



## **NHS VALE OF YORK CLINICAL COMMISSIONING GROUP**

### **OPERATIONAL PLAN 2016-17**

DRAFT [NOT FORMATTED] MARCH 2016

*This copy will be subject to final amendments for submission on 11<sup>th</sup> April*

## Contents

	<i>Page</i>
Foreword	3
Plan on a Page	5
Introduction	7
Our Values	8
Progress to Date	9
Understanding Our Population – Needs Assessment	11
Parity of Esteem	16
Developing the Sustainability and Transformation Plan	18
- Humber Coast and Vale Sustainability and Transformation Plan	19
- Transformation in the Vale of York	22
Financial Recovery for the Vale of York	24
- Principals and Parameters	25
- QIPP Plan for 2016-17	28
Local plan for the sustainability and quality of general practice	41
Delivering the NHS Constitution and Mental Health Waiting Time Targets	43
- A&E and Ambulance wait standards	43

- NHS Constitution: 18 week pathways	44
- NHS Constitution: 62 day cancer waiting standard and improvement in one-year survival rates (and meet all other cancer targets)	44
- Achieve and maintain the two new mental health access standards	44
Summary of Commissioning Intentions 2016-17	45
Championing quality and safety in local services	47
Supporting Population Groups	54
Deliver local plans to transform care for people with Learning Disabilities	57
Innovation and Research	58
Efficient and Effective Organisation	59

**FOREWORD:** Mark Hayes, Chief Clinical Officer, NHS Vale of York CCG



## **Foreword**

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

Providers and commissioners 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 through the development of 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.

As a main provider, York Teaching Hospital NHS Foundation Trust provides services in the Vale of York and the Scarborough and Ryedale catchment areas. This is why we will also be developing a System Recovery Plan in conjunction with NHS Scarborough and Ryedale CCG.

Our transformation work in 2016-17 will focus upon the broader health and care system and include prevention work that will support people to live healthy lives and to manage long term conditions such as diabetes and prevent secondary complications. It will help to create sustainability in primary and secondary care through redesigning community-based pathways to enable people to receive health and social care within their communities and by reviewing services delivered over a wider foot print we will be undertaking a review of urgent care systems across six CCG areas.

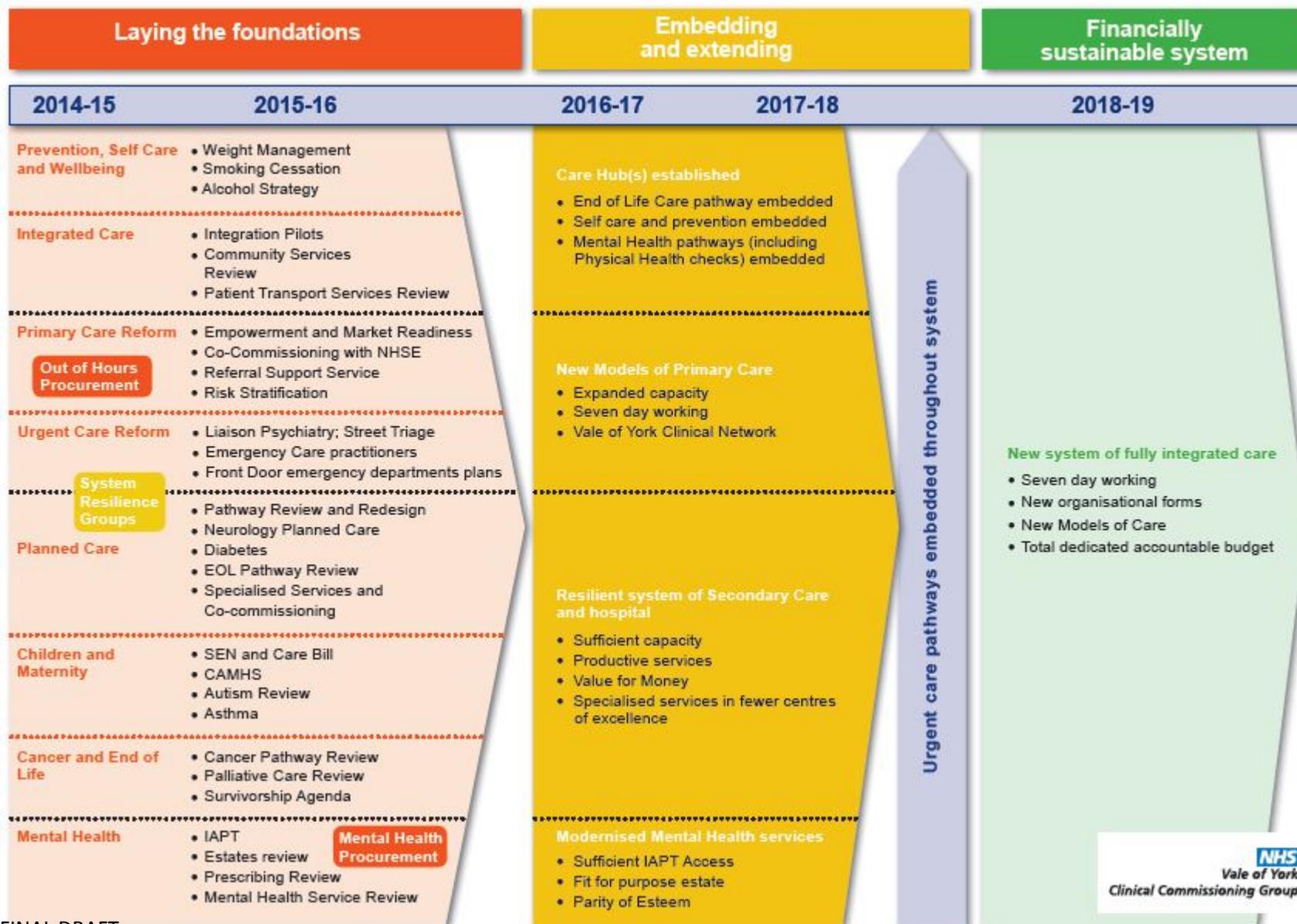
We will also be conducting the most open, transparent and honest budget consultation ever seen in the Vale of York. I know that local people are proud of their NHS and have a passion for the services it provides. I truly hope that the local community take part in the consultation to hear an honest account of the local financial situation and to share their views.

However, despite the financial challenges in the Vale of York, the CCG has continued to progress its work to improve local health and care services. Throughout 2016-17 we will continue to work collaboratively with our partners to deliver new and efficient ways of working and stay on course to deliver our five year plan whilst protecting, and, where possible, enhancing the quality and safety of services.

**Dr Mark Hayes, Chief Clinical Officer**

**My Life, My Health, My Way: High quality care, in the most appropriate setting, to meet the needs of our population.**  
 Our work will deliver a sustainable and high quality health service available to all to improve health and wellbeing across the Vale of York. Targeting Health inequalities, increasing parity of esteem between physical and mental health and providing local access to care. The CCG will provide system leadership.

You said, we did	Our strategic initiatives	Enabling work	Our improvement interventions	Outcomes
<p>Help people to stay healthy</p> <p>Provide people with the opportunity to influence and change healthcare</p> <p>Ensure access to good, safe, high quality services closer to home</p> <p>Support people with long term conditions to improve quality of life</p> <p>Improve health-related quality of life and end of life care</p> <p>Implement local 'Care Hubs' across the Vale of York</p> <p>High quality mental health services for the Vale of York, with increased awareness of mental health conditions</p> <p>Ensure local healthcare services are sustainable</p> <p>Ensure people have access to world-class complex and specialist care</p> <p>Support health research in the local area</p>	<p><b>Prevention, Self Care and Wellbeing:</b> help people stay healthy through informed lifestyle choices, support people to self-manage long term conditions where possible</p> <p><b>Integrated Community Based Services:</b> coordinate health and social care services around the needs of patients to create a fully integrated in community system of care</p> <p><b>Primary Care Reform:</b> improve the continuity of care and delivering services seven days a week through GP practices working together to support larger populations and supporting sustainability through co-commissioning arrangements</p> <p><b>Urgent Care Reform:</b> improve and coordinate of all aspects of urgent care provision that ensure that patients are treated at home wherever possible</p> <p><b>Planned Care:</b> enhance the referral support service to ensure the right care is delivered for patients first time. Improve productivity of elective care</p> <p><b>Transformed Mental Health:</b> improve the management of people with mental health needs and improve their physical health through all new models of care across system</p> <p><b>Children's and Maternity:</b> give children the best start in life possible, promote healthy lifestyles and supporting self-management of their conditions</p> <p><b>Cancer and End of Life:</b> prevention, diagnosis and treatment; carers pathway</p>	<p><b>Co-commissioning of primary care with NHSE</b></p> <p><b>New Models of Care</b></p> <p><b>Workforce planning</b></p> <p><b>Digital Road Map</b></p> <p><b>Shared care record and individual care plans</b></p> <p><b>New financial and contracting models</b></p> <p><b>Procurement choice and market readiness</b></p> <p><b>Estates and infrastructure</b></p> <p><b>Clinical data review and analysis</b></p> <p><b>Assistive technology (referral support; community equipment)</b></p> <p><b>Research and innovation</b></p> <p><b>Prescribing</b></p> <p><b>Community mobilisation</b></p>	<ul style="list-style-type: none"> <li>Alcohol interventions and joint delivery of strategies and plans with local authorities</li> <li>Weight Management</li> <li>Community mobilisation</li> <li>Pre-diabetes plan</li> </ul> <ul style="list-style-type: none"> <li>Care Hub (CH) Models across the Vale of York</li> <li>Community services review</li> <li>Urgent care, self-care &amp; EoL pathways in CH</li> <li>Patient transport services</li> <li>System flow (DIOC plan, Trusted Assessor)</li> </ul> <ul style="list-style-type: none"> <li>Referral support service and care plans for frail old people and complex needs</li> <li>Vale of York Clinical Network</li> <li>Social Prescribing</li> <li>Minor ailments scheme</li> </ul> <ul style="list-style-type: none"> <li>Street triage and urgent care practitioners</li> <li>Psychiatric liaison in A&amp;E</li> <li>Paediatric zero length of stay</li> <li>Front door at Emergency Department</li> <li>Urgent Care Network</li> </ul> <ul style="list-style-type: none"> <li>Systematic service review and pathway redesign – ophthalmology</li> <li>New pathways of care in neurology, ENT</li> <li>MSK and elective orthopaedic procurements</li> <li>Cardiovascular and COPD</li> </ul> <ul style="list-style-type: none"> <li>Mental health inpatient redevelopment</li> <li>Autism review; dementia service development; IAPT promotion and diagnosis</li> <li>Estates review</li> </ul> <ul style="list-style-type: none"> <li>Children and Families Act: Special educational needs</li> <li>Asthma, CAMHS and health reviews for looked after young people</li> <li>Maternity review</li> </ul> <ul style="list-style-type: none"> <li>Palliative Care Review</li> <li>Cancer Pathway Review and Survivorship</li> </ul>	<p><b>Quality outcomes:</b></p> <ul style="list-style-type: none"> <li>Delivering on the NHS Constitution</li> <li>Enhanced quality and safety of care</li> <li>Improved patient experience of care outside of hospital (12%)</li> <li>Increase in number of people having positive experience of hospital care</li> </ul> <p><b>Health outcomes:</b></p> <ul style="list-style-type: none"> <li>Reduce the potential years of life lost (15%)</li> <li>Reduced emergency hospital admissions (by 14%)</li> <li>Increase in proportion of older people living independently at home following discharge</li> <li>Improve the health-related quality of life of people with LTCs</li> <li>Improving physical health of those with mental illness (parity of esteem)</li> <li>Reducing Falls</li> <li>Improve dementia diagnosis</li> </ul> <p><b>Activity Impact:</b>                      30.03.16 – impact of activity reduction from planned QIPP:                      20,077 spells reduced:</p> <p><b>Financial Impact:</b>                      To be inserted following approval of the financial plan</p>
<p>Our values will underpin everything we do: Quality * Governance * Engagement and co-design * Prioritisation * Equality * Sustainability * Empathy; Integrity * Respect * Courage</p>				
<p>2014/15 - 2015/16                      Laying the foundations</p>		<p>2016/17 - 2017/18                      Embedding and extending</p>		<p>2018/19                      Financially sustainable system</p>



## **Introduction**

In April 2014 the CCG alongside its local partners launched its Five Year Strategic Plan ‘My Life My Health My Way’ and its ambitious vision for delivering a fully integrated, seamless care system that would secure the best in health and well-being for everyone in the Vale of York by 2018/19. These services will be innovative, patient-centred and deliver improvements in the quality and accessibility of services to some of the most vulnerable people in our community.

During 2014-2016 the CCG has been working to ‘lay the foundations’ of the system change, implementing improved mental health services to provide a platform to develop parity of esteem, piloting new approaches to service integration through Care Hubs, implementing community pathways and referral support; establishing collaborative partnership arrangements creating and strengthening our understanding of the local population needs through engagement and analysis. This operational plan represents year three of the five year plan, embedding and extending our work towards a financially sustainable system. Our commitment to the transformation set out in our five year plan remains, with 2016-17 accelerating the pace of change across the system and delivering year one of our financial recovery plan.

This document sets out our planned work for 2016-17 to deliver financial recovery and is set against the 9 national planning requirements set out by NHS England.

## **Our Vision**

**“Achieving the best health and wellbeing for everyone in our community”**

## **Our Mission**

- 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.

## **Progress to date**

The past year has been challenging for the NHS Vale of York CCG and the local health and social care system. The system has experienced financial, operational and performance pressures throughout 2015-16, with a significant financial challenge ahead and the focus for the CCG through 2016-17 is delivering on financial recovery through the acceleration of work to transform the system. However, the CCG has continued to progress work to improve the health care services for the Vale of York, to work collaboratively with partners to deliver new, and efficient, ways of working and to stay on course to deliver our vision and mission within the five year plan.

### **Key achievements in 2015-16 include:**

- Re-procurement of Mental Health Services for the Vale of York, with a new provider commencing on the 1<sup>st</sup> October
- Re-procurement of the Out of Hours Service with a new provider from 1<sup>st</sup> April, with significant improvements in patient satisfaction
- Implementation of the Bone Protection Service
- Introduced a psychiatric liaison team into York ED to improve the care of patients with mental health needs
- Implementation of Urgent Care Practitioners across the Vale of York and in-reach to Care Homes to support urgent care needs
- Implementation of Hospice@Home to support families with choice at the end of life
- National pioneer status for the work we are doing on integrating care and care closer to home with our 3 integrated care hubs pilots during 2015-6
- Implementation of a Minor Ailments service
- Neurology Review – working with Neurological Commissioning Support and the North Yorkshire and York Neurological Alliance
- Development of new pathways to support the care needs of young children to reduce the number of admissions to hospital
- Revised governance arrangements to take on full delegation of Primary Care Co-Commissioning

- Extension of the Referral Support Service, supporting improvements in access targets for planned care and appropriate referrals into secondary care
- Engagement in an national 'Total Transport Pilot' in partnership with North Yorkshire County Council to develop improved transport services across a range of pathways
- Enhanced clinical engagement through the Council of Representatives Action Plan and re-establishment of local clinical working groups
- Collaborative system arrangements to work effectively in the challenging operating context

## **Understanding our population: Needs Assessment**

### Health Inequalities:

People within the Vale of York have good health overall, and life expectancy at birth is 80.6 for men and 83.8 for women, which are both above the national average. However, life expectancy varies for men and women considerably across this area. The life expectancy gap at birth in York is 7.4 years for males and 5.8 years for females. In Hambleton it is 4.3 years for males and 2.9 years for females. In Selby it is 4.7 years for males and 6.9 years for females. Life expectancy varies across social groups, and targeting groups to promote health equality is part of our approach to service development. There is well documented evidence of the link between poverty and health inequality, and across the Vale of York seven areas rank within the 20% most deprived in England, (five in York and two in Selby). Almost 12,000 people live in these areas.

The **North Yorkshire County Council JSNA** highlights the following issues for the area:

Excess weight in adults is an issue for the area, particularly in Selby where the rate is significantly higher (70%) compared to the national average (65%). Selby district has a higher proportion portion of children who have excess weight in Reception (23.2%) or Year 6 (33.7%) than in any other district in North Yorkshire and above the national average (Reception - 22.5%, Year 6 – 33.5%).

Binge drinking adults is a significant issue for the area with 28.8% of the adult population estimated as binge drinkers compared with 20% nationally.

Although the Vale of York population has a registered prevalence of stroke similar to the England average (2.0%), stroke mortality rates in those aged over 75 years (708 per 100,000 population) are significantly higher than the England average (609 per 100,000). Linked with this is a high number of admissions for myocardial infarctions, stroke, respiratory disease, and stage 5 kidney diseases in people with diabetes. The CCG has implemented revised diabetes pathways to support better community management of the diabetes patients to help prevent hospital admission.

The rate of admission for alcohol-related cancer conditions is also higher in NHS Vale of York CCG than the England average, and in 2013/14 there were 207.8 admissions per 100,000 population recorded locally, compared with 176.5 per 100,000 recorded nationally and 196.8 per 100,000 across the Yorkshire & Humber region in the same period. However, the percentage of deaths from cancer (all ages) was lower in our residents (25.8%, 2013) than nationally (28.2%) or regionally (27.9%) in the same period.

The rate of emergency admissions for chronic ambulatory care sensitive conditions is significantly worse than in similar CCGs (808 per 100,000 locally compared to 778 per 100,000 across similar CCGs).

A significantly lower proportion of diabetes patients meet the three treatment targets around cholesterol, blood pressure and HbA1c than in similar CCGs (31.8% locally compared with 36.3% across similar CCGs).

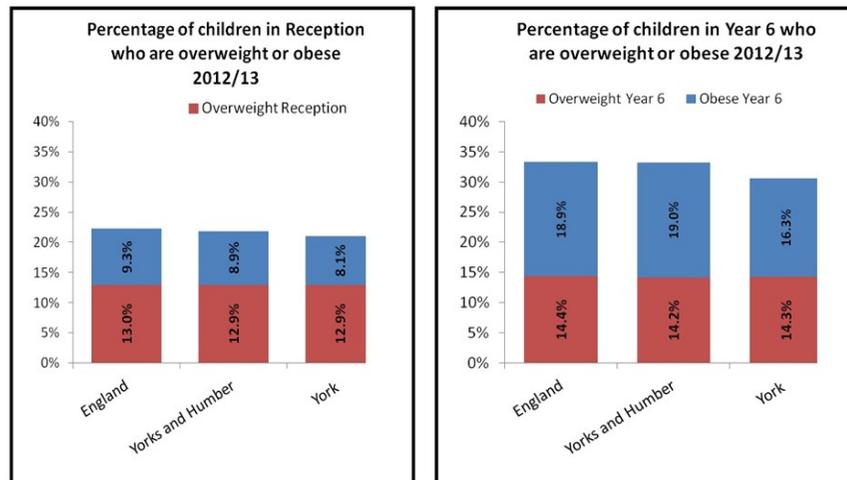
Cardio-Vascular Disease (CVD) prevalence is higher in the Vale of York at 3.5% compared to the national average of 3.3%. Detection of hypertension is lower at 52.5% compared with the national average of 54.3%. As risk factors for developing CVD, low disease registers may indicate a large population at risk, linked with the fact that the NHS Health Check uptake rate in Vale of York CCG (44.2%) is lower when compared to England (49%). Opportunities to identify this at risk population earlier could be improved, resulting in a reduced rate for premature mortality related to stroke which the area is currently an outlier for. The CCG is working closely with partner CCGs through the Humber, Coast and Vale footprint to improve pathways for stroke and CVD.

Smoking quit rates (at 4 weeks) are also significantly worse than in similar CCGs (480 per 100,000 locally compared to 818 per 100,000 across similar CCGs) or England (868 per 100,000).

There are around 950 complex patients, typically with 3 different conditions, resident in the CCG area who are admitted to hospital on average 6 times a year. Almost half (44%, 417 patients) are aged over 75. The most common main condition in this group of patients is circulation-related conditions, often accompanied by neurological or respiratory conditions. The other most common co-morbidity was gastro-intestinal conditions. The embedding of Care Hubs across the Vale of York is designed to target this cohort of the population to provide multi-disciplinary support to older people and those with multiple health needs.

The **City of York Council** area has noted the following issues:

York has a similar percentage of children at Reception and a lower percentage in Year 6 classified as obese or overweight compared to the England average. However, local information shows that the rate of obesity almost doubles in the years between a child aged 4-5 years and aged 10-11 years.<sup>1</sup>



Cancer is the most significant cause of premature death (death under the age of 75 years) in York. The cancer incidence rate for the period 2006-2008 for York in the under 75 years age group was 303 per 100,000 population. This is higher than the England rate, but not

<sup>1</sup> Source: The Health and Social Care Information Centre, Lifestyle Statistics / Department of Health Obesity Team NCMP Dataset Copyright © 2013. The Health and Social Care Information Centre, Lifestyle Statistics. All Rights Reserved

significantly so ([NHS Information Centre](#)). When analysed by gender there is no significant difference between the incidence rates of cancer in men and women in York for the period 2006-2008.

The recorded prevalence of chronic obstructive pulmonary disease has been steadily rising in York from 1.3% of the registered population in 2006-2007, to 1.4% in 2010-2011 ([Health & Social Care Information Centre](#)). The England rate is 1.57%. This is based on general practitioner data which is not standardised for age or sex, and therefore should be considered to be an approximation of the true prevalence.

Recommendations for mental health arising from the JSNA include:

- To increase community based services which can keep people with mental health conditions out of hospital when they don't need to be there.
- To jointly scope options between housing support services, local housing associations, mental health services, the voluntary sector and NHS Vale of York CCG to increase the provision and support arrangements for supported living arrangements for people with mental health needs.
- To share information between general practices and City of York Council about people with a learning disability in order to increase the number of people with learning disability known to local authority so that services can be offered and provided where appropriate.
- To improve the percentage of people with a learning disability who receive an annual health check.
- Improvements in IAPT service provision is considered which increases investment, referral rates, and positive outcomes and reduces wait times, non-attendances and unsuccessful outcomes.
- To further develop our local understanding of the prevalence of self-harm and to enhance means to prevent and reduce instances of self-harm.

For the area covered by East Riding of Yorkshire Council (ERYC), the following issues are the current priorities:

- Parenting
- Reducing Isolation and Loneliness of Older People
- Supporting Unpaid Carers

- Emotional and Mental Health across the Life-course
- Improving the Mental and Emotional Health of Children and Young People
- Supporting Independent Living for Older People
- Reducing Health Inequalities

The Rightcare pack for 2015/16 highlights the following areas where spend and outcomes for the CCG area are most divergent from comparator CCGs:

- Musculoskeletal (MSK)
- Endocrine
- Circulation
- Neurological
- Respiratory.

For outcomes alone, the top 5 areas of divergence are:

- Endocrine
- Musculoskeletal
- Maternity
- Neurological
- Circulation

The category “Endocrine” includes “Nutritional and Metabolic Problems”, which covers diabetes and related conditions. “Circulation” includes coronary heart disease and stroke.

Areas of comparatively poorer outcome include:

- <75 mortality from colorectal cancer
- <75 mortality from lung cancer
- <75 mortality from coronary heart disease (CHD)
- <75 mortality from acute myocardial Infarction (MI)
- Successful smoking cessation (aged 16+)
- Risk of heart failure/stroke/ MI in people with diabetes
- Early years - emergency rate of admissions for gastroenteritis for <1s

For the 947 patients identified as “most complex”, with a mean number of 6 admissions each per annum, the CCG spend of 15.2% was comparable with the national average of 15%. The three main categories of spend were for circulation, cancer, and trauma and injuries. 75% of the complex patients also had an A&E attendance during the year, with the average being 3 A&E attendances a year.

Review of the RightCare data has informed the development of our commissioning and transformation priorities for 2016-7.

### **Parity of Esteem**

The raising of community awareness of mental health needs should be given priority. 'No Health Without Mental Health' and 'Parity of Esteem' need to move from aspiration to reality. A mental health problem increases the risk of physical ill health currently, and men with a severe mental illness die on average 20 years earlier than other people; women five years earlier. Patients with a mental illness have higher rates of cancer, heart disease, respiratory disease and diabetes. Additionally, they have higher levels of alcohol misuse and obesity than the population as a whole, and do less physical activity. Some 42% of all tobacco smoked is by people with mental health problems. The outcome indicator for parity of esteem is reduction in premature mortality.

The development of mental health services and addressing local inequalities is a significant priority for the CCG. As such, consideration of all opportunities to develop the access to and quality of mental health services provision, as well as improving the physical health of patients with mental health conditions when developing other care pathways is embedded within the operational plans and improvement interventions of the CCG.

## **Developing the Sustainability and Transformation Plan for the local health system**

The NHS Vale of York CCG operates across a range of planning levels, including (but not limited to):

- Annual operating plan for the CCG, outlining commissioning priorities for the coming year, planned activity, spend and performance, delivering year one of the aligned financial recovery plan(NHS Vale of York CCG plan, aligned to broader system transformation).
- Better Care fund plan detailing the proposals to reduce non-elective admissions, sustain social care, promote 7 day working and reduce Delayed Transfers of Care (local authority and CCG plan, one for each local authority area)
- The **development of a system recovery plan for the Vale of York**, focussing on transforming local services to enable a return to financial balance (system-based plan focussed on the NHS Vale of York boundaries )
- Performance recovery plan for the SRG, focussing on Urgent Care, Cancer and Mental health performance, escalation and turnaround (system-based plan focussed on York Teaching Hospital Foundation Trust footprint)
- **Sustainable and Transformation Plan** to outline proposals for the broader health system, including prevention, primary care sustainability, urgent care review – led by the Urgent and Emergency Care Network- secondary care sustainability and alignment with specialist and tertiary services. (Health care plan across six CCGs covering Coast, Humber and Vale and York).

Each plan must complement each other and deliver the required outcomes for NHS Vale of York CCG, namely:

- Returning to financial balance
- Achievement of constitutional performance targets
- Protecting, and enhancing where possible, the quality and safety of services
- Sustainable local health care services across community, primary and secondary care to deliver care as close to home as possible for the residents of the NHS Vale of York CCG area.

## **Humber, Coast and Vale Sustainability and Transformation Plan**

NHS Vale of York CCG is committed to working with system partners to deliver a safe and sustainable health care system for the Humber, Coast and Vale locality. The six CCG's within this footprint have come together to form a joint committee to address the following priority areas for 2016-17, with a longer term focus on financial sustainability

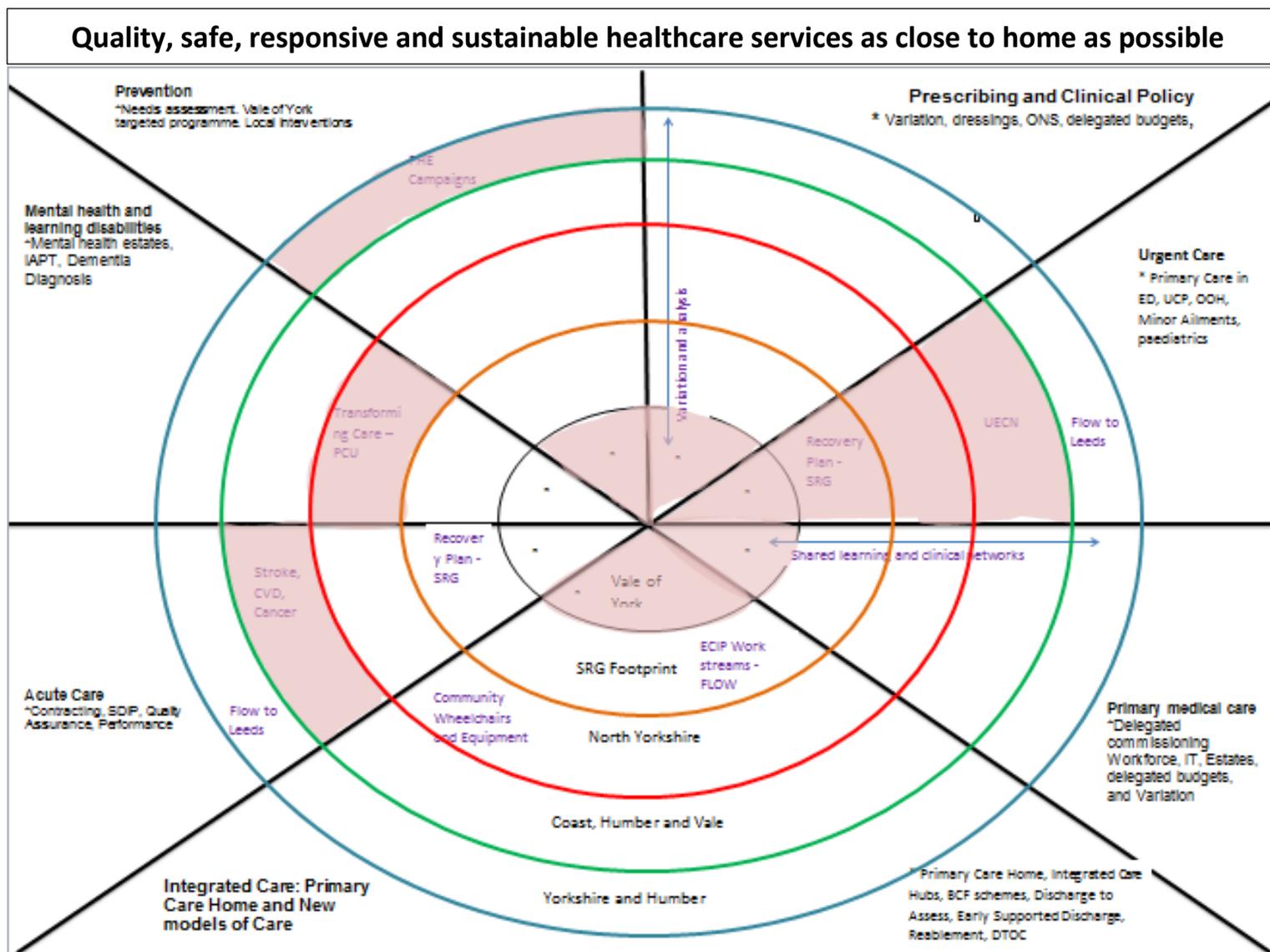
1. Communication, involvement and engagement on agreed areas of collaboration
2. Urgent and Emergency Care Network
3. Cancer Alliance (or similar model)
4. Transferred specialised commissioning functions
5. Recommissioning aspects of planned care at scale
6. Primary Care workforce development

Governance arrangements have been proposed to enable collective commissioning and effective working with providers, local councils and specialist commissioners. The priorities for year one are:

- Sustainability of delivery of NHS Constitution commitments
- Establish transformation programmes and governance
- Establish communication and engagement structures and programme including patient involvement
- Understanding and stabilisation of aggregate finances
- Development of Urgent & Emergency Care Network
- Development of a Cancer Alliance (or similar model)
- Delivery of Transforming Care
- Pathway collaboration – Dermatology, Ophthalmology
- Delegation of Specialised Commissioning responsibilities

The Sustainability and Transformation Plan (STP) provides the opportunity to work at scale across the Health system to maximise benefit across the system. NHS Vale of York CCG will work collaboratively on these areas and shared enablers, including workforce reform, prevention and community engagement strategies. The themes of the STP are reflected within this operational plan, and support the local priorities set out in the CCG's five-year strategic plan for the Vale of York. Longer term planning for urgent care, planned care and specialist commissioning will be informed through collaborative planning across the six CCGs with local recovery and resilience work delivered across the System Resilience Groups.

At the local level, a multi-agency planning group is providing the coordination across the CCG, York Teaching Hospital Foundation Trust, Tees Esk and Wear Valley NHS Foundation Trust and Healthwatch into the STP to ensure a strong and collective voice for the needs of the Vale of York population.



<p><b>Enablers:</b></p> <ul style="list-style-type: none"> <li>Digital Footprint and Information Sharing (SRG level)</li> <li>Workforce and Training (All levels)</li> <li>Finance (VOY)</li> </ul>	<ul style="list-style-type: none"> <li>Community Mobilisation (VOY)</li> <li>Research and Innovation (Yorkshire and Humber)</li> <li>Trusted Assessment (VOY and SRG)</li> <li>Estates (VOY)</li> </ul>
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## **Transformation Plan for the NHS Vale of York system**

The priority for the Vale of York is to deliver on the recovery and turnaround plan for the CCG and local health care system. This will inform all other planning requirements. The annual operating plan will be the CCG's commitment to action as part of the system plan, supported by targeted joint work using the Better Care Fund and delivers year 1 of the Financial Recovery Plan.

The local system recovery plan, will in turn inform and be informed by the **broader Sustainability and Transformation Plan (STP)**, maximising opportunities at scale, identifying areas that cannot be resolved at the local level alone and accessing targeted funding opportunities through the STP.

The CCG has developed a multi-year financial recovery plan and internal 'Turnaround Action Plan', both of which are in place. During 2016-17 the Vale of York CCG operating plan will focus on the priority areas within the financial recovery plan that can have the greatest impact at the Vale of York planning level. The detail in Annex 1 sets out the operational plan actions for the financial recovery plan and expected timescales and efficiencies. *[to be inserted following Governing Body approval of the operational plan]*

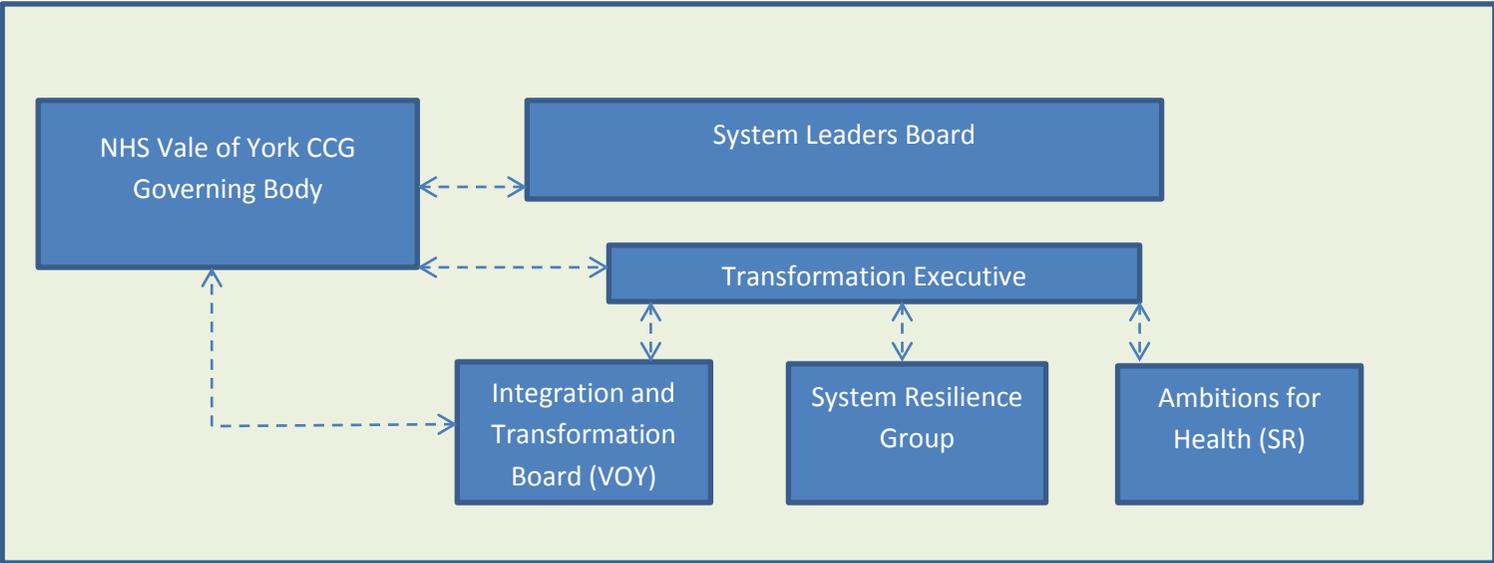
These will be underpinned by a focus on driving forward enabling work across the system to deliver efficiency benefits for the totality of the Vale of York. The CCG will work with partners across the local health and social care economy to deliver this enabling work, including:

- Prevention and promotion of self care
- Accelerating pace on developing accountable care models for the local area
- Financial and contracting models
- Digital Roadmap
- Estates Strategy
- Community Mobilisation
- Back office reform

The **Systems Leaders' Board** was established during 2015-16 to support and oversee **transformational** work across the local health and care system and **accelerate the pace** of reform to deliver **financial sustainability** across the system. This comprises the Chief Executives and Accountable Officers for NHS Vale of York CCG, Scarborough and Ryedale CCG, York Teaching Hospitals NHS Foundation Trust, Tees, Esk and Wear Valley NHS Foundation Trust, North Yorkshire County Council and City of York Council and the Local Medical Committee.

The Systems Leaders Board has oversight of the joint system work, particularly focussed on the development of new models of care, digital integration and shared system public campaigns on self-care, preventative actions and signposting to services.

**Vale of York System Structure**

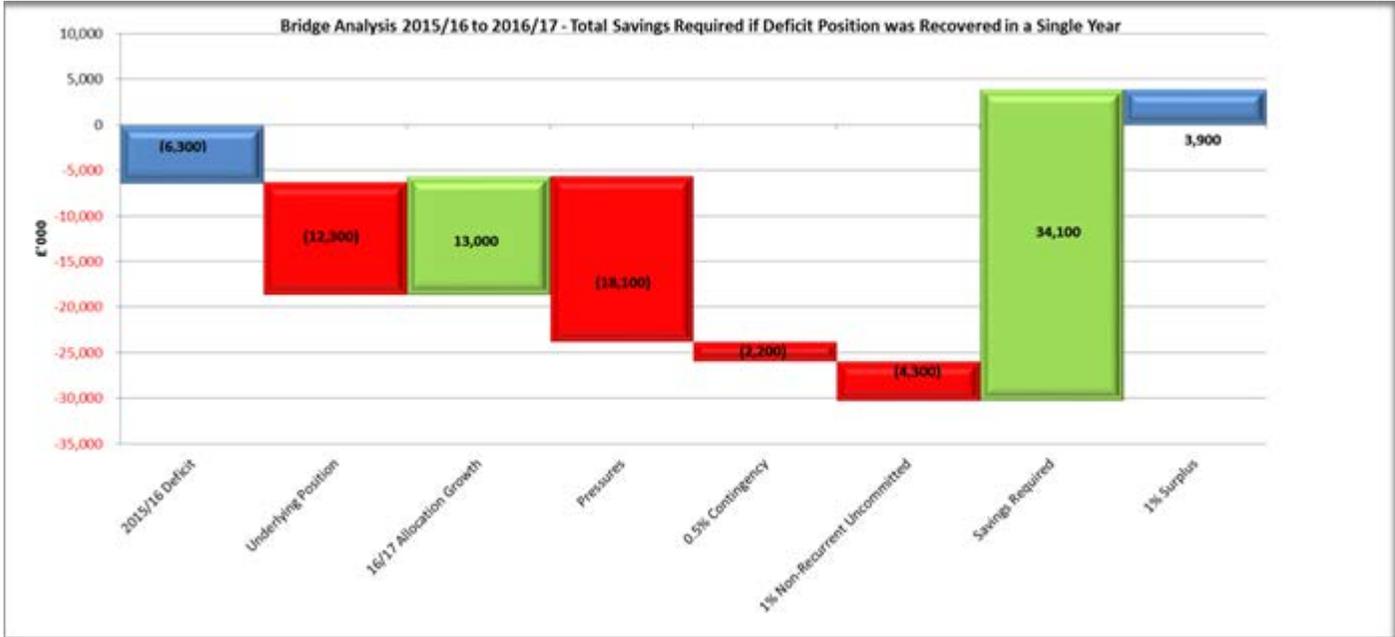


**NHS Vale of York CCG Financial Recovery**

**Financial Recovery Strategy & Long Term Financial Plan**

The CCG has undergone an extensive period of engagement and communication with regard to its current financial position. This emerged during 2015/16 but was clear in the risk inherent and reported in the 2015/16 plan. The scale of the challenge to recover the position back to being able to meet all the business rules has been identified:

Bridge Analysis 2015/16 to 2016/17 – Total Savings Required if Deficit Position was Recovered in a Single Year



However, it is clear that this scale of savings in a single year is not realistic and therefore a multi-year recovery plan is required. The CCG has developed a set of 12 Financial Recovery Principles and Parameters that have been shared widely and refined following discussion with partners, stakeholders, CCG Governing Body and NHS England. These have guided the development of the Financial Recovery Strategy and Long Term Financial Plan.

1. Plans must be realistic & deliverable
2. 3-4% savings per annum maximum
3. Outline strategy backed by detailed plans – ‘top-down & bottom-up’
4. No short term measures that result in long term pressure
5. Transformational and transactional plans both required
6. Multi-year recovery timeframe
7. Flexibility on NHS England business rules during recovery period
8. Must support & deliver the operational plan & enable realisation of the CCG vision
9. Aim to reduce overall cost in the system & with providers
10. Stabilisation period leading to financial sustainability
11. System focus – work in partnership & with stakeholders
12. Accountability for delivery critical

This has resulted in the development of a 4 year plan with savings of 3.5% required in the first year 2016/17 and then 4.0%, 4.0% and 3.5% in the following years which will deliver all business rules, including a 1% surplus, by the end of the fourth year 2019/20. The CCG will plan to return to underlying balance by the end of 2017/18. There are a number of assumptions and caveats in this plan in addition to the principles above:

- Recurrent savings must be delivered in each of the 4 years;

- Flexibility on NHS England business rules is needed, in particular the use of the 1% non-recurrent contingency. The CCG will be formally requesting approval from NHS England and HM Treasury to utilise this in order to mitigate the unmitigated risk in the plan. This is not confirmed and will be subject to approval which is by no means certain at this stage;
- Cost pressures and investments are limited in the 4 years of the plan, particularly in years 1-3 and this will need to be managed closely and carefully;
- The plan is based on known growth, tariff and allocation assumptions at the time of writing but all of these are subject to change. Tariff is only published for 1 year at a time, growth assumptions may change, up or down and allocations in the latter 2 years are only indicative.

The draft 4 year financial recovery plan is below and is subject to change over the coming months as STPs are developed for submission in June 2016.

5 year plan summary	2016/17	2017/18	2018/19	2019/20	2020/21
2015/16 deficit	-6.30				
Adjust for non recurrent	-5.98				
Underlying position	-12.28	-9.52	0.00	10.36	10.18
Opening deficit	-6.30	-16.36	-16.36	-6.00	4.18
Allocation uplift	13.04	8.69	9.19	9.88	17.07
Growth, uplifts	-12.13	-6.13	-6.68	-6.98	-10.23
Pressures & investments	-5.96	-4.72	-4.00	-8.82	-8.66
<i>(Estimates from 2017/18 - 2020/21)</i>					
MRET		0.00	0.00	0.00	-3.22
Business rules:					
1% non recurrent	-4.34	-4.43	-4.52	-4.62	-4.79
0.5% contingency	-2.18	0.01	-0.04	-0.10	-0.19
Savings required	13.78	16.10	16.40	10.46	0.00
% Savings required	(3.5%)	(4.0%)	(4.0%)	(3.0%)	
<b>Cumulative surplus / (deficit)</b>	<b>-16.36</b>	<b>-16.36</b>	<b>-6.00</b>	<b>4.18</b>	<b>4.33</b>
Of which:					
Recurrent	-9.52	0.00	10.36	10.18	4.95
Non-Recurrent	-6.84	-16.36	-16.36	-6.00	-0.61

This plan sees the first year of the plan deteriorate by £10m to a deficit of £16.3m. However, providing recurrent savings are delivered and cost pressures and investments minimised, the underlying recurrent position improves by £2.8m to a deficit of £9.5m. Year 2 sees the deficit position held and the underlying deficit position recovered to balance so no further deterioration in this second year. This is the period of stabilisation.

The following 2 years in 2018/19 and 2019/20 will require close management of growth funding and restriction of cost pressures and investments alongside further delivery of recurrent savings to enable the deficit of £16.3m to be recovered over this period to deliver a 1% surplus by the end of 2019/20. Years 4 and 5 then allows new investment back in to services in Vale of York.

Each year of the plan allows for estimated population growth and tariff implications and a level of cost pressures is also provided for. Flexibility on business rules will be required in respect of delivery of a surplus and permission will be sought to utilise the 1% non-recurrent contingency.

**QIPP plan for 2016-17**

The CCG has prioritised the following programme and projects, in line with the national CCG requirements, NHS Mandate, CCG strategic objectives and those areas of greatest financial impact. *[As of 31<sup>st</sup> March. This will be subject to minor amends before submission on the 11<sup>th</sup> April]*

QIPP Scheme	Transactional / Transformation	Start date	Confidence Level	Planned saving 2016-17
<b>2015/16 schemes carried forward</b>				
Biosimilar Infliximab	Transactional	Sep-15	G	164.67
Biosimilar Infliximab - further savings	Transactional	Mar-16		
<b>New plans for 2016/17</b>				
<b>PRIMARY CARE</b>				
DVT	Transformational	Apr-16	R	100.00
Dermatology Indicative Budgets	Transformational	Apr-16	A	137.77
Anti Coagulation service	Transformational	Jul-16	G	156.71
<b>URGENT CARE</b>				
Non-Contracted Activity	Transactional	Jul-16	R	133.50
Paediatric Zero Length of Stay	Transformational	Apr-16	G	21.00
RightCare - Diabetes	Transformational	Oct-17	R	
RightCare - MSK	Transformational	Oct-16	R	
RightCare - Trauma & Injuries	Transformational	Oct-16	A	229.00
RightCare - Circulation (Heart Disease)	Transformational	Oct-16	A	70.00
RightCare - Respiratory (COPD)	Transformational	Oct-16	A	17.00
Assess to Admit	Transformational	Oct-16	R	235.00

QIPP Scheme	Transactional / Transformation	Start date	Confidence Level	Planned saving 2016-17
ED Front Door	Transformational	May-16	G	92.00
UCPs	Transformational		G	161.00
<b>INTEGRATION AND COMMUNITY SERVICES</b>				
Review of Community Beds	Transformational	Apr-16	R	496.42
Integrated Care Team Roll-out	Transformational	Oct-16	G	567.00
Wheelchairs & Community Equipment	Transformational	Jan-17	A	30.00
NYCC List (BCF pressures)	Transformational	Oct-16		
Community Diabetes	Transformational	Apr-16	A	152.29
Community IV	Transformational	Jun-16	G	68.00
Patient Transport	Transactional	Apr-17	G	100.00
<b>PRESCRIBING</b>				
Other schemes	Transformational	Apr-16	R	692.00
Other schemes			A	447.00
Priorities			A	800.00
Continence & Stoma Care	Transactional	Apr-16	G	50.00
SIP Feeds	Transactional	Apr-16	G	120.00
Dressings	Transactional	Apr-16	G	62.50
RightCare - Neurological, Gastro Intestinal, Trauma & Injuries and Genito Urinary	Transformational	Apr-16		
<b>PLANNED CARE</b>				
Non-Contracted Activity	Transactional	Jul-16	R	133.50

QIPP Scheme	Transactional / Transformation	Start date	Confidence Level	Planned saving 2016-17
Referral Support Service (RSS) Expansion	Transactional	Oct-16	A	
High Cost Drugs & Devices Review - 16/17 requires patient level data	Transactional	Apr-16	R	535.00
Biosimilar Etanercept	Transactional	Apr-16	G	287.32
RightCare - Diabetes	Transformational	Oct-16	R	11.00
RightCare - MSK	Transformational	Oct-16		
RightCare - Circulation (Heart Disease)	Transformational	Oct-17		
ENT	Transformational	Jul-16	A	77.00
PLCV	Transactional		A	
Outpatients (Conditions Registers, A&G, Virtual Clinics)	Transactional		R	
18 weeks	Transactional		R	
<b>MENTAL HEALTH</b>				
Reduction in s117 spend re change in responsible commissioner rules	Transactional	Apr-16	R	250.00
<b>CONTINUING HEALTHCARE</b>				
Dressings		Apr-16	R	32.75
CHC review		Apr-16	R	721.67
Respecification of May Lodge		Apr-16	R	11.73
<b>RUNNING COSTS</b>				
Running costs review & financial controls	Transactional	Apr-16	G	750.00
<b>Total</b>				<b>7,912.83</b>

There is a further £4m identified within planned care at YTHFT. The areas within this Demand Management and Cost Reduction scheme with have been identified although the specific details of how these will be delivered are being developed. Detailed plans are expected and planned for mid-April 2016. There is a further £1.9m of QIPP schemes that have been identified but are early in development so ae included above but with no savings value at this stage.

Work on the QIPP plan will continue through 2016-17, in particular on decisions on procedures of limited clinical value (POLCV) and additional opportunities for pathway redesign. The following pages provide the overview of these schemes within our strategic priorities. The underpinning detail for the QIPP schemes can be found at Annex 1. The primary care element is shown under the Primary Care section.

<b>Better Health</b>			
<p><b>KLOE:</b> New domain in CCG Assessment – framework to be finalised</p>			
<p><b>Vale of York CCG Board Assurance Domain</b> New domain for CCG Assessment - <u>tbd</u></p>			
<p><b>CCG 5 Year Plan: Strategic Objective</b>  <b>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</b>  <b>People will have more opportunities to influence and choose the healthcare they receive and shape future services</b></p>			
<p><b>Health and Well-Being Boards</b>  <b>CCG Governing Body</b>  Accountable Officer: COO  Clinical Lead: Dr Emma Broughton</p>	<p><b>CCG Strategic Priorities</b></p> <ul style="list-style-type: none"> <li>Tackling Health Inequalities</li> <li>Addressing unwarranted variation</li> <li>Person Centred Care</li> </ul>	<p><b>2016-17 Operating Plan</b></p> <ul style="list-style-type: none"> <li>• Prevention Plan</li> <li>• Community Mobilisation and social behaviour campaigns</li> <li>• Personal Health Budgets</li> <li>• Diabetes Prevention</li> </ul>	<p><b>Measures</b></p> <ul style="list-style-type: none"> <li>Smoking</li> <li>Child Obesity</li> <li>Diabetes</li> <li>Falls</li> <li>Personalisation and Choice</li> <li>Health Inequalities</li> <li>Public Engagement</li> </ul>

**NHS Mandate**

Objective 1: improve outcomes & address inequalities

Objective 2: Step change in preventing ill health and supporting health lives

**Better Care: Planned Care and Cancer**

NHS Mandate:  
Objective 5 to  
maintain and  
improve  
performance in  
core standards

**KLOE:** Performance against indicators, independent review of clinical areas

**Vale of York CCG Board Assurance Domain**

Resilient health care system and improving health outcomes for the local population

**CCG 5 Year Plan: Strategic Objectives**

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

<p><b>System Leaders Board:</b> System Resilience Group (operational) Integration and Transformation Board (transformational) CCG Governing Body Accountable Officer: COO Clinical Lead: Dr Shaun O'Connell</p>	<p><b>CCG Strategic Priorities</b></p>	<p><b>2016-17 Operating Plan</b></p> <ul style="list-style-type: none"> <li>• Ophthalmology</li> <li>• Radiology</li> <li>• MSK pathway</li> <li>• <u>Rightcare</u> review – orthopaedics</li> <li>• Neurology</li> <li>• ENT</li> <li>• Referral Support Service</li> <li>• Consultant <u>Connex</u></li> <li>• High cost drugs and devices</li> <li>• <u>Bioismiliar</u> Infliximab</li> <li>• <u>Biosimilar</u> Etanercept</li> <li>• <b>Cancer Pathway</b></li> <li>• Bone Protection Service</li> <li>• NCA</li> </ul>	<p><b>Measures</b></p> <p><b>RTT</b></p> <p><b>Diagnostics</b></p>	<p>Cancer</p> <p>access times and pathways</p>
	<p><b>Sustainable Secondary Care</b></p> <p><b>Cancer</b></p>		<p><b>Finance:</b></p> <p><i>VOY CCG acute spend is higher than comparator CCGs and lower than NY CCGs</i></p> <p><b>Indicative Spend: £137,100k</b></p> <p><b>Efficiency/ QIPP: £5,044k</b></p> <p><b>% planned reduction: 3.67%</b></p>	

## Better Care: Urgent Care

NHS Mandate:  
Objective 5 to  
maintain and  
improve  
performance in  
core standards

**KLOE:** Performance against indicators, independent review of clinical areas

### Vale of York CCG Board Assurance Domain

Resilient health care system and improving health outcomes for the local population

### CCG 5 Year Plan: Strategic Objectives

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

<b>System Leaders Board:</b> System Resilience Group (operational) Integration and Transformation Board (transformational) CCG Governing Body Accountable Officer: COO Clinical Lead: Dr Andrew Philips	<b>CCG Strategic Priorities</b>	<b>2016-17 Operating Plan</b> <ul style="list-style-type: none"> <li>• Paediatric zero length of stay</li> <li>• <b>Primary Care Front Door of ED</b></li> <li>• Assess to Admit</li> <li>• <u>Hospice@Home</u></li> <li>• Urgent Care Practitioners</li> <li>• Non-Contracted Activity</li> <li>• <u>Rightcare</u> – trauma and injury</li> <li>• <u>Rightcare</u> – circulation</li> <li>• (see new models of care for impact on NEL and excess bed days)</li> </ul>	<b>Measures</b> Urgent Care dashboard	<b>Access times</b>
	<b>Urgent Care</b>		<b>Finance:</b> VOY CCG acute spend is higher than comparator CCGs and lower than NY CCGs <b>Indicative Spend: £89,636K</b> <b>Efficiency/ QIPP: £958k %</b> <b>planned reduction: 1.07%</b>	
FINAL DRAFT				

**Better Care - Mental Health & Learning Disability**

NHS Mandate:  
Objective 5 to  
maintain and  
improve  
performance in  
core standards

<b>KLOE:</b> Performance against indicators, independent review of clinical areas											
<b>Vale of York CCG Board Assurance Domain</b> Resilient health care system and improving health outcomes for the local population											
<b>CCG 5 Year Plan: Strategic Objectives</b>											
<ul style="list-style-type: none"> <li>When people become ill, they are treated in a timely manner with access to expert medical support as locally as possible.</li> <li>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</li> </ul>											
<b>Health and Well-Being Boards</b> <b>CCG Governing Body</b> Accountable Officer: COO Clinical Lead: Dr Louise Barker	<b>CCG Strategic Priorities</b>  <b>Transforming Mental Health and Learning Disability Services</b>	<b>2016-17 Operating Plan</b> <ul style="list-style-type: none"> <li>Improving performance plans with the new provider</li> <li>Mental Health Estates strategy</li> <li>Out of area placements review</li> <li>Transforming Care Plans</li> <li>Personal Health Budgets</li> </ul>	<table border="0"> <tr> <td><b>Measures</b></td> <td>LD Annual</td> </tr> <tr> <td>IAPT</td> <td>Check</td> </tr> <tr> <td>Dementia</td> <td>LD Inpatient</td> </tr> <tr> <td>Diagnosis</td> <td>Care</td> </tr> </table>	<b>Measures</b>	LD Annual	IAPT	Check	Dementia	LD Inpatient	Diagnosis	Care
	<b>Measures</b>	LD Annual									
IAPT	Check										
Dementia	LD Inpatient										
Diagnosis	Care										
			<b>Finance:</b>  <b>Spend: £40,250k</b> <b>Efficiency: £250k (sc 117)</b> <b>% planned reduction: 0.62%</b>								

## Better Care: Children and Maternity

NHS Mandate:  
Objective 5 to  
maintain and  
improve  
performance in  
core standards

**KLOE:** Performance against indicators, independent review of clinical areas

**Vale of York CCG Board Assurance Domain**  
Resilient health care system and improving health outcomes for the local population

**CCG 5 Year Plan: Strategic Objectives**

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

<b>CCG Governing Body</b> Accountable Officer: Chief Nurse Clinical Lead: Dr Emma Broughton	<b>CCG Strategic Priorities</b>  <b>Children and Maternity</b>	<b>2016-17 Operating Plan</b> <ul style="list-style-type: none"> <li>• Future in Mind Local Transformation Plan</li> <li>• CAMHS contract review</li> <li>• Commission NICE compliant autism diagnosis assessment services</li> <li>• Maternity Services Commissioning Strategy</li> <li>• SEN Joint Commissioning Framework</li> <li>• LAC – review of health assessment risk share arrangement</li> </ul>	<b>Measures</b> LAC Health Maternity Assessments dashboard    SEN Reviews
			<b>Finance:</b>  Maternity Spend: £11,590k <i>Children (acute £4,063k)</i> Efficiency: £0k % planned reduction: 0%  <i>May be an impact from planned QIPP, threshold or discretionary spend decisions</i>

## Better Care: Quality and Prescribing

NHS Mandate:  
Objective 2 Help  
create safest and  
high quality  
healthcare services  
Objective 7: Support  
research, innovation  
and growth

**KLOE:** New framework – not specified as yet

### Vale of York CCG Board Assurance Domain

Effective clinical and quality assurance, improving the quality and safety of Commissioned services

### CCG 5 Year Plan: Strategic Objectives

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

<b>CCG Governing Body</b> Accountable Officer: Chief Nurse Clinical Lead: Dr Shaun O'Connell (Medicines Mgt)	<b>CCG Strategic Priorities</b>	<b>2016-17 Operating Plan</b> <ul style="list-style-type: none"> <li>• <b>Quality strategy</b></li> <li>• <b>Patient safety &amp; avoidable mortality</b></li> <li>• Patient Experience</li> <li>• Quality Governance</li> <li>• Clinical policy development and thresholds</li> <li>• Research governance</li> <li>• Prescribing QIPP                             <ul style="list-style-type: none"> <li>- Generics and switches</li> <li>- Continence and stoma</li> <li>- Dressings</li> <li>- SIP feeds</li> <li>- <u>Rightcare</u> review</li> <li>- Medicines waste campaign</li> <li>- Infant formula milks</li> <li>- Gluten free foods</li> </ul> </li> </ul>	<b>Measures</b>	Safeguarding HCAI Patient Experience & dignity 6 C's Workforce Patient safety
	<b>Excellence in Medicines Management</b>		<b>Finance:</b>  Prescribing Spend: £64,127k Efficiency/ QIPP: £2,171k (Prescribing) % planned reduction: 3.39%  <i>May be an impact from discretionary spend decisions</i>	

**Sustainability : New models of care**

NHS Mandate  
Objective 6  
To improve  
out of hospital  
care

<b>KLOE:</b> Plans to deliver 5YFW and New Models of Care			
<b>Vale of York CCG Board Assurance Domain</b> Transforming Local Healthcare Services			
<b>CCG 5 Year Plan: Strategic Objectives</b>			
<ul style="list-style-type: none"> <li>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.</li> <li>Where people have long-term conditions they are supported to manage those conditions to give them the best possible quality of life</li> <li>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.</li> </ul>			
<b>System Leaders Board Transformation Executive</b> <b>Integration and Transformation Board</b> <b>CCG Governing Body</b> Accountable Officer: COO	<b>CCG Strategic Priorities</b>	<b>2016-17 Operating Plan</b>	<b>Measures:</b> Admission to residential and care homes New models of care BCF – NEL rates and Excess Bed Days (DToC)
	<b>Integration</b>  <b>Primary Care Reform</b>	<ul style="list-style-type: none"> <li>Accountable care system planning</li> <li>Integrated Care Hub roll out</li> <li>Review of Community Hospital bed base</li> <li>7 day working plans</li> <li>Workforce strategy – domiciliary care</li> <li>Delegated budgets (see Primary Care)</li> <li>Community Wheelchairs &amp; Equipment review</li> <li>Community podiatry</li> <li>Patient Transport Services</li> <li>Reablement</li> <li>DToC Plan</li> <li>Discharge to Assess</li> <li>Early Supported Discharge</li> <li>Community Diabetes</li> <li>Rightcare – respiratory</li> </ul>	<b>Finance:</b> <i>Community spend by VOYCCG is lower than benchmark CCGs and NY CCGs</i>  <b>Indicative Spend: £44,172k</b> <b>Efficiency/ QIPP £1,386k</b> (urgent care, procurement and excess bed days)

**Sustainability : Finance**

**NHS Mandate  
Objective 3**  
Balance NHS  
Budget and  
improve efficiency  
and productivity

**KLOE:** financial performance, financial controls, contracting, procurement, Financial governance, resources and processes

**Vale of York CCG Board Assurance Domain**  
Financial Sustainability, supported by effective financial management

**CCG 5 Year Plan: Strategic Objective**  
Financial Roadmap to Sustainability

<p><b>CCG Governing Body</b> Accountable Officer: CFO Clinical Lead: Dr Mark Hayes</p>	<p><b>2016-17 Operating Plan</b></p> <ul style="list-style-type: none"> <li>Accountable Care System Plan</li> <li>Yr 1 of Financial Recovery Plan</li> <li>Digital Roadmap Implementation</li> <li>Revised financial and contracting models to support new models of care</li> <li>Risk management and mitigation</li> <li>CHC review</li> <li>PCU review</li> <li>CHC dressings</li> <li>Re-Specification of May Lodge</li> </ul>	<p><b>Measures:</b></p> <table border="0"> <tr> <td>CCG Financial balance</td> <td>New Models of Care</td> </tr> <tr> <td><u>Allocative efficiency</u></td> <td>Estates Strategy</td> </tr> <tr> <td>CHC</td> <td>Paper Free</td> </tr> </table>	CCG Financial balance	New Models of Care	<u>Allocative efficiency</u>	Estates Strategy	CHC	Paper Free
	CCG Financial balance	New Models of Care						
<u>Allocative efficiency</u>	Estates Strategy							
CHC	Paper Free							
<p><b>Finance:</b></p> <p>Indicative CHC spend £22,023.5 Efficiency/ QIPP £766.15k (CHC) % reduction: £3.48%</p>								

Well Led Organisation			
<p><b>KLOE:</b> Governance, Engagement, Partnership, Capacity and Capability Effective Systems</p>			
<p><b>Vale of York CCG Board Assurance Domain</b> Well led organisation with the skills and capacity to deliver statutory functions</p>			
<p>CCG 5 Year Plan: Strategic Objective <b>Effective Governance</b></p>			
<p><b>CCG Governing Body</b> Accountable Officer: COO Clinical Lead: Dr Mark Hayes</p>	<p><b>2016-17 Operating Plan</b></p> <ul style="list-style-type: none"> <li>• Robust PMO</li> <li>• Challenge culture</li> <li>• Assurance, risk management and mitigations</li> <li>• Organisational Development</li> <li>• Conflicts of Interest management</li> <li>• Equalities Strategy</li> <li>• Sustainability Strategy</li> <li>• Commissioning Support Implementation</li> <li>• ACS governance planning</li> <li>• Back-office reform</li> <li>• Staff engagement, retention and realignment</li> </ul>	<p><b>Measures:</b></p> <p>STP development COI Staff Engagement</p>	<p>WRES 360 survey &amp; effective partnerships Quality of Leadership</p>
		<p><b>Finance:</b></p> <p>Running Costs 16-17: £7.525m Efficiency/ QIPP: £750k % planned reduction: 9.97%</p>	

## **Local plan for the sustainability and quality of general practice**

NHS Vale of York CCG has delegated commissioning functions for Primary Medical Care. The NHS Vale of York Primary Care Commissioning Committee will lead the development of the local plan for the sustainability and quality of primary care, based on capacity and demand planning within primary care. This work will be supported by the Humber, Coast and Vale Sustainability and Transformation Plan (STP) working group on Primary Care workforce and skill mix opportunities.

The sustainability plan will draw upon transformational developments commenced in 2015-16, in particular to the Vale of York Clinical Network and new models of care for community based services. It will build upon current work such as the GP Improvement Programme roll-out, new ways of working through including digital interoperability and use of the NHS number and risk stratification.

Primary Care

**Better Care: Primary Care**

NHS Mandate:  
Objective 5 to  
maintain and  
improve  
performance in  
core standards

<b>KLOE:</b> Performance against indicators, independent review of clinical areas				
<b>Vale of York CCG Board Assurance Domain</b> Resilient health care system and improving health outcomes for the local population				
<b>CCG 5 Year Plan: Strategic Objectives</b>				
<ul style="list-style-type: none"> <li>When people become ill, they are treated in a timely manner with access to expert medical support as locally as possible.</li> <li>Where people have long-conditions they are supported to manage those conditions to give them the best possible quality of life.</li> </ul>				
<b>CCG Governing Body</b> Primary Care Commissioning Committee Accountable Officer: CCO Clinical Lead: Dr Tim Maycock	<b>CCG Strategic Priorities</b>  Primary Care	<b>2016-17 Operating Plan</b> <ul style="list-style-type: none"> <li><b>Development of the Sustainability and Quality plan for Primary Care</b> <ul style="list-style-type: none"> <li>Vale of York Clinical Network (primary care at scale)</li> <li>premises and co-location</li> <li>technology</li> <li>demand and capacity review</li> <li>workforce and skill mix</li> </ul> </li> <li>Variation and Benchmarking in Primary Care</li> <li>Risk Stratification</li> <li>Delegated budgets</li> <li>GP Improvement Programme</li> </ul>	<b>Measures</b> Management of LTCs (composite) Patient experience of GP services	Primary care access Primary care workforce
			<b>Finance:</b>  Indicative Spend: £45,276k Efficiency/ QIPP: £394.5k (indicative budgets) % planned reduction: 0.87%	

## **Delivering the NHS Constitution and Mental Health Waiting Time Targets**

### **A&E and Ambulance wait standards**

The Vale of York, Scarborough and East Riding System Resilience Group (SRG) have refreshed the local System Resilience Plan for 2016-17. The NHS Vale of York CCG will work in partnership with the SRG members to deliver the SRG plan, with an immediate focus on stabilisation of urgent care performance. There have been chronic and well-documented challenges in delivering the access targets for A&E in the Vale of York, with performance variable across the year with average year performance around 88%.

Key enablers for stabilisation and improvement have been mainstreamed into contracts for the NHS Vale of York CCG including Ambulatory Care, Urgent Care Practitioners, Psychiatric Liaison and Hospice@Home. The CCG has provided additional capacity through funding urgent care slots over the winter period, with a positive 80% fill rate, providing alternatives to the Emergency Department. Transforming the 'front door' of York ED is the priority for the NHS Vale of York CCG to support system resilience and recovery, alongside enhanced clinical triage and assessment.

The SRG plan encompasses the Concordat with the Emergency Care Improvement Partnership and has adopted the principles of the 'Safer, Faster, Better' guidance to be implemented across the local system.

The performance across York Teaching Hospital Foundation Trust (YTHFT) has been significantly impacted by performance at Scarborough Hospital, which has been taken into account when planning for 2016-17. In collaboration with the Hospital, NHS England and NHS Improvement, the planned performance for A&E for YTHFT 2016-17 is to work to deliver the four hour target for 90% of patients by March 2017, with an expectation of a higher proportion at the York Hospital site.

### **NHS Constitution access targets and mental health waiting times**

The SRG implemented a recovery plan during 2015-16 targeted at 18 week waiting times, diagnostics and cancer treatment times. The recovery plan has been successful with a return to target during 2015-16. The 62 day cancer target has been narrowly missed, but has shown significant improvement through 2015-16.

For 2016-17 the CCG is forecasting achievement for the Cancer and RTT targets, building upon the successful impact of recovery measures put in place during 2015-16. This will be closely monitored through contract management boards and the SRG to manage variation and fluctuations against performance. The Humber, Coast and Vale STP Cancer Alliance working group will take the lead on developing cancer pathways across the region to support delivery of the 62 cancer waiting time target. The CCG is proactively involved in this work, with a dedicated clinical lead for Cancer, reviewing CCG policies and protocols for referral and supporting the development of timed cancer pathways with the local Cancer Board.

The CCG is planning to achieve the mental health targets by October 2016 (Quarter 3). The CCG procured a new provider for mental health services during 2015-16, and Tees Esk and Wear Valley NHS Foundation Trust have a strong performance record. The baseline performance for 2015-16 has seen some improvements, which the CCG expects to accelerate in 2016-17 to achieve constitution performance.

See Annex 2 for the constitutional performance profiles for 2016-17.

## Summary of Commissioning Intentions for 2016-17

- Delivery of **safe, high quality services** delivered compassionately and in line with all the mandatory quality and safety standards, including improvements in line with recommendations from CQC inspections and reviews, 6 Cs of the Chief Nursing Officer (CNO) and the National Quality Board (NQB) priorities and work programme for developing a single quality framework across all providers;
- Delivery of improved **system resilience** through surge and capacity planning across the local system and effective escalation processes as well as the management of demand on the system;
- Delivery of **NHS Constitution** rights and national quality standards with improved performance in Urgent Care and Mental Health access targets;
- Continuing and further strengthening the **resilience activities in urgent and emergency care** through the SRG Unplanned Care Working Group. The focus of the urgent care programmes are to provide increasingly responsive urgent care at the most appropriate points throughout the local system in order to reduce the pressure on A&E and enable delivery of the 4 hour A&E waiting time target for those patients appropriately attending their A&E department. As such this includes:
  - Assess to Admit: providing alternatives to A&E and increasing access to community based crisis management
  - Primary Care at front door of the Emergency Department
  - Support patient flow through Discharge to Assess, Early Supported Discharge, Delayed Transfers of Care management and Intermediate Care review;
- **Integration of community based health and care services** to reduce avoidable admissions (non-elective activity) and Delayed Transfers of Care in line with approved BCF plan with all three of our local authorities. This includes promoting wellness, independence and self-care, access to long term condition support and complex case management within the local community; community based crisis management, reablement approaches and the **re-procurement of Community Wheelchairs and Equipment**;

- ;
- The on-going **development of primary care** through delegated commissioning functions to support sustainability and quality across Primary Care. Collaborating on **Primary Care Home** to support delivery on enhanced access, new ways of working, including delegated budgets and variation analysis and elective and urgent care pathway redesign, supported by the Referral Support Service;
  - Co-ordination with our local **Public Health** teams in delivering the challenging public health and prevention improvements which will underpin many parts of CCG commissioning and address some key health inequalities in the local population. There will be a focus on behavioural interventions in relation to diabetes, obesity and alcohol and the CCG is currently developing a joint inequalities workplan with public health to ensure consistency in programmes of prevention and well-being work to target priorities;
  - On-going transformation, expansion and modernisation of **Mental Health and Learning Disability** services and associated estates with our local providers and stakeholders, including delivering the national planning requirements for additional investment in mental health services as well as ensuring improved access and monitoring of waiting times;
  - Delivery of local agreements, new and innovative contractual frameworks and outcomes-based contracts, through integrated commissioning arrangements and tariff options;
  - **Tackling variation** across the Vale of York, using proven methodologies to identify areas for improvement across primary and secondary care;
  - Agreement and delivery in full of **CQUINs** with our providers in line with national guidance for national and local schemes, locally focused on reviewing Community bed base across the Vale of York;
  - Agreement of local priorities for the CCG Quality Premium in line with national guidance and aligned IAPT improvement targets;
  - Working collaboratively with colleagues in the Vale, Coast and Humber Footprint to ensure sustainable **Specialist Commissioning**, including involvement in research on Brain Injury and Rehabilitation and prepare for handover of responsibilities for weight management to the CCG and for SCBU to specialist commissioning.

**Championing quality and safety in local services**

Quality & Safety Priority	Clinical Lead	Management Lead	2016-17 indicators
Quality Strategy development and associated annual action plan (overarching)	Michelle Carrington Chief Nurse	Michelle Carrington Chief Nurse	The strategy sets out the responsibilities, ambition and governance arrangements to ensure high quality, safe care in all commissioned services. It describes how we will work with partners to measure and monitor aspects of quality and how we will take action when quality is deteriorating. Key priorities are detailed below:
Open learning and safety culture	Debbie Winder Head of Quality Assurance	Michelle Carrington Chief Nurse	<ul style="list-style-type: none"> <li>Improving quality of investigations for serious incidents and ensuring learning to prevent recurrence</li> <li>Increased incident reporting in primary care with training to support</li> <li>Ensuring adherence to Duty of Candour guidance</li> </ul>
Reduction in patient harm and avoidable mortality: Falls and pressure ulcers Sepsis Self-Harm and Suicides Frailty	Debbie Winder Head of Quality Assurance and Dr Andrew Philips	Michelle Carrington Chief Nurse	<ul style="list-style-type: none"> <li>Reduction in falls with harm and pressure ulcer prevention in acute and community hospitals by improved strategic plans and interventions</li> <li>Implement 'React to Red' initiative across health economy with a particular focus on care homes</li> <li>Targeted initiatives on sepsis with associated CQUIN scheme</li> <li>Partnership working to develop strategic plans to reduce child self-harm and suicides</li> <li>Implementation of frailty identification and development of plans to support in primary care</li> </ul>
Reduction in Health Care Acquired	Debbie Winder	Michelle	<ul style="list-style-type: none"> <li>HCAI reduction strategy and assurance framework</li> </ul>

Quality & Safety Priority	Clinical Lead	Management Lead	2016-17 indicators
Infections (HCAIs)	Head of Quality Assurance	Carrington Chief Nurse	<ul style="list-style-type: none"> <li>Active involvement of commissioners in provider post infection reviews (PIRs) to ensure quality of investigations and dissemination of learning</li> <li>Development of HCAI commissioner forum across Vale of York</li> <li>Improved support for HCAI quality improvement for primary care</li> <li>Improved access to Infection Prevention and Control Specialist support</li> <li>Reduction in inappropriate use of antimicrobials</li> </ul>
Reduce delayed transfers of care from acute and community hospital services	Fliss Wood Performance Improvement Manager	Michelle Carrington Chief Nurse	<ul style="list-style-type: none"> <li>Implementation of patient choice policy</li> <li>Increase capacity of dementia care beds, developing plans with partners</li> <li>Implement Trusted Assessor role to reduce variation and reduce delays</li> <li>Reduce hospital admission for most frequent attenders by implementing robust care packages</li> <li>Develop and implement 'discharge to assess' model</li> <li>Ensure discharges 7 days a week</li> <li>Develop Telecare in local authority provided care</li> </ul>
Excellence in medicines management	Debbie Winder Head of Quality Assurance and Laura Angus, Lead Pharmacist & NICE Medicines and	Michelle Carrington Chief Nurse	<ul style="list-style-type: none"> <li>Increase in number of non-medical prescribers in primary care</li> <li>Non-medical prescribing policy development</li> <li>Improved governance and standards in non-medical prescribing and use of patient group directions</li> <li>Improved medication incident reporting in primary</li> </ul>

Quality & Safety Priority	Clinical Lead	Management Lead	2016-17 indicators
	Prescribing Associate		care <ul style="list-style-type: none"> <li>• Implement programme of medicines safety training in primary care</li> <li>• Reduction in prescribing spend</li> <li>• Excellent adherence to antimicrobial prescribing guidance</li> <li>• Reduction in C-Difficile infections related to prescribing practice</li> </ul>
Improved patient experience	Debbie Winder Head of Quality Assurance and Fliss Wood Performance Improvement Manager	Michelle Carrington Chief Nurse	<ul style="list-style-type: none"> <li>• Development of Patient Experience Strategy aligned to Patient Engagement Strategy</li> <li>• Robust feedback mechanisms to disseminate learning and sharing of patient stories</li> <li>• Support to primary care Patient Participation Groups (PPGs)</li> <li>• Achievement of NHS constitutional targets particularly A&amp;E waiting times and new mental health access targets</li> <li>• Reduction in 12 hour trolley waits in A&amp;E</li> <li>• Excellence in complaints management</li> <li>• Action plan implemented in response to national in-patient survey (meeting nursing needs, pain management and communication)</li> <li>• Action plan implemented in response to national staff survey</li> <li>• Develop local offer to extend the use of personal health budgets</li> </ul>

Quality & Safety Priority	Clinical Lead	Management Lead	2016-17 indicators
Improved standards of care for children who become ill or have special educational needs	Debbie Winder Head of Quality Assurance	Michelle Carrington Chief Nurse	<ul style="list-style-type: none"> <li>• Development of paediatric quality dashboard for acute services</li> <li>• Commissioner involvement in quality visits of paediatric services</li> <li>• Development and implementation of new care pathways for certain conditions</li> <li>• Support to primary care by further development of clinical policies and guidance on childhood conditions</li> <li>• Commission Special School Service in collaboration with partners, families and children</li> <li>• Excellent assurance around the SEND agenda (special educational needs)</li> </ul>
Sustainability of primary care	Dr. Tim Maycock Dr Emma Broughton Shaun Macey Senior Innovation and Improvement Manager Michelle Carrington Chief Nurse	Michelle Carrington Chief Nurse	<ul style="list-style-type: none"> <li>• Programme of Practice Nurse development</li> <li>• Primary care workforce development alongside new models of care</li> <li>• Implementation of quality and performance metrics for primary care to drive quality improvement</li> </ul>
Sustainable workforce to deliver and support care	Shaun Macey Senior Innovation and Improvement Manager and	Michelle Carrington Chief Nurse	<ul style="list-style-type: none"> <li>• Development of robust workforce quality indicators in line with NICE and professional guidance, which triangulate with other quality outcome measures (such as falls, pressure ulcers and serious incidents)</li> </ul>

Quality & Safety Priority	Clinical Lead	Management Lead	2016-17 indicators
	Charlotte Sheridan-Hunter Quality Improvement Manager		<ul style="list-style-type: none"> <li>Adherence to safer staffing guidance with effective plans to respond to red flag events</li> <li>Robust provider and commissioner workforce plans across health economy</li> </ul>
Drive professional nursing and midwifery standards of care	Debbie Winder Head of Quality Assurance and Michelle Carrington Chief Nurse	Michelle Carrington Chief Nurse	<ul style="list-style-type: none"> <li>Implementation plan following launch of new national nursing and midwifery strategy 'Leading Change, Adding Value: a framework for nurses, midwives and care staff towards 2020 and beyond'. Maintain focus on 6Cs (behaviours for compassion in practice)</li> <li>Ensure robust Revalidation systems, processes and support in place to drive standards and ensure sustainable workforce</li> <li>Clear learning and development pathway for primary care nurses</li> <li>Safe medicines management practices</li> <li>Improved engagement and sharing of best practice for care homes (communication mechanism and forum development)</li> </ul>
Excellence in safeguarding children and adults	Karen Hedgely and Christine Pearson, Designated Safeguarding Nurses	Michelle Carrington Chief Nurse	<ul style="list-style-type: none"> <li>Implementation of children's safeguarding strategic plan</li> <li>Completion of external review of adult safeguarding and implementation of actions</li> <li>Implementation of Deprivation of Liberty standards (DoLs) in continuing health care</li> <li>Completion of safeguarding assurance tool with</li> </ul>

Quality & Safety Priority	Clinical Lead	Management Lead	2016-17 indicators
			implementation of associated actions <ul style="list-style-type: none"> <li>• Improved access to safeguarding information for front line staff – website and app development</li> <li>• Programme of safeguarding training and policy development for primary care</li> </ul>
Improved quality governance	Sheena White Quality and Performance Analyst	Michelle Carrington Chief Nurse	<ul style="list-style-type: none"> <li>• Complete review of quality governance reporting</li> <li>• Review of contract management arrangements for improved quality assurance</li> <li>• Implementation of quality risk profiles and associated framework for commissioned services</li> <li>• Implementation of robust mechanism for quality impact assessments of all programmes or work and business cases</li> </ul>
Improved clinical policy development and research governance	Charlotte Sheridan-Hunter Quality Improvement Manager	Michelle Carrington Chief Nurse	<ul style="list-style-type: none"> <li>• Excellence in IFR processes for improved patient experience and compliance with commissioning policies</li> <li>• Review of and development of new clinical policies and guidance via Clinical Research and Effectiveness Committee in line with NICE guidance and Right Care principles</li> <li>• Research policy development</li> <li>• Increased in research activity in commissioned services</li> <li>• Ensure research findings are implemented to provide positive impact on patients</li> </ul>

Quality & Safety Priority	Clinical Lead	Management Lead	2016-17 indicators
Robust emergency planning and preparedness	Fliss Wood Performance Improvement Manager	Rachel Potts Chief Operating Officer	<ul style="list-style-type: none"> <li>• Participation in simulation exercises across the year</li> <li>• Lessons learnt from winter flooding</li> <li>• Robust arrangements for Tour de Yorkshire</li> <li>• Robust plans for flu pandemic</li> </ul>

## **Supporting population groups**

### **Equalities**

The development of our equality objectives have been formulated through the self-assessment of our EDS and the initial engagement work we have already undertaken to develop our commissioning priorities.

Our equality objectives are:

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 CCG recognises the importance of working in partnership to promote equality. This means providing leadership and also making the most of existing forums, such as the Equality Advisory Group hosted by City of York Council.

The CCG is a member of the following Health and Wellbeing Boards:

- North Yorkshire
- City of York
- East Riding

The CCG will work together with the Health and Wellbeing Boards to reduce health inequalities and collaborate where possible on delivering shared equality objectives.

We also work in partnership with our providers and other health organisations to identify shared objectives relating to equality data, access and engagement. These will be reflected in performance and quality indicators managed through the contracting process.

### **Demographics**

Our population is comprised of 51.3% women and 48.7% men, with a higher proportion of people over age 50 than the national average and a significant transient student population (30,000 swell). Over the next five years we anticipate that our population will grow by 3.08% to 363,687 people (based on ONS population estimates); within this we expect that the percentage of people over 65 will increase by 9.64% and the percentage of people over 85 will increase by 18%. There is a significant “bulge” effect in the population aged 70-74, with an expected growth rate of 27.55% in the period to 2021. As we celebrate people living longer, we need to ensure that we have planned to meet their more complex needs and support quality of life in the later years.

In the 2011 census, 9% of our population reported that their day to day activities are a little limited by their health and 6.8% of people report that their day to day activities are limited a lot by their health. This shows that for many residents (approx. 53,000) managing health conditions can be an issue.

The population is majority white British (95%) and report their religious beliefs as Christian (64%) or of no religion (26%). The Vale of York has a number of other significant ethnic groups including, Asian (2.2%), mixed race (1%), black (0.4%) and travellers and Roma Gypsy communities. There is also a diverse range of religious beliefs, including Muslim (0.7%), Buddhist (0.4%), Sikh (0.1%) and Jewish (0.1%). We need to plan effectively for the different cultural, social and health needs of our community to everyone to achieve the best health and well-being.

Further work is needed to understand the health needs of some of the groups with protected characteristics, such as the LGBT population, and as part of the Equalities Delivery System programme of work with partners, the need for additional information has been identified as a priority.

## **Veterans**

The Vale of York area includes two army bases (at Strensall and Imphal Barracks, Fulford) as well as the RAF base at Linton-on-Ouse. In addition, a neighbouring CCG (Hambleton, Richmondshire and Whitby) contains the army base at Catterick, now one of the largest army bases in Europe, with York being a popular area for resettlement after discharge. As a result, York has an increasing number of former military staff, including a small but growing Gurkha population.

The CCG is working with the Area Team to improve care co-ordination for military staff upon discharge, particularly access to specialist mental health services (IAPT, crisis services, post-traumatic disorder services) and ensure a Care Programme Approach is adopted between services and clear sign-posting to appropriate services. This will enable us to deliver our Armed Forces Community Covenant for York and to ensure equitable access for our locally based military personnel, their families and veterans.

## **Children**

The Mental Health tender included community perinatal services within the specification. Following the transfer of mental health services to TEWV, it was agreed to look at perinatal mental health within the mobilisation work to understand what these services might look like. Maternity service user engagement work is planned to seek service user feedback on experiences of perinatal mental health as part of this work.

The North Yorkshire Partnership Commissioning Unit is working with CCGs to commission NICE compliant autism diagnostic assessment services, and is in the process of developing an all age autism strategy. The PCU is also negotiating the renewal of the CCAMHS contract.

Following the publication of the National Maternity Review, the PCU will support the CCG to implement the recommendations of the review in relation to safety, and work with commissioners to improve patient choice in maternity services.

## **Deliver local plans to transform care for people with Learning Disabilities**

The NHS Vale of York CCG are committed to improving the care of people with Learning Disabilities. The Partnership Commission Unit (PCU) provides the lead on this work on behalf of the CCG and are on target with developing the Transforming Care plans for people with Learning Disabilities.

The PCU currently have 37 individuals within Vale of York on the Transforming Care Agenda / Building the Right Support (BTRS) with a diagnosis of Learning Disability or Autism either in an inpatient, residential or supported living setting.

There are a total of 9 inpatients currently in services: 3 of these are from the original Winterbourne 14/15 cohort who are in pathways out of hospital. 6 are new acute admissions in assessment and treatment phases of care.

The Partnership Commissioning Unit (PCU) is in discussions with Tees Esk Wear and Valley NHS Trust with respect to the development of service provision and how best to meet the assessment and treatment needs of individuals in the future in line with the Transforming Care/BTRS agenda. To achieve this collaborative commissioning intentions have been submitted to NHS England on behalf of the four North Yorkshire and York Clinical Commissioning Groups to have provision that meets NHS England's criteria.

York's stakeholder engagement comes through the Health and Wellbeing Partnership Board which has a high level membership and representation from various community groups including a VCS representative for learning disabilities. The partnership board meets six times a year and in order to be inclusive of people with learning disabilities there is a "LD-focus" meeting twice a year (i.e. two out of the six meetings). The self-advocates group meets monthly and has a broad membership of people with learning disabilities and representatives from this group are supported to attend the bi-annual "LD-focus" meetings.

Importantly, both frameworks in North Yorkshire and York are supported by self-advocate groups, whom are well networked within the local learning disability community, and are able to both feed into the various boards and cascade outputs accordingly.

## **Innovation and Research**

The CCG champions innovation and research and sets this at the heart of our values. The CCG has pioneer status for the work on integrating services within the community and is exploring models for delegating budgets, integrated governance arrangements and shared care.

The CCG is at the forefront of research, in 2015 Vale of York CCG bid to become the first pilot site England to run a randomised control trial (RCT) to test the effect of care coaching with high users of health services. The trial was led by Health Navigator (HN), an organisation founded by physicians and researchers from the Karolinska Institute in Stockholm, Sweden. HN specialise in the provision of innovative health care services to achieve improved outcomes for vulnerable patient groups. The CCG will now move into phase two of the research.

## **York University**

The Centre for Health Economics at the University of York has recently published its findings on a proposed suite of indicators for national measurement of health inequity, and NHS Vale of York CCG has worked with Professor Richard Cookson and his team over the last two years to better understand the variations in data and how this can be used to monitor and ultimately change areas of inequity both in access to treatment and in outcomes. The work was pioneered in two areas, York and Hull, with York appearing as an area with relatively low health inequity and good access to primary care in deprived areas. The work was carried out in collaboration with Public Health England and local authorities. Further details of the research are available here: <http://www.york.ac.uk/che/research/equity/monitoring/> .

## **Efficient and Effective Organisation**

During 2015-16 the CCG undertook a Capacity and Capability review to identify areas for improvement across the organisation. The CCG has implemented a Turnaround Action Plan to address the emergent issues within the review. This provides a robust platform for organisational management in 2016-17.

### Achievements in 2015-16

- Revised constitution and governance processes for Primary Care Co-Commissioning, with significant assurance opinion given by Internal Audit
- Full refresh of all Terms of Reference for the decision-making meetings, including quoracy
- Revised process for the management of Conflicts of Interest with an internal audit opinion of Significant Assurance
- Significant Assurance opinion given for Governance arrangements
- Review and refresh of the Assurance Framework and Risk Management Strategy
- Implementation of the integrated risk and programme management system 'Covalent' to support the PMO
- Increased organisational capacity in quality, performance, governance and innovation
- Review of Training Policy, training needs assessment and procedures
- Transformation of the back office support following the closure announcement for the Yorkshire and Humber Commissioning Support Unit, with a mix of in-house, shared and externally provided back office support

#### Areas of focus for 2016-17

- Embedding of the Turnaround Action Plan requirements
- Implementation of the revised and enhanced Programme Management Office, supported by standardised documentation and system reporting
- Refresh of the Assurance Framework to align to the new CCG Improvement and Assessment regime, with a focus on risk mitigation
- Organisational Development Strategy for the Governing Body and Senior Leaders
- Staff engagement, retention and realignment to Programme areas
- Implementation of the Commissioning Support Procurement

#### **Programme Management Office**

The CCG has put in place a rigorous programme delivery framework in order to drive action and change in order to meet all the associated indicators, targets and priorities for improving the health and experience of our Vale of York population when accessing services they need.

Within the CCG, the Governing Body holds overall responsibility for the delivery of the strategic plan, with oversight of the plan through the Quality and Finance Committee.

The Programme Delivery Steering Group provides programme management of the improvement interventions and associated QIPP schemes within the operational plan, driven by all teams within the CCG. Each scheme of work within the Strategic and Operational Plans has associated impact measures and will have a named CCG lead that will hold accountability for the progress of the work, financial and quality impact. The Programme Delivery Steering Group meets monthly and reports directly to the Quality and Finance Committee. It holds responsibility for approving change control within project or programme tolerances and recommendations to stand down where limited impact has been achieved. The CCG has implemented an integrated risk and programme management system 'Covalent' which provides the online support for the programme management office.

The programmes of work set out in this plan, and the enabling projects will be overseen by the CCG Programme Office within the corporate team. Each scheme of work will follow a formal process including:

- An initial viability assessment;
- Options appraisal
- Business Case development and approval at the appropriate committee;
- Project plan and support project documentation, including a risk register, issues log and tolerances for timescales and resource;
- Monthly review on progress with whole programme team, comprising clinical leads, and Innovation senior lead and representatives from supporting functions including Business Intelligence, finance, quality and governance.
- Bi-Monthly reporting on progress at Innovation and Improvement team meetings and monitored through the programme office;
- Monthly confirm and challenge at Programme Delivery Steering Group and approval of remedial actions
- Highlight and exception reporting to Committee to monitor progress and manage major changes to projects or programmes of work.

There are detailed plans for each programme of work which include the following:

Programme Delivery:	Supporting documentation:
<ul style="list-style-type: none"> <li>▪ Description of the specific improvement interventions and purpose</li> </ul>	<ul style="list-style-type: none"> <li>Initial viability assessment</li> <li>Business Case</li> <li>Project plan</li> </ul>

<ul style="list-style-type: none"> <li>▪ The activity impact – what changes to volumes of activity delivered, where that activity delivered, by which provider and with what performance targets for on-going efficiency</li> </ul>	<p>QIPP Monitoring report</p> <p>Contract Monitoring report</p>
<ul style="list-style-type: none"> <li>▪ The finance impact – any investment required, contribution to financial gap and productivity</li> </ul>	<p>QIPP Monitoring template</p>
<p>Expected Outcomes:</p> <ul style="list-style-type: none"> <li>▪ The impact on health outcomes – the trajectories (targets over five years) and indicators which give an indication or measure of improvement in health and social care outcomes</li> <li>▪ The impact on specific health inequalities in the local population or within specific population groups</li> <li>▪ The impact on patient experience of service</li> <li>▪ The impact on quality and safety improvements</li> </ul>	<p>Reporting on the specific metrics and indicators within each programme of work which can demonstrate progress in each of these areas.</p>

<ul style="list-style-type: none"> <li>▪ The contribution towards delivering parity of esteem</li> </ul>	
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Programme Delivery:	Supporting documentation:
<ul style="list-style-type: none"> <li>▪ The impact on our local service providers and our contracts with them</li> </ul>	Service Development and Improvement Plan in contracts  Service Specifications  Contract Variations
<ul style="list-style-type: none"> <li>▪ The implications for procurement tendering for new, existing and re-commissioned services)</li> </ul>	Procurement plans
<ul style="list-style-type: none"> <li>▪ The timelines and phasing for each work-stream</li> <li>▪ The significant milestones in that programme of change</li> <li>▪ The enabling pieces of work which will drive and facilitate delivery and change by stakeholders (patients and providers)</li> </ul>	Project plan   Flash reports (monthly)   Workforce plans

in order to transform	Estates plans
<ul style="list-style-type: none"> <li>▪ The engagement and patient needs which drive each programme and which define what services need to look and feel like in the future</li> </ul>	Engagement plan and events  Collaborative partnerships and working groups
<ul style="list-style-type: none"> <li>▪ Risks (barriers to success)</li> </ul>	Risk assessment and mitigation plans

The CCG is combining process improvements in the way we identify, plan and deliver improvement projects with a programme of training to embed a culture of delivery and assurance across the CCG which will help us to deliver measureable quality improvements with our partners. Working with the System Leaders Transformation Executive the CCG will established joint PMO arrangements for system based work during April and May 2016.

**Analysis against the 9 ‘Must Do’s**

<b>Planning Guidance Criteria</b>	<b>Current Position</b>	<b>Relevant Action Plan</b>
1. Develop the Sustainability and Transformation Plan	NHS Vale of York has formed part of the Vale Coast and Humber footprint submission. In addition the CCG is working with partners and providers in the Vale of York to develop a ‘System Recovery Plan’ to provide local sustainability and feed in collectively to the STP footprint	<b>Humber, Coast and Vale STP Lead officer: Mark Hayes</b>  <b>Vale of York System Recovery Plan Lead officer: Mark Hayes, Rachel Potts, Tracey Preece</b>
2. Return to aggregate financial balance	A financial recovery plan has been implemented by NHS Vale of York CCG. The operating plan forms year 1 of the recovery plan.	<b>Finance Recovery Plan Lead officer: Tracey Preece</b>
3. Local plan for the sustainability and quality of general practice	The CCG is working closely with the Council of Representatives to establish clinical planning groups ‘Artist Groups’. Primary Care is one of four key priorities for the planning groups.  The Primary Care Co-Commissioning Committee will take the lead for the sustainability and quality of general practice plan, taken forward through the Primary Care Steering Group and Primary Care Delivery Group	<b>Primary Care Sustainability Lead: Dr Emma Broughton/ Shaun Macey</b>
4. Get back on track with A&E and	The CCG is actively involved in ECIP and	<b>SRG Resilience and Performance Recovery</b>

<p>Ambulance wait standards</p>	<p>performance recovery through the SRG. Urgent Care is a transformational priority for the CCG during 2016-17. Performance has been fragile during 2015-16, with some periods of improvement and periods of deterioration. Surge planning and escalation processes are a key focus.</p>	<p><b>Plan</b></p> <p><b>Urgent Care Transformation</b></p> <p><b>Lead: VOY – Dr Andrew Philips, Lynette Smith and Becky Case</b></p> <p><b>Integrated Community-based services (Flow and BCF)</b></p> <p><b>Lead – Dr Tim Maycock, Fiona Bell</b></p>
<p>5. NHS Constitution: 18 week pathways</p>	<p>Performance has recovered during 2015-17 through the Planned Care recovery plan. The focus will be on sustaining this performance moving forward</p>	<p><b>SRG Resilience and Performance Recovery Plan</b></p> <p><b>Sustainable Secondary Care</b></p> <p><b>Lead: Dr Shaun O’Connell, Andrew Bucklee</b></p>
<p>6. NHS Constitution: 62 day cancer waiting standard and improvement in one-year survival rates (and meet all other cancer targets)</p>	<p>The CCG is working as part of the six CCGs forming the STP footprint to review cancer pathways. 62 day performance has not met the targets during 2015-16 to date. A Cancer Board has been established to review pathways and improve handover between secondary and tertiary care.</p>	<p><b>SRG Resilience and Performance Recovery Plan</b></p> <p><b>Cancer Work Plan</b></p> <p><b>Lead: Dr Joan Meakins, Paul Howatson</b></p>
<p>7. Achieve and maintain the two new mental health access standards</p>	<p>The CCG has re-commissioned mental health services in 2015-16 with a new provider from October 15. There have been changes in available local estate as a result of the Bootham Closure in September 2015. The CCG is working closely with the new provider to drive performance improvements, and is</p>	<p><b>Mental Health Transformation</b></p> <p><b>Lead: Dr Louise Barker, Paul Howatson</b></p>

	currently undertaking a process for data review and validation across key targets	
8. Deliver local plans to transform care for people with Learning Disabilities	The PCU is working collaboratively to develop the local plans for people with LD. This work is in development and will continue in 2016-17	<b>Transforming Care</b> <b>Lead: PCU Richard Dalby</b>
9. Affordable plan to make improvements in quality, and ensure participation in the avoidable mortality rate publication	The Quality Strategy is in development with supporting action plan.	<b>Quality Strategy</b> <b>Lead: Michelle Carrington, Chief Nurse</b>