
Chair Governing Body member - secondary care representative Dr Guy Porter (for one meeting)	Governing Body Member Clinical Lead for Unplanned Care Dr Andrew Phillips
Deputy Chief Finance Officer Michael Ash-McMahon (to October 2014)	Governing Body member Secondary care representative Dr Guy Porter Airedale Hospital NHS Foundation Trust
Interim Chief Finance Officer Michael Ash-McMahon (from October 2014)	Chief Operating Officer Rachel Potts
Chief Nurse Lucy Botting (to February 2015)	Chief Finance Officer Tracey Preece (to October 2014)
Chief Nurse Michelle Carrington (for March meeting)	Interim Deputy Chief Finance Officer Kathryn Shaw-Wright
Chief Clinical Officer Dr Mark Hayes	

Remuneration Committee

The Remuneration Committee has delegated authority from the Governing Body to determine pay and remuneration for CCG employees.

The committee formally met five times in 2014-15 and was quorate on each occasion. It also held one virtual meeting.

Chair Professor Alan Maynard
Governing Body Lay member David Booker
Governing Body member - practice manager representative John McEvoy
Governing Body Lay member with lead role for governance Keith Ramsay

Health and wellbeing boards

Health and wellbeing boards are made up of key partners and stakeholders that work together to provide the best possible health and care that meets the needs of the Vale of York population, within the resources that are available.

We are a member of health and wellbeing boards in North Yorkshire, East Riding of Yorkshire and the City of York and representatives of our governing body regularly attend each board to provide progress updates.

Health and wellbeing board priorities are incorporated into our planning. In summary these are:

- improved care planning for people with long term conditions;
- integrated solutions of complex needs and end of life care;
- community based models of care, preventing unnecessary hospital admissions and reducing lengths of stay;
- supporting the older population and associated increase in dementia;
- workforce reform;
- promoting healthy lifestyles;
- safeguarding children and young people.

2014-15 in numbers



2014-15 in numbers



Collaborative working

Throughout 2014-15 we worked closely with neighbouring CCGs to help plan and manage collaborative commissioning arrangements across the local health system .

Partnership Commissioning Unit

We commission services from the PCU to manage our Continuing Health Care, adult and children safeguarding, children and maternity work programmes.

Working with the PCU provides us with further opportunities to work in collaboration with NHS Hambleton, Richmondshire and Whitby, Harrogate and Rural District and Scarborough and Ryedale CCG.

In line with the PCU's governance arrangements and our detailed scheme of delegation we were a member of the Partnership Commissioning Unit Management Board. The PCU provides regular feedback to our Governing Body, Audit Committee and Senior Management Team.

System Resilience Groups

We worked collaboratively across the health care system through the Planned Care and Urgent Care system resilience groups. The groups reported to the Collaborative Improvement Board on their schemes and targeted action. This was undertaken to manage local performance issues and made possible by using ring-fenced money for systems resilience.

2014-15 in numbers



Commissioning support

We currently commission a range of support services from Yorkshire and Humber Commissioning Support.

These include:

- workforce management;
- information management and technology support;
- business intelligence and data management;
- procurement;
- service delivery and transformation;
- communications and engagement;
- corporate services;
- quality and clinical support;
- medicines management.

We are working alongside colleagues in other local CCGs to review the support services provided by Yorkshire and Humber Commissioning Support with a view to bringing a number of services in house and to commission other services from the recently procured Lead Provider Framework. We continue to work closely with NHS England and CCGs across Yorkshire and the Humber to ensure a smooth transition of commissioning support services.

2014-15 in numbers



Preparedness, resilience and response

Ensuring there is sufficient capacity and resilience in the local system to deliver core NHS Constitution standards and waiting time targets across emergency, unplanned and planned care is one of the greatest challenges we are addressing with our partners.

The NHS has experienced unprecedented levels of demand during 2014-15. In the Vale of York we experienced an 8% increase in A&E activity between October and December 2014, 7% increase in elective planned care activity and a year on year increase of 15% for Red 1 and Red 2 calls for the ambulance service.

This was why we worked closely with our providers and partners to create a local System Resilience Group, to build capacity and resilience and deliver recovery plans.

Recovery planning is an area of significant challenge and focus. This has and will continue to be reflected in unplanned care and planned care schemes in the short term and through integration and prevention (self-care) initiatives in the medium to longer term.

In 2014-15 we carried out the following resilience work.

- We put our incident response plans in place. These are fully compliant with the NHS Commissioning Board Emergency Preparedness Framework 2013.
- Our local Emergency Preparedness Framework was approved in 2014-15. All departments have an action plan and protocols to deal with a range of emergencies, from flooding to infectious disease outbreaks.
- Our local Surge and Escalation Plan was also agreed. This enables stakeholder organisations in the local system to manage periods of pressure on emergency care services.
- We also completed and submitted our Emergency Preparedness, Resilience and Response self-assessment against NHS England's core standards.

Managing risk

Our Risk Management Strategy sets out our definition of risk, the roles and responsibilities in relation to risk management across the organisation and the principles of risk management to which we adhere. We are transparent about the risks we face and publish the current risks within the Quality and Finance minutes as part of our Governing Body papers.

We undertook the following risk management work in 2014-15:

- refreshed our Risk Management Strategy in February 2015 to align with new risk management software;
- our Board Assurance Framework was also developed and maintained during 2014-15;
- during 2014-15 we identified no significant internal control issues.;
- we took remedial action through risk assessment and mitigation on;
- performance against NHS Constitution targets for urgent care and referral to treatment times (A&E 4 hour, 18 weeks, cancer and diagnostic targets);
- financial risks and the delivery of the Better Care Fund;
- the mental health estate for our patients.

Delivering equality and sustainability through commissioning

Aligned with our vision, mission and values; our strategies support our commitment to deliver equality, diversity and sustainability throughout our planning, commissioning and improvement of services.

Equality

We respect the diversity of our local community and our strategies support our commitment to give everyone the opportunity to give their opinions about what is important to them. They also allow us to continue our open, honest and two-way conversations – at times and in ways that are appropriate for everyone.

Our equality objectives

- 1 To provide accessible and appropriate information to meet a wide range of communication styles and needs.
- 2 To improve the reporting and use of equality data to inform equality analyses.
- 3 To strengthen stakeholder engagement and partnership working.
- 4 To be a great employer with a diverse, engaged and well supported workforce.
- 5 Ensure our leadership is inclusive and effective at promoting equality.

The strategy and its supporting documents are available on our website at <http://www.valeofyorkccg.nhs.uk/about-us/equality/>.

Sustainable commissioning

We aim to commission environmentally sound services that provide value for money and meet the health needs of the local community.

In 2014-15 we developed and implemented a Sustainability Development Management Plan to support our ambitions.

The plan has nine objectives:

- governance;
- travel;
- procurement;
- facilities management;
- workforce;
- community engagement;
- buildings;
- adaptation;
- models of care.

Our hard work in 2014-15 allowed us to develop strategies that embed equalities, diversity and sustainability across all of our commissioning activities.

Our Constitution

We are committed to developing a strong, transparent and effective organisation that delivers excellent commissioning. Our Constitution provides the framework for the organisation. It is signed up to by all member practices and is embedded across the organisation.

Our Constitution is a living document. In line with national guidance, it was updated during 2014-15 to take account of the requirements for delegated authority for primary care co-commissioning. This enhanced the conflicts of interest arrangements and revised the Terms of Reference for the Quality and Finance Committee. It also amended details of our membership in line with practice mergers.

Some of the documents that support our Constitution were reviewed and refreshed in 2014-15. These included our Scheme of Financial and Operational Delegation and its associated policies (refreshed in April 2014 and March 2015), our Equalities Strategy (EDS2 review March 2015) and our Sustainability Management Plan (reviewed March 2015).

Our constitution makes explicit reference to our legislative duties and sets out the approach to meeting our statutory duties. The documents on the following pages articulate our approach to meet the NHS Constitution.

2014-15 in numbers



Information governance

The NHS Information Governance Framework sets the processes and procedures for handling information about patients and employees, in particular personal identifiable information. The NHS Information Governance Framework is supported by an information governance toolkit and the annual submission process provides assurances that personal information is dealt with legally, securely, efficiently and effectively.

We experienced one minor information breach during the year. The assessed level of incident breach, as assessed by the North Yorkshire and Humber Information Governance Team, was level 1 and as such did not require reporting to the Information Commissioner's Office. A summary of information incidents is provided below.

We have achieved compliance at Level 2 with the NHS Information Governance toolkit. This achievement has been independently audited and validated. Our Internal Auditor's opinion provided 'significant assurance' regarding the adequacy and quality of evidence supporting the Information Governance toolkit compliance.

We are pleased to report that there has been no information governance breach during the 2014-15. More information can be found in the governance statement our Annual Report and Accounts 2014-15.

Summary of other personal data related incidents

Category	Nature of incident	Total
I	Loss of inadequately protected electronic equipment, devices or paper documents from secured NHS premises	0
II	Loss of inadequately protected electronic equipment, devices or paper documents from outside secured NHS premises	0
III	Insecure disposal of inadequately protected electronic equipment, devices or paper documents	0
IV	Unauthorised disclosure	1
V	Other	0

2014-15 in numbers



Access to information

During the period 1 April 2014 to 31 March 2015, we processed the following requests for information under the Freedom of Information (FOI) Act 2000.

Number of FOI requests processed	246
Percentage of requests responded to within 20 working days	100%
Average number of days taken to respond to an FOI request	14.1

In 8 cases, no information was provided and in 26 cases, only part of the information was provided because an exemption was applied. Exemptions applied included information being accessible by other means, intended for future publication, the cost of providing the information exceeded the limits set by the FOI Act, the information requested was commercially sensitive or it was personal information.

Our publication scheme contains documents that are routinely published; this is available on our website: <http://www.valeofyorkccg.nhs.uk/freedom-of-information-new/publication-scheme/>

Assurance of our effectiveness

Our Governing Body is accountable for maintaining a sound system of internal control and it is responsible for gaining assurance about the effectiveness of our systems.

During 2014-15, North Yorkshire Audit Services (NYAS) - Internal Audit, issued assurances as provided in this table.

Audit	Assurance Level
Governance	Significant
Partnership and Pooled Budgets	Significant
Stakeholder Strategy	Significant
Children's Safeguarding	Significant
Delivering of Commissioning Priorities	Significant
Learning to Improve	Significant
Transfer of Payroll	High
Clinical Procurement	High
Financial Systems	High
Information Governance Toolkit	Significant
Partnership Commissioning Unit	
Follow Up of Financial Reporting Processes	Limited
Continuing Healthcare	Limited
Out of Area Placements	Significant
Mental Health Contract Management	Significant
Personal Health Budgets	Significant
Adults Safeguarding	Significant
Information Governance Toolkit	Significant

Our future plans, performance and objectives

Looking to the future, we will continue with our work to deliver the priorities in our Five Year Integrated Operational Plan 2014-19. The plan details the strategic planning behind its work to improve and innovate to deliver the integration of health and social care services, bringing services closer to home, helping patients to remain independent for longer whilst keeping patients at the centre of everything that we do.

The strategic delivery of health and care in the Vale of York

We have eight main strategic initiatives that will transform services. These will deliver our plans for integrated working and a whole system change that will help to achieve the best and most future-proof model of care.

Our strategic initiatives are:

- integrated care;
- self-care, prevention and well-being;
- primary care reform;
- urgent care reform;
- planned care;
- transforming mental health and learning disability services;
- women's and children's services;
- cancer, palliative and end of life care.

Primary care co-commissioning

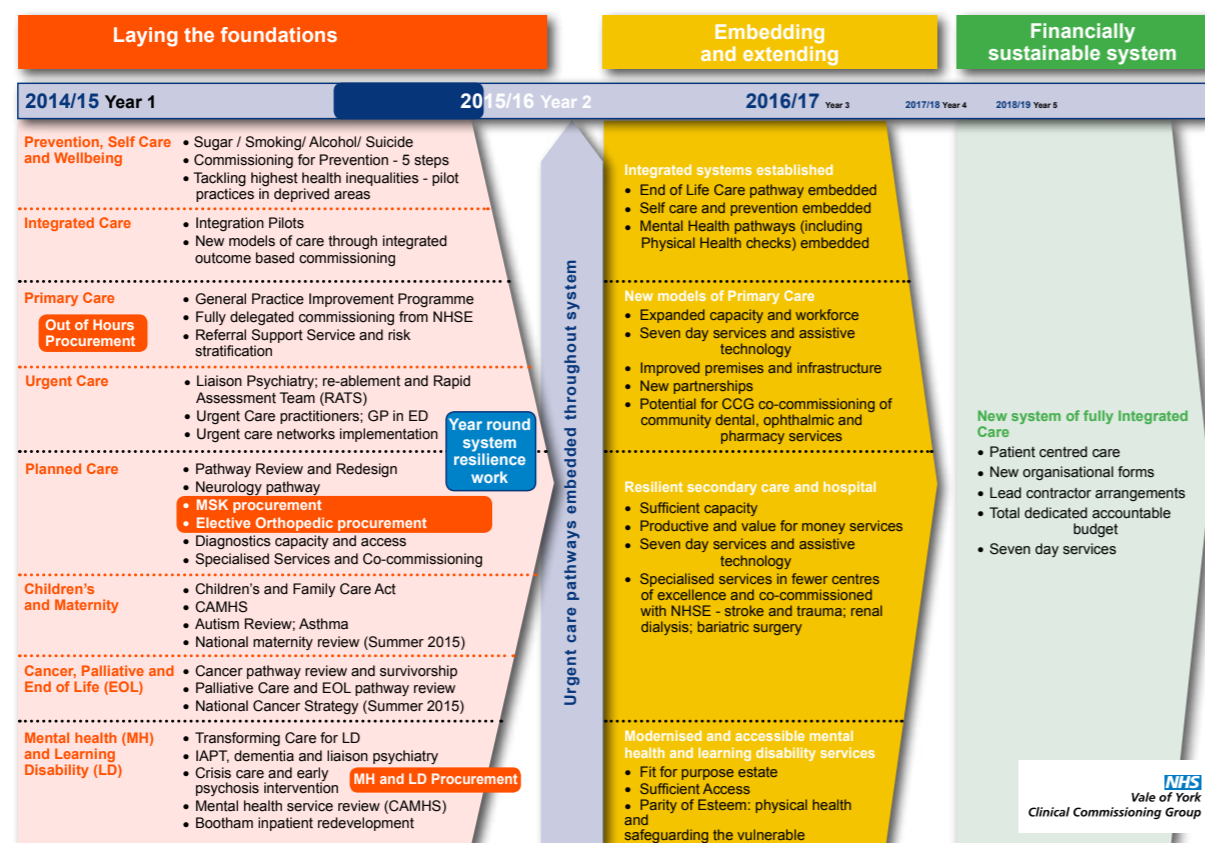
The new primary care co-commissioning arrangements are part of a series of changes set out in the NHS Five Year Forward View strategy document to deliver a new deal for primary care. This is another step towards giving patients, communities and clinicians more involvement in deciding on what local health services should look like.

On the 1 April 2015, we assumed full responsibility for contractual GP performance management, budget management and the design and implementation of local incentive schemes. The total budget to deliver this is £40.2m.

The integration of health and social care

The continued development of this work during 2015-16 and beyond will see greater sophistication in commissioning arrangements that will support our work in moving care closer to patients' own homes and reducing reliance upon hospital based care.

Our five year plan on page



Links to more information

Links to more information

Our Constitution document is available on our website at:

<http://www.valeofyorkccg.nhs.uk/data/uploads/about-us/governance/nhs-vale-of-york-ccg-constitution-version-3-approved-26-03-15.pdf>

Our 2014-19 Integrated Operational Plan is available on our website at:

http://www.valeofyorkccg.nhs.uk/data/uploads/publications/5-year-plan/nhs_vale_of_york_ccg_integrated_operational_plan_2014_to_2019-final-30th-june-with-signatories.pdf

The 2014-19 Integrated Operational Plan summary document is available on our website at:

<http://www.valeofyorkccg.nhs.uk/data/uploads/publications/strategic-plan/integrated-operational-plan-2014-19-summary-document.pdf>

The 2014-19 'Plan on a Page' document is available on our website at:

http://www.valeofyorkccg.nhs.uk/data/uploads/publications/5-year-plan/nhs_vale_of_york_ccg_five_year_plan_on_a_page1.pdf

Details of company directorships or other significant interests held by directors / members

Declarations of interest for Governing Body members are published on our website at:

<http://www.valeofyorkccg.nhs.uk/about-us/our-governing-body/>

Declarations of interest for Council of Representatives members are published on our website at:

<http://www.valeofyorkccg.nhs.uk/about-us/council-of-representatives/>

Declarations of interest for individual members of staff are available on request:

<http://www.valeofyorkccg.nhs.uk/contact-us/>

2014-15 in numbers



61%
of our engagement
with local stakeholders
was face-to-face



You can request the information in this document in different languages. If you would like additional copies of this report, please contact us via the details below.

An electronic copy of this report is also available online at:
<http://www.valeofyorkccg.nhs.uk/>

You can contact us in the following ways:



valeofyork.contactus@nhs.net



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