

# Integrated Operational Plan 2014 - 2019

## A summary



The best health and  
wellbeing for everyone.



From secondary care to primary care, community care to urgent care and mental health through to social care, our partners are signed up to bring about a profound shift in the way that services will be delivered in the future.

## What will healthcare look like in five years from now?

### Will it be better and how would we know if it was?

Our five year plan sets out a clear vision for the future and throughout its delivery we will attempt to provide answers to these questions. We will draw upon the shared values of both patients and care givers, rallying them to the common purpose of creating a high quality and sustainable health and social care system.

Our research of various models of care both within this country and internationally has helped to develop a vision which we are describing as the "Care Hub Model". We believe that with the support of our partner organisations we could develop this in a staged approach.

Whilst the model of ownership has yet to be finalised there are a number of possibilities under consideration including social enterprise, federated GP partnerships or hospital / GP partnership. However the model is provided, we believe that the most important task is to determine the nature of the services that will be offered and we can then think about the structures required to support the identified services.

Partner organisations have given the CCG the role of system leader and working closely with them we have gained wide ownership of this plan. Conversations with partners have been important in laying out the scope of change that will be required across the system.

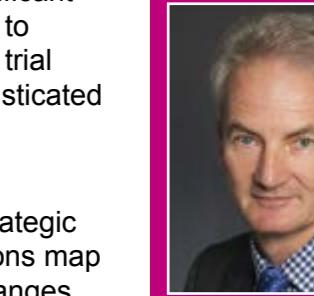
From secondary care to primary care, community care to urgent care and mental health through to social care, our partners are signed up to bring about a profound shift in the way that services will be delivered in the future.

There are a number of enablers that will support this change process in the future, including the potential to co-commission primary care with NHS England, the Better Care Fund across health and social care, and the promise of new and innovative funding mechanisms from NHS England.

There is a clear alignment of our plans with national requirements and we believe that our plan is cohesive, deliverable and most importantly supported across our entire system.

We are currently bidding to be one of four national NHS Accelerate sites which would provide us with significant additional capacity and expertise to drive our integration pilots and to trial increasingly innovative and sophisticated commissioning and contracting approaches.

This summary of our five year strategic plan and improvement interventions map out how we are delivering the changes required to achieve a sustainable healthcare system for the future.



**Dr Mark Hayes**  
Chief Clinical Officer

## Conversations with the local community

Our conversations with members of the Vale of York community have allowed us to learn about their priorities and their wants and needs of their local health and social care system.

### A number of interlocking themes have emerged such as:

- services must be involved and engaged with the patient at all times,
- ensuring that care is coordinated across all community based services,
- a continuity of care,
- seven day services were important,
- a need to improve the provision of mental health services,
- GP practices to be at the centre of the future health care systems.

We have taken this knowledge and used it to produce a plan that can deliver services that, within the available resources, will meet the aspirations of the community.

By ensuring that patients and primary care clinicians have a greater say in how health services are delivered locally, we are embarking on the next five years with a vision for the future and a clear set of priorities and values. We are able to do this by thinking differently and innovatively.



## Our role in delivering good quality, safe services

### Our main areas of responsibility and work are:

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

To deliver our five year vision of "Achieving the best health and wellbeing for everyone in our community," the following are embedded in our work:

### Quality assurance and improvement

- Ensuring patient safety first and foremost
- Delivering the NHS Constitution
- Performance improvement
- Patient experience and dignity
- Safeguarding
- Quality Premium
- CQUINs
- Seven day services
- Response to Francis, Berwick and Winterbourne Review
- Compassion in practice
- Staff satisfaction

### Financial sustainability

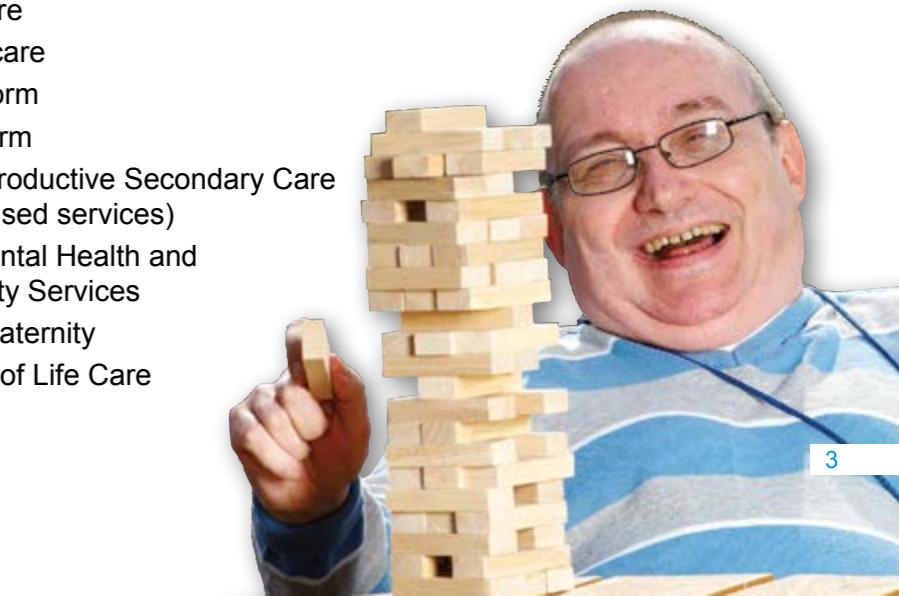
- Ensuring value for money
- Delivering productivity improvements and savings which contribute to our financial target Quality, Improvement, Productivity and Performance plans
- Prioritisation of funding and cost pressures
- Investment

### Improving outcomes (Our five year ambitions)

- Meeting our local trajectories and targets (health and quality outcomes)
- Meeting our local priorities
- Meeting our Better Care Fund Measures
- Tackling health inequalities
- Addressing unwarranted variation

### Transforming services (Our five year strategic initiatives)

- Integration of Care
- Person-centred care
- Primary care reform
- Urgent Care reform
- Planned Care (Productive Secondary Care including specialised services)
- Transforming Mental Health and Learning Disability Services
- Children's and Maternity
- Cancer and End of Life Care



## The objectives for our five year plan

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 'Care Hubs', providing increased access to health promotion, care and support services, including GPs, pharmacies, diagnostics (for example 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.



# How we will transform services and deliver our plan

We have developed eight strategic initiatives which will transform services and deliver our five year strategic vision '**My Life, My Health, My Way**' and the associated ambitions for improving the community's health and well-being.

## 1 Integration of Care

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;

A move to '**Care Hubs**', 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;

Integrated care co-ordinated through a strong community system of Care Hubs with seven day working, full out of hours services in place and accountable GPs caring for our frail elderly and patients with moderate LTCs in the community;

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.

## 2 Person Centred Care

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

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

## 3 Primary Care Reform

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

## 4 Urgent Care Reform

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

Only the highest acuity patients are seen in A&E and alternative models of urgent care delivery will be developed in home, ambulatory care and within the community (via Care Hubs and extended primary care).

## 5 Planned Care

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.

Highly productive elective care delivery based on a jointly transformed acute pathway.

## 6 Transforming mental health and learning disability services

Reduction in premature mortality

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.

Services delivered from modernised and fit-for-purpose infrastructure.

Delivering the required system capacity to target local need, address inequalities and meet our challenging access and diagnosis targets.

## 7 Children and Maternity

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.

## 8 Cancer, Palliative and End of Life Care

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.

Reduce the amount of time people spend avoidably in hospital by 14% through better and more integrated care in the community, outside of hospital.



## Spotlight - the creation of Care Hubs

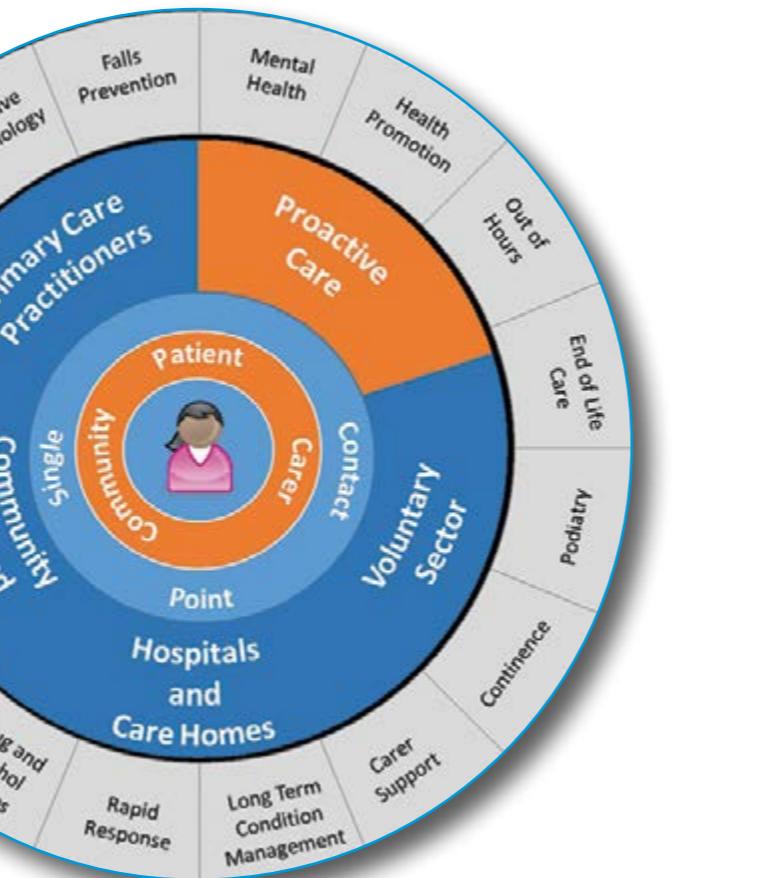
**At the core of our five year strategic vision is the Care Hub Approach which involves whole system change in order to get the right model of care for the future.**

Care Hubs' responsibility will be to assess, diagnose and deliver care to enable individuals to remain at home, or return there at the earliest opportunity following a period of ill-health or crisis. The initial focus will be on the frail elderly and those individuals with long term conditions, with a view to expanding this across a range of health needs and population groups.

The hubs will be staffed by a multi-disciplinary, multi-agency team who will act as care co-ordinators to ensure care and support packages are put in place as quickly as possible and in the best interests of the individual and their carers. New funding models to incentivise providers to deliver this approach will be explored to ensure that providers truly deliver transformed models of care as alternatives to admissions to hospital or care homes.

Through Care Hubs, patients will have one care record, and move to having their care co-ordinated through a single contact point. This could be a GP, a care manager, a district nurse, a community matron, an OT or specialist MH worker or any other health and social care practitioner with whom the person has regular contact. This person will retain accountability for their patient and will act as the facilitator to all other services and interventions.

The journey to develop a fully integrated care hub will take time and the initial focus is on a small number of integrated care pilots that involve primary and secondary care, the voluntary sector and social care. These pilots are testing different models of delivery to inform best practice for the evolving care hub approach.



We want to move away from traditional definitions of primary, secondary, community and social care to a model of 'care'. This exciting new opportunity requires new organisational structures to deliver it, drawing on the strengths of the different sectors.

## About the CCG

**We are a membership organisation overseen by the CCG's Council of Representatives with members from each GP practice in the Vale of York CCG area.**

**Our work is led by the Governing Body. It monitors and challenges the delivery of our work, our quality and health performance outcomes and financial and risk management systems.**

### The members

- Professor Alan Maynard** • Lay Chair
- Dr Mark Hayes** • Chief Clinical Officer
- Rachel Potts** • Chief Operating Officer
- Lucy Botting** • Chief Nurse
- Tracey Preece** • Chief Finance Officer
- Dr Andrew Phillips** • Clinical Lead for Urgent Care
- Dr Shaun O'Connell** • Clinical Lead for Prescribing and Planned Care
- Dr Emma Broughton** • Clinical Lead for Women's Health
- Dr Tim Maycock** • Clinical Lead for Primary Care
- Dr Louise Barker** • Clinical Lead for Mental Health
- Dr Tim Hughes** • Chair of the Council of Representatives
- Dr Guy Porter** • Secondary Care doctor
- Keith Ramsey** • Lay member and Chair of the Audit Committee
- John McEvoy** • Practice member, Chair of the Quality and Finance Committee
- John Letham** • Lay member, Local Medical Committee

### Co-opted members

- Dr Paul Edmondson-Jones** • City of York Council
- Richard Webb** • North Yorkshire County Council
- Sian Balsom** • Healthwatch
- David Booker** • Lay member and Deputy Chair of the Audit Committee

To find out more about the CCG and to read the full version of the five year plan go to [www.valeofyorkccg.nhs.uk](http://www.valeofyorkccg.nhs.uk)

## Get involved

In our first year we have listened to the views of the local community and learned about their priorities for a health and social care system. This has allowed us to identify the emergence of interlocking themes that have shaped the decisions to develop our plan.

We want to talk to as many local people as possible. Their views and input allow us to deliver the health and care services they wants and needs.

**If you would like to get involved and be part of this process register your details and interests by:**



valeofyork.contactus@nhs.net



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