

Highlights from year two of the CCG's strategic plan

The best health and wellbeing for everyone.

# Our vision, mission and values

### Our vision

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

### Our mission

Using our clinical knowledge and experience we will work with our partners 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.



**Keith Ramsay** 

## 2015-16 has been challenging and, as a whole, the NHS has been under unprecedented financial strain.

Despite the financial challenges in the Vale of York, the CCG has continued to progress its work to improve local health and care services. Regrettably, despite two very successful years of managing tight financial funding, it was not possible to maintain this success into a third year.

Providers and commissioners alike are faced with a very serious financial situation to address but as a health and care system we are working together to resolve local problems. We are working with our partners to develop a system recovery plan for the Vale of York. This plan, which will help the CCG to return to financial balance, is a key outcome required by NHS England.

### Transforming and improving health and care

Our transformation work in 2016-17 is focusing upon the broader health and care system and includes prevention work that will support people to live healthy lives and manage long term conditions. It is helping to create sustainability in primary and secondary care through redesigning pathways that will enable health and care to be delivered closer to home. Through Sustainable Transformation Plans, we will be undertaking a review of healthcare systems with our partners in six CCG areas.

Local people are proud of their NHS and they have a passion for the services it provides. Throughout 2016-17 we will continue to work collaboratively with our stakeholders to deliver new and efficient ways of working and stay on course to deliver our five year plan whilst we protect, and where possible, enhance the quality and safety of services.

**Keith Ramsay** 

Governing Body Lay Chair

# **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
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
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
MyHealth	www.myhealthgroup.co.uk
Old School Medical Practice	www.oldschoolmedical.gpsurgery.net
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.scottroad.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 membership in 2015-16**



**Keith Ramsay Governing Body** Lay Chair



**Helen Hirst** Interim Accountable Officer



**Dr Louise Barker GP** member



**Dr Emma Broughton** GP member



**Dr Tim Maycock** GP member



Dr Shaun O'Connell **GP** member



**Dr Andrew Phillips** GP member and Interim Deputy Chief Clinical Officer



Michelle Carrington **Chief Nurse** 



**Rachel Potts Chief Operating** Officer



**Tracey Preece Chief Finance** Officer



**David Booker** Lay Member and Deputy Chair of the **Audit Committee** 



**Dr Paula Evans** CCG Council of Representatives member



Dr Arasu **Kuppuswamy Secondary Care Governing Body** Member



**Sheenagh Powell** Lay Member and Chair of the Audit Committee

### **Co-opted members**



Sian Balsom Lay Member Healthwatch York



**Louise Johnston Practice Manager** Representative



**Dr John Letham Local Medical** Committee Liaison Officer



**Sharon Stoltz** Interim Director of Public Health, City of York Council

# Health and wellbeing for everyone

Two years ago we launched, in conjunction with our partners, an ambitious vision for delivering a fully integrated, seamless care system to secure the best in health and wellbeing for everyone in the Vale of York by 2018-19.

The plan is structured around the delivery of eight strategic initiatives for transformational change.

 ,
Integrated care
Self-care, prevention and well-being
Primary care reform
Urgent care reform
Planned care
Transforming mental health and learning disabilities services
Women's and children's services
Cancer, palliative and end of life care

This work is led by our Clinical Leads who are also local GPs that see patients in primary care every day. The plan is delivered by our partners in provider, commissioning, local authority and public health teams.

In 2015-16 the CCG continued to 'lay the foundations' to embed and extend the most effective new models of integrated, improved system of care across the Vale of York, building upon the achievements and progress made in the previous year.

#### Laying the foundations and extending sustainable system 2014/15 2015/16 2016/17 2017/18 Prevention, Self Care • Weight Management Alcohol Strategy End of Life Care pathway embedded **Integrated Care** Integration Pilots Mental Health pathways (including Physical Health checks) embedded Community Services Patient Transport Services Review Primary Care Reform . Empowerment and Market Readiness Co-Commissioning with NHSE · Referral Support Service Expanded capacity Risk Stratification • Liaison Psychiatry; Street Triage Emergency Care practitioners **New System of Fully** • Front Door Geriatrician Integrated Care · Seven day working • Pathway Review and Redesign New organisational forms • Neurology Planned Care · Lead contractor arrangements Planned Care Diabetes • Total dedicated accountable EOL Pathway Review · Specialised Services and Co-commissioning Sufficient capacity Productive services SEN and Care Bill Children's and Value for Money CAMHS Specialised services in fewer centres Autism Review of excellence Urgent Asthma Cancer Pathway Review Palliative Care Review Survivorship Agenda IAPT **Mental Health** Sufficient IAPT Access · Mental Health Service Review . Bootham Inpatient Redeve Fit for purpose estate

# **Highlights from 2015-16**

### Supporting our member practices

# Investing to support practices in the future

The CCG secured investment to undertake a clinically-led review of primary care activity on a cross section of GP practices. This allowed the CCG to build an evidence based picture of current working practices in primary care and the opportunities to develop new pathways that closely aligned with 'care team models'.

To support work to increase capacity for GP so they can manage more complex cases and to develop roles for other health and social care professionals, the review helped to capture the wide skill mix in primary care – both current and for what would be needed in the future.

#### The general practice improvement modules

Effective management of emails and meetings
Saving time and improving communication.

Consistency of approach

High volume conditions; agreement of consistent approach between clinicians to reduce, or justify, variation.

Workforce planning

Introduce techniques and use practice data to ensure correct staffing levels on a daily, monthly and annual basis.

Workplace organisation

Introduce techniques and standards, for example '5S', to transform and make efficient use of space.

Management of frequent attenders

Using patient attendance profiles to:

- identify frequent attenders
- introduce structured multi-disciplinary team meeting approaches in partnership with other providers that helps to co-ordinate care and release capacity.

Minimum job requirements

Visual display techniques to improve back office efficiencies and de-personalise routine tasks.

### **Referral Support Service**

The Referral Support Service (RSS) plays a major role in delivering high quality referrals that lead to patients being seen in the right place, at the right time for their outpatient appointment.

RSS site is a clinical resource for GPs which, up to April 2016 has been used to process more than 86,000 referrals.

Based on historical trends,
RSS has saved £1.5m in
outpatient activity
spending.

## **Tele-dermatology**

Incorporating innovative technology with Consultant Dermatologist expertise and delivering this within primary care has been possible with the Dermatology Indicative Budget Project.

Providing tele-dermatology in general practice provides a better service for patients by providing minor surgery, care and treatment closer to home which prevents unnecessary spend in secondary care.



# A UK first in gluten free product prescribing

Using views and comments collected at themed events in 2015, along with data collated through the implementation of the local gluten free product prescribing policy, the CCG's developed a supermarket voucher scheme for gluten free foods on prescription.

This scheme, which began on 1 February 2016, is the first of its kind in the UK. Major and independent retailers are currently taking part in the scheme which is promoted by Coeliac UK.

The scheme has been very successful and most patients have told the CCG that they want the voucher scheme to stay. More major retailers have come forward to take part in the scheme and the CCG is currently in discussion with these.



# Personal Health Coaching – another first for the Vale of York

The CCG is the first in the country to trial the Health Navigator project that helps to identify and provide personalised health coaching for a specific cohort of patients.

The Health Navigator trial is focusing on frail, elderly patient and people with long term conditions.

\*Health Navigator

The project helps patients to identify their personal drivers for contacting health services and methodically addresses the underlying triggers for urgent access. This may include needing a better understanding of their long-term condition(s) or addressing social isolation. They may need help to self-manage their condition or to navigate the local healthcare system with a designated point of contact.

This initiative is being formally evaluated. It is anticipated that the pilot will identify significant reductions in healthcare costs by helping patients access the right type of care, first time. More importantly, the aim is for patients who are part of the trial to self-report an improved quality of life.

Of the first cohort of patients that were supported through Health Navigator versus the control group, there has been:

- 19% reduction in non-elective admissions
- · 24% reduction in A&E attendances
- · 40% reduction in total bed days



# **Highlights from 2015-16**

## Pioneering work in the Vale of York



### **Pioneer Programme**

We were recognised nationally with our partners as an 'Exemplar site' for our approach to designing, commissioning and delivering integrated care services. Our work with pioneers in Leeds and Wakefield is helping to deliver robust and sustainable approaches to underpin emerging models of integrated care.

Independent evaluation by Optimity Matrix rated the CCG's progress and involvement in the pioneer programme as excellent. This, and our conversations with communities on what good looks like are the building blocks for our integration strategy.

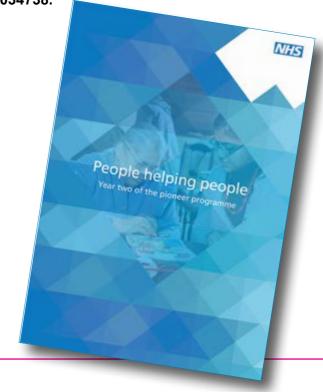
### People helping people

The positive impacts of the integrated care hubs have been reflected in recent rounds of patient experience feedback. In October and November 2015, 94.8% of patients, service users, and carers were 'very happy' with the services provided by the new integrated care hubs in York, Selby, and Pocklington.

Furthermore, over 90% reported being directly involved in decisions about their care and support, and two-thirds (66.4%) believed that the services had helped to improve their health or condition.

Our work features in a short video produced by the Pioneer Programme. Watch the video online at **www.vimeo**.

com/151034738.



# **Highlights from 2015-16**

# Putting patients at the centre

### **Integrated Care Pilots**

York, Selby and Pocklington integrated care pilots have successfully:

- wrapped care around the patient;
- provided support from one named contact and made it possible for individuals to tell their story only once;
- delivered services closer to home;
- helped patients to avoid a hospital stay;
- assisted individuals to self-manage their condition(s).

### **Patient stories**

Local patients and their families have shared their thoughts and experiences of care with the integrated care teams.

Thank you to all the carers that visited me while my wife was in hospital. All of the ladies were wonderful and I can't thank you enough for helping me through a difficult time.

You are a credit to the service so pleasant and helpful. No one ever felt like a stranger all very friendly.

Mr H

Thank you to all the team that have visited - you are amazing.



The team made a huge difference for my Mum and Dad. I am extremely grateful for everything the team has helped with.

Care plans are tailored to specific patient needs.

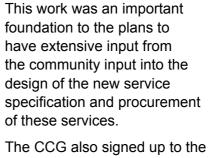
Daughter of a patient cared for by the Integrated Care Team.

> Thank you all, you are all lovely. Mrs P.



### **Wheelchair Rapid Improvement** Work

Collaboration with partner CCGs and NHS Improving Quality along with the involvement of service users led to the shaping and delivery of an improvement plan for wheelchair services.



Wheelchair Alliance's national wheelchair Charter.

### More examples of our work in 2015-16

We revised governance arrangements to be able to take on the full delegation of Primary Care Commissioning.

We extended the Referral Support Service to support improvements in access targets for planned care and appropriate referrals into secondary care.

We enhanced clinical engagement with member practices through our Council of Representatives and the re-establishment of local clinical working groups.

# **Total Transport**

The Total Transport Project; supported by the Department for Transport, operates in a number of pilot areas, including the Vale of York, to identify opportunities design innovative, efficient and effective patient transport services.

Working in partnership with North Yorkshire County Council, we have identified a number of areas focus our work including renal dialysis patients, GP urgent referrals and the same day discharge of patients.



Together we have engaged local patients and staff to hear their views and, where needed, their suggestions for change. With a view to drive improvement in the coming months. we are working with Yorkshire Ambulance Service; the current provider to patient transport services, to develop a number of pilots that will start in Autumn 2016.

# 2015-16 year-end financial position

2,965

Pay

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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 2015-16 and plan to do so again in 2016-16.

### **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) £430,544

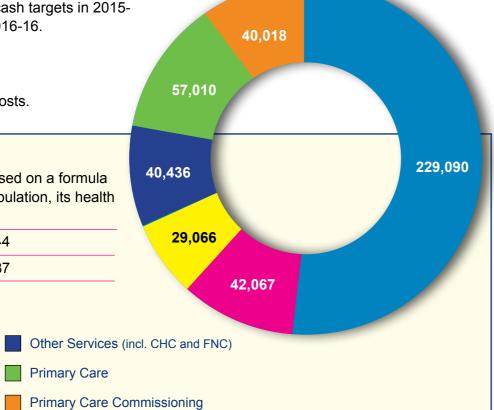
Spend (£'000s)

£437,687

Acute Services

Mental Health Services

Community Services



# 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) £7,602

**Spend** (£'000s) £6,754

# NHS Vale of York CCG Annual Accounts 2015-2016

	year ended 31 M	
	2015-16 £000	2014-15 £000
Total Income and Expenditure		
Employee benefits	4,863	4,425
Operating expenses	442,769	380,446
Other operating revenue	(3,191)	(3,684)
Net operating expenditure before interest	444,441	381,187
Investment Revenue	0	0
Other (gains)/losses	0	0
Finance costs	0	0
Net operating expenditure for the financial year	444,441	381,187
Net (gain)/loss on transfers by absorption	0	0
Total net expenditure for the year	444,441	381,187
Of which:  Administration Income and Expenditure		
Employee benefits	3,789	3,337
Operating expenses	3,313	3,956
Other operating revenue	(347)	(249)
Net administration costs before interest	6,755	7,044
Programme Income and Expenditure		
Employee benefits	1,074	1,088
Operating expenses	439,456	376,490
Other operating revenue	(2,844)	(3,435)
Net programme expenditure before interest	437,686	374,143
Other Comprehensive Net Expenditure	2015-16	2014-15
	£000	£000
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  Net gain/(loss) on available for sale financial assets	0	C C
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	C
Reclassification adjustments	0	C
On disposal of available for sale financial assets	0	0
Total comprehensive net expenditure for the year	444,441	381,187

11

3,789

Non-Pay

Statement of Financial Position as at 3	1 March 2016	
	31 March 2016 £000	31 March 2015 £000
Non-current assets: Property, plant and equipment	529	605
Intangible assets	0	0
Investment property	0	0
Trade and other receivables	0	0
Other financial assets		0
Total non-current assets	529	605
Current assets:	•	•
Inventories Trade and other receivables	0 2.424	0
Other financial assets	3,431 0	2,337 0
Other current assets	0	0
Cash and cash equivalents	48	145
Total current assets	3,479	2,482
Non-current assets held for sale	0	0
Total current assets	3,479	2,482
Total assets	4,008	3,087
Current liabilities Trade and other payables Other financial liabilities Other liabilities Borrowings Provisions Total current liabilities	(21,485) 0 0 0 (117) (21,602)	(17.398) 0 0 0 (935) (18,333)
Non-Current Assets plus/less Net Current Assets/Liabilities	(17,594)	(15, 246)
Non-current liabilities Trade and other payables Other financial liabilities Other liabilities Borrowings Provisions Total non-current liabilities	0 0 0 0 0	0 0 0 0 0
Assets less Liabilities	(17,594)	(15, 246)
Financed by Taxpayers' Equity General fund Revaluation reserve Other reserves Charitable reserves	(17,594) 0 0 0	(15, 246) 0 0 0
Total taxpayers' equity:	(17,594)	(15, 246)

Statement of Changes In Taxpayers Equity for	or the year e	nded 31 Mar	ch 2016	(part 1)
	General fund £000	Revaluation reserve £000	Other reserves £000	Total reserves £000
Changes in taxpayers' equity for 2015-16				
Balance at 1 April 2015 Transfer between reserves in respect of assets	(15,246)	0	0	(15,246)
transferred from closed NHS bodies	0	0	0	0
Adjusted NHS Clinical Commissioning Group balance at 1 April 2015	(15,246)	0	0	(15,246)
Changes in NHS Clinical Commissioning Group ta	axpayers' equi	ty for 2015-16	6	
Net operating expenditure for the financial year	(444,441)			(444,441)
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 Comprehens		0	0	•
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	· ·	· ·	J	•
Group Expenditure for the Financial Year	(444,441)	0	0	(444,441)
Net funding	442,093	0	0	442,093
Balance at 31 March 2016	(17,594)	0	0	(17,594)

Statement of Changes In Taxpayers Equity for	or the year e	nded 31 Mar	ch 2016	(part 2)
	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	0
Transfer of assets and liabilities from closed NHS bodies as a result of the 1 April 2013 transition	0	0	0	761
Adjusted NHS Commissioning Board	(40,440)			704
balance at 1 April 2014	(12,446)	0	0	761
Changes in NHS Commissioning Board taxpayers' equity for 2014-15				
Net operating costs 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
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 Comprehens		0	0	0
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
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*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 2016	(15,246)	0	0	(15,246)

Statement of Cash Flows for the year ended 31	March 2016	<u> </u>
Ctatoment of Gaon Flowe for the year ended of	2015-16	2014-15
	£000	£000
Cook Flows from Operating Activities		
Cash Flows from Operating Activities  Net operating expenditure for the financial year	(444,441)	(381,187)
Depreciation and amortisation	76	75
Impairments and reversals	0	0
Movement due to transfer by Modified Absorption Other gains (losses) on foreign exchange	0 0	0
Donated assets received credited to revenue but non-cash	Ō	0
Government granted assets received credited to revenue but non-cash	0	0
Interest paid Release of PFI deferred credit	0	0
Other Gains & Losses	Ō	0
Finance Costs	0	0
Unwinding of Discounts (Increase)/decrease in inventories	0	0
(Increase)/decrease in trade & other receivables	(1,094)	1,418
(Increase)/decrease in other current assets	0	0
Increase/(decrease) in trade & other payables Increase/(decrease) in other current liabilities	4,087 0	759 0
Provisions utilised	(408)	0
Increase/(decrease) in provisions	(410)	655
Net Cash Inflow (Outflow) from Operating Activities	(442,190)	(378,280)
Cash Flows from Investing Activities	•	0
Interest received (Payments) for property, plant and equipment	0	0 0
(Payments) for intangible assets	Ö	Ö
(Payments) for investments with the Department of Health	0	0
(Payments) for other financial assets (Payments) for financial assets (LIFT)	0 0	0 0
Proceeds from disposal of assets held for sale: property, plant and equipment	Ö	Ö
Proceeds from disposal of assets held for sale: intangible assets	0	0
Proceeds from disposal of investments with the Department of Health Proceeds from disposal of other financial assets	0	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 Rental revenue	0	0 0
Net Cash Inflow (Outflow) from Investing Activities	0	0
Net Cash Inflow (Outflow) before Financing	(442,190)	(378,280)
Cash Flows from Financing Activities		
Grant in Aid Funding Received	442,093	378,387
Other loans received	0	0
Other loans repaid Capital element of payments in respect of finance leases and on	0	0
Statement of Financial Position PFI and LIFT	0	0
Capital grants and other capital receipts	0	0
Capital receipts surrendered  Net Cash Inflow (Outflow) from Financing Activities	0 442,093	378,387
Net Increase (Decrease) in Cash & Cash Equivalents	(97)	107
Cash & Cash Equivalents at the Beginning of the Financial Year	145	38
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	48	145
the Line of the Financial Teal	40	140

# Our conversations with the community

As part of our engagement activities in 2015-16, the CCG; and its partners at York Teaching Hospital NHS Foundation Trust, North Yorkshire County Council and Healthwatch, invited people from Easingwold and the surrounding area to join us for coffee,

cake and conversation so we could ask an important question:

"what is important to you about health and wellbeing in the local area?"

The views we collected from our conversations

were rich, personal experiences of local health and care services; information that is extremely valuable to us. We collated hundreds of written comments from the people we talked to. We also captured what the community's health and care priorities were too.

I want fast access to care and support..

These views
created the foundation
on which we have built our
vision to design services that
the local community has told
that they want - which is to
join up existing services

oin up existing service and deliver these closer to home.



I want good information to help me plan my care.

I only want to tell my story once.

I want to feel safe, and trust my provider.

Post event evaluation has told us that more than

of the people involved in our engaged events

'strongly agreed' or 'agreed' with the statement.

"I felt my contribution was valued and of use".



I want my care to be coordinated through a key link person.

# Our other engagement work in 2015-16

In 2015-16 we also asked local patients and the public to share their views about:



### **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 2015-16 to take account of the requirements for delegated authority for primary care co-commissioning.

Our constitution makes explicit reference to our legislative duties and sets out the approach to meeting our statutory duties. Our Constitution document is available on our website at http://www.valeofyorkccg.nhs.uk/about-us/our-constitution-1/

### **Useful documents**

We publish our key documents on our website. The links are provided below.

### 2015-16 Annual Report and Accounts

http://www.valeofyorkccg.nhs.uk/data/uploads/publications/update-june-16/annual-report-and-accounts-2015-16.pdf

#### 2016-17 Operational Plan

http://www.valeofyorkccg.nhs.uk/data/uploads/publications/update-june-16/nhs-vale-of-york-ccg-operational-plan-2016-17-final.pdf

### The 2015-16 'Plan on a Page' document

http://www.valeofyorkccg.nhs.uk/our-plans-and-strategic-initiatives/



The information contained in this document can be requested in other languages.

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